

The Poet and the Disease

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SUMMARY

Ugo Foscolo, was an Italian writer, revolutionary and poet whose works rank among the masterpieces of Italian literature. Talented and well educated in philosophy, classics and Italian literature, Foscolo gave literary expression to his ideological aspirations and to his numerous amorous experiences in odes, sonnets, plays, poems and an epistolary novel. Concurrent with his rich literary output, Foscolo's correspondence represents a unique perspective from which to monitor

his literary and political views and investigate aspects of his everyday life. Among other interesting information, one can find elements of Foscolo's medical history which is generally unknown. In the present article we investigate the longstanding lower urinary tract symptoms as reported by the poet in his correspondence to his family and friends.

Keywords: Foscolo, urinary tract infection.

INTRODUCTION

Ugo Foscolo, original name Niccolò Foscolo, was an Italian writer, revolutionary and poet whose works rank among the masterpieces of Italian literature. He was born on February 6th, 1778 in Zákynthos, and lived there the first years of his life. In 1788, on the death of his father, who worked as a physician in Spalato, the family removed to Venice, and at the University of Padua Foscolo completed the studies begun at Zákynthos and continued at the Dalmatian grammar school. He revealed his talent quite early upon the appearance in 1797 of his tragedy *Tieste*. At the same time, he began to take an active part in the stormy political discussions which the fall of the republic of Venice had provoked [1]. He was a prominent member of the national committees, and addressed an ode to Napoleon Bonaparte, expecting Napoleon to overthrow the Venetian oligarchy and create a free republic. When the Austrians and Russians invaded Italy in 1799, Foscolo, with other Italian patriots, joined the French side. Made a captain in the Italian division of the French army after the defense of Genoa in 1800, he

had commissions in Milan, Bologna, and France. Concurrent with his military exploits, Foscolo gave literary expression to his ideological aspirations and to the numerous amorous experiences of these years in odes, sonnets, plays, the epistolary novel *The Last Letters of Jacopo Ortis*, and the poem *On Tombs*. His rich literary, political and social activity is reflected through his correspondence with family, friends, and fellow writers. With over 3,000 letters spanning three decades, Foscolo's correspondence represents a unique perspective from which to monitor his literary and political views [2]. The *Epistolario* is also a space in which Foscolo engages with philosophical and moral questions and a place where he exercises an often private form of literary criticism. Significant, however, is the way the letters document various aspects of Foscolo's everyday life. Among other interesting information, one can find elements of Foscolo's medical history which is generally unknown. In the present article we investigate the longstanding lower urinary tract symptoms as reported by the poet in his correspondence to his family and friends.

MATERIALS

We conducted a research on Ugo Foscolo's correspondence - included in the *Epistolario* - in order

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to identify information regarding his medical history focusing mainly on urological diseases and relative conditions. Initial search terms were “vescica”, “prostata”, “uretra”, “medico”, “chirurgo” combined with “malattia”, “infermità”, “irritazione”, “infiammazione”, “terapia”, “salute”. The text was studied in original language (Italian or French), from: Ugo Foscolo, Epistolario, Edizione Nazionale delle Opere di Ugo Foscolo, Le Monnier, Firenze 1954.

■ RESULTS

We found several letters reporting his general health however there are only eight providing information regarding his medical history and in particular urological diseases and relative conditions.

In the letter No. 1228 (Firenze 29 Settembre 1812), Foscolo reports to doctor Luigi Ramondini: “Io non so cosa sarà della mia salute: perché davvero io mi sento sempre peggio (...) Quanto al negozio brutto delle merci virili, la gonorea era cessata; ma dopo otto o dieci giorni, senza occasione veruna, senza disordini, senza la menoma provocazione in natura, mi si sono arrestate ad un tratto le orine: s’è dovuto usare la candeledda (...) un giorno e la notte seguente mi sgorgò dall’uretra quasi mezza libbra di sangue; il Chirurgo se ne spaventò; io invece mi sentiva liberato, i dolori si calmarono; il muco si diradò; la parte smarrì la tinta infiammata (...) Mi sono ricordato di te e della china che nel novembre dell’anno scorso mi ha guarito del renne della vescica, perchè in fondo tutto il mio male sta lì (...) Un altro medico da me consultato mediante due francescani mi ha consigliate le acque del Rio impregnate di ferro, e di acido carbonico; o, se queste m’irritassero troppo, le acque acidule d’Asciano”.

In the letter 1230 to Sigismondo Trechi (1 October 1812), Foscolo reports: “Pochi giorni dopo il mio arrivo a Firenze, mi sentii tornare il catarro di vescica ch’ebbi nel novembre dell’anno scorso; ma tornò assai più acre e ostinato. Le orine mi s’ingorgano; o non posso urinare, o urino trenta volte per ora, e sempre a sprizzi, e con sgorgi di sangue. (...) Orozco mi dice d’averlo patito per otto mesi, e d’esserne assolutamente guarito con l’oppio; ma io ad ogni grano d’oppio mi sento addosso la irritazione degli ubbriachi. (...) Quanto a me, ti giuro che non ho dato la menoma provocazione in natura al mio male”.

In the letter No. 1236 to Isabella Teotochi Albrizzi (Firenze 15 Ottobre 1812), Foscolo reports: “E voi riderete forse s’io vi dirò che sono malato, né più né

meno della medesima infermità di vostro padre: non è paralisi, ma infiammazione, o com’altri lo chiama, catarro di vescica: n’ebbi un assalto l’anno scorso in Milano; i bagni, le sanguigne, e la china me ne liberarono; ora a’ bagni non posso ricorrere perchè sono mortali a una tosse - a quella tal tosse di cui vi scrissi: le sanguigne non giovano, e meno la china: ma da’ primi di settembre in qua io non urino senza aiuti meccanici e senza spasimi”.

In the letter No. 1253 to Francesco Aglietti (November 1812), Foscolo writes: “Siate assai ringraziato, quantunque le candelette mandatemi non fanno al caso: primamente sono sottili al mio bisogno; qui gli speciali danno il nome di sesto al numero che voi mi spedite come ottavo: inoltre sono di cera assai poco levigata, e quindi difficili e moleste e pericolose all’uretra (...) Assentirei all’uso delle elastiche se non vi fosse l’autorità del Pajola nostro il quale raccomanda in visceribus quelle di cera; e d’altra parte i Francesi, che soli ne fanno, hanno il vizio di dar loro la forma conica, quando a me che ho il malanno oltre il collo quasi della vescica bisognerebbero affatto cilindriche”.

Seven months later, (Bellosguardo 8 June 1813), he writes to his friend Isabella Teotochi Albrizzi: “Per ora sto in campagna, aspettando d’esser men povero per andare a tentare a Livorno i bagni di mare; e se non giovano, quei di Lucca. Questo star lunghissimamente seduto e curvo a scrivere m’alimenta il male della vescica”. Two days later (Bellosguardo 10 June 1813) he communicated with Sigismondo Trechi. He writes: “... L’altro mio incomodo della vescica fu più esasperato che guarito da’ medici e da’ chirurghi (...) e mi son messo a curarmi da me. Il metodo è semplicissimo: la vescica s’infiamma sul collo per certe emorroidi che si chiamano varici; bisogna romperle; n’esce il sangue: per due o tre giorni si rimane indolentiti, poi si sta bene per un mese o sei settimane finché le varici si rigonfino; per impedirlo bisogna poter sopportare i bagni freddi (...). Proverò i bagni di mare in Livorno; il sale agisce meglio, ed il freddo dell’acqua agitata è più temperato.

Eleven months later (Firenze, 23 September 1813), he writes to his mother: “Attenderò frattanto a lavorare, e ad avere cura della mia salute la quale s’è felicissimamente ristabilita”.

Finally, in 1st of September of 1818 he writes to his friend John Cam Hobhouse (Letter No. 2291): “... et qui m’a obligé de me servir pendant toute une nuit des bains chauds – car sans cela, je n’aurais pas pu pisser (...) et voila, mon cher Monsieur, les raisons qui m’ont détourné de ma course à Brighton”.

■ DISCUSSION

In September 1812, Foscolo reports that he was infected by a sexually transmitted disease (STD). However, the term gonorea (gonorrhoeae) used by him merely describes the usual symptoms of STDs such as burning with urination and penile discharge than refers to infection by *Neisseria gonorrhoeae* (unknown at that time since it was first discovered in 1879). Accordingly to his testimony, the symptoms gradually disappeared. Few days later he experienced acute urinary retention which was treated by passing a metal sound. Dysuria, local pain and mucus overflow occurred since after. Following an episode of gross haematuria the above symptoms were relieved. The exact disease from which Foscolo suffered is not mentioned in his correspondence and most importantly many common diseases and conditions were practically unknown from medicine of that time. In fact, while he mentions the presence of varicose veins on the bladder neck he ignores that this is the result of the bladder outlet obstruction and it could be secondary to chronic prostate inflammation.

It is generally accepted that after two weeks of onset of acute anterior urethritis, about 50-70% of patients with posterior urethral gonococcal infringement develop acute urinary retention. Acute gonorrhoea alone is enough to cause retention however the last is more likely to be associated with stricture or prostatitis. The exact mechanism is fully investigated: gonococcus ascends the anterior urethra after sexual contact with an infected partner, affecting the columnar epithelial cells, which become congested. The submucosal glands of Littre - which line the anterior urethra and have a lubricating function - become infected and produce a thick, purulent urethral discharge within 48 hours after exposure. Without adequate treatment, the infection extends into the corpus spongiosum surrounding the anterior urethra, resulting in venous thrombosis and surrounding tissue necrosis. Granulation tissue develops where columnar cells have desquamated and sloughed. The combination of necrosis and granulation develops into fibrous scarring. Over a period of months or years, the scarring becomes irregular and increases the resistance to micturition, which causes instability of the detrusor muscle of the bladder. In a smaller proportion of patients with gonorrhoea, untreated infection progresses to in-

volve surrounding structures along the genitourinary tract, causing epididymitis and prostatitis. Both stricture and prostatitis cause frequency of micturition, pain, urinary retention and haematuria. In fact, these are exactly the symptoms that Foscolo describes to Sigismondo Trechi in the letter No. 1230. In the same letter, he also reported that he had similar - but less painful - symptoms one year before the onset of "gonorea" (November 1811). This previous infection is also mentioned in the letter No. 1236, to Isabella Teotochi Albrizzi. According to the symptoms description it seems obvious that Foscolo suffered of lower urinary tract symptoms (both storage and voiding). It remains unknown whether and if he was dealing with a long-lasting condition that could be controlled but not cured - such as chronic prostatitis or chronic pelvic pain syndrome - associated with urethral stricture. This entity was presumably associated with urinary tract infection caused by typical and atypical organisms or may also be due to a chemical or immunologic reaction to a previous infection. The expanding inflammation can cause both an acute and chronic inflammatory-mediated pain, while the neurogenic damage causes neurogenic pain. As long as inflammation persists, it can cause further neurogenic damage, while further inflammation can be neurogenically mediated. With the development of a neuropathic state, both allodynia and hyperalgesia occur establishing thus the pelvic inflammatory disease. The pain is mainly experienced in the perineal area, but testicular; bladder and low back pain are also common. Some patients experience symptoms similar to that of a urinary tract infection (mainly urinary frequency). Symptoms may also include severe burning during urination and inability to empty the bladder. The condition can be episodic, with flare-ups and remissions.

Foscolo wasn't able to determine the origin and the onset of the disease, however, through his correspondence with Antonietta Fagnani Arese (between 1802 and 1803); it became clear that he suffered of an unknown febrile infection. Accordingly to his testimony, the progress of this infection was accompanied by nocturnal bleeding (haematuria?). Although there is no further information available, an infection related to a sexually transmitted disease (included chlamydia and gonorrhoea) is not to be excluded. In fact, when Foscolo arrived there in March 1801, Milan was

becoming the freest city. Everyone lived to the fullest freedom and all existence was dedicated to the spirit, to the comforts and pleasures [3]. As the costumes of many ladies of that time were perfectly free, he found time to involve himself in many love affairs [4]. One of them was with Antonietta Fagnani Arese who died of a serious venereal disease in Genoa in 1847 [5]. Interestingly, among almost 200 letters that Foscolo wrote to Arese between 1801 and 1803 there are many mentioning Foscolo's hydrotherapies, some reporting febrile flare ups and few presenting Foscolo and Arese to suffer in common from an infectious disease whose nature is not clarified [6].

The management of urinary tract infections at that time included hospitalization, bed rest, attention to diet, plasters, narcotics, herbal enemas and douches and judicious bleeding (direct bleeding, cupping and leeches) [7]. Most of the above mentioned treatments are practically ineffective. Foscolo was treated with baths and hydrotherapy, bloodletting and Chinese quinine as well. Hydrotherapy and bloodletting are traditional methods that have been used for the treatment of almost every disease for centuries and had, since the seventeenth century, been consistently promoted by a number of medical writers. While bloodletting seems useless in the treatment of prostatitis, water therapy, helps increase circulation in the prostate while helping to relax and open the urinary tract [8, 9]. Quinine is an alkaloid derived from the bark of the cinchona tree. It has been used as an antimalarial drug since before 1633. It has also antipyretic, analgesic, and anti-inflammatory properties and at that time it has been used in common cold preparations for that purpose. It is thought to prevent muscle cramps by reducing the sensitivity of muscle cells to stimuli that cause them to contract, as well as by prolonging the time it takes for the muscle to contract [10]. The above properties of quinine suggest effectiveness in the treatment of prostatitis related pain and storage lower urinary tract symptoms. In contrast, voiding symptoms did not seem to be responding to drug treatment and urinary retention occurred. Moreover, although decreased amount of urine or trouble urinating are side effects of quinine, urinary retention is less likely to be a result of quinine use, given the absence of relative information in September 1812 correspondence. Opium was also proposed to be effective however due to

its serious side effects Foscolo discontinued treatment.

Catheterisation and dilatation of the urethra were practiced as early as 3,000 B.C. to relieve painful urinary retention and/or to wide (dilate) a narrowed stricture. In those times, many natural materials were used to form a hollow catheter shape. Malleable catheters were developed in the 11th century [11]. In time, silver was used as the basis of catheters as it could be bent to any desired shape. According to Foscolo's testimony, rods of increasing thickness and of variable shapes existed. Foscolo used cylindrical urethral dilators made of wax, however, there were also conical dilators made from rubber. The last were first developed in France in the 18th century but initially were weak at body temperature, leaving debris in the bladder. At that time, intermittent self-dilatation was considered a convenient way to treat urethral strictures. As patients were still developing "catheter fever" (systemic infection), attention was given to antiseptics. Actually, only, in 1867, catheterization was felt to be fairly safe according to the antiseptic principles of Lister [12].

It remains unknown whether and if, Foscolo's poetical production was determined by his illness. However, as a poet, Ugo Foscolo was greatly influenced by the emotions and events of everyday life and thus his illness probably altered the nature of his thought and the character of his writing. Given the consistent and significantly association between chronic pelvic pain and prior anxiety distress and melancholy and Foscolo's temperament as well, such an influence is not to be excluded [13]. In fact, it is generally accepted that both lower urinary track symptoms and prostatitis related pelvic pain can significantly reduce men's quality of life [14]. Moreover, it was demonstrated that psychical instability coexists in chronic prostatitis/chronic pelvic pain syndrome, with as many as 78% of patients reporting depression and also catastrophizing is associated with anxiety and depression but is considered a unique factor in pain (especially male urologic chronic pelvic pain) [15]. Yet, it remains obscure to which extend and for how long pelvic illness influenced his work and thus it is difficult to extract definitive conclusions. Apart from a natural melancholy, which was to become more and more pronounced as the years went by, Foscolo, seemed to be in a constant state of sickness: He

writes to Antonietta Fagnani Arese: "... you have forgotten the lean and melancholy person of the poor Foscolo" and "... the eyes of a young sad and unfortunate who do not have nothing but a heart that was the cause of crying" [6]. The letters always repeat the same note: I am unhappy, unfortunate, mortally sad; anything possess, I will always be unhappy, I suffered from melancholy, and now the misfortune and passions have made this profound sadness; I seem to go crazy for melancholy etc. [4]. Foscolo's literary output was far from prodigious; due to a combination of his itinerant life and his penchant for constantly rewriting the works he did compose, which resulted in more literary fragments than complete publications [16]. Surprisingly, during the period of his major bothering from urological disease (between 1812 and 1813), he completed his translation of Laurence Sterne's *Sentimental Journey* and wrote his third tragedy, *Ricciarda*. He also worked assiduously on *The Graces*. Although never given final form, these fragmentary hymns, characterized by delicate musical and plastic sensibility, represent Foscolo's best lyric poetry. Actually, this poem presents itself as an attempted synthesis between a mythical past and the present, between harmonious beauty and the ancients' demand for civilization and compassion for the present shaken by wars and conflicts. The poem opposes this threatening, disturbing universe with a world of balance and serenity, reflecting perfectly the contradiction between the suffering from the disease and the sacred health that Foscolo always desired.

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