

History and distance and cholera

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A story of cholera in 1855

It is impossible to make sense of what is happening, and it is almost as impossible not to try, in the distracted, anxious cadence of the times. So I have been thinking in similes, in the way that one does; trying to think about the present by imagining other people in their own times. As the epidemic came closer, early this year, I was in a sort of historian's no-man's-land, in the sense that I had just finished a book, *An Infinite History*, on which I had been working for a long time. The book is a history of a small town in France, Angoulême, and of an obscure family who lived there, or returned there, over five generations. It is made up of ninety-eight stories, and one of the stories that I left out – because it was so sad – was about a cholera epidemic in the town in 1855.

The epidemic began early in the year, and came in two waves, in January-April, and again in September-October. It was cruel, and mortality in Angoulême was almost twice as high as in the preceding decade. A doctor in the town, called Antoine Chapelle, wrote a book, *De l'épidémie de choléra qui a régné dans le département de la Charente, pendant l'année 1855*, about the illness; an extended clinical diary of the year. I read his book, or long pamphlet, in 2015, and again in 2017, and I started to read it once more in March this year.

The history of the epidemic was only distantly connected, or so I must have thought, to the story I was trying to tell in *An Infinite History*. One of the main characters, Louise Lavigerie, who lived with her great aunts in a pension on the Rempart du Midi in Angoulême, was married in the town on March 22, 1855, towards the end of the first wave of the epidemic. It was an important

event in the family's life; the last great reunion of the eighteenth-century family, presided over by the oldest of the great aunts, who was born a few steps away in 1768. There were fifty-five people who signed Louise's marriage contract, and about thirty of them, it seemed to me from the signatures, were schoolgirls. I think that I tried to imagine, in 2015, how much Louise would have known about what was happening around her in the town. Would she have known that the epidemic was coming to an end, even though she could not know that it was going to return, even more cruelly, in September?

I also looked at the records of the deaths in the town in 1855 – the civil registers of births, marriages, deaths and divorces that had been at the heart of the entire inquiry – in a desultory sort of way, looking for individuals who were connected to Louise and her family. I suppose I thought that the history of the cholera epidemic would be important for the book if any of the people who died had in fact been “people I knew;” that is to say, people whom I had encountered in other parts of the story. There was no one, and so I left it out. It was a sad history, and there was not very much to say.

Dr Chapelle

This is the history to which I returned in our own epidemic times. Dr Chapelle lived with his wife and four-year-old daughter, Marie Antoinette, on the Rue du Soleil in the old center of Angoulême, close to where Louise's grandfather, and her seven great aunts, had grown up in the world before the French revolution. His book is a narrative, and also a “symptomatology” of cholera. It starts with the memory of an expectation. The department of the Charente, he wrote, had been scarcely touched by the epidemics of 1832 and 1849 (the second and third pandemics, in modern historiography), and the epidemic of 1854 had affected only a few places in the north. “Everything led us to believe that our department would be exempt” in 1855, he wrote, and the “winter cold seemed to have dissipated it entirely.”

On January 3, 1855, life changed. Chapelle was called to the bedside of a man in Angoulême, Simon Trion, whom he described as “exhausted by work and moral cares.” Trion died the following night; his wife, Elisabeth Gaillard, died on January 7. Over the coming days, the illness spread across the town, and by the end of January, it was particularly intense among the “poor population” in the suburbs. There was a pause in early April, and then, over the summer, the epidemic reappeared in the rural parts of the department. In September, the cholera returned to Angoulême in its most violent form.

Chapelle tried to observe everything. By the autumn, he wrote, even well ventilated houses were affected. He described the symptoms of the patients who recovered, the death of one of his colleagues, and the terrible leg cramps that afflicted another doctor. There were no changes in ways of life that had preceded the epidemic, he wrote; there was “nothing visible or palpable” that indicated the arrival of the deadly scourge. It must have been the “air” that was the “excipient,” Chapelle surmised, but there had been no change in the temperature, or the winds, that explained the incidence of the disease. There was a village on the left bank of the Charente, built on marlstone soil, where a third of the population died; the neighbouring village, on granitic soil, was unaffected. During a terrible electrical storm, in September, the epidemic became worse (as had happened in 1854, he noted, among the expeditionary troops in the Crimean war.)

There were no occupations that protected individuals, Chapelle observed; the disease affected large towns and small villages. It seemed sometimes to leap from place to place. “It is easy to see that the cholera has preferred to follow the course of bodies of water,” he wrote; geological formations seemed to have had some “influence;” locations which had experienced the epidemic were “exempt,” at least from re-infection. He understood, by the end of the year, that variations in temperature and barometric pressure – even the winter cold in which he had such confidence, a few months before – had no effect on the

course of the disease. He proposed a “sort of law of pathology,” on the basis of his own observations, and those of his colleagues; “it is extremely rare to encounter individuals who have been afflicted more than once by true cholera.”

“Poverty, old age and pre-existing conditions” made individuals particularly susceptible to cholera, in Chapelle’s account; “moral conditions such as anger and fear” seemed to be aggravating factors. But in intense epidemics, cholera affected individuals of all ages and ranks, the “rich and the poor.” The incubation period was short. Chapelle gave the example of a thirty-four year old notary from the small town of Sers, whom he called “M.C.B.” M.C.B. came to Angoulême on September 7, to visit his father, who was dying of cholera. He stayed in his father’s room for a day and a half, and returned home, where he became ill and died within days: “the duration of the incubation was 47 hours.” There was a farmer who died within days after visiting his sister, and a woman who had visited her daughter; another farmer aged 32, who had gone to the funeral of a relative, recovered.

There were 181 patients with cholera in the Angoulême hospital, of whom 86 died; there were no deaths in the nearby school, or in the barracks. By the end of the epidemic, 365 people were recorded as having died of cholera in Angoulême alone, which Chapelle thought was an underestimate. The overall number of deaths was greater by “almost one half” than average mortality over the preceding ten years.

Several of his colleagues, Chapelle wrote, were convinced by the “contagionist idea.” He was unsure, and the doctrine, in his view, had tended to “weaken the relations of human sympathy, and to strengthen egoism;” where populations believe these false ideas, “the sick receive only timid and incomplete care.” He had frequently, in his own practice, taken an inhaler from a patient’s mouth and placed it in his own, in order to show how it was to be used; “I came through the epidemic without being affected.” There was no medicine of any real effectiveness, he wrote, although he had some success in

calming his patients with an inhalation of acetone. He also used tannin, and an extract of pyrethrum. One colleague, in a small community to the north of Angoulême, had treated patients with opioid injections, “with no results, physiological or therapeutic.” It was important above all, Chapelle concluded, to maintain hygienic precautions until the very last moment of the epidemic.

Looking back

It is afflicting, now, to read Chapelle’s narrative. His lists of symptoms are afflicting, as are the stories of his patients, and the lists of the medicines he and his colleagues tried. But it is his observation of the world around him – his “etiology” – that is the saddest of all. He is writing everything down, the granite and the poverty and the electric storms, and trying to make sense of something that no one could explain.

It is possible to look back, now, in the implacable asymmetry of history, and to understand so much that Chapelle did not imagine. An anatomist in Florence had described the cholera bacillus, the *vibrio*, in a paper published in 1854; in London, also in 1854, an anaesthetist had identified a clustering of cholera cases around the Broad Street water pump; Chapelle did not know of the connection, and could not, quite, have known. But this is our own implacable future, too. There are people like us who will look back at what we tried to do and what we observed, in our own pandemic times, and will feel infinite pity at how little we understood.

Dr Chapelle went on write other books, about other illnesses; one of his works, in 1862, was a study of the importance for Angoulême of a clean, safe water supply. He read “physics, agriculture, philosophy, sociology,” and had long conversations about science and life in the cloisters of the hospital. One of his friends described him as a “sincere partisan of liberal ideas;” another reported that “he had read all the reformers since Plato, and found them pretentious and inconsistent.”

I wish I could recount that Antoine Chapelle had a long and happy life, and lived to follow the new science of understanding and preventing cholera. But his constitution was weakened by twenty years of medical practice, in the description of his friends. His fourteen year old daughter, Marie Antoinette, died in 1866, and he never really recovered. He and his wife had a second daughter, in 1868, also called Marie Antoinette. Dr Chapelle scarcely knew his new child, and he died in Angoulême in August 1869; his wife died two months later.

How could it not have been important?

So why, looking back, would I have thought, in 2015 and again in 2017, that this history was not important? I know why I returned to it in March 2020; because of the pandemic amidst which we are living, and because one of my oldest friends was lying somewhere between life and death, in a hospital in England, over the weeks when I was reading about death in Angoulême. But history is always about leaving things out, and I suppose I decided, at some point in 2017, that the epidemic of 1855 was so distantly connected to the history I was trying to tell in the book, that it was not part of the story.

I remember thinking about what it would be have been like for Louise to be married in the midst of a cholera epidemic, and thinking, too, that this was one of the many things, or sorts of things, that it would be impossible to know. There are no personal letters from Louise that survive, until the very end of her life, and no personal letters at all from any one else in her family; no diaries that have survived, in this large family of the children and grandchildren of an illiterate woman in Angoulême in 1764. I knew almost nothing about Louise's own illnesses and her own fears. I simply assumed, I suppose, that the epidemic would have been important to her if it had afflicted her family, or her neighbours; if it was connected to her own life. There was no way to know what it was really like, or how it really was.

Since I have returned to the story over these past, anxious months, I have been looking again at the registers of deaths in Angoulême in 1855. (This is the sort of thing one tends to do, or I have tended to do, in pandemic times.) There were indeed none of Louise's relatives who died in the epidemic, and none of the fifty-five signatories of her marriage contract, or their own relatives. Only a very few of the deaths during the epidemic of 1855 were in the streets around where she lived. In the weeks when the illness was at its worst, in September-October, there were two people who died on the Rue de Beaulieu, the long, narrow street that runs from the pension where Louise lived at the time to where her great-aunts had lived as children (and to the home of Dr Chapelle). The two people who died were both elderly widows, the sort of neighbours whom Louise and her aunts might have recognised on the street.

I even looked not for people that Louise might have known, or recognised, but for people whom "I knew" myself, in the solipsistic, intrusive sense that they were individuals, or connected to individuals, who appeared elsewhere in the story I had tried to tell. Balzac's novel of printing and paper-making, *Les Illusions Perdues*, is set, in part, in Angoulême -- on the Rue de Beaulieu -- and at one point in *An Infinite History* I quoted Balzac's description of his sequence of novels as a "drama with three or four thousand personalities." There are three or four thousand people in my history as well, some of them the signatories of the marriage contracts of Louise's grandparents and great-grandparents, some of them minor figures in the events of the French revolution in Angoulême, and some of them no more than names; the 4,089 people who appeared in the parish registers of the town in 1764, the year when the history began. I have not found any of them -- they would have been aged 91 or older -- in the civil registers of 1855.

There are tendencies to be found, in these sombre, stylised registers. The epidemic was even more deadly, as Dr Chapelle had surmised, than he had been able to estimate at the time. The number of deaths in the town from all causes

was not “almost one half” higher than average mortality over the preceding ten years, as he had written, but nearly twice as high; an increase of 76 percent. The statistics for the months of September and October 1855, the period of the “second wave” of the epidemic, were even more stark; 437 deaths compared to 135, on average, over the ten years from 1846 to 1855, or an increase in mortality of more than 300 percent.

There are also stories to be found, in the civil registers of Angoulême and the surrounding towns. This is how I know about the destiny of Dr Chapelle and his two daughters; I know the name of the notary, “M.C.B.,” who visited his dying father (he was “Dominique-Anthelme-Alcide-Cléo Boucheron Seguin”); I know that the first victim in the town, the exhausted man with his moral cares, who was listed in the register of deaths as an inn-keeper, had once been a paper-maker, that his wife was the daughter of a paper-maker, and that they had a new-born grandson. Genevieve Blandeau, one of the two widows who died in October 1855 on the Rue de Beaulieu, was the niece of one of fiercest figures of the revolutionary Terror in Angoulême, for a time the mayor of the town.

In the *Treatise of Human Nature*, David Hume said something very profound about solipsism and distance. He was talking about why individuals are not interested in distant things, and he surmised that “a beautiful fish in the ocean, an animal in a desert, and indeed any thing that neither belongs, nor is related to us, has no manner of influence on our vanity..... Its idea must hang in a manner, upon that of ourselves.” The swerving vectors of interest may be different, in our own virtual world; there are (or there once were) millions of individuals who are interested in the destiny of distant fish, or of about to be extinct animals in far-off deserts. But the vanity is the same, in our times.

I had assumed, in this spirit, that the epidemic in 1855 would have been important to Louise Lavigerie if it had touched those close to her; I wondered about what it would have been like to be married at such a time. I assumed, too, that the history of the epidemic would be of interest to the imagined readers of

An Infinite History if it had touched individuals that they “knew,” in the sense of having encountered them earlier in the story. The entire inquiry was an exercise in my own idea of myself, or my own vanity, in trying to think with history; the history I that knew, or the historical inquiry in which I had been involved for so many years.

But I came back to these stories of 1855 in different times, and with a sense of the possibility of loss that was changed, and made more intense, by the new circumstances of our own lives; in my case, by the idea of my friend in the hospital in England. In the process, I think, I have discovered something far more important about the lives of Louise Lavigerie and her family than the influence and proximity that I had been looking for in 2015 or 2017. It is about what it was like to live, over one’s entire life, with the possibility of unexpected, unexplained, collective risk. This was part of their existence, and it has not been part of our existence. It is not so distant now.

The possibility of loss

To revisit the history of cholera in Angoulême, now, is to see far more connections to illness and risk than I had ever observed or imagined. They were there in the records of deaths, addresses and occupations, and they were there, at the edge of the horizon, in the story that I had already tried to tell.

History is about leaving things out, and about seeing what one wants to see, or the connections and coincidences that one is looking for in the events of ordinary life. But it is also about one’s own way of seeing, which changes – which is heightened or reduced, made more vivid or more muted – over time. There are multiple ways of making sense out of the stories of family life, and multiple senses of closeness and distance. Louise’s relatives are not there in the lists of the dead, in the civil registers of Angoulême in 1855. But one of the other signatories of the registration of her marriage does appear in the records, during the worst days of the epidemic in October 1855. He was the widower of

her aunt (who had herself died in the aftermath of childbirth, at the age of thirty.) He was a paper-maker, and he was present, in the register, as the municipal officer who signed the records of deaths; 69 deaths, over the course of a week.

The person who signed the records over the preceding weeks was also a figure at the edge of the story recounted in *An Infinite History*. He was a goldsmith, and his father, Louis Félix, who died in Angoulême in 1851, had been born into slavery in Saint-Domingue in 1765. Louis Félix was one of the principal figures of the revolutionary administration of the town; an impresario of revolutionary festivals, who had roamed the surrounding villages, together with the uncle of Genevieve Blandeau, telling “the peasants, *they want to put you in irons and give you priests and nobles. You must be ready to support us at the first news.*”

There was even a connection to Dr Chapelle, in that the witness for Louise’s husband at the registration of her marriage in March 1855 was another doctor, and a close friend of Dr Chapelle’s. They worked together in the hospital, the prison, and the new railway (which had recently arrived in Angoulême, and where Gabriel Kiener, Louise’s new husband, was a clerk.) The other doctor, too, wrote a pamphlet about cholera, during the next epidemic of the 1860s, and he, too, died young of over-exertion, cared for by Dr Chapelle. The son of one of the signatories of the marriage contract in 1855, Louise’s first cousin, was married, years later, to the granddaughter of another colleague, the doctor who had experimented so unsuccessfully with opioid injections.

It was impossible, in telling the earlier, eighteenth-century history of Louise’s family, not to be conscious of the high and fluctuating mortality rates of the time. *An Infinite History* starts with Louise’s great-great-grandmother, the illiterate widow, in 1764, and with the marriage contract of her daughter. The young couple, Louise’s great-grandparents, were unusually healthy, and of their

thirteen children, eleven survived childhood and adolescence. But of the five young married women who signed the marriage contract, two died within a few years in the aftermath of childbirth; another signatory lost seven of her thirteen children. 1764 was a relatively healthy year in Angoulême, in that with 505 infants baptised in the town, “only” 50 died within the year. “Only” 48 children aged five or under were buried in the deadly summer months of August to October; 205 children were buried in the town in the same months of 1765.

But the omnipresence of disease is also there, in different ways, in the nineteenth-century family. The story I tried to tell was in part one of increasing inequality over five generations, within a single extended family. Louise’s branch of the family was among those who were reasonably secure. Her grandfather, one of the eleven surviving children who grew up in (relative) poverty in Angoulême, found advancement, like so many young men in the 1790s, in the tax department of the revolutionary administration. He then moved from Angoulême to Bayonne, where he found a position as an official of the national lottery. He eventually became secretary of the “intendance sanitaire,” in this port city of intense fear of epidemics arriving by sea, plague and cholera and yellow fever. He was secretary of the intendance, still, at the age of 79. His oldest son, Louise’s father, was a supernumerary clerk in the customs administration in Bayonne, and became controller of customs in Marseille, the other great port of entry, or so it was feared, for illnesses coming from the east.

The family encountered frightening, inexplicable epidemics at almost every turn. Louise had three brothers. One was a naval pharmacist in Tahiti, who became a doctor in the spa town of Vichy. In Vichy, he, like Dr Chapelle in Angoulême, followed the latest medical news. In a pamphlet he published in 1867, he described the evidence from London, in 1866, of the effects of “organic matter” in the water supply on the incidence of cholera; he died of a chill, four years later, at the age of 34. Louise’s middle brother was a captain in the army, who served in Mexico and in Algeria over the period of the terrible

epidemics that ravaged the armed forces overseas (and that Dr Chapelle had studied during the Crimean war); he died in the military hospital in Bayonne, at the age of 54. Even the register of deaths in Angoulême in 1855 included records of the individuals from the town who had died far from home; of typhus in Sebastopol, of “intermittent fever” in Piraeus, of cholera in Constantinople and in the army of the Baltic.

The oldest of Louise’s brothers, who signed her marriage contract in Angoulême in 1855, was the only person in the extended family who was ever really successful. He turned away, in childhood, from the liberal political views of his father and grandfather. In the marriage contract, in 1855, he signed his name “L’abbé Lavigerie;” in 1863, at the age of 37, he was Bishop of Nancy and in 1866, Archbishop of Algiers. Charles Martial Allemand Lavigerie was eventually a cardinal, and the “Primate of Africa.” He arrived in Algiers at the worst of the terrible cholera epidemic of the summer of 1867. He later became one of the early virtuosos of “global” philanthropy; he organized a lottery, at the end of his life, to buy a spectacular gold cross – it had been donated by the cardinal of Naples, who had been given it after the cholera epidemic of 1884 -- in support of the cause of ending slavery in Africa.

In the other branch of Louise’s extended family -- the cousins whose lives had become poorer and less secure, mostly in Paris, over the course of the nineteenth century – illness was also omnipresent. One of her third cousins kept a modest restaurant in the 9th arrondissement, with his mother and brother; he went bankrupt in 1871, and died a few weeks later in the cholera hospital, the Lariboisière. Another of her third cousins, Rosalie Collet, was a seamstress, and married a neighbour in the 18th arrondissement, a skilled worker in the building trade. She had ten children, of whom nine died in infancy or childhood; she died in 1890, at the age of 53.

Infinite pity

These are stories that I already knew, for the most part, details of ordinary life in the nineteenth century. But what I don't think that I could see, until our own pandemic times – in these more intense, anxious weeks of reading the registers of deaths in 1855 and the statistics of death in 2020 -- was that the stories are connected. There is a pattern there to be seen, to do with what it was like to live with collective uncertainty; a possibility of unexplained, unexpected illness, and of sudden, unexpected insecurity. It is not so important that Louise was married during a cholera epidemic, and that the epidemic had very little influence on her own circumstances. It is very important indeed that this is how she and her family lived, and everyone lived, over the entirety of their lives.

I painted a picture, earlier, of people like us, in a distant or not so distant future, who will look back at us, as we look back at Dr Chapelle, and feel pity for how little we understood. I think one can paint a different, counterfactual picture, too. This is of individuals in the past – of Louise Lavigerie or Rosalie Collet or Dr Chapelle – who are able to look into the future, and to see us as we have been living, so secure in our expectations, so unconscious of the possibility of loss. I can imagine that they, too, would feel infinite pity for how little we understood.

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