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Infectious Hospitality and Communicative Disease in Kleist's "Der Findling": The Disease Inside and Out

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Is it rather like a doctor saying,
'We live in an age of disease!
Germs are everywhere and they don't care what they do.
Germs have no standards these days.
This is the age of Germs.'[1]

Kleist's Findling, which Heinz Dieter Kittsteiner describes humourously but accurately as "12 deaths on 16-and-a-half pages" ["zwölf Tode auf sechzehneinhalb Seiten"] tells the bizarre tale of how through an outbreak of plague in Ragusa and an act of kindness, an orphan enters the family of a Roman property dealer, Piachi, and completes the devastation begun by the plague, causing directly or indirectly the deaths of all with whom he comes in contact. With his blank expression, mentioned twice in the story, and his unrelenting, self-serving and unapologetic pursuit

Kleist's Findling This paper and the Kleist short story with which it deals are a misanthrope's not to say a hypochondriac's and agoraphobe's dream, for they explore human contact as danger, a danger that we fear and yet one to which we are not only constantly exposed but also, bizarrely, persist in seeking out. We insist upon, to borrow the baffled words of Austen's Mr. John Knightly upon being forced to attend a party one winter's night, "setting forward voluntarily, without excuse, in defiance of the voice of nature, which tells man, in everything given to his view or his feelings, to stay at home himself, and keep all under shelter that he can." (96). Wise advice from the voice of nature, considering that disease and social intercourse are fundamentally

[1] Jeremy Sandford, *Down and Out in Britain* (London: Owen, 1971) 91.

and inextricably entangled with one another in a very real way, or, as Alan Bewell puts it "contact with others [presents] risks that [are] more than metaphorical."[2] This way of looking at things may seem to be evidence of a distinctly modern sensibility, and is one that Bewell, for instances, in his *Romanticism and Colonial Disease*, only traces back as far as Mary Shelley's The Last Man of 1826. In this novel he finds evidence of the new idea that the globe was not and would never become the benign, hospitable "universal community" of world citizens imagined by Kant in his *Zum ewigen Frieden* [Perpetual Peace: A Philosophical Sketch] of 1795, but was rather as one "unified by the continual movement of people, goods, and pathogens," (296) a *perpetuum mobile* of money, microbes and men.

If indeed, there is a special preoccupation with the threat of disease in modernity, then it can only be viewed as an intensification of earlier concerns, compounded by a fixation on self and subjectivity in modern thought and by the media's amplification of the threat of infection in order to increase the market appetite for cures. For some two thousand years earlier in Hippocrates' treatise on *Air, Water and Situation* (or *Air, Waters, and Places*, as it is sometimes called) of around 400 BC, we find a similar group of ideas to that triad of people, goods, and pathogens cited by Bewell—while goods are not mentioned, at least not directly, as we will see, it is with the idea of contact between the inhabitants of a City and the foreigner that Hippocrates chooses to begin his disquisition on disease. Arguably, however, this earliest work of epidemiology, was something of an anomaly, a lone outrider of a contagion-preoccupation yet to come, which would explain why it remained more or

[2] Alan Bewell, *Romanticism and Colonial Disease* (Baltimore: Johns Hopkins UP, 2003) 7. Kant's text is not, in fact, as sanguinely utopian as all that. He recognizes that "the state of peace among men living side by side is not the natural state (*status naturalis*); the natural state is one of war." However, he argues, this natural state of hostility between men can be overcome by the establishment of a state of peace and harmony.

less unrivalled for the best part of two millennia, until we come to the great epidemiological leaps forward from the 16th century onwards, beginning with Girolamo Fracastoro's discovery of syphilis and idea of disease transmission via lack of hygiene, an early version of germs called "seeds," and fomites (nonliving or inanimate objects other than food that can harbour and transmit disease) and reaching memorable heights with John Snow's detective-like tracking of a cholera outbreak in 1854 back to the Broad Street pump in Soho from which it originated.

It comes perhaps as no surprise that Hippocrates' work of some 2000 years before was revisited in this much later period of urban population densities hitherto unknown, and was re-published, for example, in a 1734 English translation by the then physician to the Prince of Wales, Francis Clifton, the first English version of the text since Peter Lowe's translation into the vernacular in the 1590s. The rise in interest in communicable diseases in the 17th and 18th centuries, and the interest at the very top of society in communicable diseases and their prevention (leading to the invention of inoculation in the same period), has been attributed, amongst other things, to the sudden recovery and then sharp rise in populations across Europe during the sixteenth century (which was when it started to recover after the demographic decimation of the Black Death and the following decade of recession when gold seemed to leach out of Europe and accumulate in the Near and Far East, the *evacuación de oro*, as it was called) as well to the many smallpox deaths in the course of the 17th and 18th centuries across the royal houses of Europe. The smallpox affliction of the English House of Stuart was a prime example of disease's disregard for rank, killing both the parents of William III, as well as his wife, Queen Mary II as

well as his nephew, William Duke of Gloucester, all within a period of 50 years.[3]As Donald Hopkins' notes, "[i]n a regicidal rampage without parallel anywhere else r at any other time, it killed a queen of England, an Austrian emperor, a king of Spain, a tsar of Russia, a queen of Sweden, and a king of France in the eighty years before 1775."[4]

We will return to the decidedly democratic nature of germs, infections and indeed death, the greatest leveller, and the decidedly class- and wealth-conscious nature of cures, as demonstrated by the recurring idea of a gold cure.[5] But first it is important to mention the related idea that disease is an unwanted intruder from without, not unlike a member of the great unwashed assailing the castle. As Guido Ruggiero points out, in the Renaissance, there was a growing "inclination to regard disease as an intruder (both into a society and into a body) and to underscore the fact that a more open world was also a more parlous one." This fear of contagion associated with the outside getting inside, he continues, easily mutated into a general "fear of 'others,'" particularly those wanderers driven abroad by poverty or trade, in other words "the poor, itinerants, and Jews," who were seen as harbouring "the 'seeds' of the disease."[6] The body came to be seen as "a citadel of health […] to be defended from legions of barbarous outsiders."[7] The sense of anxiety and threat expressed by the walled city makes it an idea metaphor for a

[3] See the royal family tree in Donald R. Hopkins, *The Greatest Killer: Smallpox in History* (Chicago: The University of Chicago Press, 2002) 40.
[4] Ibid., 41.
[5] From Hildegard von Bingen, who wrote that "the gold cure works such that the healthy person stays healthy and the sick patient gets healthy," through the Elizabethan Francis Anthony's *aurum potabile* cure to the late 19th-century Keeley gold-cure for alcoholism with its injections of what was purported to be bi-chloride of gold, the ancient claim that gold, that good-for-all, has curative properties is revisited across the history of healing.
[6] Mary Lindeman, "Plague, Disease and Hunger," in Guido Ruggiero (ed.), *A Companion to the Worlds of the Renaissance* (Oxford: Blackwell, 2002): 427-443; here 433.
[7] Michael L. Dorn, "The Moral Topography of Intemperance," in Ruth Butler and Hester Parr (eds.), *Mind and Body Spaces: Geographies of Illness, Impairment and Disability* (London: Routledge, 1999): 45-69; here 51.

However, although, to quote Susan Sontag, "one feature of the usual script for plague [was that] the disease invariable come from somewhere else […]" with disease cast as "a species of invasion,"[8] in an early and key passage in *Peri aeron, hydaton, kai topon*, Hippocrates, remarkably, sees the infectious disease not as an intruder into the body of the *polis* or *asty* from the outside, but rather casts each city as possessing by its very nature its own internal and unique set of illnesses proper to itself, the type of which depends on both its particular geographic situation and the habits of its inhabitants. Indeed, Hippocrates cautions not the inhabitant but rather the entering stranger, the visitor from without, to beware. Here disease loses, or, rather, has yet to gain, one of its perennial features—it is no longer a visitation, but a resident. To quote from Clifton's translation: "[W]hen a man comes a perfect stranger to a City, he should consider well the situation of it, how it stands with respect to the Winds, and the risings of the Sun. […] He should also consider what sort of Water they use, whether standing and soft, or hard and from high grounds and rocks, or salt and such as will no boil well. […] Nor should the way of Living they are most fond of be forgot. […] For, if a person knows 'em well, and especially all of 'em, or at least the greatest part, he will soon be such a Master of the particular diseases of the place, and of the nature of the common things, (even tho's he should come there a perfect stranger) as not to be at a loss in the cure of those diseases, or liable to mistakes."[9] This strange phrase, "the nature of the common things," gives our translator, Francis Clifton, pause for thought. He adds a footnote in which he remarks that, in Hippocrates' original, "the common things" of a place were expressed as ton koinon e physis, *των κοινων ή φύσις*. What he does not go on to note, however, is the particular

[8] Susan Sontag, *Illness as Metaphor* (London: Penguin, 1991) 133-134.
[9] In Francis Clifton, 4.

resonance of the term *koinon*, denoting the common and communal things of a place, in other words, that which is public and shared within a community, and is common coinage, in a sense. Although the links between English *coin* and ancient Greek *koinon* are claimed to be a false etymology, the true source of coin being Latin *cuneus*, a wedge, as R. Howard Bloch puts it in his *Etymologies and Genealogies: A Literary Anthropology of the French Middle Ages*, this particular false etymology proves "more truthful in its logic than a true etymology in its philological accurate" (166).

Coins are, after all, the "mobile form of property par excellence" (164), and, unlike the fixed property of land or buildings in the hands of one owner, are something that can and, in fact, as Marx points out in 1859 even *must* circulate,[10] be held by many hands, the very essence of what it means to be common and communal, were it not for their role in the accumulation of capital. Like disease, coins must circulate, be transmitted, and, in fact, when mapped, the patterns of movement of these two phenomena are uncannily similar—where money goes, there too goes disease, for there go and transact men. In recent years, building on data on the movement of individual banknotes tracked via bill-tracking sites such as the now-famous wheresgeorge site, scientists from the Max Planck Institute considered the benefits of using the dispersal characteristics of banknotes to map the travelling behaviour of humans, and, of course, by extension the routes of infectious diseases,

[10] See Critique of Political Economy, 1859, esp. "The Circulation of Money." Also "Die Zikulation des Kapitals […] ist ein perpetuum mobile." This idea he derives from Étienne Bonnot, Abbé de Condillac, *Commerce and Government Considered in their Mutual Relationship* [1776], where in Chapter 16, "Of the Circulation of Money," Condillac points out that "Money is […] constantly moving around, to be collected later as into reservoirs, from which it spreads through a mass of small channels which bring it back into the first reservoirs; whence it spreads out again, and to which it returns again, This continual movement, which collects it to distribute it, and distributes it to gather it up again, is what we call circulation. Do I need to point out that this circulation assumes that, at each movement the money makes, there is an exchange; and that when it moves without causing an exchange, there is no circulation?"

since, “human travel […] is responsible for the geographical spread of human infection disease.”[11] The intrinsic links between money and infectious disease were early recognized if their precise nature was ill understood. Shakespeare, for example, linked money (specifically the practice of money lending) and syphilis in *Timon of Athens*. While the exact relationship between the money and the illness was understood here more in terms of “diseases that punished people for specific sins,” at some level the vague idea of human intercourse as going hand-in-hand with commercial intercourse was already present.[12] It presents itself also in the form of the quite serious 1910 proposition that, since there are many as yet unknown avenues of disease transmission, and as money is not for nothing also known as filthy lucre, its notes should, quite literally be laundered. The contributor, a certain A. Cressy [almost but not Croesus] Morrison, argues that the constant handling of money contaminates it, making it potentially a particularly virulent “medium of bacterial communication from one individual to another.” “It appears,” the article goes on, “that the handling of money infects it, […] that the germs […] may live on bill infected […] for several days or longer. It seems but a step, then, to the final demonstration of the actual transmission of these and similar diseases by money in circulation and to the prevention of such spread of disease by the proper measures to eradicate such possibilities.” And there, tantalizingly, the contribution suddenly ends, falling short of drawing the most radical possible conclusion.[13]

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[11] Dirk Brockmann et al., “The Scaling Laws of Human Travel,” *Nature* 439.26 (2006): 462-65; here 462.

[12] Bryon Grigsby, Pestilence in Medieval and Early Modern English Literature (London: Blackwell, 2004) 169. On the idea of usury as a transmissible disease in Shakespeare, see Jonathan Gil Harris, “Usurers of Colour: The Taint of Jewish Transnationality in Mercantilist Literature and *The Merchant of Venice*,” in Helen Ostovich and Mary Silcox (eds.), *The Mysterious and the Foreign in Early Modern Europe* (Newark, Delaware: University of Delaware Press, 2008): 158-81.

[13] A. Cressy Morrison, “The Transmission of Disease by Money,” *The Popular Science Monthly* 76 (1910): 86-88; here 88.

In Kleist's short story of 1811, one of the last texts he wrote before his suicide, to the triad of ideas, man, microbes and money, another is added that was already suggested in Hippocrates' text. The idea of the disease as the inhabitant, the dweller inside, rather than the visitor from without, which Sontag had identified as one of disease's most faithful metaphors. Kleist's exploration of insidious threat in his story of a thankless adopted son, a viral boy, close contact with whom almost invariably brings death, a disease in the house of Antonio Piachi is encouraged by another probably false but nevertheless promising etymology, offered this time by the anonymously authored *Language Unveiled* of 1856. Here Greek nosos [*νόσος*], disease, is linked to nosteo [*νοστέω*], which, although it also means to travel away, means equally to return, to come home, to come back, the linking idea being the nose, which in illness runs, and about which we turn in order to go away and to come back.[14] If the nose returns noisome illness to the home, similarly, Kleist's texts makes illness native in the same way that it was native to Hippocrates' city. In all three cases, illness is true nost-algia, pain come home. The aptly named Ivan Illich, in an unpublished lecture of 1987 entitled "Hospitality and Pain," has claimed that the with the invention of infirmaries in an early modern sense "in the eleventh century [f]or the first time in history, the sick were given a status and a place as a class within the city rather than being expelled, and this incorporation was made through the agency of the hospital."[15] In the Cambridge History of Medicine, while he dates the first hospital somewhat earlier (to 390 AD in Rome), Roy Porter otherwise generally concurs, saying that "In the Roman Empire, there were […] facilities, termed valetudinarian, for the relief of slaves and soldiers and the provision of hospitality for wayfarers.

[14] *Language Unveiled: The True Key to the Nature Origin and Secrets of Language, and of all the Myths and Mysteries of the Ancient World* (London: W. & F.G. Cash, 1856) 43.
[15] http://www.davidtinapple.com/illich/1987_hospitality_and_pain.PDF

There is no evidence, however, of buildings devoted to treatment of the sick among the population in general until well in the Christian era. […] Once the conversion of Constantine made Christianity an official imperial religion, 'hospitals' sprang up as pious foundations, and with them religious orders dedicated to serving fellow humans."[16] Interestingly, as Porter notes in the case of the 33 Florentine hospitals of the 13th century, these institutions were only in part concerned with the physically sick, also catering for "orphans, pilgrims, widows, and the teeming poor."[17] All the inside-outsiders within the city were housed in here. Those whose insides had allowed in disease, those from the outside, those with-out parents and husbands, and those with-out means to keep themselves. And it to orphans that we will now turn our attention.

Kleist's text, interestingly, is set in part in Ragusa (Dubrovnik), to which a wealthy Roman broker who is often "obliged to travel great distances on business" one day makes a journey, leaving his young second wife behind in Rome, and taking his young son by his first marriage. As Dorothy Porter, Roy's third wife, incidentally, writes, in 1377, some 30 years after the first appearance of plague in southern Italy, "Venice's Adriatic colony at the port of Ragusa […] set up stations where travellers and merchandise from infected areas were isolated.[18]" It was a town, then, intimately associated with disease, and which first instituted the practice of large-scale isolation and quarantine as an anti-plague measure. It is here, then, that the seemingly inimical ideas of ports (doors which let trade in an out) and quarantine which blocks all such intercourse converge in one nosogeographical point of confluence.

[16] Roy Porter, *The Cambridge History of Medicine* (Cambridge: CUP, 2006)181.
[17] Ibid. 183.
[18] Dorothy Porter, *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999) 34.

So Kleist's tale of treachery begins with a commercial journey that takes our hero, Piachi, a wealthy Roman land broker, landmäkler, accompanied by his 11-year old son, to a port town, where, it just so happens, a plague-like disease has just broken out. Piachi, who stops in a suburb outside the gates of the town to enquire about the precise nature of the epidemic, hears that the disease is "worsening day by day," and that the authorities may quarantine the city by closing the gates. This, of course, would mean that whoever remained inside, would remain trapped with the disease. So Piachi decides to place his son's safety above all commercial interests, and turns his back on the gates to the infected city. As soon, however, as he is "wieder im Freien," outside the city, he discovers a boy beside his carriage, holding out his hands in the manner of all imploring petitioners. The boy reveals that he has been infected, and that the police are following him, trying to catch him and bring him back to the hospital where his parents have already succumbed to the disease. He then grabs and kisses Piachi's hand, and, as though frightened that the kiss might not be enough to infect this kindly stranger, the foundling boy, "weint darauf nieder" [lets his tears fall onto it too. Infected by an impulse of pity, and suddenly disregarding his son's safety, Piachi welcomes this boy, a host of infection, into their carriage. He decides to host the host. The police, however, hot on the tail of the young fugative invalid, catch up with Piachi and the two boys at the first staging post, where Piachi is frantically trying to offload his dangerous charge. All three suspects, Piachi and the two boys, are promptly arrested and sent back to quarantine and almost certain infection in Ragusa. The ins and outs of this process of containment make no sense. Even if Piachi and his son have been infected by the diseased foundling, Nicolo, the *Wirtsleuten*, the dreadfully over-exposed innkeeper and his people at the staging post, must equally be at risk, if not more so, as for that matter would be the escort who takes the three to

Ragusa “unter einer Bedeckung.” Moreover, if the disease has been as carefully contained within the city as the rigorous police hunt for strays indicates, how did Nicolo escape, sick as he claims to be, from its confines, and, indeed, if already infected, what reason did he have for running away? Moreover, if Piachi and his son have been infected, they have caught the disease outside Ragusa “im Freien” and not inside it, and are not bringing the disease in with them, making a nonsense of the quarantine of the city, and the idea of its impermeable walls. In typical Kleist fashion, none of these anomalies are subsequently explained away. They can’t be, for the very problem is that the disease is always both outside and already inside. Ragusa itself is an embodiment of this paradox—it is, in effect, a fortified sieve, its very purpose as a port being its openness to the outside world, an openness that constantly exposes it to threat, and which the city walls seek to close. Ironically, Ragusa / Dubrovnik is famous for its city walls, a massive system of seemingly unbreachable fortifications, the simultaneous and necessary permeability of which is neatly demonstrated by a small sick boy’s ability to escape, just as the failure of the walls to defend the town from the Serb attack under Vojislav in 1359 had done. So what Ragusa’s walls attempt to contain and foreclose is the idea of constant and unstoppable exposure, as, in what is an example beloved by those working in the area of bio-terror and bio-security, when Alexander lobbed the bodies of the diseased dead over the fortifications of besieged cities, if not to infect, then certainly to terrorize the captive audience within.

After the death of Piachi’s natural son inside the safe haven of impenetrable Ragusa, then, Piachi is allowed to leave through one of the many city gates, which have now been opened again. As he is now sonless, he decides to adopt the orphan who has, directly or indirectly, led to his son’s death. Although, to be precise, two acts

of hosting brought about the death, Piachi's hosting of the infected boy, and the boy's hosting of the infection. Joined then in a mutual hospitality that is as deadly as the hostility found at its etymological root, the two journey back home, an act of nosos nosteo, to Rome, where Nicolo is accepted, absorved completely into the family home. Although he appears foreign and stiff to his new mother, Elvire, she "pressed him to her bosom, made over to him the bed in which Paolo had slept and gave him, as a present, all that child's clothes." He is completely and utterly incorporated into the bosom of the family via the boson of Elvira, for which he later, indeed, develops an unhealthy interest.

If we examine Nicolo more closely, we observe then a strange ability to transgress boundaries (the boundaries of the city, twice, and the boundaries of the natural family, killing and replacing Piachi's son, and attempting to replace his adoptive father in the bed of his adoptive mother) and also, along with this capacity for insinuating himself, an absence of clear origins, raising, in his orphaned abandoned state, questions of origins and cause that are also raised by the outbreak of diseases. In addition, his presence in the story is as sudden and unexplained as the outbreak of disease in the city. In this combination of transgressiveness, sudden appearance, and obscurity of origins, Nicolo has lot in common with the disease itself to which he has fallen prey. In fact, at time he seems to be the disease, bringing with him both physical and moral corruption, but evincing no regret, with a face that "never changed in its expression." Or, if he is not precisely the disease, he is at the very least the point at which host and infection become undistinguishable, or where it is no longer useful to talk about them as separate entities. He is, therefore, a collision of opposites, the inside-out or the outside-in, both in his capacity as adopted son, and as the internal ill or evil that eats up the adoptive family from inside the walls of the

house and which no lock, wall or door can exclude. Nicolo is an “occultum, intestinum, [ac] domesticum malum,” to quote Cicero on the treachery of Verres. He is the “hidden evil in the heart of a man’s own household [which] not only remains invisible but also surprises him before he can watch and reconnoitre.” And accordingly, Nicolo has breached Elvire’s bedroom long before Piachi, who is away on one of his many trips, can return to prevent the intrusion (although, the father’s unexpectedly early return does manage to prevent his rape of his stepmother). He is a self-declared Tartuffe, an impostor, in other words, the Latin root of which, *imponere*, speaks of imposition and therefore intrusion, but, all importantly, an intruder who is always already on the inside. He is already present inside the kindly Piachi, even before their paths cross, present in Piachi’s capacity for “Mitleid,” his sympathy compromising the firewall protecting the confines of interiority, and helplessly exposing the self to the other. This act of kindness, which rejects the intrinsic heterogeneity of self and other, is actually what brings about the rest of the sorry story, it trigger’s Nicolo’s rampage, it is the obscure origin of the illness that devastates Piachi’s family. In Max Scheler’s work of 1913, *The Nature of Sympathy*, one of the kinds of “fellow feelings” examined is described as “emotional infection.” This is a kind of early version of the meme, where people become infected by other’s moods, shed tears and laugh with them, but do not, in Scheler’s view, truly sympathize. The effects of this infection sometimes require a gestation period, just like a bacterial or microbial infection, “Thus one may only notice afterwards that a mournful feeling, encountered in oneself, is traceable to infection from a group one has visited some hours before.” The infectious property of emotions is captured, Scheler notes, in such turns of phrase as “laughter is catching, contagious, infectious.” Is Piachi’s sympathy for Nicolo, then, true sympathy, or merely an infectious

emotion? While Scheler says infectious emotions are not to be confused with real expressions of fellow feeling such as pity, he does note that Nietzsche's stance was completely the opposite, citing a passage from Anti-Christ in which Nietzsche says "Through pity, suffering itself becomes infectious; in certain circumstances it may lead to a total loss of life […] (--the case of the death of the Nazarene). This depressing and infectious instinct thwarts those instincts which aim at the preservation and enhancement of the value of life; by multiplying misery quite as much as by preserving all that is miserable, it is the principal agent in promoting decadence."[19]

Piachi, our hero with a deceptively pleasing name, then seems to be our real source of the infection, and at fault for the almost total loss of life that ensues. But he is not the first. The index case, or patient zero of the story's sympathy outbreak is actually his wife Elvire's childhood saviour, Colino, who dies of the wounds he suffered saving Elvire from her burning home. Since his deed preserves Elivre's life, leading to her feverish worship of his memory and image, it also precipitates all the rest of the story—her obsession with the dead Colino leaving the door open to the cunning seduction plans of his physical Doppelgaenger, the adopted Nicolo. So the chain reaction of misery that the story chronicles can be traced back to Colino's commission of a gratuitous act of kindness and pity. It is a tale, in short, in which no good turn remains unpunished. However, there is a crucial difference between Colino's act of sympathy and Piachi's. Piachi knows that Nicolo is infected, and yet, putting himself, and more importantly, his young son at risk, allows him to join them. Colino's altruistic gesture does not immediately endanger anyone but himself, and, in

[19] Max Scheler, *The Nature of Sympathy*, trans. Peter Lauchlan Heath (London: Routledge, 1979) 17. In Edith Stein's 1916 dissertation *On the Problems of Empathy*, written under the supervision of Husserl, Stein notes that in an act of empathy, the empathiser undergoes "the experience of the foreign consciousness" that utterly blurs the subject position. Quoted in Ann W. Astel, "Saintly Mimesis, Contagion, and Empathy in the Thought of René Girard, Edith Stein, and Simone Weil," *Shofar: An Interdisciplinary Journal of Jewish Studies* 22.2 (2004): 116-131; here 120.

fact, for some 12 year has no bad repercussions save a tendency towards melancholy in Elvire. For Piachi there is immediate and self-evident risk in the sympathy that swiftly follows his immediate "Regung des Entsetzens," of which Piachi cannot fail to be aware. There must be something other than pure sympathy that motivates him to allow the pathogen in, since it so fatally exposes his own, as yet uninfected son, and since nothing that Piachi does can either harm or save the already infected Nicolo. Piachi's act of pity, as it is called, can only keep the boy from the police and from the containment that might potentially prevent his infecting others. If not motivated by a really altruistic impulse to save a life, the act of transgression that this sympathetic gesture entails (allowing the outside and outsider in) starts to seem more and more suspect. Perhaps it is rather a desire to compete with the impossible heroics of Elvire's first love that impels him to the deed. Perhaps, equally, his behaviour is what is described in psychoanalysis as a "flight into disease," whereby, confronted by a persistent and seemingly insoluble dilemma or ambiguity, the subject chooses illness or psychosomatic illness as a way out. In the case of the Ratman, Freud says that the patient "resolved [his] conflicht, which was in fact one between his love and the persisting influence of his father's wishes, by falling ill; or, to put it more correctly, by falling ill he avoided the task of resolving it in real life." In Piachi's case, however, he, extraordinarily, does not fall ill of the "plague-like disease," while all around him do. But if we accept, nevertheless, that his inexplicable embrace of disease was an attempted "flight into illness," then what insoluble dilemma was he seeking to avoid resolving by this measure? In Kleist's text we are never far from a dilemma, and so may take our pick in this case. But given that illnesses form something of a leitmotif in the story, perhaps we should start there.

For a relatively short text, *Der Findling's* pages are literally punctuated not only by doors, gates, walls and locks, as well as by journeys (approximately six

instances, mainly of Piachi leaving home on business) but also by sicknesses. The work contains no fewer than nine separate outbreaks of illness, beginning with (1) the plague in Ragusa, then (2) the infection of Nicolo and Paolo, (3) a flashback to the protracted death of Elvire's childhood saviour Colino and (4) the subsequent and first of several nervous fevers suffered by Elvire, (5) Piachi's night-time poorliness (*Unpäßlichkeit*) which leads to the ministering Elvire's meeting with Nicolo in the darkened kitchen while he is wearing fancy dress and to illness number (6) Elvire's second nervous fever upon mistaking Nicolo in knight's clothing for the dead Colino. This is soon followed by (7) the deaths of Nicolo's wife and child, (8) Elvire's third nervous fever upon witnessing Nicolo's discovery that his name is an anagram of the dead Colino's, and (9) Elivre's final and fatal nervous fever after Nicolo's attempted rape in the guise of Colino.

According to Bill Albertini, the outbreak narrative in film and in literature is fundamentally concerned with an inconsistency and tension at the heart of the way we talk and think about disease. To quote Albertini's text, "the outbreak narrative is centrally wrapped up in both the desire to contain and the desire to expose—to expose bodies to illness and, in so doing, to expose fantasies of containment as farcical wish fulfilment." This strangely inconsistent desire for both containment and exposure, however, as Priscilla Wald puts it in her chapter "Imagined Immunities," is part of a larger "ambiguous geography," the ambiguous geography of a hopelessly interconnected world where travel, human contact and border crossings are driven by both forced displacement and the need for basic economic subsistence as well as by the desire to generate capital in a global economy; where we seek ever greater security in isolation from pathogens of whatever kind in direct proportion to our exposure to greater contact in a global world. However, in a move that indicates something worthwhile beyond this momentum-gaining *perpetuum mobile* of men, microbes and money, Wald notices that "disease does its own work of revelation, making visible the social interactions of the […] community. Microbes tell the often hidden story of who has been where and when, and of what they did there. Contagion, that is, charts social interactions that are often not otherwise visible, and the manifestation of those contacts and connections is another important feature of

outbreak narratives."[20] So disease makes visible the unseen of human interactions, and by exposing it, forces itself into our perception, demanding that it be recognized. Just as in Ibsen's *Enemy of the People*, the infected spa water drive out of cover and into exposure hidden ills in the towns government, on Wald's view of communicable disease, it forces into painful but insistent view what we have foreclosed upon, those hidden patterns of contact that are too easily forgotten or deliberately not told.

Diseases like foundlings, present not only issues of real origins and causes, but also the ambiguity and inevitability of contact—foundlings have, after all, to be found before they can be considered such. BREAK In writing about the communication of diseases both in the sense of contagion and in the sense of disease's revelations about human interaction, my theory is that in Kleist's story the circulation of men, money and microbes is traced in its deadly but lucrative dance, and that only by introducing the disease, through Piachi or his predecessor Colino, both in loco auctor, do the invisible intricate filaments that link us come to light.

[20] Priscilla Wald, "Imagined Immunities," *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham, N.C.: Duke University Press, 2008)37.