

Cholera: The Biography

Christopher Hamlin, 2009, Oxford University Press

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The author, Christopher Hamlin, is a historian: Professor of History and of History and Philosophy of Science at the University of Notre Dame. It is not surprising, therefore, that this book has the look and feel of a history book. However, this book is not the history of an event or even of a disease; it is the history of Cholera as a personified agent that brought fear, violent illness and death, and cultural and public health reform. Analyzing and reviewing “Cholera” essentially as a living entity is what makes the title “*biography*” appropriate.

The author uses a prologue and six chapters spread over 300 pages to discuss, analyze and interpret Cholera from nearly every angle imaginable. He begins by explaining why the Cholera story begins long before the first officially recorded epidemic in the early 1800’s. Cholera began its life simply as a term used to describe a general malaise involving the intestinal tract that was rarely fatal. The deadly version appears to arrive on the world scene quite suddenly, and Hamlin discusses the way history shows that this caused much confusion: Is the source the same agent as the earlier Cholera, only more virulent, or is it a new agent? Where did this virulent version of Cholera come from? Did it come from India? These questions seem unanswerable, as the agent of the early Cholera is not known and the “Out of India” theory is surrounded by debate. Hamlin indicates that this theory began merely because it was convenient and that it was racially motivated, rather than based on solid scientific research and factual information.

The source of much of the confusion was public fear. The spread of Cholera was rapid and the cause of infection was unknown for decades, leading to many misconceptions and rumors. Because they were often the hardest hit (likely because of their use of public wells), the poor were blamed for bringing Cholera to a community. For a time, it was believed that lifestyle choices alone brought Cholera. Later it was rumored that *worrying* about infection actually *caused* infection. It took years before it was understood that Cholera was brought about by an infective agent; that agent began as “miasmas” found in the air, and then as an agent found in water contaminated by bodily waste. Eventually, after years of competitive world-wide research by the field’s most revered scientists, that agent was identified and given a name: *Vibrio Cholerae*.

According to Hamlin, lack of knowledge regarding infection also led to difficulties in diagnosing Cholera. Symptoms suffered by patients world-wide were recorded using different terminology, and it often took a deadly epidemic to convince the community that they were indeed suffering from a Cholera outbreak, and not just wide-spread intestinal illness. The number of people infected by Cholera is approximated, and is based on inaccurate diagnoses and late reporting, along with fear of reporting. The reporting of Cholera was ambiguous at best, both in timing and in numbers. A report of an epidemic that came too early may turn to panic and may be based on incorrect diagnosing. A report that comes too late, however, would lead to many

more unnecessary deaths. After an epidemic has swept through a community, the number infected may have been inflated to appear more desperate for aid or understated in an attempt to deny an epidemic has hit that region. Varying treatments were employed across time and space; some successful treatments were forgotten by the next outbreak, or were criticized by other physicians that were using, testing or experimenting with different techniques. Distrust in government and medical officials, and in their motivations, led to resistance to changes in sanitation on the part of the general public.

The result of confusion that ultimately led to understanding, and the far reaching effects of fatal Cholera, was change. The medical field altered the way diseases and ailing patients were treated. Scientific research advanced in methods of discovery and virulence. Sanitation, both public (including hospitals) and private, was brought to a whole new, safer level. Trade policies and foreign relations were affected in varying ways in different regions of the world, all as a result of the desire to prevent the spread of disease. Local government policies on public health changed to reflect their increased responsibility to protect its citizens.

To supplement his discussions, Hamlin includes several illustrations that help to paint a visual picture of the time period. The examples of paintings and posters used for propaganda or education bring fear of Cholera into reality for the reader. Also included are a helpful glossary, index and thorough list of suggested further readings.

Informal comments are peppered throughout the book, and were an appreciated break from the muddy flow I found through the majority of Hamlin's discussions. The information and arguments contained in the book are brilliant however, and would be valuable to any person desiring a comprehensive look at Cholera across time, space and identity. From an Anthropological perspective, there is not much in the way of a traditional cultural study; however it is, in a way, a review of the peoples affected by Cholera. Medical Anthropologists especially would likely find this book to be interesting and informative.