

Returning the Symptom to Critique: Reading Epidemiologically

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This article takes up “epidemiological reading” as a way to reinvest the symptom back into symptomatic reading.

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In 1798, American physician and signatory of the Declaration of Independence Benjamin Rush published *Medical Inquiries and Observations*. A collection of treatises that range from a comparative account of Native medicine and disease to a detailed narrative of the 1793 yellow fever outbreak in Philadelphia, Rush’s *Medical Inquiries and Observations* includes the brief, “An Account of the Influence of the Military and Political Events of the American Revolution Upon the Human Body.” Here, Rush details hypochondriases he encounters as a field doctor during the Revolutionary War and in the years since: “a violent emotion of political joy” that kills a patriot at the news of Lord Cornwallis’s capture;¹ the sudden deaths of Loyalists forsworn by their neighbors, which he terms *Protection Fever* and distinguishes from the excitations he calls *Revolutiana*;² and finally, the resurgent violent passions that erupt in the post-independence years, which Rush diagnoses as *Anarchia*.³ Hypochondriases for Rush, perhaps the most prominent American practitioner of heroic medicine, were not phantasms of fraud but rather *somatic* proof of a humoral disturbance—from within the body itself. *Anarchia*, the “excess of the passion for liberty, inflamed by the successful issue of the war, produced, in many people, opinions and conduct which could not be removed by reason, nor restrained by government” made materially and symptomatically

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1 Benjamin Rush, *Medical Inquiries and Observations: Containing an Account of the Yellow Fever, as It Appeared in Philadelphia in 1797, and Observations Upon the Nature and Cure of the Gout, and Hydrophobia* (Philadelphia: Budd and Bartram, 1798), 194.

2 Rush, *Medical Inquiries and Observations*.

3 Rush, *Medical Inquiries and Observations*, 196.

apprehendable a condition shared across bodies.⁴ For Rush, upsurgent revolutionary sentiment is not symbolic but deeply somatic and contagious. Outbreaks of political insurgency, of violent revolt, appear and repeat. Recur and reinfect. Persist.

These are not the revolutionary epidemics Anjuli Fatima Raza Kolb charts in her expansive account of the poetics and politics of disease over more than two centuries and three imperial formations, *Epidemic Empire: Colonialism, Contagion, and Terror 1817–2020*—but they might have been and may yet be. Deftly tracking the transmission of the idea of terrorism (as political insurgency is so often resignified) as an epidemic, *Epidemic Empire* makes a compelling case for the codevelopment of technologies of imperial management and the persistence of metaphor. No mere abstraction of language, the rhetorical force of “terrorism-as-epidemic” metaphors produces material effects. These are, Raza Kolb writes, “metaphors we die by.”⁵ They justify and uphold a vast imperial apparatus of epistemology, discipline, and containment. Tracking these metaphors as they transubstantiate into the choleric blue-black body, the sanguinary thirst of the vampire, the gynecologically dissected form, *Epidemic Empire* offers a fresh perspective on the long, viral durability of figures, tropes, and texts of insurgency. In so doing, it makes an unapologetic claim to the durability of postcolonial critique.

We are now well-versed in the narrative of demise of postcolonial studies and also of its indefatigable resurgence. Few fields seem as prone to being regularly self-canceled and revived as postcolonial studies. But *Epidemic Empire* places itself centrally within the camp of its vitality, arguing with heartening force for the necessity of postcolonial critique’s project of subverting triumphalist narratives of historical progression and homogenizing telos. More than lip service, the book is structured by an openly postcolonial method, which Raza Kolb describes as “reconstruct[ing] emergent and broken lineages, tropes, plots, and figures that are smuggled into imaginative and literary presents by way of recurrent and novel diseases, illnesses, and contagions and the historical discourses that proliferate Orientalist and counterinsurgent inflections therein.”⁶

This method of postcolonial critique is borne on the wings of a mode of reading that Raza Kolb terms “epidemiological.” The two are, for *Epidemic Empire*, not just inextricable but fundamentally co-constitutive: the book demonstrates throughout the ways epidemiology, as a colonial discipline, ordered and described a vast biopolitical world and collective body into being—one that persists today in the ambit of another imperial form. To read epidemiologically is to engage in an incisively political and critical form of postcolonial studies. What results is a stunning and dizzying project, “a shuttling reading practice that is comparative in temporal and geographical terms, localized in particular sites of close analysis that function exemplarily (bacteria, viruses, tissues, symptoms, local outbreaks), and posits narrative—written narrative in particular—as being, itself, a genre of data interpretation.”⁷ The time of postcolonial critique, Raza Kolb suggests, is more than *like* the time of epidemiology; analogy as a claim of similitude fails to account

4 Rush, *Medical Inquiries and Observations*.

5 Anjuli Fatima Raza Kolb, *Epidemic Empire: Colonialism, Contagion, and Terror 1817–2020* (Chicago: University of Chicago Press, 2020), 4.

6 Raza Kolb, *Epidemic Empire*, 21.

7 Raza Kolb, *Epidemic Empire*, 10.

for the rich collaborative possibility of thinking together the epidemiological and the postcolonial. In and of itself, this is a terrific project. But perhaps even more exciting is the possibility that Raza Kolb's epidemiological reading as a practice of postcolonial critique intimates: a way to return the symptom to critique.

For literary studies in various states of wearied repudiation or fervent defense of "symptomatic reading," it is how we read, not *what we read*. That is, following Althusser, Ricoeur, and Jameson in particular, symptomatic reading has been taken up (or left behind) as a way of approaching the text, prepared to discover in it something other than its most manifest content. Robert Young, reading Althusser, writes that "The symptomatic reading that Althusser finds in Marx, that seeks the unstated question for the offered answer, therefore involves not interpretation but the production of new knowledge from a reading that identifies an invisible gap in the text."⁸ In symptomatic reading thus rendered, despite its psychoanalytic inheritance, we take on the role of the allopathic physician, assuming an illness the etiology of which is to be determined by the presence (or absence) of symptoms and the care of which is not itself. The body tells through symptoms that require the physician to decipher corporately. Taken together, symptoms reveal not a solution but the problem itself. It is the secondary task of the physician from there to render a cure. This is, then, "the production of new knowledge from a reading that identifies an invisible gap in the text." I belabor this analogy in order to show how quickly—in reading and in medicine—we have left behind the symptom in our quest to resolve its appearance. An epidemiological mode of reading offers the revision and return of the symptom as the object of analysis.

What would it mean to read the symptom? Freud writes of the symptom that it is a "sign of, and a substitute for, an instinctual satisfaction which has remained in abeyance."⁹ By its appearance, the symptom interrupts an otherwise apparently healthy life; it reveals that which remains unreconciled, that which by its very structure is promised to return, each time anew and yet foretold. Despite too the focus on its appearance, psychoanalysis seeks to manage rather than fully resolve the symptom. The symptom is a historical and fundamental technology of a particular kind of historical subject. Never a progressive, continuous subject, always one of displacement, belatedness, perpetual inchoateness. Deferred action, which James Strachey translates into English from Freud's German *Nachträglichkeit*, is in fact the future meaning-making of the past. We do not simply understand the past by way of a future-to-come; that very historicity is written into being by that which we will not fully understand in its happening. Symptoms, recurrent and lagged, stand in for, and yet still are themselves, that which we do not yet know we do not know. For here is the essence of the symptom, which Lacan identifies: the symptom is not analogous or discontinuous from repression; it is also the thing itself. He writes, "Symptoms remained somewhat vague when they were understood as representing some irruption of truth. In fact they are truth, being made of the same wood from which truth is made, if we posit materialistically that truth is what is

8 Robert C. Young. "Rereading the Symptomatic Reading," in *The Concept in Crisis: Reading Capital Today*, ed. Nick Nesbitt. (Durham, NC: Duke University Press, 2017), 40.

9 Sigmund Freud, "Inhibitions, Symptoms, and Anxiety," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XX (1925–1926): An Autobiographical Study, Inhibitions, Symptoms and Anxiety, The Question of Lay Analysis and Other Works* (London: Hogarth Press, 1926), 91.

instated on the basis of the signifying chain.”¹⁰ This is where the psychoanalytic symptom, inherited by symptomatic reading, bears acutely upon the epidemiological one.

Symptomatic reading has taking up the latter part of Lacan’s clarification of the symptom, “as the basis of the signifying chain” as interpretative method, the injunction to track the syntagmatic and associative links of language and form away from the irruptive symptom toward the *true* object of inquiry—that which it cannot say. But what of the first part of Lacan’s concept of the symptom as truth itself? Rather than an indication or enjoinder to look away and seek elsewhere, Lacan suggests that the symptom tells of itself. Where Freud asked of the “why,” “whither,” and “whence” of the symptom, through Lacan, we might ask of its “what” and “how.”¹¹ To read then the symptom qua symptom would be to train ourselves to its appearance, its movements, its mutations, its social and distal transmission. To the wood of truth, rather than the smoke of its burning. Epidemiologically, the symptom is one of several evidentiary and descriptive features of a project that is not simply disease etiology (that is, getting to the root of the symptom, the thing that symptomatic reading suggests) but also a cumulative conception of the causal and the correlative.

In epidemiology and in psychoanalysis, the symptom is locative rather than indicative. Thus, to read the symptom would be to engage a contagious (etymologically from *contingere* “to touch,” which is also that which gives us contingency) rather than metonymic method. This is one that does not require continuity. That is the point. Fits and starts are the promise of that which is never fully reconciled, fully incorporated, managed, or learned. Epidemiology operates by way of the premise that no disease is ever fully managed; it, like the repressed, inescapably threatens return. One critique of symptomatic reading that has become endemic to the postcritical turn is that it conditions a paranoiac—that is, perpetually suspicious and seeking—reader. This readerly position is tautological. Like the raving person spotting signs of persecution at every turn (or the *9/11 Commission Report*), the paranoid reader sees proof of invisible profusion within the text. What is hidden is already given and overdetermined; reading’s task is to decipher the modes of misdirection. Epidemiological reading’s promised return disrupts the fantasy of the fully reconciled and the progressive—it returns the symptom to its recursive historicity. This discontinuous, disruptive, contingent mode is the vehicle by which *Epidemic Empire* tracks the never fully vanquished insurgent body. Its haunting presence does not indicate elsewhere. The symptom of revolt proofs bodies and affects that will not be managed: the blued choleric skin or the fanatical glint of the eye or the hypochondriases.

Eve Kosofsky Sedgwick, in “Paranoid Reading and Reparative Reading; or, You’re So Paranoid, You Probably Think This Essay Is About You,” opens with a conversation with Cindy Patton about the disease history of HIV. Tracking its possible etiologies—even the most conspiratorial—results, for Patton, in a single, unsurprised outcome that nonetheless is political, engaged, excited. For Sedgwick, this response models a salutary alternative to the “hermeneutics of suspicion,” which she writes, “may have had an unintentionally stultifying side effect: they may have made it less rather than more possible to unpack the local, contingent relations between any given piece of knowledge and its narrative/

10 Jacques Lacan, *Ecrits* (London: W. W. Norton & Co., 2007), 195.

11 Sigmund Freud, “Traumatic Fixation—The Unconscious,” in *Introductory Lectures on Psycho-Analysis*, trans. James Strachey (New York: W. W. Norton & Co., 1966), 352.

epistemological entailments for the seeker, knower, or teller.”¹² If the exhaustion with symptomatic (which Sedgwick terms a “strong”) reading comes from its exhausting telos, that its very goal is to discover that which we already know to fear and thus triumph not over the fear but the possibility of its surprise, then perhaps a renewed attention to what a symptom tells of itself returns us to the contingent and what might yet be.

For postcolonial studies and, moreover, anti-imperial politics, this is a critical practice. Raza Kolb draws sharply the stakes of an epidemiological approach to insurgency. She writes, “If certain forms of violence are metaphorized as epidemic, these metaphors render such forms of violence ‘inevitable’ and ‘immutable,’ just as they justify responses to those forms of violence as compulsory and unassailable.”¹³ Read epidemiologically, signs and symptoms of political militancy are no longer stultified as foreclosed, their reappearance only a rationale for enhanced surveillance and redoubled repression. Rather, in attending to symptom life, what comes into focus is the fundamentally contingent—that is contagious, discontinuous, and yet upsurgent—character of political insurgency that cannot be mapped onto triumphalist narratives of imperial conquest and modernist progress. Latency is not the overdetermined and inevitable meaning to be unearthed; it is the promise of return, of the unvanquishable.

So, let us then try this out—this epidemiological reading. *Anarchia*, the condition Benjamin Rush diagnoses in 1798, which infected the minds of citizens of the nascent nation of the United States, was an “excess of passion” not in any metaphorical use of the term but in its felt, bodily instantiation, symptoms of which Rush details as “marks of human weakness, both in body and mind.”¹⁴ It is the unreconciled and undissolved excitations of revolution that abide past the political project of it. Revolution returns, its symptoms manifesting the potency of insurgency as biomechanism. But we need not look only to the humoral body and its symptoms to read for an epidemic of revolution. In the same volume in which Rush describes these political illnesses, he offers an account of the 1793 Philadelphia yellow fever epidemic. Between August and November of that year, nearly 10 percent of the city’s 50,000 person population died, while another 20,000 people—including President George Washington—fled the city. Though Rush himself refused this narrative, common accounts hold that the outbreak arrived with French colonialists who fled the soon-to-be successful slave insurrection in Saint-Domingue (Haiti).¹⁵ Indeed, yellow fever will come to be an abiding symptom of slave revolts across the Americas.

Early epidemiology of yellow fever is inextricable from the settler colonial project—the disease not being endemic to the Americas before chattel slavery and widely believed

12 Eve Kosofsky Sedgwick, “Paranoid Reading and Reparative Reading; or, You’re So Paranoid, You Probably Think This Essay Is About You,” in *Touching Feeling: Affect, Pedagogy, Performativity* (Durham, NC: Duke University Press, 2003), 124.

13 Raza Kolb, *Epidemic Empire*, 17.

14 Rush, *Medical Inquiries and Observations*, 194.

15 See Kenneth R. Foster, et al., *Bring Out Your Dead: The Great Plague of Yellow Fever in Philadelphia in 1793* (Philadelphia, University of Pennsylvania Press, 2014); Jim Murphy, *An American Plague: The True and Terrifying Story of the Yellow Fever Epidemic of 1793* (New York: Clarion Books, 2003); Thomas Apel, *Feverish Bodies, Enlightened Minds: Science and the Yellow Fever Controversy in the Early American Republic* (Palo Alto, CA: Stanford University Press, 2016); Simon Finger, *The Contagious City: The Politics of Public Health in Early Philadelphia* (Ithaca, NY: Cornell University Press, 2012).

to have been brought west on slave ships. In 1853, the *New York Tribune* would write that yellow fever was a consequence of slavery.¹⁶ But it was much more than that. Susceptibility to yellow fever and what appeared to be its disproportionate mortality rates for non-Blacks in the New World made yellow fever both a material mechanism of slave insurrection and political justification for the continuation of the practice of slavery.¹⁷ In 1739, during the Stono Rebellion in South Carolina, more than a hundred slaves took advantage of an outbreak of yellow fever to attempt to flee to Spanish-controlled Florida. New Orleans, newly acquired from the French following their loss of Haiti and settled by French colonialists who traveled south from ports such as Philadelphia, would see yellow fever outbreaks that coincided with slave revolts in 1804 and 1811.¹⁸ Rumors hold that the mutiny aboard the *Amistad* in 1839 was facilitated by the fact that the captain and crew were felled by yellow fever.¹⁹ Admiral Andrew Hull Foote would write that “yellow fever, that has carried off its tens of thousands of white men, was generated from dead slaves in the slaver in Rio de Janeiro in 1849.”²⁰

Correlation is not causality, but correlation may yet be contingency. And here we see the trenchant, symptom-based potential of epidemiological reading. Yellow fever’s terror is the promise of the successful slave revolt. It is not a metaphoric—that is, an abstraction—of insurgency but the very symptom of its presence, its virulence, its transmission. Neither does the power of this symptom depend on the manifestation of its promise: this is recursive structure of insurgency, its potential reappearance, and the incipience of its return. Thus, epidemiological reading too invites a resistant, insistently political and postcolonial orientation. Unlike symptomatic practices that seek out cures, epidemiological reading tracks the management of symptoms, the social feature of their appearance and transmission, and the contingent contact that primes their return. As *Epidemic Empire* shows, a mode of reading whose social and political character disengages from the fixity of outcomes prophesized by historicism bears instead the promise that, whether virus or revolt, latency need never be mistaken for vanquishment.

16 Jo Ann Carrigan, “Privilege, Prejudice, and the Strangers’ Disease in Nineteenth-Century New Orleans,” *Journal of Southern History* 36.4 (1970): 568–78.

17 See Kathryn Olivarius, “Immunity, Capital, and Power in Antebellum New Orleans,” *American Historical Review* 124.2 (April 2019): 425–455; Mariola Espinosa, “The Question of Racial Immunity to Yellow Fever in History and Historiography,” *Social Science History* 38.3–4(2014): 437–53.

18 See Jo Ann Carrigan, “The Saffron Scourge: A History of Yellow Fever in Louisiana, 1796–1905” (LSU Historical Dissertations and Theses, 1961), 666; Kenneth F. Kiple and Kriemhild Coneè Ornelas, “Race, War and Tropical Medicine in the Eighteenth-Century Caribbean,” in *Warm Climates and Western Medicine*, ed. David Arnold (Leiden, The Netherlands: Brill Rodopi, 1996), 65–79; J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620–1914* (New York: Cambridge University Press, 2010).

19 See Andrew Spielman, *Mosquito: The Story of Man’s Deadliest Foe* (New York: Hyperion Books, 2001), 55; Namwali Serpell, *The Old Drift* (New York: Hogarth Press, 2019).

20 Quoted in John Randolph Spears, *The American Slave-Trade: An Account of Its Origin, Growth, and Suppression* (New York: C. Scribner’s Sons, 1901), 158.