

NAPLES
IN THE
TIME OF CHOLERA,
1884–1911

FRANK M. SNOWDEN



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Introduction

This book, perhaps like many works of history, began as much by accident as by design. The idea for it originated through research on an entirely unrelated topic – the violent political history of the anarcho-syndicalist movement among the farm workers of the South of Italy during the height of the Liberal regime between 1900 and the First World War. Field work for that purpose revealed frequent references to Asiatic cholera during the summer of 1910 and the social responses it provoked, which included riots, assaults on physicians, a xenophobic fury against gypsies, mass flight and the revival of religiosity and superstition. These events were intriguing and unexpected in a modern industrial state in the twentieth century.¹ Furthermore, it rapidly began to appear that the disease offered as illuminating a means of examining the structure of southern Italian society as the original political history on which I had embarked. My interest grew further with the realization that, despite the tumults that marked its passage, the epidemic had never been the subject of study by a modern historian, and was almost totally ignored in general histories of the period. The intention of writing a history of the epidemic of 1910 in Italy began to take firmer shape.

Recent writings on Asiatic cholera made the idea of a study of a twentieth-century epidemic still more appealing. There is an extensive international literature on cholera, with monographs on Britain, France, Spain, Germany, Canada, Russia, Sweden and the United States. But there is a serious imbalance in the field with an overwhelming emphasis on the dramatic first European experiences with the disease, and almost nothing at all on Italy. Only the study by Richard Evans of Hamburg in 1892 addresses the problem of the later epidemics in any of its aspects. Indeed, ignoring the Italian experience entirely, leading authorities argue that the last pandemic to affect Europe was the fifth in the 1880s and 1890s and that the sixth pandemic spared the industrial world entirely. My sense was that it was possible to fill a substantial gap by considering the sixth pandemic, which struck Italy even later – after the discoveries of Robert Koch and the germ theory of disease had unravelled the mysteries of the aetiology of cholera. In what ways was the later history of the disease different from the more familiar

experience of Europeans in the 1830s? Did the availability of adequate scientific explanations radically alter the nature of popular reactions and government policy?

My interest in the sixth pandemic grew with the discovery that unexpected reasons were partly responsible for the almost total amnesia into which the final significant episode of cholera in Italy has fallen. The disease ravaged the nation in 1911 as well as 1910, but the state succeeded to a very large extent in concealing the epidemic from its own citizens, from the larger international community, and from historians. At the initiative of the Prime Minister, Giovanni Giolitti, the Italian public health authorities systematically lied about the real sanitary condition of the kingdom; they censured the press and muzzled the medical profession; and they comprehensively violated the Paris Sanitary Convention to which Italy was a signatory. Here was a novel episode in the history of cholera which had no counterpart in the literature on other nations. The temptation to delay announcing the truth and to minimize the extent and intensity of an outbreak were commonplace, but there was no precedent for a policy of total secrecy as a comprehensive national policy for confronting an epidemic of cholera. What were the reasons for such a course? Were there sinister conclusions to be drawn about the nature of statecraft in an ostensibly Liberal regime? How was Giolitti so successful in such a venture?

After the decision to examine the epidemic of 1910 and 1911 in Italy, it proved natural to single out Naples because it stood at the centre of the events of those years. One of the most important seaports on the Continent with a reputation for fearful insalubrity, the great metropolis of the South had a pre-eminently important role in the history of cholera as the most frequently and seriously devastated of all Italian cities. Furthermore, in 1911, Naples was the key element in the conspiracy of silence. Although the city once again experienced the greatest mortality in the kingdom, the 'official' version of events has always been that Naples was entirely spared. To understand the disease and public policy towards it in the former capital was to go a long way toward unravelling the conspiracy and explaining the reasons for the strategy of secrecy.

Research in Naples revealed still more compelling reasons to justify a monograph on the modern Neapolitan experience of cholera, but in ways that altered the original chronology with which the project began. For a study of the impact of cholera on society, Naples formed a particularly important case study because the earlier epidemic of 1884 led to the renewal and rebuilding of the city in accordance with the dominant medical theory of the aetiology of the disease. Furthermore, the renewal project left a powerful legacy for the future course of political life in the city. Such vast sums were devoted to the scheme, such enormous expectations were aroused, and so many tens of thousands of people were forcibly evicted from their homes that the success of the venture in terms of making the city permanently immune to the disease after 1884 became a test of legitimacy for the governors of the city. When the disease reappeared in 1910, it threatened to undermine the authority of the ruling Catholic party and to

catapult the opposition republicans and socialists into power. So explosive was the issue that it led to threats of an industrial lockout, a general strike and the erection of barricades in the city centre. It also played an important part in the downfall of the national government in the spring of 1911. Cholera remained at the centre of Neapolitan political life in a way that has not been considered elsewhere.

For this reason, the epidemic of 1910–11 could not be understood on its own. The reaction to the disease in the tumultuous course of the sixth pandemic depended absolutely on the events of the fifth, which affected Naples in 1884, and on the vicissitudes of renewal and rebuilding in the intervening years. The period 1884 to 1911 emerged as an indivisible whole in the epidemic history of Naples.

This point is worth stressing because of a major controversy in the field. Modern historians of Asiatic cholera have been torn between two conflicting poles with respect to the nature and status of their enterprise. On the one side there is the claim enunciated by Asa Briggs and Louis Chevalier. Two of the founding figures of the field over three decades ago, they took an expansive view of the capacity of epidemic diseases to provide a revealing shaft of light by means of which to explore the structure and workings of modern European society. No less than wars and revolutions, they argued, the sudden crises of cholera invasions laid bare hidden layers of popular belief and superstition, exposed living standards and housing conditions, demonstrated the nature of social and class relations, and clarified the priorities of statecraft. They therefore urged scholars to respond to the challenge of producing a comparative history of the five successive waves of the disease that afflicted the continent after 1830. With regard to the significance of Asiatic cholera, Briggs wrote that,

Whenever it threatened European countries, it quickened social apprehensions. Wherever it appeared, it tested the efficiency and resilience of local administrative structures. It exposed relentlessly political, social and moral shortcomings. It prompted rumours, suspicions and at times violent social conflicts. It inspired not only sermons but novels and works of art. For all these reasons a study of the history of cholera is something far more than an exercise in medical epidemiology, fascinating in themselves though such exercises are; it is an important and neglected chapter in social history.²

And this call has found a fruitful response in the labours of historians, who in the following thirty years have produced a range of excellent monographs on the impact of Asiatic cholera on western societies.

The suggestion of Briggs, the example of Chevalier's work, and the research that they inspired, have not gone without challenge and re-examination from an opposing perspective on the capacity of the subject to provide illumination. Charles Rosenberg, one of the earliest scholars to enter the discipline and the historian of cholera in the United States, concluded as early as the 1960s that the disease had limited lasting impact.³ More recently, Margaret Pelling has argued that the attention lavished on the dramatic emergencies of cholera has been misplaced, with distorting effect on the understanding of nineteenth-century

society. Epidemic cholera was an exotic disease imported from outside that caused sporadic and unrepresentative crises and left little permanent trace. In her view, the proper task of the historian is to examine conditions that are long-term and typical of the society. For the medical historian of industrializing Europe, the important task, Pelling reasons, is to examine the ‘fevers’ – chronic maladies that were the everyday, enduring concerns of society and of the medical profession.⁴ The medical impact of cholera, she argues, has been exaggerated because of the high drama that accompanied epidemic invasions and the extensive records they left in their wake. As she explains with specific reference to Britain,

As a cause of death and debility in mid-nineteenth-century England, cholera was surpassed among epidemic diseases by ‘common continued fever’ (chiefly typhoid, relapsing fever, and some typhus), scarlet fever, smallpox, and measles, and accounted for only a very small proportion of the area of highest mortality, which occurred among infants and young children. All the known epidemic diseases were exceeded in incidence and effect by the many forms of tuberculosis . . . Cholera has, however, attracted some of the kind of attention from historians that other diseases, excepting plague, have conspicuously lacked. There are many reasons for this: the shock value of cholera, abundantly recorded at the times of its appearance; its coincidence with other dramatic and disturbing forces, particularly the social and the political; its assumed relation to innovation in institutional and administrative structures; the comparative superiority of the records of its appearances; and the abundance of its literature.⁵

In Pelling’s opinion, a more balanced and revisionist assessment is in order.

Naples is an ideal case with which to test these opposing positions and to place the debate in a different perspective. The epidemics of 1884 and 1910–11 confirm the insight of Briggs and Chevalier that the sudden emergencies of Asiatic cholera provide valuable opportunities to explore the texture of life in a community. The emergency of 1884 in particular produced a great outpouring of reports by doctors, officials and journalists on all aspects of housing, diet, wages and illness. These sources provide a highly informative and telling means of exploring living conditions in Liberal Italy. More than material circumstances alone, however, the vast literature on the cholera epidemic of 1884 – and the events that literature describes – documents the attitudes of contemporaries. The epidemic demonstrates the distrust between doctors and patients, class and social tensions, the divergence of popular and official religion, the relations between municipal officials and the people they governed, the sense of injustice felt by broad swathes of public opinion in Naples at the inequality they suffered as southerners. The emergency inspired a great flood of reflections on the disaster that overwhelmed the city. Since both conditions and mentalities were lasting phenomena embedded in the physical structures and social relationships of the city, they were essential aspects of Neapolitan life, and not, as Pelling and Rosenberg imply, atypical ephemera. Cholera was one of the great enduring preoccupations of the city and its governors.

But the chief interest of Naples for the debate between Briggs and Pelling is a

different one. The epidemic of 1884 was a major transformative event in the history of the city with consequences that helped to shape and define the whole period to the end of the Giolittian era and beyond. Cholera crystallized the political and cultural current known as the 'Southern Question' and the 'Problem of Naples', producing a clear and fully articulated perception that the travails of the city were not a misfortune but a social injustice due to the policies of the Liberal state and its neglect of the South and its leading city. It also inaugurated the renewal of the city and created the expectation of effective and decisive action to prevent a recurrence, placing public health at the centre of political life in the city. In addition, through the renewal scheme, cholera initiated the practice of major public-works schemes as a means of overcoming the disabilities of the South, tapping a rich vein of clientage and patronage in the Mezzogiorno that has continued down to the era of Tangentopoli. Finally, the disease marked a major stage in the emergence of the medical profession as a powerful interest in the inner councils of municipal politics. The intention of this book is to examine the proposition that in all of these respects Naples makes a significant case study in the social, political and medical impact of the most dreaded disease of the nineteenth century.

The work that follows is divided into four parts. Part I is an analysis of the vulnerability of Naples to epidemic cholera. Here the important issue of the proper use of hindsight in medical history arises. Since an essential purpose of the discussion is to explain the devastating outbreak of 1884, it would be antiquarian not to make use of the greatly extended understanding of the mechanisms of the disease that epidemiologists and historians have acquired during the intervening century. To neglect these insights would be to fail to explain the events that followed. Nevertheless, it should be made explicit that the intention of Chapter 1 is not to indict a nineteenth-century city for not possessing twentieth-century hygienic understanding. More interesting is the fact that Neapolitans on the eve of the fifth pandemic were strikingly aware of the danger to which the city was exposed. Chapter 1, therefore, is also an exploration of a deeply rooted contemporary anxiety and of the reasons that the authorities responsible for public health failed to take remedial action within the context of the medical knowledge available to them.

Part II, consisting of Chapters 2 to 4, is an examination of the epidemic of 1884. It begins in Chapter 2 with a consideration of the arrival of cholera in Europe at Toulon and Marseilles in June; the desperate attempt of the Italian authorities, who had long neglected sanitary reform, to keep the disease from reaching Italy by resorting to military means of public health in the form of lazarettos, quarantine and sanitary cordons; and the transmission of cholera to Naples by returning emigrants escaping Provence. Chapter 3 explores the epidemic itself, concentrating on such themes as the anti-cholera campaign of the municipal authorities; the popular response to the disease in the form of mass flight, a poisoning hysteria, concealment, an outburst of religious fervour and violent riots; and the therapeutic strategies of the medical profession. Part II then

concludes in Chapter 4 with an examination of the mechanisms that enabled the population and the authorities to cope with so overwhelming a disaster.

Since the campaign against cholera was conceived by contemporaries in terms of the military metaphors of battle, Part III deals with what might be termed the 'inter-war years' between the invasion of 1884 and the return of the enemy in 1910. These years were dominated by the attempt, through a vast programme of renewal and rebuilding, to construct an impregnable line of sanitary defences. This period also marked the emergence of the medical profession as a powerful force in the life of the city.

Part IV analyses the return of cholera in 1910–11. The importance of this early twentieth-century epidemic, however, was very different from that of 1884. By 1910 the relations between patients and doctors had changed; the sanitary policy of the state had fundamentally altered; and the scale of the autumn outbreak was severely limited in scale. It would be idle, therefore, to expect the outburst to have produced a literature or a popular response commensurate with that of the disaster of 1884. The interest of 1910 and of Chapter 6 lies in the challenge that the return of the disease posed to the rule of the dominant party in Neapolitan politics, to the economic interests of the city, and to the rule of the weak ministry of Luigi Luzzatti. So severe were the economic and political consequences of cholera in 1910 that in the following year Luzzatti's successor, Giovanni Giolitti, opted for a policy of total concealment. Chapter 6 attempts, first, to establish that a major epidemic did in fact occur, and then to explain the success of the state in keeping it secret. Chapter 7 explores the conspiracy of silence.

For the historian of the last major cholera epidemic in Neapolitan history, the available sources pose severe problems that merit explicit recognition. Part of the difficulty was the direct result of the state's policy of concealment. Inevitably, the effect of such a strategy was that the epidemic was virtually never discussed or even mentioned in the press, in parliamentary debates, in the patient records of the city's hospital for infectious diseases, in the cemetery register, in the proceedings of the city council and its executive committee, or in municipal or government reports. Official statistics for these months, moreover, were systematically falsified to support the public posture ordered by the Prime Minister. Chance greatly compounded the already serious problem of sources. In normal circumstances, the policy of suppressing a major medical emergency in the largest city in the kingdom would have left a substantial record in the secret archives of the city and the prefecture. Unfortunately, these archives, deposited for safekeeping outside Naples during the Second World War, were destroyed by fire by retreating German soldiers. It is impossible, therefore, to reconstruct the events of 1911 in the same manner and detail that is possible for the nineteenth century because critical sources were either intentionally silenced at the time or subsequently destroyed by misadventure. To demonstrate the nature and extent of the disease, I have relied instead on the archive of the United States Public Health and Marine Hospital Service. Because of the mass emigration of Italians to the United States from the port of Naples, the American authorities kept a vigilant watch on

sanitary conditions in the city, and their reports constitute the most important means of demonstrating the scale and importance of the epidemic. Against that background, the silences in municipal and national records in Naples acquire a new eloquence as a vast record of the systematic nature of the cover-up ordered by the Prime Minister and of its overwhelming success.

The Conclusion returns to the challenge posed by the debate between Briggs and Pelling as seen from the vantage point of modern Naples. What lessons did the final major cholera epidemics in its history provide concerning Italian society and the Liberal regime? In what ways does the epidemic experience of a single city illuminate larger themes in the political history of modern Italy?