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Journal of Transnational American Studies

Title

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Permalink

<https://escholarship.org/uc/item/2766x0ch>

Journal

Journal of Transnational American Studies, 13(2)

Author

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Publication Date

2022

DOI

10.5070/T813257303

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Forward Translation

The Specter of the Pandemic: Politics and Poetics of Cholera in Nineteenth-Century Literature—An Introduction

DAVINA HÖLL

Preface

News reports tell us of an invisible enemy coming from the East and spreading across the world. The pandemic is dominating people's lives and imaginations. Uncertainty and insecurity rule, drastic quarantine measures are being imposed, and borders are closed. Ships lie anchored in the harbor, the sick are isolated, and restricted zones are set up. Special hospitals are built in a hurry because the number of infections is growing uncontrollably and threatens to exceed the capacities of the regular health system. Even if the danger is initially kept secret or downplayed, fear and panic soon spread everywhere among the population. Political and medical authorities are struggling for clarification and containment but have little impact on the situation. And although a state of emergency is imposed and the war against the pandemic is proclaimed, some withdraw into total isolation, and others give into excess in the face of the apparently imminent apocalypse. It is carnival season when the pandemic makes its grand entrance in the metropolis of Paris. It is the spring of 1832, and what will become known as Asiatic cholera has arrived at the heart of Europe. Another report is made that an unknown illness has broken out at a carnival—not in a European metropolis but in a small city in the province of North Rhine-Westphalia—which has attracted the media's attention to the arrival of a new pandemic. It is the spring of 2020, and the coronavirus has arrived at the heart of Europe.

When I began this project, no one could have predicted the circumstances under which my work would end. Even before I started my doctorate, I was interested

in the interconnections between illnesses, individuals, and society, and especially the role that art and literature play in this context. In this regard, pandemic experiences seemed an ideal field of research. Because they pose enormous challenges for science, politics, the economy, society, and—not least—culture, and they affect both individuals and entire collectives.

Cholera, which was one of the most far-reaching pandemic experiences of the modern era, appeared particularly suited to historical analysis, especially since the contemporary literature of the cholera years, which encompassed almost the entire nineteenth century, has hardly garnered any attention before now. Moreover, I thought, a retrospective analysis of an event long passed can have the advantage of gaining a certain distance from it. When in 2016, the World Health Organization proclaimed the most severe outbreak of cholera in the history of humankind taking place in Yemen, the supposedly historical topic suddenly became very current. Since the beginning of 2020, the world has been confronted with a pandemic of proportions not seen since the outbreak of the Spanish Flu around one hundred years ago. Writing about a pandemic during a pandemic is a challenge I did not expect to be confronted with. The specter of the pandemic has also encroached into my life, and the topic of my dissertation has actually “haunted” me. This situation has thoroughly changed my perspective on this work. Many parallels have become evident, and many differences obvious.

In the nineteenth century, cholera became a driving force for science and a political and social “litmus test.” After cholera, the world was a different one. Dramatic hygiene and sanitary measures, such as the construction of widespread systems for water supply and disposal, have permanently changed for the better and improved the conditions under which people live together. Tireless research into the century-old mystery of cholera has made significant contributions to the development of microbiology, that scientific discipline whose subarea of virology is now concerned first and foremost with tackling the challenge of the coronavirus. Robert Koch’s discovery of the comma-shaped bacterium *Vibrio cholerae* in 1884 as the cause of the cholera outbreaks, which lasted almost a hundred years and flared up again and again in multiple pandemic waves, provided knowledge of how cholera originated and spread, thereby enabling the development of effective preventive and therapeutic procedures. Since the monumental epidemic experience of cholera had made it necessary to prove the existence of pathogenic microorganisms, Koch was able to open an entirely new chapter in medicine. Today, the Robert Koch Institute (RKI) is the authoritative body that monitors and evaluates the current pandemic events in Germany. Confronting the challenges of cholera not only caused an enormous growth of knowledge but it also revealed the fatal liaison between pandemics and conspiracy theories, riots, revolution, and war: more soldiers died of cholera than in combat during the Crimean War (1853–56) and in many places around the world there were repeated violent clashes that turned into lynch mobs and pogroms. Social structures and political systems were put to the test, and stigmatization and blaming were pervasive. It was

relentlessly propagated that cholera was a foreign disease that was infesting one's own country like an uncanny visitor. Thus, people afflicted by the alien disease were always the sick "other" simultaneously. The metaphor of war against the pandemic was as obvious as it was effective, but it was also extremely dangerous. The invisible enemy that must be defended against—with military means if necessary—was soon given a face. As history tells us, all too often, a metaphorical military armament is followed by a real one.

The look back in history that shows many uncanny parallels to the current pandemic events is a warning and a hope at the same time. It shows that pandemics are inseparable from human history and have often had great influence on it. Due to the development of vaccines and the discovery of the antibiotic, for a brief moment, it seemed as though the end of infectious diseases was within our reach. However, epidemic and pandemic outbreaks have repeatedly and massively threatened the life of many people even during recent decades, although mostly without public interest from the Global North. Recently, the Ebola and Zika viruses made headlines. Still, the terror and international interest abated quickly as the pandemics became regionally contained—and today, hardly anyone asks about the severe social, economic, political, and individual consequences of these epidemic events.

Cholera questioned everything and contributed to the search for answers. With the outbreak of Covid-19, the world sees itself facing a global pandemic threat once more. Various measures have been used for months in an attempt to bring the spread of the virus under control. Intensive research has led to the most rapid vaccine development in history, but still, an even global distribution of vaccines and resources for prevention or therapy hardly seems possible. At the same time, warnings of new variants are announced, and many questions remain unanswered. Questions that politics, the economy, and society around the world need to face right now. The twenty-first century is not the nineteenth century. Cholera is not the coronavirus. And yet, after this pandemic as well, the world will never be the same.

June 2021, Davina Höll

1. Introduction: The Specter of Cholera Arises

1. *Politics and Poetics of Cholera*

In the nineteenth century,¹ cholera² was engraved in the collective memory of entire generations as “a new, more terrible plague.”³ It became a destabilizing factor for politics, a driving force for science, and a challenge for poeology. Turned into a social taboo, individually and culturally suppressed as a traumatic experience, its representation in contemporary literature does not seem to live up to its status as an ever-present worldwide epidemic. It is no wonder that its validity in literature is only gradually becoming the focus of literary scholarship. This study claims that, despite a supposed “impossibility of narration,”⁴ cholera is given a voice in nineteenth-century literature not as a purely motivic but a decidedly structural element in a variety of ways—first and foremost in the model of a specter.

By analyzing cholera as a human, medicinal, and narrative borderline experience, this study expedites a productive interaction between life science and literary studies. It emphasizes the significance of consolidating these cultures of knowledge, which are often considered disconnected.⁵ Therefore, this interdisciplinary approach touches on the contours of the subjects from which it feeds itself. It shows how fruitfully literary studies in the scope of Transnational American Studies can be fused with an interdisciplinary history of medicine if they exceed their own thematic, theoretical, and methodical borders. In this regard, a glimpse backward may also indicate the possibilities of the future. The work and creativity of Alexander von Humboldt (1769–1859) are currently being rediscovered. Humboldt is a figurehead of the idea of mobile knowledge,⁶ which is gaining new significance⁷ in light of the current transnational, transcultural, and transdisciplinary tasks (such as climate change). It shows how important it is to work together across the boundaries of one's own established areas of responsibility and critically reflect on this cooperation because: “Everything interacts.”⁸ Cholera, as a phenomenon that crosses boundaries, requires work that does the same, because the discursive conversation on the disease also was and is organized to be international, interdisciplinary, intercontextual, and intermedial. The agenda of Transnational American Studies as “an emerging field which can be distinguished by its intellectually collaborative as opposed to ideological genesis, its transdisciplinary method, and transnational thinking,”⁹ which is distinguished by “its capaciousness, its eschewal of methodological or ideological dogma, and its openness to fresh syntheses and connections”¹⁰ and the consciousness of the necessity “that we pay as much attention to the ways in which ideas, people, culture and capital have circulated and continue to circulate physically and virtually”¹¹ is especially suited for handling the issues of this project. This study is rooted in the framework of Transnational American Studies with its access that must be described as “necessarily comparative.”¹² For one thing, the central concepts, methods, and theories, such as

medical humanities, literary trauma studies, postcolonial studies, and ecocriticism, which underly (often interwoven with each other) the text analyses presented here, can be allocated to the innovative intellectual environment of Transnational American Studies. For another, the textual corpus is significantly shaped by the interdiscursive-transnational dialog of works of North American, British, and German authors of the nineteenth century.

For the purposes of this constant interrelatedness, this study should also make an innovative contribution to the field of medical humanities, which in recent years has especially developed from the Anglo-American research context and is firmly integrated into university curricula in Great Britain and the USA. The focus of medical humanities still appears strongly geared to the benefits of an examination of art and literature in medicinal education and practice. This unquestionably important approach, however, does not adequately exhaust the potential of an interdisciplinary exchange. Therefore, this study is tied to the impulse of understanding “narrative as a key concept of both natural sciences and the humanities.”¹³ It asks, “what if we were to consider not the role of ‘medical humanities’ for the practice of medicine, but for the practice of the humanities?”¹⁴ and by doing so, examines how medicine becomes part of (the history of) literature and how literature can write (the history of) medicine.

To this end, theories of interdiscursive and poetological¹⁵ analyses are joined with intensive close readings of the nineteenth-century texts of North American, English, and German literature. Explicitly taking into account their inter- and extratextual frames of reference, facilitates the development of a transcultural and diachronic panorama of the specific literary knowledge formation of the traumatic experience of cholera. Subsequent to Dominick LaCapra, the analyses are built on the thesis that “some of the most powerful forms of modern art and writing [...] often seem to be traumatic or posttraumatic writing.”¹⁶ Although the potential for narrativizing traumata suffered through experiences of war and violence has already been extensively discussed as problematic in the research of literary scholarship, the transfer to the area of epidemics and pandemics as a traumatic borderline experience has been so far realized only in isolated cases¹⁷. By systematically analyzing specific forms of trauma narratives using the example of the suppressed cholera experience, this work examines the influence of traumatic pandemic experiences on a specific literary productivity. It raises awareness of the necessity for integrating epidemic and pandemic experiences in existing models of individual and collective traumas. Consequently, this study argues that the theoretical as well as methodological preconditions to inter- and transdisciplinary analyze both coping and narrating modalities of historical, present, and future epi- and pandemics from psychological, ethical, health policy, and cultural perspectives have to be rethought.¹⁸

A disease is never only the disease itself. It is situated in specific historical, political, social, epistemological, and cultural contexts. It is imaginatively and ideologically rechargeable and is always a “discursive event”.¹⁹ To that end, real-life experiences with and imaginations of the illness are in a permanent exchange process and often

generate ambiguities and paradoxes. Most of the numerous historiographical studies on cholera published in recent decades ask, “How was it?”. But the question about “how it was” cannot be necessarily answered by historical facts (whose objectivity is always precarious²⁰) but is also constituted from the world of human imagination.²¹ This study examines the worlds of the imagination, which manifest themselves in fictional and real-life documents. It shows that cholera in the nineteenth century was not only one fatal illness experienced among many. Cholera was a leading disease that, through its long-lasting, massively disruptive force, whose impact extended to all areas of life, became a reflection figure and point of convergence for the dominant discourses of the nineteenth century. At the interface of literary studies and medical history, this study aims to investigate the interdependent discourses of literature and medicine, their literary manifestation, and the reciprocal effects of literature and the life world.

The pair of terms “politics” and “poetics” in the study’s subtitle attempts to illustrate this prismatic character of cholera. The term “politics” refers to the central (geo)political contexts of the nineteenth century, such as the numerous crises, wars, and revolutions that formed the century and in whose contexts cholera and its literary discussion must be situated. Phenomena such as imperialism, colonialism, racism, and slavery, which are deeply connected with cholera, are also subsumed under the complex of “politics.” Finally, the bodily micro- and macrolevels afflicted by cholera will be examined from a political and biopolitical perspective. According to Michel Foucault, the concept of political sovereignty in the nineteenth century changed to the extent that “the ancient right to *take* life or *let* live was replaced by a power to *foster* life or *disallow* it to the point of death.”²² It then became dominant for the concept of political power in the sense of “bio-power”²³ or a “bio-politics of the population.”²⁴ Regulating the birth and death of the population was now one of the primary objectives of exercising biopolitical power. Preserving health and avoiding disease became the fundamental logic of governance. As a permanent challenge to this logic and a global mass phenomenon, cholera became an internal and external political problem of governance: a veritable “enemy of politics.”²⁵

Cholera undermined the concept of a self-contained body in the very moment it first began to form at the beginning of the nineteenth century. By literally being turned inside out, the still young “construct of a self-contained individuality”²⁶ with “fixed bodily borders”²⁷ was immediately brought into danger: The entity of the individual became disintegrated, the individuals themselves deindividualized. At the same time, regardless of its affiliation with a certain social class, individuals afflicted by the disease were integrated into another society: a society of those infected by cholera. Cholera, therefore, laid bare its politically charged, ambivalent democratizing function. By undermining the concept of the self-contained body, cholera seemed to endanger the model of a self-contained society at the same time.²⁸ In *Illness as Metaphor*, Susan Sontag writes: “Cholera is the kind of fatality that [...] has simplified a complex self, reducing it to sick environment [...]”²⁹ Individual suffering merges into

collective suffering, because “epidemics always affect collectives.”³⁰ For example, in light of the first great cholera epidemic in Berlin, the contemporary author and salonnière Rahel Varnhagen von Ense wrote to Prince von Pückler-Muskau in a letter from October 1831: “I demand a special, personal fate. I cannot die from an epidemic; like one stalk among others in a wide field, scorched by the boggy air. I want to die alone from my own malady; that is what I am; my character, my person, my physical self, my destiny.”³¹ Bodies that were “opened” by cholera experienced the ambivalence of an “inclusive exclusion”³² and became a political destabilizing factor as a forced “society of victims”³³ while cholera became a reflection figure of society itself.

The necessity of “ruling over cholera”³⁴ forced the development, decree, and implementation of numerous isolation measures, hygiene, and sanitation measures. These measures molded the individual and collective practices of social interaction at the time and even affect the present to a certain extent. Therefore, this study’s analytical category of politics also encompasses the ethical dimensions of the cholera complex. They are directly linked to both individual and political actions and are also central elements in the literary texts this study analyses. The ethical intricacies of the cholera experiences become most apparent when the power of knowledge is linked to the power of action, especially when this power is abused against vulnerable groups of people. This means, for example, that scientific discussions about cholera directly profited from the “experiences with epidemics within groups controlled with discipline (such as troop units, slaves, and workers on plantations and ships).” Also, through “the expanded possibilities for using techniques to regulate their way of life, the treatment and clinical research of the illness, the colonies offered a variety of opportunities to develop and try out political techniques related to epidemic outbreaks of cholera that corresponded to the economic and military logic of the colonizers, settlers, and plantation owners.”³⁵

Pablo Mukherjee established that “the problem of successful imperialism was conceived of as a problem of biopower, of a matter of social and racial engineering.”³⁶ Research on colonial medicine repeatedly emphasizes that this was often characterized by force, fear, or disinterest toward the indigenous population.³⁷ Colonial medicinal efforts mostly focused on the colonizers, hardly the colonized. Therefore, the history of colonial medicine and that of epidemic diseases with which it was so closely linked allows us “to illustrate the more general nature of colonial power and knowledge and to illuminate its hegemonic as well as coercive processes.”³⁸ Cholera was a highly political disease. In India, the supposed “homeland” of the epidemic, it developed particular explosive force and became a colonial crisis.³⁹ However, British colonial rulers pursued a decidedly “noninterventionist policy that favored many commercial, financial and political interests”⁴⁰ towards the indigenous Indian population because “one did not stop getting cholera into India. It was already there. But one might get out of its way. Such mobility was the privilege of the colonizers.”⁴¹ In the USA, the deportation in the wake of the *Indian Removal Acts* of 1830 became an “epidemiological nightmare.”⁴² In her study, *The Tainted Gift*, Barbara A. Mann shows

that epidemics were even used as weapons to eliminate large parts of the indigenous population. Using the “Choctaw Trail of Tears” as an example, she demonstrates how the Choctaw, whose expulsion in 1832 coincided with the first appearance of cholera in the USA, became “the government’s experimental population, the one on which US officials perfected their death marches”:⁴³ “Once cholera arrived, they knew exactly in which locales it was centered before they marched the freezing, starving, barefoot, and often nearly naked Choctaws directly onto sick boats at plague towns.”⁴⁴ These examples demonstrate that if basically, ethics inquires about morally correct actions, these questions become existential in light of exceptional situations such as epidemics.⁴⁵ To that end, the retrospective-descriptive view of ethical implications in light of devastating epidemics, such as cholera in the nineteenth century, not only looks back on how historical experiences with epidemics were dealt with but also to the future by considering current and future challenges of global pandemic scenarios.⁴⁶ As a consequence of the Ebola outbreak in 2014, the WHO developed a new, global directive of ethical behavior in the event of an epidemic catastrophe⁴⁷ whose effectiveness is being put to the test on a massive scale by the current Covid-19 crisis.

Concerning the investigation of the “politics” of cholera, this study finally asks about the *strategy* with which the implementation of that very pandemic was pursued in literary texts. At the same time, the question of literary strategies is the linking piece to the second part of the study’s subtitle: the “poetics” of cholera. In this framework, the analytical focus lies decidedly on the literary aesthetic procedures of rendering the unspeakable of the fundamental experience of cholera speakable. In recent years, the phenomenon of cholera has already experienced extensive reevaluation from a cultural, sociological, and (medical-)historical perspective. However, it has hardly been comprehensively examined from a decidedly literary studies perspective.

Only a modest number of smaller research projects⁴⁸ and the extensive studies of Pamela K. Gilbert, *Cholera and Nation* (2008), and Sari Altschuler, *The Medical Imagination* (2018), deal explicitly with the literary treatment of cholera.

Sigmund Freud writes in his study *Der Dichter und das Phantasieren* (“Creative Writers and Day-Dreaming” 1919), “[...] the unreality of the writer’s imaginative world, however, has very important consequences for the technique of his art; for many things which, if they were real, could give no enjoyment, can do so in the play of phantasy, and many excitements in themselves, are actually distressing, can become a source of pleasure, for hearers and spectators at the performance of a writer’s work.”⁴⁹ He refers to the transformative potential of art, as the “play of imagination,” to bring the terrible into a commensurable, aesthetic form. But it initially seems controversial to speak of a “poetics” of cholera, since, in the nineteenth century, cholera is marked by a distinct unspeakability that impacted everyday language in general and literary language in particular. Therefore, genuine strategies had to be generated to make the unspeakable speakable. The thesis of my study is that the

strategies facilitated to express the inexpressible but, by doing so, pushed literature itself to its limits of representation.

The aim of this study is, thus, to address the urgent research desideratum of analyzing cholera's "poetics" through close readings that are performed in the theoretical and methodological framework of a *poetology of knowledge* that understands the "relationship of medicine and literature [...] as modeled by a cultural field of knowledge marked by discursive formative forces."⁵⁰ With this approach, I examine how the knowledge of cholera was narratively constructed through contemporary discourse and the extent to which literature participated in this production of knowledge for a reciprocal exchange process. Understanding "literature studies as life science"⁵¹ means focusing the work on investigating the specific literary representational forms of the knowledge of cholera as a phenomenon that crosses geographical, political, social, scientific, and literary boundaries. Using the existentially threatening epidemic experience as an example should develop a deeper understanding of the complex relationship of exchange shared between science, the living world, narration, and everyday life because the "investigative horizon of life knowledge" makes an "interdisciplinary, but ideally a transdisciplinary examination of ethical and bioscientific approaches and discourses necessary, and therefore one which not only sets the various disciplines in dialogue with each other but allows them to cross in a fundamental manner."⁵²

Cultural studies on aesthetics inform the particular interest of the study. This approach brings together the epidemic's various and often deeply intertwined discourses from a new perspective. In doing so, it distinguishes itself from the numerous contributions on the history of medicine and knowledge of cholera and the very limited number of approaches discussing cholera as a literary element. Thus, the contribution of this study is, by referring to the concept of *interdiscourse analysis*, to show the "complex functional context of literature, special discourses, and overall culture."⁵³

By taking "poetics" as a starting point, this study considers the fictional and literary texts on cholera but also selected contemporary (lay-)scientific, political, and religious publications, as well as (auto-)biographical documents such as memoirs, diaries, and letters. The latter, in particular, as a form of *life writing*, can be seen as literary manifestations of collective and individual traumatic experiences. They are impressive seismographs of various contemporary discourses, which, since they belong to another aesthetical system, also function as indicators for the suppression mechanisms in literature. The detailed discussion of intra-, inter-, and extratextual discourses of cholera carried out in this study is thus central for demonstrating the significance of and for literature in light of the catastrophic epidemic experiences.

After a brief introduction of the literary and literary-scientific interest in the narrative of the epidemic, I focus on the complex problems of the trauma and taboos of cholera in nineteenth-century literature. I show that the apparent "impossibility of narration" caused by the individually and collectively traumatizing and socially

tabooed epidemic experience is resolved in highly diverse ways, however, predominantly, in the model of the specter. To that end, the specter of cholera is not only a motivic substitute but has a transformative function both metaphorically and terminologically, as well as a generic and structural function in constituting literary texts. Conceiving cholera in the model of the specter makes it possible to display the omnipresent latent and manifest presence of the epidemic in literature and the life world of the nineteenth century. Focusing on the model of the specter in its different varieties not only as an archetypal component of the Gothic genre but as a literary procedure per se, it becomes clear that, despite the supposed absence of cholera in the literature of the nineteenth century, the disease actually haunts a large part of contemporary literary works. The corpus of literary material is therefore not exhaustive but conveys a diverse impression of the variety of narrative treatment of the epidemic experience that takes the enormous impact of cholera in the nineteenth century into account.

Three text analyses chapters follow the context-oriented opening chapter: “The ‘Oriental’ Specter” (Ch. 2.1), “Ghostly Circulations” (Ch. 2.2), and “Uncanny Microbes” (Ch. 2.3). Chapter 2.1 is concerned with the problematic but widespread conception of cholera as the “oriental” specter, making the disease the sick and sickening “other” per se. The comparative analysis of the poems *Die Cholera—Ein episch-lyrisches Gedicht* (Cholera—An epic-lyric poem), 1835, by Ernst Ortlepp; *Auf meinen ausgeblägten Geier* (To my stuffed vulture), 1838, by Nikolaus Lenau; and *Cholera Camp* (1896) by Rudyard Kipling demonstrates that the “orient” with its paradisaically as well as lethally perceived landscape was a cultural imagination reflected in the numerous contemporary debates about exoticism, colonialism, and imperialism. The “orient” in these texts paradoxically oscillates between attraction and repulsion, as does the “oriental” *Cholera asiatica* itself, becoming, from an imperialistic viewpoint, the epidemic manifestation of the “white man’s burden.”⁵⁴

Chapter 2.2, “Ghostly Circulations,” considers the global and diachronous distribution of the epidemic, its knowledge, and its forms of presentation. It demonstrates that not only cholera’s microbes circulated over diverse waterways. The (lack of) knowledge and the forms of literary speech about the epidemic as well circulated across topographic, cultural, and linguistic boundaries, such as presented in Heinrich Heine’s literary-journalistic cholera report in the *Französische Zustände* (“French Affairs,” 1831/32); Edgar Allan Poe’s tales *King Pest* (1835), *Shadow* (1835), *The Masque of the Red Death* (1842) and *Sphinx* (1846); and Ricarda Huch’s neo-romantic text *Erinnerungen von Ludolf Ursleu dem Jüngeren* (“Memoirs of Ludolf Ursleu the Younger,” 1893). In the comparative analysis, the Totentanz (“dance of death”) is revealed to be an effective image for the various circulation processes often perceived as uncanny in the context of epidemic experiences. To that end, it is the ingenious suitability of the motivic combination of death and masks as an accessory and emblem of the *danse macabre*, which has a long tradition in imagery and literature, which refers

to the sudden breakout of an epidemic and makes the unspeakable cholera experience speakable.

Chapter 2.2, “Uncanny microbes,” explores the changing conditions of seeing and visibility in the nineteenth century, which were influenced by the technical innovation boost that the microscope experienced beginning in the 1830s. Introducing the fascination of the nineteenth century in phenomena of visibility shows the radical challenges cholera posed for the aesthetic theories and preferences in art, literature, and society due to the uncanny paradox of the extreme visibility of cholera’s violent symptoms and the inexplicability of their cause—the *Vibrio cholerae*—which was not discovered until 1884. Although artistic portrayal and a (literary) discussion of cholera seemed impossible, intermedial comparative analyses of William Heath’s prominent caricature *Monster Soup* (1828), George Eliot’s *Middlemarch* (1871/72), Mark Twain’s *The Great Dark* (1898), *The Victims* (1902), and *Three Thousand Years Among the Microbes* (1905); and H. G. Wells’s story *The Stolen Bacillus* (1895) demonstrate how cholera became narratable through the semiotic entanglement of microorganism and monster in the particularly effective image of the spectral microbe, which is pervasive both in term of text and graphic imagery.

The final chapter, “The Persistence of the Specter,” asks how the story of cholera was and will continue to be written in the twentieth and twenty-first centuries. As a consequence of the critical examination of the challenges and potentials interdisciplinary work within the context of the medical humanities, I call for a literary history of epidemics. I show that a literary history of epidemics can lift the kaleidoscope of the narratively manifested epidemic experience as a central source of the historical and current epidemic experience far beyond its archival character. Put into a historical context, surveyed in an interdisciplinary and transdisciplinary way, and analyzed from the viewpoint of literary studies, the diverse epidemic narratives that are compiled in a literary history of epidemics can highlight the extraordinary contribution of literature to discourses of epidemics and, by critically examining this, contribute to a remembering that is yet forward-looking.

[...]

3. A Need to Communicate, a Command of Silence: The Trauma and Taboo of Cholera

A glance into everyday life using historical sources shows the ambivalence of the necessity to speak about one’s life experiences and the limitations of this attempt to do so. There is a significant number of everyday life documents such as letters, diary entries, and autobiographical texts, as well as political, religious, (lay-)scientific, and journalistic writings whose historiographic discussions fill entire monographs.⁵⁵ And yet, according to Olaf Briese in his seminal work “*Angst in den Zeiten der Cholera* (“Fear in times of cholera”), there was a “forced consensus of silence” that meant “the cultural memory of cholera has been suppressed to this day.”⁵⁶ Briese sees the social

silence on cholera as a sign of scientific and political impotence and helplessness, epistemic and praxeological uncertainty, a sinking “excitement level,”⁵⁷ and ultimately as a strategy for defending against fear. The prohibition on naming the epidemic in public and the consequential command of silence were continually proclaimed as appropriate tools against the epidemic. Thus, for example, in a notification entitled “Über die Nicht-Existenz eines Cholera-Contagium” (On the nonexistence of a cholera contagium) from 1831 was stated: “Above all, they [the police] must take efforts to ensure the word “cholera” is never heard or written, because even the mere name of the disease has caused shock, fear, sudden discomfort, and even illness and death in many people.”⁵⁸ In the same year, Rahel Varnhagen wrote in the already cited letter to Hermann von Pückler-Muskau: “Musty life in Berlin, and then the horrible, gloomy, unknown, notorious approach of the great scourge—I won’t name it, the infamous disease [...]”⁵⁹ However, these examples, cited here as representatives of a modest number of similar documents, give testimony through their very existence that the unspeakable must be spoken of even if certain “rules of speakability” must be observed.⁶⁰ The historian Norman Aselmeyer, in his study *Cholera und Tod* (“Cholera and death”), considers the culture of memory of cholera from the perspective of the working class. In supposed opposition to Briese’s thesis of a “forced consensus of silence,” he emphasizes that “the cholera pandemics had brought forth a rich literature of memory.”⁶¹ He also refers to the fact that cholera never functions as a “memorable event alone”⁶² in the autobiographical writings but that it was always crucial to incorporate the disease in broader contexts and causal relationships. Thus, the plague became an emblem of an existentially threatening crisis experience per se. Death and dying, fear and panic, sorrow and loss must and can be spoken of, above all by taking recourse to traditional images, metaphors, and attempts to create meaning, as the recourse to the literary paradigm of the plague has shown (cf. Ch.1.2). However, cholera seems to have muted public and literary discourse. What is already precarious in the linguistic register of everyday life becomes impossible in the context of aesthetic and aestheticizing creation.

The International Statistical Classification of Diseases and Related Health Problems (ICD-10) defines trauma as “a burdensome event or situation of short or long duration with an extraordinary threat or catastrophic proportions that would bring about deep despair in almost anyone.”⁶³ The psychoanalyst Werner Bohleber points out that trauma is a concept “that combines an outer event with its specific consequences for the inner psychological reality” and, to that extent, should be seen as a “relational term” that is vague due to “this double relatedness.”⁶⁴ According to the current trauma typification scheme, interpersonal trauma is distinguished from accidental trauma of Type I (one-time) or Type II (repeated or long-lasting). Epidemic experiences like cholera, however, cannot be classified in this way. Seeing epidemics as a type of natural catastrophe (and therefore traumas triggered by epidemics as accidental) falls short since epidemics are all too often man-made and thus raise questions of (global) ethical responsibility. In the case of nineteenth-century cholera,

the difference between a singularity of the event (Type I) and constant repetition (Type II) begins to blur since it appeared not only once within a generation but shook everyday human life in multiple pandemic waves over the entire century. The psychosocial effects of epidemic experiences have long been the subject of psychological studies.⁶⁵ However, few studies examine the connection between epidemics and traumas. Plagues are often connected with other catastrophic experiences, such as wars or famine. Thus, the traumatic effects of these events have been the focus of scientific examinations and overlap the specific problem complex of traumas brought forth by epidemic experiences. Moreover, the problem of retrospective diagnoses has been widely discussed in the field of medical history.⁶⁶ As historical individual traumas, *avant la lettre* can now be merely suspected as probable, the concept of collective trauma has also been criticized.

For one thing, subsuming different experiences, such as the violent experiences of the First or Second World Wars, the genocide of the Shoah or in Rwanda, as well as natural disasters such as the earthquakes of Lisbon in 1744, harbors the danger that the respective singularities of the historical events “might be brought into a mutual description and explanation.”⁶⁷ For another, “summarizing totally different individual destinies, each of which is traumatized in different sequences, into one collective trauma”⁶⁸ is problematic. Regardless of the various ways in which the term “collective trauma” is used, which results in over-determinacy and indeterminacy at the same time, the methodical problem ensues that the studies on collective trauma focused almost exclusively on man-made catastrophes. Thus, there were hardly any psychological studies that systematically considered the historical epidemic experiences as accidental trauma and drafted a theory of traumatization through epidemics. This theory formation could also be made more difficult by the fact that precisely considered, plagues represent a trauma hybrid made of accidental natural and man-made catastrophes since it is often the people themselves (as a collective) who, by acting irresponsibly from a political, economic, or ecological standpoint, create the circumstances under which plagues arise.

A resolute examination of epidemic experiences as potentially traumatizing—including from a historical perspective—is an urgent field of research today, especially in light of the current epidemic threats, as drastically demonstrated by the Ebola outbreak in the Congo in 2014.⁶⁹ Initial research efforts have been made⁷⁰ using Ebola fever, notably similar to cholera in terms of symptoms and psychosocial reactions.⁷¹ These efforts show that a central element of the trauma caused by plagues is the stigmatization that often accompanies infection and the wide-reaching consequences it brings for the individual and all of society, and therefore must be urgently discussed, as must the question of ethical responsibility in light of epidemic outbreaks.⁷² During the times of cholera, the fear of being connected with the disease propagated as a filthy disease caused people not to talk about falling ill and dying from cholera. Today, the knowledge that a person has survived an Ebola infection, for example, can have a fatal impact on them. The fate of the Liberian nurse Salome Karwah represents these “long-

term effects” of a stigmatized and stigmatizing plague. In 2014, *Time Magazine* named her “Person of the Year,” along with additional assistants and helpers, for her engagement during the devastating Ebola outbreak in her homeland. Unlike many doctors and nurses, she had tirelessly cared for those who were ill with Ebola in an Ebola treatment center set up by “Doctors Without Borders.” When she fell sick and survived, she continued her work in the same hospital in which she herself had been treated. Since survivors of an Ebola infection are immune for a few years, she could take on tasks that were too risky for those who had not been infected. But that was precisely what doomed her a few years later. Because what had first made her a heroine became a deadly stigma.⁷³ She died in 2017 due to complications from a C-section shortly after the birth of her fourth child. Due to the assumption that bodily fluids from survivors of Ebola infections would remain infectious even after the disease had subsided,⁷⁴ she was denied the medical help she needed. The stigma that Ebola survivors often carry strongly affects their position in society, making it part of the complex traumatization process of epidemics.

The term “trauma” is now firmly anchored in everyday speech and often used ubiquitously for a negative experience whose past horrors appeared insurmountable and potentially transforms the future of those afflicted.⁷⁵ But the conceptions of trauma are as complex as the phenomenon itself,⁷⁶ which can also be seen in the great variety of its definitions, depending on the specialized context in which it is used. Since this study assumes traumatic experiences have creative potential. It predominantly refers to literary and trauma theories of literary and cultural studies, such as those developed by Cathy Caruth, Aleida Assmann, and Dominik LaCapra. Cathy Caruth, literary scholar and pioneer of *literary trauma theory*, sees trauma primarily as an “unclaimed experience” whose dilemma is that it could not be experienced and is therefore not accessible for being treated or processed: “It is not simply [...] the literal threatening of bodily life, but the fact that the threat is recognized as such by the mind *one moment too late*. The shock of the mind’s relation to the threat of death is thus not the direct experience of the threat, but precisely the missing of this experience, the fact that not being experienced in time, it has not yet been fully known.”⁷⁷ The basic assumption that trauma is precisely that which cannot be represented, is identified by a specific “impossibility of narration,”⁷⁸ and itself is conceivable only with the help of metaphors such as the hole, the gap, the crypt, or the empty circle,⁷⁹ is fundamental for examining the questions of its potential literary and productive force and is answered in very different ways. For example, Roger Luckhurst no longer assumes the “nonrepresentability, nonnarratability, and the ‘break’ as definition criteria for an aesthetic of trauma,”⁸⁰ but advocates for a “narrative possibility”⁸¹ that stands for the “configuration and reconfiguration of trauma”⁸² offered by the medium of literature. Representatives of trauma theories within cultural and literary studies make the original psychiatric-psychoanalytical conception of trauma as a “cultural interpretative paradigm”⁸³ productive in various ways and resolutely consider the “function of trauma”⁸⁴ for literature and culture. They examine multiple texts regarding their

depictions of trauma and uniformly argue (even if from different perspectives) that “literary texts are part of the overall cultural process to create meaning and, due to their configurative possibilities, can make a special contribution to a culture of memory. This means that in the medium of fiction, traumatic experiences that have been socially tabooed are presented and made available for the cultural memory.”⁸⁵ The literary analyses of my study are based on this assumption. Even if the concept of “collective” trauma is debated (as is that of trauma itself), the approach indicates “the practical relevance for a systematic examination with the assumption that there were collectively effective traumas.”⁸⁶ Although systematic considerations of collective trauma per se and of the individual and collective psychological consequences of epidemic experiences in particular still hardly exist, the critical analysis of the historical documents from science and public life, as well as *life writing* and fictional literature, demonstrate that the experience of cholera was a massive, global disruption of the everyday lives of the people of an entire century. This speaks strongly for conceptualizing the cholera experience as individually and collectively traumatic. The transformative power of the epidemic experience grew out of a catastrophe and extended to all areas of human existence in the nineteenth century. Its effects can be felt to this day and explicitly refer to the potential for encountering a “permanent shaking of the understanding of the self and the world”⁸⁷ with new solution strategies. Political rethinking, scientific progress, and artistic innovation can function as coping strategies that allow new things to emerge from the “ashes of history”⁸⁸; in other words: “[...] to move in the theory of trauma from the drive to death to the drive for life, from the reformulation of life around the witness to death to the possibility of witnessing and making history in creative acts of life.”⁸⁹

The sudden appearance and quick progression, the lack of knowledge, the massive, painful death, and the gradual disappearance of the centuries-old interpretive paradigm of plagues as a type of punishment from God that still held sway even after the time of the enlightenment as well as the global repetition of pandemic outbreaks of cholera over the entire nineteenth century, placed enormous challenges on contemporary science, politics, society, and culture. And yet, the central constituents of the cholera experience are also topoi of every pandemic event and essential characteristics of most epidemics.⁹⁰ Accounts of past epi- and pandemic events have been handed down not only in historical sources of earlier epidemics, such as the bubonic plague or yellow fever but also in the literary treatments of those catastrophic experiences. It seems, therefore, that it was the symptomatology of cholera, which was so problematic for contemporaries, and which collided so decisively with social taboos as in none of the previous epidemic catastrophes, that ultimately led to its apparent unspeakability. Especially the strongly “opening” of the body by cholera became a traumatic experience. As the bodily fluids could no longer be contained by the body, the experience of virtually being turned the inside out could no longer be “contained”⁹¹ by the psyche.

Although the *Vox cholericus*—a prominent symptom in which the voice of the afflicted fails due to massive fluid loss—contributed to physical speechlessness in real life, it was the brutal force of the symptoms of cholera that were perceived as particularly offensive. They transgressed the social threshold for disgust and tabooed the disease’s literary discussion. Taboos have a unifying function: they protect social traditions and values and establish and protect social orders.⁹² With his concept of the term, Sigmund Freud developed a cultural and psycho-historical model⁹³ that also underlies the pioneering studies of Mary Douglas (*Purity and Danger*) and Julia Kristeva’s (*Powers of Horror*). While Mary Douglas states “how the symbolism of the body’s boundaries [...] expresses danger to community boundaries,”⁹⁴ Julia Kristeva shows how the (bodily) fluids connotated with cholera become paradigmatic taboos, become “abjects” because “the body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death.”⁹⁵ The fact that cholera occupies an apparently empty space in literature, despite its omnipresence in everyday life, mainly concerns the bodily dissolution and the disgust that this brings about. In his extensive study *Ekel* (Disgust), Winfried Menninghaus writes that because disgust “is processing elementary civilizing taboos,”⁹⁶ “everything seems at risk”⁹⁷ where it is concerned. It is “an acute crisis of self-preservation in the face of an unassimilable otherness, a convulsive struggle, in which what is in question is, quite literally, whether ‘to be, or not to be.’”⁹⁸ Cholera is also a convulsion and a battle for life and death, and the disgust that death carries in itself is an inherent component of it. With the general replacement of the centuries-old paradigm of humoral pathology in the nineteenth century, a transformation occurred in dealing with human bodily fluids, and the threshold for disgust increased considerably.⁹⁹ The typical symptoms of cholera—the sudden and cramp-like loss of all fluids—were thus not only a decided transgression of this social threshold for disgust. They also made the closeness to death and the dead permanently evident through the foul-smelling relinquishing of inwardness and the associated disfigurement of the body sick with cholera, which appeared as genuine self-dissolution. Even the afflicted who survived seemed like decaying corpses.

The social taboo of cholera also considered the aesthetic theories of the nineteenth century, such as the various forms of poetic realism. Although they had obligated a presentation of social reality regardless of taboos by explicitly excluding the ugly,¹⁰⁰ they also placed cholera’s “leaky bodies”¹⁰¹ on the “criminal index of aesthetics.”¹⁰² “[T]he nightmarish associations” of the appalling signs of cholera “offended against mid-Victorian literary aesthetics”¹⁰³ and led to a ban on representational symbols and a purported literary silence. As late as 1893, the neo-romantic Ricarda Huch wrote in her debut novel *Erinnerungen von Ludolf Ursleu dem Jüngeren*: “And a time of horror is also coming, which seems to bring about our downfall and about which I *will now attempt to speak*. Cholera broke out in the Eastern countries. [...] A pale horror arose in my core because I had an indescribable dread of disgusting illnesses.”¹⁰⁴

Ricarda Huch metapoetologically states what applies to the literary treatment of cholera in general: The need to speak about the “time of horror” but being unable to since the terror lying in the nastiness of the disease remains basically “indescribable.” Not least, the specific command of silence about the epidemic often made the death of its victims “unmournable”¹⁰⁵ and the grief pathological. In *Der unbeträuerbare Tod* (“The Unmournable Death”), Laurence A. Rickels states that every activity¹⁰⁶ is initially prevented by “the unbearable intensity of sorrow and the crippling contemplation of irreplaceable relationships” that are particular to grieving. Grieving for the deceased hinders direct artistic treatment. Only if experiences are successfully processed, and “digested” can past experiences continue to live and have their effect. In his study *Trauer und Melancholie* (“Mourning and Melancholia”), Freud writes that the object of grief must be assimilated and eliminated before grief can successfully heal.¹⁰⁷ However, this success is tied to specific rituals and processes. If this cannot be deliberately enforced, the experience becomes a trauma: the undead of memory that lies buried in inner crypts¹⁰⁸ but brings no rest and returns at some point as a specter.¹⁰⁹ Thus, also the grieving of cholera victims often became pathological. Cholera killed quickly, repulsively, and on a massive scale, and the dead often could not be buried and mourned in the usual ways. Special hygienic and policing measures, such as quarantine ordinances and setting up cholera graveyards in which the deceased must sometimes be buried in mass graves, compounded the sorrow of the loss with the impossibility of proper burial and mourning. This meant that the dead found no real place of their own, and the mourners could not come to rest in peace. The experienced trauma could not be told but instead was suppressed from everyday life and the memory into an individual and collective unconsciousness.

Without exception, the authors of the texts discussed in this study, like most people in the nineteenth century, had their own, sometimes traumatic, real-life experience with cholera. Thus, those who created literary works during the times of cholera faced a double dilemma, both consciously and unconsciously. Both producing something “that cannot be told” and considering something “that cannot / does not want to be heard/read” were highly problematic. Although this study does not follow a decidedly biographical approach, by incorporating *life writing* documents, which are themselves often “haunted narratives,”¹¹⁰ it wishes to adequately consider the worlds of imagination and real life during the times of cholera that stand behind the literary production. Assuming that cholera is a traumatic context for authors’ literary creations makes it possible to identify, from the perspective of literary studies, whether and to what extent the literary texts discussed here can also be read as forms of the *trauma narrative*.

As an epistemic and aesthetically challenging borderline experience, cholera possesses a specific unspeakability. “The boundless, disgusting death,”¹¹¹ as the poet Detlev von Liliencron described cholera in a letter, was a collective trauma and literary taboo that led to a specific speechlessness. The disease became an aesthetic challenge that appeared to make narrativization of the epidemic experience impossible and turn

it into a blank space in contemporary literature. It brought literature and art to their limits and forced them to exceed them. Although hardly any cholera novel is still known today, a more exact glance into nineteenth-century literature shows that the disease was nevertheless given a voice. Literature and art are inherently able to scrutinize their limitations and break through them, especially by productively dealing with borderline experiences and the representational exceeding of boundaries that such an examination demands. The supposed blank spaces created by the unspeakable open up spaces without borders in which genuine writing is generated that makes the unspeakable speakable. Turning the complex exchange of academic, societal, artistic, and aesthetic discourses into literature helps literature's seismographic potential to unfold. The literary text becomes a study, an experiment, a document, and an archive. It points to the diverse distribution paths of knowledge in its specific narrative practices and the challenge of encountering these various knowledge formations from a historical perspective. Thus, this study argues that cholera's very unspeakability became a narratological innovation driver. It created a narratability generated by permanently exceeding literary (genre) boundaries and by extensively examining the medical, political, and social discourses closely interwoven with cholera without having to address its specifically disgusting "nature" directly. As the following analyses show, cholera became a latent and manifest presence in a great variety of literary texts of the nineteenth century, particularly in the model of the specter.

5. Making the Unspeakable Speakable: Cholera in the Model of the Specter

Specters are uncanny, intangible, and inexplicable. They have no clear shape and are translucent, transparent, or invisible. However, they seem to linger everywhere and continually return to haunt us. Escaping them is impossible: they know neither time nor space, pass through walls, and move on water or through the air. Specters have always functioned as a "powerful metaphor for encounters with disturbing forms of otherness."¹¹² Paradoxically, the specter has a specific "lack of ambiguity" despite its polymorphism and polyvalence¹¹³. This contributes considerably to its adaptability as a conceptual metaphor. The use of specters to model historical, political, philosophical, epistemological, and aesthetical problem complexes is not limited to recent times.¹¹⁴ Jacques Derrida's *Spectres de Marx* ("Specters of Marx") from the 1990s introduced the *spectral turn*, in whose wake *hauntology* and *spectral studies* became highly productive fields of research.¹¹⁵ Paradigmatically, the specter has stood for the return of the suppressed since the appearance of Sigmund Freud's work *Das Unheimliche* ("The Uncanny," 1919).¹¹⁶ Often, specters appear when trauma, taboos, or grief make speech impossible. Caruth has described traumatization as a state of being possessed.¹¹⁷ Specters are "part of a symptomatology of trauma, as they become both the objects of and metaphors for a wounded historical experience."¹¹⁸ They can therefore become revenants of the unspeakable and give a voice to mute horror.

As a social taboo and individually and collectively suppressed, cholera seems predestined to be included in the model of the specter since even the symptoms of cholera uncannily resemble the characteristics of the specter. As a mysterious, supposedly alien disease, cholera was intangible, inexplicable, was marked by the power of physical dissolution, continually returned, could not be stopped by quarantines or cordons, and seemed to spread out across the world over water and air. Even those afflicted with cholera appeared dead even while alive, trapped like specters between life and death. Cholera created specters, became a specter and found entry into literature in various ways.¹¹⁹ With this reintegration of the fantastic, dominating poetic and poetological preferences of contemporary nineteenth-century literature were simultaneously confronted with the “epochal specter[s]”¹²⁰ of the past. “[...] literature that is commonly referred to as ‘realistic’ and whose realism is set apart in that ‘actuality’ has become epistemologically radical for it”¹²¹ is repeatedly “haunted” by specters. By doing so, it refers firstly to the “ambivalent moment at which regressive and progressive tendencies run parallel”¹²² that often characterizes innovation, and, secondly, resolutely relates “to those fields of knowledge, forms of experimental observation, and medial technologies that, with the discourse surrounding subjective perception, work so decidedly toward the production of reality.”¹²³

But specters are neither mimetic representations of the loss they represent nor mirror images of what has been suppressed. They are marked by a distinct semiotic openness. Shadows or indistinct light reflexes, knocking and scraping, cold breaths of wind, and icy touches coming from nowhere are classical topoi of ghostly apparitions allowing for an abundance of interpretations. Specters can take on many different forms, such as monsters, vampires, devils, or doppelgangers,¹²⁴ and their connection to dreams, nightmares, and visions is significant. As a polymorphic specter, Cholera also takes on many forms in literary texts. Spectral plagues of the past are conjured up if one cannot describe the horror of the present. Like a spectral knocking, only insinuations are made (although they have far-reaching effects on the plot and structure of the texts), or cholera is replaced with other diseases or transformed into the “sick” per se. Thus, cholera often became a ghostly presence beneath the narrative surface that contemporary readers would nevertheless decipher without problems.¹²⁵ Cholera was paraphrased with metaphors of the spectral or itself became a metaphor and was transformed into a personified specter, e.g., a monster or vampire.¹²⁶ However, cholera’s function as a specter is more subtle in that it is not only a spectral motive but a definite structural element of the text. The model of the specter opens up the perspective of the spectral on various levels, thereby going beyond the motivic-metaphorical presence of cholera as a specter in the texts, which has already been referred to.¹²⁷ Because, especially where cholera is identified by the greatest absence, it becomes clear that it helps constitute the text as a spectral latency. The specter is not only a latent phenomenon, psychoanalytically speaking, which, according to Hans Ulrich Gumbrecht, “changes, parts, or comes together in its imperceptibility [...] and

[can] sometimes appear to those who seek it, and even those who have not counted on it at all [...] in a form that can be described retrospectively as “crystallization.”¹²⁸ In the terminology of the specter, cholera became a point of “crystallization” of many contemporary discourses closely connected to the pandemic. This interwovenness of multiple discourses of the time of the “web” of cholera enabled the aestheticization of the traumatic pandemic experience without having to refer back to its gruesome peculiarities *en détail*. It is also apparent in many texts that, although cholera initially seems to be placed there only as a historical marker, it actually impacts the plot on the narrative level and significantly determines the texts' structure and the narration's course. Thus, cholera veritably “haunted” many nineteenth century literary texts. This form of text-immanent haunting finally highlights the fragility of the boundaries of literary genres when confronted with transgressive phenomena. By dealing with cholera as a distinct transgressive phenomenon, literary, scientific, political, religious, and journalistic, as well as *life writing* texts have been “gothified,” and the Gothic genre itself was pushed to its limits and beyond. The polymorphic and polyfunctional specters of cholera referred to contemporary precarious discourses. In doing so, it also addressed other notorious specters, such as abuse of power, oppression, revolution, and war, epistemological crises, and scientific progress. Thus, the specter of cholera forced innovative writing that ultimately transformed the Gothic genre itself. Gothic subgenres such as *Eco Gothic*, *Imperial Gothic*, and *Medical Gothic* testify to the genre's transformative power until today.

In her essay *Gothic Origin of Global Health*, Sari Altschuler suggests that cholera even forced the formation of a concept of global health since cholera “[...] suggested initially that population health issues such as demographic inequalities in poor, urban immigrant communities made Cholera possible – and then spectacularly undermined these distinctions, proving itself a universal threat that connected radically different populations across geographic regions.”¹²⁹ As part of that process, according to Altschuler, it was the Gothic literary genre that connected “shared experience and traumas around the world”¹³⁰ and aided narrativization and recognition of the cholera experience in the everyday world, in medical discourse, and (popular) literature. Cholera, which had become a specter through its inexplicability and gruesome appearance in the world of human imagination, became preferably articulated in the Gothic genre, itself identified by a specific “formal uncertainty”:¹³¹ “For those whose lived experience was gothic, the genre posed less risk, and it had potential benefits: to reflect their experience, to make some sense of it, and to spur moral action.”¹³² Altschuler marks the beginning of this adaptation of the spectral in medical and social epidemic discourse with the publication *Der schwarze Tod im 14. Jahrhundert* (The Black Death in the fourteenth century) in 1832, immediately after the first great outbreak of cholera in Germany, by Justus Friedrich Carl Hecker (1795–1850). Hecker used a historical description of the plague in the Middle Ages to draw direct parallels with the recent cholera outbreak. He made an argument for looking past one's national interests in the form of a “haunting account of a medieval plague in which Eastern

forces invaded and defamiliarized thousands of Western bodies,”¹³³ thereby justifying a “gothic epidemiology”¹³⁴ with his writing. In her study, Altschuler makes clear not only that the Gothic narratives that determine today’s global health discourses have had their uncanny origins in the cholera epidemics of the nineteenth century. She argues that, in light of current epidemic threats, they continue to pass down the gruesome legacy of the Gothic genre, including its racist and xenophobic tendencies.¹³⁵

The description of the bubonic plague’s narrative paradigm (see Chapter 1.3), which was revived and perpetuated by the cholera experience, has shown that epidemics with their uncertain origins, lack of therapy, and prevention measures and enormous territorial and temporal scope, have always been part of the cultural imagination and communication, particularly as spectral forces. Even though Robert Koch and his fellow scientists successfully explained the cause of many infectious diseases by implementing modern bacteriology by the end of the nineteenth century, the diseases remained an “almost unassailable and extremely devastating, deadly, global, and ghostly enemy.”¹³⁶ Elizabeth Outka has recently and impressively outlined this in her study of spectral traces of the Spanish Flu in Irish, British, and American interwar literature.¹³⁷ This tradition of using the specter with its distinct interpretative openness to represent physiological and psychopathological diseases has continued to this day, exemplified in the current study *Forgotten* of Marlene Goldman, which examines narratives of age-related dementia and Alzheimer’s disease.¹³⁸

However, the manifestation of cholera in the model of the specter takes on a prominent role in this tradition. First, the initial appearance of cholera in Europe and the Western world coincided with the gradual aesthetic surpassing of gothic fiction in favor of writing modes that were obligated to adhere to—however idealistic—realisms. In light of an epidemic experience that appeared unspeakable and can hardly be compared to any other experience of infectious diseases in the nineteenth century, the specters of literature that were believed buried must be revived to make the unspeakable speakable. But by doing so, genuine narrative strategies were developed that made permeable both the borders of the Gothic and those of the genre “gothified” by the discussion of the pandemic. This permeability has facilitated the (literary) productive incorporation of all manner of unspeakable things. Second, it appears as though the representational possibilities of cholera would be limited to the mode of the specter, however polyvalent. Research on the literary treatment of syphilis¹³⁹ or tuberculosis¹⁴⁰—two other diseases that strongly shaped the nineteenth century—shows that an artistic treatment of those illnesses was possible and that a considerable number of canonized literary texts strived to aestheticize the manifold intricacies of these diseases. For example, the altered states of consciousness evoked by the “progressive paralysis” (a possible long-term effect of syphilis) were frequently correlated with artistic, creative force. This, e.g., made the disease of interest for literary representation despite its physical manifestations, which was also seen as disgusting, as presented by Thomas Mann in the twentieth century in his *Doktor Faustus* (1943).¹⁴¹ Tuberculosis was also a common topic of nineteenth-century

literature. Its long progression, marked by alternating phases of hope for recovery and apparent decline and the lack of social and moralistic stigmatization, permitted extensive descriptions of character developments and suspense curves in light of the approaching (but by no means sudden) death. Moreover, its association with “fragile loveliness and sexual attractiveness”¹⁴² and thus “delicate yet desirable youth” brought forth a “tubercular”¹⁴³ aesthetic of the ethereal that seems to distinguish the afflicted in a certain way and “glorified”¹⁴⁴ the disease itself. One of the best-known works of the nineteenth century dealing with tuberculosis is Alexandre Dumas’s *La dame aux camélias* (*Camille*, 1848/52), and Thomas Mann’s novel *Zauberberg* (*The Magic Mountain*, 1924) enjoys the same status as a twentieth-century work.¹⁴⁵ Cholera, however, remained only cholera itself because it seemed to negate all that narration could make possible. It killed quickly and repulsively, was stigmatized as a *filth* disease, and as decidedly “foreign,” and could not be placed into a metaphysical context. For a long time, there was no scientific explanatory model either. As the dead bodies it brought about, Cholera was “seen without God and out of science [...] the utmost of abjection.”¹⁴⁶ This study argues, however, that despite the many obstacles, the narrativization of cholera was possible, especially in the model of the specter.

Notes

- ¹ I am basing this work on the concept of the “long nineteenth century” (“langes 19. Jahrhundert”), which Eric Hobsbawm defines as the period from the beginning of the French Revolution until the beginning of World War I; cf. Eric J. Hobsbawm, *Das Lange 19. Jahrhundert* (Darmstadt: Theiss, 2017).
- ² A (scientific) discussion of cholera is challenging, because, although diseases have no agency, they are often perceived and narrativized as though they do. With cholera, this is especially pronounced. All discourses surrounding cholera are inscribed with a specific agency of the disease, which portrays it as a foreign, insidious, sinister *being*. In this work, I am attempting to avoid reproducing this manner of speaking if possible by avoiding judgmental attributions and always personalizing the disease in a reflective manner even if reasons of communication do not allow me to dispense with personalizing the disease completely.
- ³ Olaf Briese, *Angst in den Zeiten der Cholera: Auf Leben und Tod. Briefwelt als Gegenwart. Seuchen-Cordon III* (Berlin: De Gruyter 2003a), 20. “eine neue, eine schlimmere Pest.”
- ⁴ Aleida Assmann, *Erinnerungsräume: Formen und Wandlungen des Kulturellen Gedächtnisses* (Munich: C. H. Beck, 1999), 264. “Unmöglichkeit der Narration”
- ⁵ This approach is also the central concern of the DFG Graduate Program “Life Sciences —Life Writing,” within whose framework the present study came about: “The graduate program converges the areas of life sciences and life writing and sees them

as complementary approaches to understand, explain and act in boundary experiences of human life. To achieve this convergence, joint concepts need to be established. The graduate program focuses on three research areas—corporeality, ability, temporality—which function as three conceptual spaces, within which biomedical explanations, literary and cultural analyses and human experience interact” (Johannes Gutenberg University Mainz 2019). Cholera is a huge challenge for each of those concepts.

- ⁶ Ottmar Ette, *Alexander von Humboldt und die Globalisierung: Das Mobile des Wissens* (Berlin: Suhrkamp, 2019), 14.
- ⁷ I thank Prof. Dr. Mita Banerjee for this reference.
- ⁸ Alexander von Humboldt, *Reise auf dem Rio durch die Anden und Mexico. Teil 1: Texte* (Berlin: Akademie-Verlag, 2003), 358. “Alles ist Wechselwirkung.”
- ⁹ Alfred Hornung and Nina Morgan, “Introduction. Recognizing Transnational American Studies,” in *Routledge Companion to Transnational American Studies*, edited by Nina Morgan, Alfred Hornung and Takayuki Tatsumi (London/New York: Routledge, 2019), 2.
- ¹⁰ Shelley Fisher Fishkin, “Crossroads of Cultures. The Transnational Turn in American Studies—Presidential Address to American Studies Association, November 12, 2004,” *American Quarterly* 57, no. 1 (2005): 19.
- ¹¹ Fishkin, “Crossroads of Cultures,” 21.
- ¹² Fishkin, “Crossroads of Cultures,” 21.
- ¹³ Norbert W. Paul, Mita Banerjee, and Thomas Efferth, “Life Sciences—Life Writing. PTSD as a Transdisciplinary Entity between Biomedical Explanation and Lived Experience,” *Humanities* 5, no. 4, art. 4 (2015): 11.
- ¹⁴ Mita Banerjee, *Medical Humanities in American Studies: Life Writing, Narrative Medicine, and the Power of Autobiography* (Heidelberg: Universitätsverlag Winter, 2018), 4.
- ¹⁵ Cf. Joseph Vogl, “Einleitung,” In *Poetologien des Wissens um 1800*, edited by Josephy Vogel (Munich: Fink, 1999).
- ¹⁶ Dominick LaCapra, *Writing History, Writing Trauma* (Baltimore: JHU Press, 2001), 23.
- ¹⁷ Cf. Cathrine Belling, “Overwhelming the Medium: Fiction and the Trauma of Pandemic Influenza in 1918,” *Literature and Medicine* 28, no. 1 (2009), 55–81; David A. Davis, “The Forgotten Apocalypse. Katherine Anne Porter’s ›Pale Horse, Pale Rider‹. Traumatic Memory, and the Influenza Pandemic of 1918,” *Southern Literary Journal* 43, no. 2

(2011): 55–74; Brian Malone, “Disaster in Nineteenth-Century England and France: A Literary and Cultural History” (PhD diss., University of California Santa Cruz, 2014).

- ¹⁸ After the experiences of the last Ebola outbreak, the international research community has long focused on the epidemics that could become the greatest medical, political, and social challenges of the twenty-first century: Marburg virus disease (MVD), Crimean-Congo hemorrhagic fever, Lassa fever, MERS, SARS, Nipah virus (NiV) and Rift Valley fever (RVF) (cf. Schmidt 2015).
- ¹⁹ Irene Poczka, *Die Regierung der Gesundheit: Fragmente einer Genealogie liberaler Governamentalität* (Bielefeld: Transcript Verlag, 2017), 217. “diskursives Ereignis”
- ²⁰ Cf. Lorraine Daston and Peter Galison, *Objectivity* (New York: Princeton University Press, 2010).
- ²¹ I’m grateful to Prof. Dr. Norbert W. Paul for this pointed summary.
- ²² Michel Foucault, *The History of Sexuality*. Translated by Hurley, 1st American ed, (New York: Pantheon Books, 1978), 138.
- ²³ Foucault, *The History of Sexuality*, 140.
- ²⁴ Foucault, *The History of Sexuality*, 139.
- ²⁵ Poczka, *Die Regierung der Gesundheit*, 223. “Feind der Politik”
- ²⁶ Alexander Koschorke, *Körperströme und Schriftverkehr: Mediologie des 18. Jahrhunderts* (Munich: Fink, 1999), 54. “Konstrukt einer in sich geschlossenen Individualität”
- ²⁷ Koschorke, *Körperströme*, 61. “verfestigten Körpergrenzen”
- ²⁸ Barbara Dettke, *Die asiatische Hydra: Die Cholera von 1830/31 in Berlin und den preussischen Provinzen Posen, Preussen und Schlesien* (Berlin: De Gruyter, 1995), 267.
- ²⁹ Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus & Giroux, 1978), 37.
- ³⁰ Norman Aselmeyer, “Cholera und Tod: Epidemieerfahrungen und Todesansschauungen in autobiografischen Texten von Arbeiterinnen und Arbeitern,” *Archiv für Sozialgeschichte* 33, (2015): 86. “Seuchen treffen immer Kollektive.”
- ³¹ Rahel Varnhagen, *Rahel: Ein Buch des Andenkens für ihre Freunde 3* (Berlin: Duncker und Humboldt: (1834), 532. “Ich verlange ein besonderes, persönliches Schicksal, ich kann an keiner Seuche sterben; wie ein Halm unter andern Ähren auf weitem Felde, von Sumpfluft versengt. Ich will allein, an meinen Übeln sterben; das bin ich; mein Charakter, meine Person, mein Physisches, mein Schicksal.”

- ³² Giorgio Agamben, *Homo Sacer*, (Frankfurt am Main: Zone Books, 2002), 17. "einschließenden Ausschließung." Giorgio Agamben, *Homo Sacer*, trans. Daniel Heller-Roazen (Stanford: Stanford University Press, 1998), 21.
- ³³ Aselmeyer, "Cholera und Tod: Epidemieerfahrungen und Todesansschauungen in autobiografischen Texten von Arbeiterinnen und Arbeitern," 86. "Opfergemeinschaft"
- ³⁴ Poczka, *Die Regierung der Gesundheit*, (2017), 224. "Regierung der Cholera"
- ³⁵ Poczka, *Die Regierung der Gesundheit*, 305. "Erfahrungen mit Epidemien innerhalb disziplinarisch kontrollierter Gruppen, wie Truppeneinheiten, Sklaven und Arbeitern auf Plantagen, Schiffen usw. und den erweiterten Möglichkeiten der Anwendung von Techniken zur Regulierung der Lebensweise, der Behandlung und klinischen Erforschung der Krankheit [,denn] die Kolonien boten eine Vielzahl von Möglichkeiten, politische Techniken in Bezug auf epidemische Ausbrüche der Cholera zu entwickeln und auszuprobieren, die der ökonomischen und militärischen Logik der Kolonisatoren, Siedler und Plantagenbesitzer entsprachen"
- ³⁶ Upamanay Pablo Mukherjee, "Cholera, Kipling, and the tropical India," in *The Oxford Handbook for Ecocriticism*, ed. Greg Garrard (New York/Oxford: Oxford University Press), 88.
- ³⁷ David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (Berkeley: University of California Press, 2002), 240.
- ³⁸ Arnold, *Colonizing the Body*, 8.
- ³⁹ Arnold, *Colonizing the Body*, 168.
- ⁴⁰ Arnold, *Colonizing the Body*, 199.
- ⁴¹ Christopher Hamlin, *Cholera: The Biography* (Oxford: Oxford University Press, 2009), 163.
- ⁴² Paul Kelton, *Cherokee Medicine, Colonial Germs: An Indigenous Nation's Fight Against Smallpox* (Norman: University of Oklahoma Press, 2018).
- ⁴³ Barbara Alice Mann, *The Tainted Gift: The Disease Method of Frontier Expansion* (Santa Barbara: Praeger 2009), 19.
- ⁴⁴ Mann, *The Tainted Gift*. Except for Barbara A. Mann's study, there was previously hardly any research literature that examined the cholera experiences of Native Americans (cf. Goldberg 2014; Powers/Leiker 1998), although "substantial evidence exists that Indian epidemics [of cholera] not only coincided with nationwide outbreaks, but that Indians' proportionate losses also far surpassed those of white communities and were major factors in depopulation" (ibid., 320). The historian Paul Kelton whose

research focuses on smallpox and Native Americans (cf. Kelton 2007; Kelton 2015) is currently working on a comprehensive project to reevaluate the role of cholera during the Indian Removal. Analysis from the perspective of literary studies that investigate the discussion of cholera in literary works of indigenous authors are still a complete desideratum.

- ⁴⁵ Cf. Balint et al., *Ethics and Epidemics* (Amsterdam/Boston: Emerald Publishing, 2006).
- ⁴⁶ Cf. Carlo Caduff, *The Pandemic Perhaps, Dramatic Events in a Public Culture of Danger* (Oakland: University Press of California, 2015).
- ⁴⁷ Cf. WHO, *Guidance for Managing Ethical Issues of Infectious Disease Outbreaks*, (Genf: World Health Organization, 2016).
- ⁴⁸ Cf. Beth Torgerson, "Ailing Women in the Age of Cholera: Illness in Shirley," *The Journal of the Victorian Studies* 30, no. 2 (2010): 2004): 1–31; Marie Wilson Carpenter, "Medical Cosmopolitanism: Middlemarch, Cholera, and the Pathologies of English Masculinity," *Victorian Literature and Culture* 38, no. 2 (2010): 511–28; Thomas Rütten and Martina King, *Contagionism and Contagious Diseases, Medicine and Literature 1880-1933* (Berlin//Boston: De Gruyter, 2013); Björn Moll, "Erotik, Krankheit, Schreiben: Narrative der Cholera im 'Tod in Venedig'," In *Auf Schwankendem Grund. Dekadenz und Tod im Venedig der Moderne*, ed. Sabine Meine (Paderborn: Fink, 2014); Mukherjee, "Cholera, Kipling, and the Tropical India," (2014); Sari Altschuler, "The Gothic Orgins of Global Health," *The American Literature* 89, no. 3 (2017): 557–90.
- ⁴⁹ Sigmund Freud, "Creative Writers and Day-Dreaming," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud Vol. IV*, trans. James Strachey (London: The Hogarth Press, 1959), 144.
- ⁵⁰ Zelle (2013), 91. "Verhältnis von Medizin und Literatur [...] als ein von diskursiven Formationskräften geprägtes kulturelles Wissensfeld modelliert"
- ⁵¹ Ette, *Alexander von Humboldt und die Globalisierung*, 11. "Literaturwissenschaft als Lebenswissenschaft"
- ⁵² Ette, *Alexander von Humboldt*, 17. "interdisziplinäre, idealiter aber auch transdisziplinäre und damit die verschiedenen Disziplinen nicht nur miteinander in Dialog setzende, sondern in fundamentaler Weise querende Auseinandersetzung mit ethischen wie biowissenschaftlichen Ansätzen und Diskursen erforderlich."
- ⁵³ Rolf Parr, "Interdiskurstheorie/Interdiskursanalyse," in *Foucault-Handbuch. Leben – Werke – Wirkung*, ed. Clemens Kammler, Rolf Parr, and Ulrich Johannes (Stuttgart: Springer, 2014), 206. "komplexen Funktionszusammenhang von Literatur, Spezialdiskursen und Gesamt-Kultur"

- ⁵⁴ The title of the poem *The White Man's Burden* (1899) by Rudyard Kipling, which was written in the context of the Spanish-American War, has become proverbial as a central literary text of imperialism. In this reading, it stands for the moral burden of a "white race" that is seen as superior, whose duty it is to civilize the "nonwhite" races as a sort of self-sacrifice.
- ⁵⁵ Cf. Evans, *Death in Hamburg*; Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1987); Olaf Briese, *Angst in Zeiten der Cholera: Über Kulturelle Ursprünge des Bakteriums. Seuchen Cordon I* (Berlin: De Gruyter, 2003); Owen Whooley, *Knowledge in the Time of Cholera. The Struggle over American Medicine in the Nineteenth Century* (Chicago: University of Chicago Press, 2013); S. L. Kotar and J. E. Gessler, *Cholera: A Worldwide History* (Jefferson: McFarland and Company, 2014).
- ⁵⁶ Olaf Briese, *Angst in Zeiten der Cholera: Über Kulturelle Ursprünge des Bakteriums. Seuchen Cordon I* (Berlin: De Gruyter, 2003), 19. "erzwungenen Konsens des Schweigens« gegeben, der dazu führte, dass »die kulturelle Erinnerung an Cholera bis heute im Grunde verdrängt"
- ⁵⁷ Briese Olaf, *Angst in den Zeiten der Cholera. Das schlechte Gedicht: Strategien literarischer Immunisierung. Seuchen-Cordon IV* (Berlin: De Gruyter, 2003), 19. "Erregungspegel"
- ⁵⁸ Briese, *Angst in den Zeiten der Cholera: Auf Leben und Tod. Briefwelt als Gegenwelt. Seuchen-Cordon III*, 34. "Vor allem müsste sie [die Polizei] zuvörderst dahin wirken, dass das Wort Cholera nirgend gehört und geschrieben werden dürfte, weil schon der bloße Name der Krankheit bei vielen Menschen Schreck, Angst, plötzliches Unwohlsein, selbst die Krankheit und den Tod veranlasst hat"
- ⁵⁹ Varnhagen, *Rahel*, 532. "Stockiges Berlinerleben, und dann die gräuelmachende, dumpfe, unbekannte verschriene Annäherung des großen Uebels – ich nenn' sie nicht, die infamierende Krankheit [...]."
- ⁶⁰ Aselmeyer, "Cholera und Tod," 85. "Sagbarkeitsregel"
- ⁶¹ Aselmeyer, "Cholera und Tod," 86. "erzwungenen Konsens des Schweigens", „dass die Seuchenzüge der Cholera eine reiche Erinnerungsliteratur hervorgebracht haben"
- ⁶² Aselmeyer, "Cholera und Tod," 86. "denkwürdiges Erlebnis allein"
- ⁶³ Deutsches Institut für Medizinische Dokumentation und Information (2015): *ICD-10*, <https://www.dimdi.de/static/de/klassifikationen/icd/icd-10-gm/kode-suche/htmlgm2015/block-f40-f48.htm>, F43.1.
- ⁶⁴ Werner Bohleber, "Die Entwicklung der Traumatheorie in der Psychoanalyse," in *Flucht, Migration und Trauma. Die Folgen für die nächste Generation*, ed. Marianne

Leuzinger (Göttingen: Vandenhoeck & Ruprecht, 2017), 70–71. “das ein äußeres Ereignis mit dessen spezifischen Folgen für die innere psychische Realität verknüpfe« und es insofern als »relationaler Begriff« anzusehen sei, der durch »diese doppelte Bezogenheit« unscharf werde”

⁶⁵ Cf. Philip Strong, “Epidemic Psychology: A Model,” *Sociology of Health and Illness* 12, no. 2 (1990): 249–59.

⁶⁶ Cf. Karl-Heinz Leven, “Krankheiten Historische Deutungen vs. Retrospektive Diagnose,“ in *Medizingeschichte. Aufgaben, Probleme, Perspektiven*, ed. Norbert W. Paul and Thomas Schlich (Frankfurt am Main/New York: Campus, 1998).

⁶⁷ Angela Kühner, *Kollektive Traumata. Annahmen, Argumente, Konzepte. Eine Bestandsaufnahme nach dem 11. September* (Berlin: Berghof Forschungszentrum für konstruktive Konfliktbearbeitung, 2003), 12. “potentiell in einen gemeinsamen Beschreibungs- und Erklärungszusammenhang gebracht werden”

⁶⁸ Kühner, *Kollektive Traumata*. “die Zusammenfassung ganz unterschiedlicher Einzelschicksale, die in je unterschiedlichen Sequenzen traumatisiert wurden, unter ein kollektives Trauma”

⁶⁹ In the wake of the current SARS-CoV-2 pandemic, the conceptualization of the epidemic experience as a trauma has strongly moved into focus. For example, studies of the long-term effects of the SARS epidemic from 2002–03 have found evidence of posttraumatic stress disorder in infected people, their relatives, and medical personnel (cf. Mak et al. 2009). Initial surveys from China show increased suicide rates, anxiety disorders, and depression during and after the SARS-CoV-2 outbreak, especially in connection with quarantine measures (cf. Brooks et al. 2020; Sun et al. 2020). At the Leibniz Institute for Resilience Research (LIR) at the University of Mainz, the concept of resilience in times of epidemics is currently being studied (LIR 2020).

⁷⁰ Cohn, *Epidemics*, 261.

⁷¹ Judith Kuriansky, *The Psychological Aspects of Deadly Epidemic. What Ebola has Taught us About Holistic Healing* (Santa Barbara: Praeger, 2016).

⁷² Norbert Paul W. and Mita Banerjee, “Understanding Narrative Transformations of Ebola in Negotiations of Epidemic Risk,” *International Journal of Social Behavioural, Educational, Economic, Business and Industrial Engineering* 10, art. 42 (January 2016).

⁷³ Isabell Pfaff, “Tod einer Überlebenden,“ *Süddeutsche Zeitung* (4th March 2017): 10.

⁷⁴ Cf. WHO (2021).

- ⁷⁵ Aleida Assmann et al. "Einleitung," in *Rendezvous mit dem Realen. Die Spur des Traumas in den Künsten*, ed. Aleida Assmann, Karolina Jeftic and Friederike Wappler (Bielefeld: transcript, 2014), 9–13.
- ⁷⁶ Cf. Ruth Leys, *Trauma: A Genealogy* (Chicago/London: University of Chicago Press, 2000).
- ⁷⁷ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore/London: John Hopkins University Press, 1996), 62.
- ⁷⁸ Assmann, *Erinnerungsräume*, 264. "Unmöglichkeit der Narration"
- ⁷⁹ Bohleber, "Die Entwicklung der Traumatheorie in der Psychoanalyse," 64.
- ⁸⁰ Astrid Erll, *Kollektives Gedächtnis und Erinnerungskulturen. Eine Einführung* (Stuttgart: Springer, 2017), 71. "Nichtdarstellbarkeit, Nichterzählbarkeit und den ›Bruch‹ als Definitionskriterien für eine Ästhetik des Traumas"
- ⁸¹ Roger Luckhurst, *The Trauma Question* (London: Routledge, 2008), 173.
- ⁸² Erll, *Kollektives Gedächtnis und Erinnerungskulturen. Eine Einführung*, 71. "Konfiguration und Rekonfiguration von Trauma, die das Medium der Literatur bietet"
- ⁸³ Manfred Weinberg, "Trauma. Geschichte, Gespenst, Literatur," in *Trauma. Zwischen Psychoanalyse und kulturellem Deutungsmuster* (Cologne/Weimar/Vienna: Böhlau Verlag, 1999), 173–206, 173. "kulturelles Deutungsmuster"
- ⁸⁴ Weinberg, "Trauma. Geschichte, Gespenst, Literatur," "Funktion des Traumas."
- ⁸⁵ Birgitt Neumann, "Trauma und Literatur," in *Metzler Lexikon: Literatur- und Kulturtheorie*, ed. Ansgar Nünning (Stuttgart: Springer, 2013), 764. "literarische Texte Teil des übergeordneten, kulturellen Sinnstiftungsprozesses sind und sie aufgrund ihrer fiktionalen Gestaltungsmöglichkeiten besonderes Leistungsvermögen für Erinnerungskultur besitzen. So können im Medium der Fiktion traumatische und somit bislang gesellschaftlich tabuisierte Erfahrungen zur Darstellung gebracht und für das kulturelle Gedächtnis verfügbar gemacht werden."
- ⁸⁶ Kühner, *Kollektive Traumata*, 14. "die praktische Relevanz für eine systematische Auseinandersetzung mit der Annahme, dass es kollektiv wirksame Traumata gibt"
- ⁸⁷ Gottfried Fischer and Peter Riedesser, *Lehrbuch der Psychotraumatologie* (Munich/Basel: Ernst Reinhardt, 1998).
- ⁸⁸ Cathy Caruth, *Literature in the Ashes of History* (Baltimore, MD: Johns Hopkins University Press, 2013).

- ⁸⁹ Caruth, *Literature in the Ashes*, 5.
- ⁹⁰ Bettina Jagow and Florian Steger, eds., *Literatur und Medizin: Ein Lexikon* (Göttingen: De Gruyter, 2005), 196.
- ⁹¹ Bohleber, “Die Entwicklung der Traumatheorie in der Psychoanalyse,” 67.
- ⁹² Wolfgang Braungart, “Tabu,” *Reallexikon der deutschen Literaturwissenschaft: Neubearbeitung des Reallexikons der deutschen Literaturgeschichte*, ed. Harald Fricke (Berlin/New York: De Gruyter, 2007), 570.
- ⁹³ Braungart, “Tabu,” 570.
- ⁹⁴ Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London/New York: Routledge, 1991), 124–25.
- ⁹⁵ Julia Kristeva, *Powers of Horror: An Essay of Abjection* (New York: Columbia University Press, 2010), 3–4.
- ⁹⁶ Winfried Menninghaus, *Disgust: The Theory and History of a Strong Sensation*, trans. Howard Eiland (Albany: State University of New York Press, 2003), 2.
- ⁹⁷ Menninghaus, *Disgust*, 1.
- ⁹⁸ Menninghaus, *Disgust*, 1.
- ⁹⁹ Koschorke, *Körperströme und Schriftverkehr*, 54.
- ¹⁰⁰ Braungart, “Tabu,” 571.
- ¹⁰¹ Jules David Law, *The Social Life of Fluid. Blood, Milk, and Water in the Victorian Novel* (Ithaca, NY: De Gruyter, 2011), 18.
- ¹⁰² Menninghaus, *Disgust*, 7.
- ¹⁰³ Schülting, *Dirt in Victorian Literature and Culture*,” 55.
- ¹⁰⁴ Ricarda Huch, *Die Romantik: Blütezeit, Ausbreitung und Verfall* (Tübingen: Wunderlich Verlag, 1985), 154, emphases mine. “Und es sollte auch noch eine Schreckenszeit kommen, die unseren Untergang herbeizuführen schien und von der ich nun zu sprechen versuchen will. In den östlichen Ländern war die Cholera ausgebrochen. [...] Mir war ein bleicher Schrecken ins Mark gefahren, denn ich hatte ein unbeschreibliches Grauen vor ekelhaften Krankheiten.”
- ¹⁰⁵ Laurence A. Rickels, *Der unbeträuerbare Tod* (Vienna: Passagen Verlag, 1989), 14. “unbeträuerbar”
- ¹⁰⁶ Rickels, *Der unbeträuerbare Tod*. “die unerträgliche Intensität des Kummers und das lähmende Nachdenken über unersetzbare Beziehungen”

- ¹⁰⁷ Sigmund Freud, "Mourning and Melancholia," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud Vol. XIV*, trans. James Strachey (London: Hogarth Press, 1957), 243–58.
- ¹⁰⁸ Cf. Nicolas Abraham and Maria Torok, *Kryptonymie. Das Verbarium des Wolfsmanns* (Frankfurt am Main/Berlin/Vienna: Ullstein), 1979.
- ¹⁰⁹ Rickels, *Der unbeträuerbare Tod*, 25.
- ¹¹⁰ Gabriele Rippl, Philipp Schweighauser, and Therese Steffen, "Introduction: Life Writing in an Age of Trauma," in *Haunted Narratives. Life Writing in an Age of Trauma* (Toronto: University of Toronto Press, 2013), 1.
- ¹¹¹ Detlev von Liliencron, *Ausgewählte Briefe* (Berlin: Schuster & Loeffler, 1910), 271. "Der so grenzenlos ekelhafte Tod"
- ¹¹² María del Pilar Blanco and Esther Peeren, "Introduction: Conceptualizing Spectralities," in *The Spectralities Reader: Ghosts and Haunting in Contemporary Cultural Theory*, ed. María del Pilar Blanco and Esther Peeren (London: Bloomsbury, 2013), 3.
- ¹¹³ Blanco and Peeren, "Introduction," 3.
- ¹¹⁴ Cf. Moritz Baßler, Bettina Gruber and Martina Wagner-Egelhaaf, *Gespenster. Erscheinungen, Medien, Theorien* (Würzburg: Königshausen & Neumann, 2005); Michael Gamper and Peter Schnyder, *Kollektive Gespenster: Die Masse, der Zeitgeist und andere unfaßbare Körper* (Freiburg im Breisgau/Berlin: De Gruyter (Litterae 148), 2006); Claire Gantet and Fabrice d'Almeida, *Gespenster und Politik: 16. bis 21. Jahrhundert* (Munich: Brill/Fink, 2007); Serhat Karakayali, *Gespenster der Migration: Zur Genealogie Illegaler Einwanderung in der Bundesrepublik Deutschland* (Bielefeld: transcript, 2008); Annette Bitsch, *Diskrete Gespenster: Die Genealogie des Unbewussten aus der Medientheorie und Philosophie der Zeit*, (Bielefeld: De Gruyter, 2015); Ute Holl et al., *Gespenster des Wissens* (Zurich/Berlin: Diaphanes, 2017).
- ¹¹⁵ Edyta Lorek-Jezińska and Katarzyna Więckowska, "Applied Hauntologies: Spectral Crossings and Interdisciplinary Deconstructions," *AVANT: The Journal of the Philosophical-Interdisciplinary Vanguard* 8, no. 2 (2017): 15–23.
- ¹¹⁶ Sigmund Freud, "The Uncanny," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud Vol. XVII*, translated by James Strachey, (London: The Hogarth Press, 1955), 219–52.
- ¹¹⁷ Cary Caruth, "Introduction," in *Trauma: Explorations in Memory*, ed. Cathy Caruth (Baltimore, MD/London: Johns Hopkins University Press, 1995), 4.
- ¹¹⁸ Blanco and Perren, "Introduction: Conceptualizing Spectralities," 12.

- ¹¹⁹ Still one of the most current literary treatments of cholera: Steven Johnson, *The Ghostmap: The Story of London's Most Terrifying Epidemic--And How It Changed Science, Cities, and the Modern World* (New York: Riverhead Books, 2006).
- ¹²⁰ Ralf Simon, "Nekrologie, Versuch, die Epochen der ästhetischen Moderne als Gespenster zu verstehen," in *Gespenster, Erscheinungen, Medien, Theorien*, ed. Moritz Blaßer et al. (Würzburg: Königshausen & Neumann, 2005), 289. "Epochen-Gespenster[n]"
- ¹²¹ Elisabeth Strowick, *Sprechende Körper, Poetik der Ansteckung. Performativa in Literatur und Rhetorik* (Munich: Fink, 2009), 8. "Jene Literatur, die gemeinhin als ›realistisch‹ bezeichnet wird, und deren Realismus sich gerade dadurch auszeichnet, dass ihm die ›Wirklichkeit‹ epistemologisch radikal geworden ist"
- ¹²² Simon, "Nekrologie, Versuch, die Epochen der ästhetischen Moderne als Gespenster zu verstehen," 289. "ambivalente Moment der Parallelisierung von regressiven und progressiven Tendenzen"
- ¹²³ Strowick, *Sprechende Körper: Poetik der Ansteckung*, 9. "auf jene Felder des Wissens, Formen experimenteller Beobachtung und medialer Technologien, die mit dem Diskurs um subjektive Wahrnehmung so maßgeblich an der Verfertigung des Wirklichen arbeiten"
- ¹²⁴ Cf. Kohlschmidt et al., "Gespenstergeschichte," in *Reallexikon der deutschen Literaturgeschichte 1*, ed. Klaus Weimar (Berlin: De Gruyter), 2001, 573, "Gespenstergeschichte (Ghost Story)."
- ¹²⁵ Cf. Torgerson, "Ailing Women in the Age of Cholera: Illness in Shirley."
- ¹²⁶ Cf. Weisberg, "Cholera as Plague and Pestilence in Nineteenth-Century Art."
- ¹²⁷ Cf. Birgitta Schader, *Die Cholera in der deutschen Literatur* (Munich: Gräffeling, Demeter Verlag, 1985); Barbara Dettke, *Die asiatische Hydra*; Briese, *Angst in Zeiten der Cholera: Über Kulturelle Ursprünge des Bakteriums: Seuchen Cordon I*.
- ¹²⁸ Hans Ulrich Grumbrecht, "Zentrifugale Programmatik und ambivalente Ontologie. Dimensionen von Latenz," in *Latenz: Blinde Passagiere in den Geisteswissenschaften*, ed. Hans Ulrich Grumbrecht et al. (Göttingen: Vandenhoeck & Ruprecht, 2011), 11. "Nichtwahrnehmbarkeit verändern, teilen oder zusammenfügen [...] und sich auch demjenigen, der es sucht, und ebenso demjenigen, der gar nicht mit ihm gerechnet hat [...] manchmal in einer Gestalt zeigen [kann], die sich retrospektiv als ›Kristallisation‹ beschreiben lässt."
- ¹²⁹ Altschuler, "The Gothic Origins of Global Health," 536.
- ¹³⁰ Altschuler, "The Gothic Origins of Global Health," 570.

- ¹³¹ Altschuler, “The Gothic Origins of Global Health,” 565.
- ¹³² Altschuler, “The Gothic Origins of Global Health,” 568.
- ¹³³ Altschuler, “The Gothic Origins of Global Health,” 563.
- ¹³⁴ Altschuler, “The Gothic Origins of Global Health,” 564.
- ¹³⁵ Altschuler, “The Gothic Origins of Global Health,” 582; Norbert W. Paul, Mita Banerjee, “Negotiating Pandemic Risk: On the Scandalization and Transcultural Transformation of the Swine Flu,” in *Epidemien und Pandemien in historischer Perspektive* (Wiesbaden: Springer, 2016), 383–96.
- ¹³⁶ Marianne Hänseler, *Metaphern unter dem Mikroskop: Die epistemische Rolle von Metaphorik in den Wissenschaften und in Robert Kochs Bakteriologie* (Zürich: Chronos, 2009), 131. “beinahe übermächtige und äußerst verheerende, tödlich-gefährliche, globale und gespenstische Feinde”
- ¹³⁷ Cf. Elizabeth Outka, *Viral Modernism: The Influenza Pandemic and Interwar Literature* (New York: Columbia University Press, 2020).
- ¹³⁸ Marlene Goldman, *Forgotten: Narratives of Age-Related Dementia and Alzheimer’s Disease in Canada* (Montreal: McGill-Queen’s University Press, 2017).
- ¹³⁹ Cf., e.g., Anja Schonlau, *Syphilis in der Literatur. Über Ästhetik, Moral, Genie und Medizin (1880-2000)* (Würzburg: Königshausen u. Neumann, 2005); and Monika Pietrzak-Franger, *Syphilis in Victorian Literature and Culture: Medicine, Knowledge and the Spectacle of Victorian Invisibility* (Cham: Springer, 2017).
- ¹⁴⁰ Cf., e.g., Birgit Tauber, “Die Reflexion der Tuberkulose in der europäischen Literatur des 18. und 19. Jahrhunderts im Kontext zum medizinischen Wissenstand der Zeit” (PhD diss., University of Rostock, 1998); and Katherine Byrne, *Tuberculosis and the Victorian Literary Imagination* (Cambridge: Cambridge University Press, 2011).
- ¹⁴¹ Marlene Goldmann, *Forgotten*.
- ¹⁴² Katherine Byrne, *Tuberculosis and the Victorian Literary Imagination*, 93.
- ¹⁴³ Byrne, *Tuberculosis*, 93.
- ¹⁴⁴ Byrne, *Tuberculosis*, 94.
- ¹⁴⁵ Christian Klein, “Tuberkulose,” in *Literatur und Medizin: Ein Lexikon*, ed. Bettina von Jagow and Florian Steger (Göttingen: Brill Deutschland, 2005), 808.
- ¹⁴⁶ Kristeva, *Powers of Horror*, 4.

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