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The Horror of Contact: Understanding Cholera in Mann's *Death in Venice*

Amrita Ghosh

- 1 Thomas Mann's novella, *Death in Venice* (*Der Tod in Venedig*) was published in 1912, and written during a time when cholera as a fatal disease had made its presence felt in Italy in 1911 and caused a series of fatalities. This article focuses on the notion of tropicity, and the diseased body and what it means in terms of imagining the colonized spaces as represented in the novella, through the discourse of nineteenth century imperial medicine. Thomas Mann wasn't factually and historically incorrect when recording the presence of an "Asiatic cholera" originating from India in 1912 in his novella. The historical context of the 1911 cholera epidemic in Italy is indeed significant in the contextualization and the production of the text. Yet, the illness of cholera works in a larger metaphor (using Susan Sontag's phrase)¹ to enable a colonial discourse that serves as a cautionary reminder of barring contact zones, "the horrors of diversity" as Mann's text states when first describing the emergence of Asiatic cholera in the text. Venice, in Mann's text becomes a liminal space that opens up to a "contact" with the East – within this space two binaries are set up – the sanitized trope of the West against the source of unclean bodies in the East. The protagonist Gustav Von Aschenbach's journey into Venice and contracting cholera ultimately establishes the threat of any contact with the "other" due to the "disease burden"² that becomes a "symbolic register" to facilitate colonialism and suggests a fear of contact with the "othered" body.
- 2 For the structure of the paper, I would first provide a historical backdrop of the cholera epidemic that Mann encountered, and then the history of contagionism and how it impacts specific social and political imaginations within a colonial encounter. In an expansive work on the historical context of the cholera epidemic and state sanitation practices in Italy in 1911, Thomas Rütten explains that: Mann's novella "has a solid grounding in historical and autobiographical fact, thus blurring the boundaries between fact and fiction".³ Rütten goes on to chart what he calls "verifiable events" in the cholera

outbreak of May 1911 which Mann himself experienced. For Rütten: "The age of narratology has not least produced a growing awareness of the fact that tellers of stories can be, and indeed often are, tellers of history as well, interweaving fiction and fact, and illuminating both in the process".⁴ Thus, Rütten is interested in how a more "factual" set of events actually translate and get "represented" in reality in *Death in Venice*. He also emphasizes that only a very few critics have actually acknowledged how one of the last European cholera epidemics that actually happened in 1911 forms a significant part of Mann's iconic text.

- 3 As Rütten explains, Mann and his wife, Katia, left for Venice on 7th May 1911; he then charts the textual chronology and compares to a more specific historical chronology that coincides with Mann and his wife's journey into Venice. Mann and his wife stayed at the island of Brioni on 9th May 1911, a place that also forms the transition island for the protagonist Gustav Von Aschenbach before he arrives in Venice. The island of Brioni was supervised by Dr. Robert Koch, a famous pathogen expert, who was extensively known in the West and the East for his work on sanitization and contagious diseases. Koch had sanitized the island first against malaria and then cholera, something that Rütten argues Mann would have known during the time of his travels. Brioni also became a sort of a "cult place" to showcase how contagious diseases need to be effectively curbed in the western world, something that would have not gone unnoticed by Mann.⁵ In the *Death of Venice*, this strain of attempting to sanitize and quarantine the place is noted when Aschenbach also encounters health inspectors at the ship, inspecting passengers once the ship docks at Venice, something that partakes into the historical realism of the fiction. As Rütten claims, that Mann's writings inhabit a space where: "Alongside the fictitious and the fabulous, they also contain and articulate experiential and textual facts, and just like historiographic writings, they, too, owe their very existence to re-readings of textual forerunners that 'represent' reality".⁶ Certainly, the historical verisimilitude is important for the medical history of transmission of cholera, and how Italy responded in order to control the disease, yet the larger question that is worthwhile to raise is – what is at stake in such a charting of the historical trajectory of the 1911 cholera outbreak through the *Death in Venice*? What does it mean to have a literary text blurring fact and fiction of the spread of cholera and more importantly, does it suffice to simply say that fact and fiction are thus blurred in the literary realm?

- 4 As mentioned earlier, the island of Brioni that Mann and his wife passed through in 1911 had been sanitized by one of the biggest names in the infectious disease world, and Rütten shows how Brioni had:

presented itself as an open-air museum that showed increasing numbers of eager visitors what hygiene... was capable of achieving: nature itself could become a laboratory... – could, geographical borders notwithstanding, be modified, and hygiene, together with the military, could, via the blessings of colonisation, advance the grand project of civilisation across the globe.⁷

- 5 Beyond this defense of colonialism, what is of particular significance here, is also the underlying discourse of tropicality and the production of colonial spaces and how it imagines "other" diseases. In the quoted extract above, Rütten assumes the grand narrative of civilization and modernity as a colonial project to be transferred from the West to the East. Certainly, Mann's novella facilitates that discourse as well, as the narrator in the text records that the strain of cholera that spreads as a specter in Italy is an "Asiatic" cholera, which was considered to be one of the deadliest contagious diseases, borne out of Bengal in India. What also cannot be denied is the political and symbolic

framing of cholera and the relationship disease had with colonialism. Borrowing Warwick Anderson's phrase, it becomes a case of "excremental colonialism", that is the colonized space and its people connote a space of lack – of health, discipline and civilization".⁸ Anderson in his essay titled the same, focuses on twentieth century American colonial medicinal discourse in the Philippines and argues that American bodies are imagined as clean and sanitary as opposed to the idea of filthy, "grotesque Filipino bodies".⁹ His notion of trying to control and regulate unregulated matter and bodies on the basis of excremental practices, becomes a hierarchical narrative emerging a civilizing mission that is starkly similar to the nineteenth century medicinal trajectory.

- 6 In the novella, the first time, readers hear about the "Asiatic cholera" is after several suggestive moments when a "malady" floating around in Venice is mentioned. Finally, an Englishman at a travel agency reveals to Aschenbach what has "diseased" the city of Venice. Quoting the narrator:

For several years Indian cholera had shown an increased tendency to spread and travel. Born in the sultry swamps of the Ganges delta, ascended with the mephitic odor of that *unrestrained and unfit wasteland, that wilderness avoided by men*, in the bamboo thickets of *which the tiger is crouching*, the epidemic had spread to Hindustan, to China, to Afghanistan and Persia and even to Moscow. *But while Europe was fearing the specter might make its entrance over land*, it had appeared in several Mediterranean ports, spread by Syrian traders, had arrived in Toulon, Malaga, Palermo, and Naples, also in Calabria and Apulia. The North seemed to have been spared. But in May of that year, the horrible vibrios were discovered in the emaciated and blackened bodies of a sailor and of a greengrocer. The deaths were kept secret. But after a week it had been ten, twenty or thirty victims, and in different quarters. An Austrian man had died in his hometown under unambiguous circumstances, after he had vacationed for a few days in Venice and so the first rumors of the malady appeared in German newspapers.¹⁰ (Italics mine)

- 7 This is the only time that the novella pronounces the Asiatic cholera germinating from India, the "unfit wasteland" – "a wilderness" that is to be avoided and a specter that is waiting to take over Europe. The hostility of the tropical environment is evident here, and interestingly enough, a crouching tiger hiding in bamboo thickets is even mentioned, completing the orientalist vision marking the unstable, dangerous tropics. Arnold in his study of imperial medicine also points out that the nineteenth century: "emergent discipline of 'tropical medicine' gave scientific credence to the idea of a tropical world as a primitive and dangerous environment in contradistinction to an increasingly safe and sanitized [European] world".¹¹ Mann's representation of cholera and its genesis in the Indian subcontinent reiterates the same discourse in the text. Here, it is also important that the spread of cholera is also via Syrian traders who pass on the disease to Italy via ports. The fear of contact through land extends to the sea, which becomes a liminal space that doesn't protect but becomes a flowing and dangerous contact zone via the Syrians. Both land and space enact a crisis of colonial imaginary through the spread of disease.
- 8 Sontag in her book *Illness as Metaphor* also charts the metaphorical significance of diseases and explains that: "any important disease whose causality is murky" is then associated with the deepest dread with the subject of the disease – "as decayed, polluted, corrupt"; thus "disease itself becomes a metaphor."¹² She specifically focuses on history of tuberculosis and cancer but also briefly mentions cholera in Mann's novella. Thus, according to her, disease and quarantining the disease becomes a metaphor and a symbol for "social disorder" from where it originated. That the source of the disease is the Ganges delta in India then becomes important in the way it generates the colonized space also as a space

of disorder, needing supervision, medicine and civilizational modernity. Sontag's emphasis on "how meanings of diseases become projected onto the world" is key here.¹³ In the context of *Death in Venice*, this strain of disorder, the horror of contact with a "diseased space" is noted once again when the narrator mentions the quarantine attempts in Venice:

In early June the quarantine barracks of the hospital had been filling silently, in the two orphanages there was no longer enough room, and a horrific traffic developed between the city and San Michele. But the fear of general damage, regard for the recently opened exhibition of paintings in the municipal gardens, for the enormous financial losses that threatened the tourist industry in case of a panic, had more impact in the city than love of truth and observation of international agreements.¹⁴

- 9 This passage highlights the fear of contact with a threatening colonized space that can wreak havoc on socio-economic structures – art, economy, gardens—but also curiously enough, in a moment that seems like a slippage, it is noted that this pandemic fear even overpowers "love of truth" – that is, it is not "truth".

- 10 The text also suggests that islands of Brioni and Venice were undergoing quarantine of potential sick people, travelers who were sick. In this context, the medical history of "quarantine" raises some interesting facts about how the concept of quarantine worked. Eugenia Tognotti explains, the word quarantine comes from the Italian word, "quaranta," meaning 40. As she explains:

[quarantine] it was adopted as an obligatory means of separating persons, animals, and goods that may have been exposed to a contagious disease. Since the fourteenth century, quarantine has been the cornerstone of a coordinated disease-control strategy, including isolation, sanitary cordons, bills of health issued to ships, fumigation, disinfection, and regulation of groups of persons who were believed to be responsible for spreading the infection.¹⁵

- 11 Tognotti also states that: "the first city to perfect a system of maritime quarantine was Venice, which because of its particular geographic configuration and its prominence as a commercial center, was dangerously exposed".¹⁶ The only way to check the spread of infection was to cordon off the potential source and infected people. However, soon this translated into preventing minority groups, strangers, Jews, persons with leprosy from entering the cities.¹⁷ During the first wave of cholera outbreaks in 19th century Europe, medicine was ineffective and the only way again was to cordon off the cities and use the quarantine method. Sick people and travelers from places where cholera was prevalent were inspected and separated for the forty-day period and sent to lazarettoes. But soon with the wave of cholera outbreaks, in 1836, Naples stopped the free mobility of prostitutes and beggars, who were automatically considered carriers of the disease.¹⁸ Hence, the disease started being associated with a stigma and a lower strata syndrome where certain people would be discriminated and barred from entering normative spaces within the city. The "outbreak narrative"¹⁹ of cholera (using Priscilla Wald's term,) therefore, has significant consequences on how it affects certain subjects being controlled, limited and represented in specific light. The quarantine effect in Mann's text works in this same way fostering a fear of limiting contact with the other, and the "blackened bodies" touched by the disease to be kept away in quarantine.
- 12 Pablo Mukherjee in his study on Cholera and the British empire also makes the incisive point that the easy association of cholera with India constructs an image of India as the tropical space that leads to a case of "palliative imperialism," in which:

the medical authorities of the nineteenth century carefully created a "civilizational" discourse of "tropical" diseases that was explicitly geared towards achieving imperial or colonial success and provided a template for fiction such as Rudyard Kipling's. Here, [he] concentrates on some of the most consistent features of this discourse: the representation of India's historical and geographical environment as being "diseased"; the representation of cholera as an embodied "invasion" of the (European) body which was a problematic reversal of the historical invasion of India by the British.²⁰

- 13 Thus, it is of crucial importance that Gustav Aschenbach dies of cholera or as the text suggests, he incurs the disease in Venice. That the cholera outbreak happened in Italy in 1911 is not a case of debate, or one is also not challenging the fact that Asiatic cholera or the Indian strain of cholera was a tough communicable disease to reckon with, but what I am interested in is how the idea of the disease became a dominant factor to understand native space as disease ridden and lacking civilization. The representation of cholera in the text warrants our attention to how "empire" works in layered, nuanced ways invoking the discourse of "tropicality" which becomes an essentialist one to advocate colonialism.
- 14 Ironically, even within the practices of Western medicine and treatments of the disease, which the imperial medicinal discourse prided itself on, in most cases the British were clueless regarding how to curb or heal a cholera ridden patient. Arnold in his investigation of British management of cholera explains that the British board of medicine set up in India was more interested in persuading the Indian doctors of the "superiority of Western medicine".²¹ However, when it came to advocating treatment "the British doctors borrowed heavily from the Indian counterparts, (Indian Ayurvedic and Muslim Unani medicinal practices) in prescribing similar drugs, mostly black pepper, calomel, ginger and asafetida mixed with opium which some vaid and hakims also used)".²² Ironically, even after lifting from indigenous medical practices and initially convinced that cholera was meteorologically caused, European doctors remained convinced of their own superiority and practices.²³ The first cholera epidemics in India and later in Europe also coincided with a Western attack on Indian medicine. And later when the ideas of quarantine and germ sanitation entered the medical discourse, the gap grew wider with medicine impacting the social and racial divide. Thus, while it is easy to seek "real" narratives in Mann's novella, this notion of tropicality locates a divide, and informs of a larger ideological construction emerging through the idea of diseased spaces.
- 15 At the very beginning of the text, Gustav Aschenbach's character is established as one who is yearning to free himself from a European life of "productivity" – as the narrator states, "*Too much occupied with the duties imposed by his ego and the European soul, too overburdened with the duty of production...* he had contended himself wholly with that knowledge of the Earth's surface that can be gained by anyone without ever having to abandon his circle and was never even tempted to leave Europe."²⁴ Here, the assumption of a collective European soul of productivity is set against the larger trope of western production, advancement and a languid sense of the other, stultified and lacking "productivity." This dual trope further suggests how Aschenbach's journey into Venice and to intersect with the idea of "East" is already set up to be a failure.
- 16 Later in the text, walking on the streets of Germany, Aschenbach desires to travel to an exotic landscape and conjures a space in his mind's eye that transports him to a space of alterity. As the narrator states:

He saw, as a sample of all those wonders and *horrors of the diversity* on earth which his desire was suddenly able to imagine, an enormous landscape, a tropical swamp under a moist and heavy sky, wet, lush and *unhealthy*, a *primordial wilderness* of islands and mud-bearing backwaters that men avoid. The shallow islands, the soil of which was covered with leaf as thick as hands, with enormous ferns, with juicy, macerated and wonderfully flowering plants, ejected upwards hairy palm trunks, and strangely formless trees, whose roots sprung from the trunks and connected to the water or the ground through the air, formed disorienting arrangements. On the brackish, glaucously-reflecting stream milk-white, bowl-sized flowers were floating; high-shouldered birds of all kinds with shapeless beaks were standing on tall legs in the shallow water and looked askance unmoving, while through vast reed fields there sounded a clattering grinding and whirring, as if by soldiers in their armaments; the onlooker thought he felt the tepid and mephitic odor of that unrestrained and unfit wasteland, which seemed to hover in a limbo between creation and decay, between the knotty trunks of a bamboo thicket he for a moment believed to perceive the phosphorescent eyes of the tiger—and felt his heart beating with horror and mysterious yearning. Finally the hallucination vanished, and Aschenbach, shaking his head, resumed his promenade along the fences of the stonecutters²⁵.

- 17 This hallucination works in important ways in its larger impulse towards what tropical “othered” spaces signify – in a way, it harkens us back to a Conradian “heart of darkness” where Marlow’s first encounters with Africa also constitutes a narrative constructed by problematic underpinnings of an “primitive” space. Similarly, Aschenbach’s vision underscores a wild, primitive space, a stark reminder of the threat of contact and heterogeneity by noting the “horrors of diversity” and the tropical, unhealthy land, where even the sun, the trees, the odors, the appearance, the sky and the people are different – the space of difference confronts his European subjectivity in a discourse of extreme otherness. This radical alterity serves as an epistemological hegemony, which in this context already represents a vantage point of Aschenbach’s gaze towards this “primordial wilderness,” a dangerous space lacking civilization, science and medicine against the stable “modern” culture. Interestingly enough also, the urge to maintain the hegemonic homogenous state is embedded in the narrator’s fear in the “horrors of diversity.”
- 18 This kind of setting already sets in motion an understanding of the larger colonial ‘outbreak narrative’ of communicable diseases and its implications. As Mukherjee shows, epidemics under colonialism, were fostered by: “the global imperial system, spread via the very material structures of empire itself-by its communicative network of roads, railways, and canals; its forcible and violent conversion of societies into markets dedicated to maximization of private profit... the emigration of (largely western European) people, livestock and plants and their settlement process in the rest of the world; and even the entrenchment of certain knowledge systems and institutions and the marginalization of others.”²⁶ Thus, with the emergence and peak of colonialism and European contact from late 18th to the early 20th century critics like Mukherjee and Arnold restate that there was a huge change in epidemiological systems impacting people in Africa, Asia and Oceania. Needless to say, the contact of peoples and sickness or a cultural contact was not a one-way process but a dual one. This is charted extensively by Arnold’s study in which he records how diseases spread through colonial trade and transportation.²⁷
- 19 Furthermore, charting the history of sanitization and empire, Ishita Pande’s exhaustive study on medicine and race in colonial Bengal shows the critical merging of power and

medicine that occurred in nineteenth century colonized spaces, and how medicine ceased to be only a curative, diagnostic tool; instead, as Pande argues, medicine became the ground and currency over which the colonial power had its foundations. As she states: "Medicine became a fundamental expression of the ideology of imperial liberalism: 'curing their ills' to 'set them free'".²⁸ Pande focuses primarily on colonial Bengal in the nineteenth century and explains that concerns of sanitizing Calcutta or the "making of sanitary subjects" was "intricately linked with the projects of curing and civilizing the native of Bengal"²⁹ where the segregated city with a white colonial side of the city was demarcated from the native side and ultimately this idea of the "dual city" was replaced by the goal of constructing a "sanitary city" between the 1830s and 1850s, which Pande calls the project of "empire of reform." In the early nineteenth century, this segregated idea of Bengal and mainly Calcutta also circulated the threat of contagion which Pande argues extended to "biological and moral degradation, [and] thus became materialized in the form of filth".³⁰ The discourse of "filth" and its imaginary in the colonial mind is especially important, as Pande points out that it enacted a symbolic marker of otherness between Europe and its other. Mann's "unfit wasteland" thus projects this narrative of filth which became a threatening matter and also posed as a limit, defining the self and its other, the bodies separated.

- 20 In this larger historical trajectory of colonial medicinal and sanitization discourse, the trope of cholera then becomes an important critical narrative within a certain cultural and political milieu to not only justify imperialism, but also to "produce" an imaginary of a space, one that becomes hegemonic in naming the tropics. Cholera becomes an essence of India and secures a space in a "worlding of the medicine and tropical world." Arnold's investigation on cholera also establishes the fact that the disease saw more fatalities and severe spread in a class divide –

The poor and the undernourished were the worst affected in the 1817-21 epidemic. Though European residents were alarmed at the spread of cholera, they were not seriously affected. Mortality among slum dwellers of Calcutta was high, in comparison to the "higher classes of Native and Europeans." This pattern was also confirmed from observations in Bombay and Madras (Arnold, 1993).

- 21 Also, importantly, the spread of cholera is attributed to the caravans, railway, ships and the travelers and pilgrims have been traditionally blamed for spreading cholera (not to "unhealthy" barbaric natives and their filthy lifestyles. Tracing the history of the first anti-cholera vaccine in colonial South Asia, Rajib Dasgupta states that Haffkine, a British company brought the first vaccine for cholera in India in 1896 and the section of people given the vaccines were only the soldiers and troops to protect the British army. However, the pilgrims who congregated for fairs and large religious gatherings near rivers and ghats (embankments) and were considered a source for the epidemic outbreaks were taxed by the British regime. As Dasgupta states: "Strict control over pilgrims and pilgrimages including quarantines were instituted to protect cantonments and municipalities. Pilgrim tax was recommended to pay for additional sanitary measures".³¹ Instead of having pilgrims vaccinated, the policy was to ban or turn pilgrims away from fair grounds, which led to severe antagonism within the native population. So, the imperial practices were hardly geared to really target the infection source. Dasgupta also notes: "Even as late as 1930, the suggestion of compulsory inoculation of pilgrims for the Allahabad Kumbh Mela was rejected by the government".³² However, though some of the epidemic increase in cases have been sought to be correlated with Kumbh and Ardh Kumbh (religious) Fairs, as aforementioned, all fairs did not inevitably lead to cholera

epidemic. Resisting the colonial discourse, Dasgupta argues that: “while undoubtedly some of the Fairs were associated with epidemics, the fact remains that colonial medical history over-emphasised their role”.³³ Thus, medicine became not merely a practice and implementation, but also an ideology that impacted contacts between people and the relationship between boundaries and spaces. The cholera pandemic also became a source of not just fear of contagion and mixing of boundaries and bodies, but Pande again observes that the spread of cholera in Bengal and elsewhere to other parts of the world was a matter of failure for the British Empire. She points out: “the British empire could no longer present itself as the agent of civilization, bringing light to the benighted parts of the globe... if Bengal was the home of cholera, colonial expansion and global trade were the causes of contagion”.³⁴

- 22 The “verifiable” truth of the 1911 cholera outbreak may be enough for some to dismiss the colonial trope and its larger significance in *Death in Venice*. However, it is apparent that Mann’s text posits certain ways of representing colonized spaces, fostering the idea of a “tropical dangerous space” that as Mukherjee states, “[was] not always congruent with the actually existing geographical and topographical tropical location” but it “proved to be a key ideology of European imperialism.”³⁵ Hence, Gustav Aschenbach has to die in the end because his European self has come in contact with the diseased East—more significantly, it also records a crisis and anxiety of the empire, a crisis of contact.
- 23 If Mann is established as a “meticulous chronicler of facts” – nothing is denying him that against the historical backdrop of the text was a cholera epidemic, yet as I have tried to argue in this essay, the tropicity of the disease and the discourse it disseminates a case of “palliative imperialism.” At best, Mann’s text posits the age old imperial fear of colonized and colonizer coming in any contact, and at worst, the text presents a deep rooted anxiety of contamination – “a horror of diversity” that Aschenbach first notes when talking about the imagined space of India and disease. Needless to say, the history of medicine and its impact on literature takes on significant epistemological and ontological realms that affect us as people in a wider context. I end here with civil servant and famous colonial writer, Sir William Hunter’s panicked announcement regarding the cholera outbreak in Europe: “The squalid army of natives, with its rags, hair and skin freighted with infection may any year slay thousands of the most beautiful and talented of our age in Vienna, London or Washington”.³⁶

NOTES

1. Susan Sontag, *Illness as Metaphor*, New York, Farrar, Straus, Giroux, 1988. Sontag in this book argues about the symbolic register of illness as culturally represented.
2. David Arnold, *Imperial Medicine and Indigenous Societies*, Manchester, Manchester University Press, 1998, p. 1.
3. Thomas Rütten, “Cholera in Thomas Mann’s *Death in Venice*,” *Gesnerus*. Vol 66, n 2, 2009, p. 256-287.
4. Rütten, “Cholera in Thomas Mann’s”, p. 257.

5. *Ibid.*, p. 258-262.
6. *Ibid.*, p. 257.
7. *Ibid.*, p. 265.
8. Warwick Anderson, "Excremental Colonialism: Public Health and the Poetics of Pollution," *Critical Inquiry*, Vol 21, n 3, Spring 1995, p. 640-669.
9. *Ibid.*, p. 640.
10. Thomas Mann. *Death in Venice*, Vintage Books. 1998, p. 46.
11. Arnold, *Imperial Medicine and Indigenous Societies*, p. 7.
12. Sontag, *Illness as Metaphor*, p 58.
13. *Ibid.*, p 58.
14. Mann, *Death in Venice*, p. 46.
15. Eugene Tognotti, "Lessons from the History of Quarantine, from Plague to Influenza A. Emerging Infectious Diseases. Vol 19, n 2, February 2013, p. 254.
16. Tognotti, "Lessons from the History," p. 255.
17. *Ibid.*, p. 254.
18. *Ibid.*, p. 255.
19. Priscilla Wald, *Contagious: Cultures, Carriers and The Outbreak Narrative*, Durham, Duke University Press, 2008. Wald in this book discusses the emergence of contagion and epidemiology and argues that such narratives and stories have consequences to stigmatize some people to a certain derogative stature and impact survival and economies.
20. Pablo Mukherjee, "Cholera, Kipling and Tropical India." *The Oxford Handbook of Ecocriticism*, Greg Garrard (Ed.), Oxford University Press, 2014, p. 85.
21. David Arnold, "Cholera and Colonialism in British India," *Past and Present*, No 113, 1986, p. 136.
22. *Ibid.*, p. 136.
23. *Ibid.*, p. 137.
24. Mann, *Death in Venice*, p. 200.
25. Mann, *Death in Venice*, p. 199-200.
26. Mukherjee, "Cholera, Kipling and Tropical India," p. 82.
27. Arnold, *Imperial Medicine and Indigenous Societies*, p. 5.
28. Ishita Pande, *Medicine, Race and Liberalism in British Bengal*, New York, Routledge, 2010, p. 1.
29. *Ibid.*, p. 98.
30. *Ibid.*, p. 101.
31. Dasgupta, Rajib. *Cholera in Delhi: A Study of Time Trends and Determinants*, Ph.D Dissertation. School of Social Sciences, JNU, India. 2014, p. 116.
32. *Ibid.*, p. 117.
33. *Ibid.*, p. 124.
34. Pande, *Medicine, Race and Liberalism*, p. 103.
35. Mukherjee, "Cholera, Kipling and Tropical India", p. 80.
36. Arnold, "Cholera and Colonialism in British India", p. 142.

ABSTRACTS

Thomas Mann's novella, *Death in Venice* (*Der Tod in Venedig*) was published in 1912, and written during a time when cholera as a fatal disease had made its presence felt in Italy in 1911 and

caused a series of fatalities. This article focuses on the notion of tropicality, and the diseased body and what it means in terms of imagining the colonized spaces as represented in the novella, through the discourse of nineteenth century imperial medicine. The historical context of the 1911 cholera epidemic in Italy is indeed significant in the contextualization and the production of the text. Yet, as the paper argues, the disease of cholera works in a larger metaphor to enable a colonial discourse that serves as a cautionary reminder of barring contact zones, “the horrors of diversity” as Mann’s text states when first describing the emergence of Asiatic cholera in the text.

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