

## Epidemic Years: A Third Look

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Reading an iconic book on concepts, politics, and practices of epidemic management in the middle of a pandemic is an exciting and strange experience, bordering on the harrowing. Charles Rosenberg's *The Cholera Years: The United States in 1832, 1849, and 1866*, first published in 1962, shows the multiple ways in which moral, medical, social, and political sense-making shaped the American experience of a recurring pandemic. With its detailed analysis of parallel and ever-changing approaches in the midst of scientific uncertainty, its description of a society in crisis in which vast social and racial inequalities are laid bare, Rosenberg's seminal work offers entry points into understanding the experiences and challenges of our current epidemic. Thus, the book transports us into a past that is perhaps not such a foreign country, after all.

What is astounding about *The Cholera Years* is its continuous relevance and importance over fifty years after its first publication. The key to its significance lies in the multiplicity of analyses it delivers: it is an early demonstration of Rosenberg's transformative research and methodology in the history of epidemics (and of medicine more broadly) and at once a continued critical engagement with his own research and its place in historiography. This essay is, in fact, a "third look" at Rosenberg's seminal book, as the author himself delivered a second look at his own work in the afterword of the book when it was republished in 1987 in the middle of another epidemic crisis: HIV/AIDS.<sup>1</sup> This reflection is as important as the original book itself, as it lays out a genealogy of the history of medicine, provides readers with historiographical context and theoretical background, and anchors *The Cholera Years* at once in Rosenberg's formidable scholarship and in the shifting methodologies and concepts of history of medicine more broadly.

I first read the book as a graduate student at Rutgers University in a directed reading group led by Keith Wailoo, who himself had been Rosenberg's student. The discussions in the reading group were, in a way, a continuation of genealogies and historiographical processes that Rosenberg provided a snapshot of twenty years before. Wailoo, whose own impressive body of scholarship focuses on the politics of race in public health and medicine, has taken Rosenberg's scholarship forward (with subtle critique) and brings tensions of race and class in laboratory practice and clinical encounter into focus, highlighting how inequalities and suffering are formed through them.

After a decade of research into the Cold War politics of global health, medical research, and epidemic management, and now trying to make sense of COVID-19, I find myself conscious of the historiographical lineage spanning decades. *The Cholera Years*, and Rosenberg's work in

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<sup>1</sup> Charles E. Rosenberg, "Afterword, 1987," in *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: Univ. Chicago Press, 1987), pp. 235–242. Subsequent references to this work are indicated in the text by page number.

general, has left an important footprint on my work as well, partly mediated through the contributions of other historians who have taken Rosenberg's approach and developed it in various directions or critiqued it in fundamental ways. Some of these imprints are quite obvious: tracking changes in health policy, ideology, and medical knowledge in the polio years in Eastern Europe has been an important part of my research. While there is no "Rosenberg school," his influence remains palpable through several generations.<sup>2</sup> The overall influence of this book cannot be overstated. Not only has Rosenberg's work on cholera directly influenced the research of some of the most prominent historians of medicine today (many of whom are his former graduate students), but its analytical framework has provided a springboard for understanding a wide variety of epidemics and societies through time, going beyond the discipline of history. No wonder, then, that as one of the foundational texts establishing the field of social history of medicine, *The Cholera Years* is a crucial part of generations' training. While the history of medicine has taken many turns in the past decades, not least thanks to increasing interaction with histories and philosophies of science, technology, and environment, social history of medicine remains an influential and important field of study—as signified by the name of the journal where I currently serve as Coeditor.

Nonetheless, just as Rosenberg himself, at the time of the republication of *The Cholera Years*, had been conscious of significant changes in approaches to and theories of history, medicine, and the "social" in the late 1980s, we must be mindful to place the book in time and space.<sup>3</sup> Rosenberg's approach, wider scholarship, and social history of medicine as a field have been heavily criticized in light of major historiographical shifts in the past decades. Historians, most notably Roger Cooter, provocatively declared the end of social history of medicine in general, exposing fundamental differences in understanding its basic units of analysis, such as disease, politics, society, and history itself, and questioning the justification of its approaches in the post-postmodern.<sup>4</sup>

In his afterword, Rosenberg acknowledges the implicitness, or the subtlety, of theoretical frameworks in the book (a recurring criticism of his work), which is indeed governed by an empirical approach. In focus are the reactions to and experience of a disease that is conveyed as a constant reality. Moving beyond the critique that a certain kind of analysis is not present in the book, what Rosenberg does with elegance is methodically underline the ways in which divisions and inequalities in society shaped the experience of the epidemic: in options and possibilities for survival and care, moral frameworks, medical understandings, and public health policies. Through rich descriptions of vivid examples, Rosenberg focuses his attention on the intersection of secularization, poverty, and shifting medical theories of cholera, revealing, through this lens, changes in the relationship of religion and political leadership, economic underpinnings, and questions of social responsibility in health. Discussions of race and ethnicity are present but not thoroughly explored; these topics are addressed mainly through the processes by which nineteenth-century American society is grappling with its own identity through immigration and increasing cultural and social diversity.

As such, *The Cholera Years* is an exercise in taking an epidemic as an "extraordinarily useful sampling device" in order to illuminate "fundamental patterns of social value and institutional practice"—a framework that Rosenberg famously put forward in his article "What Is an Epidemic?"

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<sup>2</sup> Nancy Tomes and Jeremy Greene, "Is There a Rosenberg School?" *Journal of the History of Medicine and Allied Sciences*, 2008, 63:455–466.

<sup>3</sup> Naomi Rogers's essay on Rosenberg's work is useful in tracking some of the historiographical context and genealogies: Naomi Rogers, "Explaining Everything? The Power and Perils of Reading Rosenberg," *J. Hist. Med. Allied Sci.*, 2008, 63:423–434.

<sup>4</sup> Roger Cooter, "'Framing' the End of the Social History of Medicine," in Cooter and Claudia Stein, *Writing History in the Age of Biomedicine* (New Haven, Conn.: Yale Univ. Press, 2013), pp. 64–90.

AIDS in Historical Perspective,” published in *Daedalus* in 1989.<sup>5</sup> Rosenberg’s book on cholera, then, is as much about the history of medicine and science in the nineteenth century as it is about American society and politics, underlying tensions and assumptions inherent in governance, infrastructure, mobility, and everyday life brought to the surface by an epidemic crisis. *The Cholera Years* connects the landscapes, smells, and physical realities of urban and rural America in the nineteenth century to structural inequalities in society, which are in turn linked to the spread, management, and experience of the disease, along with its moral justification and concomitant public health policy making. In the middle of a very different outbreak, the reader of today cannot escape a contemporary reflection on these pertinent questions and analytical angles raised by Rosenberg—nor should she.

There are omissions from the book’s discussions, some of which Rosenberg himself reflected on in the late 1980s. One important missing element is, of course, the influence of the English sanitary movement and an international context more broadly. *The Cholera Years* considers the scientific context reaching across borders but discusses cholera outbreaks and American society’s responses to them in mostly insular ways. Throughout the chapters Rosenberg analyzes the shifting ideas about the disease, laying out the building blocks of medical knowledge, informed by mostly European scientists and their experiments. Moreover, the book powerfully conveys the suspense as the epidemic approaches from overseas: the anticipation and denial, the preparation and stagnation as news of deadly outbreaks reaches the Atlantic coast. Yet Rosenberg stops short of exploring the transnational links further or situating the American case in a wider context. As in any country, the society and culture of the United States were not operating in isolation, especially in the time of a pandemic.

Histories of epidemics have continued to be written as self-contained national affairs in the last half century. There are, of course, reasons for this. As Rosenberg demonstrates through his focus on New York City, which he puts into a broader American context, epidemics are highly local affairs. Epidemic experience and response highlight that the biological is inseparable from political, social, and cultural factors on the ground. Thus, epidemics are experienced first and foremost as personal, local, and national. What *The Cholera Years* implicitly shows us is that disease is constructed in the intricate web of scientific knowledge, moral framework, social fabric, and political landscape, each with its own historical trajectory. Most of these factors have their national histories and are constituted by local experiences.

At the same time, epidemics are anything but local: in parallel to their being events that are fixed in space, they are thought of, experienced, and managed in an international context. Of course, epidemic diseases famously do not respect borders, but the need for broader perspectives goes beyond this platitude. Rosenberg himself shows the importance of this thinking by tracking ideas of immigration, the role and status of the “foreign” other, in local and national responses to the epidemic. There is continuous reflection on “us” and “them,” whose boundaries become blurred by the outbreak both within and beyond American society. A constant engagement with concepts of difference and universality reflects (in Rosenberg’s book, implicit) ideas about the ordering of the world, its peoples, religions, economics, and systems of government, inseparably entangled with imaginations, fears, experiences, and meanings of cholera—in essence, what disease is itself.

In the 1987 afterword Rosenberg acknowledges several missed opportunities from his original work, and the groundbreaking work of some of his former graduate students on race, gender, and colonial medicine suggests that these acknowledgments were more than mere box-ticking

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<sup>5</sup> Charles E. Rosenberg, “What Is an Epidemic? AIDS in Historical Perspective,” *Daedalus*, 1989, 118(2):1–17, on p. 2.

exercises.<sup>6</sup> What he also points out, however, is a missed opportunity for international comparison and contextualization (p. 242). I think this admission is more crucial than scholars have picked up on. We are accustomed to certain national perspectives (or those of majority populations within them) not needing justification for study; nor is there a demand to place them in broader geographical, political, cultural, and other contexts and to make wider connections. As scholars who focus on seemingly peripheral localities know, if they pursued their research with the self-understood stance of some American and British histories' relevance their work would never get published. Most of us need to provide thorough reasoning as to why the objects of our study merit analysis and show how we can understand them as connected to wider issues, beyond their immediate relevance to their particular locality or social setting. Doing so is a useful exercise that improves research, connects distinct scholarships, and moves histories of science and medicine beyond the taken-for-granted influence of the mainstream North American and Western European world. Perhaps most important, such an approach brings questions of power to the fore.

When it comes to epidemics, which are at once inherently local and transnational affairs, in which exercises of power are central, we must move beyond the satisfaction of the local and national—and, in highly privileged historiographical settings and populations, doubly so. The stakes of this analytical shift go beyond the academic: the narratives we weave about epidemics and the localities we prioritize matter, now perhaps more than ever. In the current crisis, past experiences, scientific, political, and social processes, and epidemic consequences are increasingly drawn on by policy makers, inform public conversations, and frame priorities and decision making.

Of course, meaningful analyses of epidemics would be hard to deliver without considering, in detail, the social, cultural, and political context—which drives our attention to the local. We have come a long way since Rosenberg, along with others, broke ground in historical methods over half a century ago. As he remarked in his 1987 afterword to *The Cholera Years*, a narrow, microhistorical focus seemed ill-advised when he embarked on his research: “In theory the universe might be teased out of a grain of sand, but sand studies did not occupy the center of a historical concern still focused on large questions of public policy and broadly-held notions of value and order” (p. 236). However, in maintaining the various registers of analysis needed to understand past, current, and future outbreaks, as we pursue “sand studies” of epidemics, we mustn't lose sight of the dunes or, indeed, the whole desert.

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<sup>6</sup> See, e.g., the scholarship of Keith Wailoo, Warwick Anderson, Nancy Tomes, Mary Fissell, and Naomi Rogers.