



## The Disease and the Hero: Representations of Belgrano's and Bolívar's Hidden and Public Syphilis

*El mal y el héroe: representaciones de la sífilis oculta y pública en Belgrano y Bolívar*

**Juan Carlos González Espitia**

University of North Carolina at Chapel Hill, [jcge@unc.edu](mailto:jcge@unc.edu)

ORCID: 0000-0002-3121-4920

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**ABSTRACT**

This essay explores discourses of disease, specifically syphilis, linked to two defining figures of Latin American independence: Manuel Belgrano and Simón Bolívar. It examines the construction of discursive myths and their relation to political and societal shifts; the manner in which different representations of the disease serve as tools of mythification in the pursuit of cohesion-seeking narratives for their countries; and how mythification is continuously reshaped and at a constant risk of failure, particularly when the understanding of these diseases is adjusted as a result of scientific changes. It concludes by showing how the tension between extolment and debasement in terms of this venereal disease ultimately results in a further rooted mythical understanding of the two independence heroes.

**Keywords:** independence heroes; syphilis; myth; disease.

**RESUMEN**

Este ensayo estudia los discursos de la enfermedad, específicamente la sífilis, vinculados a dos figuras importantes de la independencia latinoamericana: Manuel Belgrano y Simón Bolívar. Se examina la construcción de mitos discursivos y su relación con los cambios políticos y sociales; la forma en que las diferentes representaciones de la enfermedad sirven como herramientas de mitificación en narrativas que buscan cohesión identitaria para sus países; y cómo la mitificación se reforma continuamente y corre constante riesgo de fracasar, particularmente cuando la manera en que se entienden estas enfermedades se ajusta a los cambios científicos. Se concluye mostrando cómo la tensión entre elogio y la degradación en términos de esta enfermedad venérea da como resultado un encuadre mítico más arraigado de los dos héroes de la independencia.

**Palabras clave:** héroes de la independencia; sífilis; mito; enfermedad.

We don't need theorization to understand the constant presence of disease in everyday life. We have all experienced flu or a cold in our own bodies, or have witnessed other diseases in the body of people close to us. We relate easily to sickness experienced firsthand. Our relation with, and reaction to, the experience of disease in others is different because these are diseases recounted to us, that is, these diseases are mediated through narration. We may have had the experience of that particular student that got sick the day a paper was due. The terrible flu, the cold, the case of mono –all of which we may know directly because of our own experience– are retold to us, framed within a narrative, shaped for us to consider, crafted so to bolster the immediate agenda of the student who asks to be allowed to turn the paper a week late. The facts we hear are similar to those we know in terms of the narrative of our own experience. Now it is up to us to believe, to reject, or to doubt.

A different issue is the narrativization of disease of those who have an important role in a determined society during a determined timeframe. Here, the negotiations of hidden and unconcealed disease become part of the public representation of that person. Take for example the case of the United States President Franklin Delano Roosevelt (1882–1945). There is an abundance of information about his poliomyelitis, and robust discussion on how his public and political persona is linked to his struggle to manage the disease. His polio, acquired when he was an adult man, became a way of framing his life as a fight against odds, as a story of overcoming obstacles, and as a metaphorical example to be projected at the United States national level to show that the country could also overcome the obstacles of recession and war. The image of the doubling of disease in Roosevelt is so appealing and powerful that it was used by Hollywood in the 2001 movie *Pearl Harbor*, in which the character of FDR appears trying to, and succeeding in standing up from his wheelchair by himself to show that the nation must raise in a similar way from the complications of the attack of the Japanese empire.

But there are things that we are not told, or that do not fit into the mythical narrative. Unlike polio, there is a disease in Roosevelt's case that is not narrativized to project agentive power. We are not told that he ran for his record fourth term for the presidency while suffering severe problems with his heart, a

fact that was kept secret from the public, to the point of untruthful denial, when, for example, his personal physician, Admiral Ross McIntire, claimed that “The President’s health is perfectly OK. There are absolutely no organic difficulties at all” (qtd. in Gunther 372). Indeed, Roosevelt died as a result of his ailment, six months later, while in office, on April 12, 1945.

In this type of tension between the hidden and the revealed, between the disregarded and the extolled, the study of imaginaries of disease may prove to be a useful tool to understand the articulation, and challenging, of national cohesion-seeking discourses. In this essay, I am interested, on one hand, in exploring discourses of disease as portrayed in brief, hidden pen strokes related to defining figures of the Latin American identity. On the other hand, I want to examine the construction of discursive myths and their relation to political and societal shifts. I propose the isolation of two snapshots of the presence of syphilis in Latin America in which these two discourses intertwine. The first case is the Argentinian hero of the independence, Manuel Belgrano, and the second case is that of “El Libertador” [The Liberator], Simón Bolívar. More specifically, I want to explore the manner in which different representations of the disease serve as tools of mythification in the pursuit of cohesion-seeking discourses, and how such mythification, which for all intents and purposes is nothing more than fictionalization, is continuously reshaped and at a constant risk of failure, particularly when the understanding of these diseases is adjusted as a result of scientific changes. I will conclude by showing how the tension between extolment and debasement in terms of this venereal disease ultimately results in a further rooted mythical understanding of history.

Before moving into a discussion of the particulars of these two independence heroes in relation to their exaltation later followed by an attack based on the negative interpretation of a disease like syphilis, it is useful to explain how I understand the terms “myth” and “mythical” for the purposes of this essay. I am mainly using here the ideas of Émile Durkheim in his *The Elementary Forms of the Religious Life*, Bronislaw Malinowski’s *Myth in Primitive Psychology*, Percy S. Cohen’s “Theories of Myth”, and Ben Halpern’s “Myth’ and ‘Ideology’ in Modern Usage”. We tend to use the term “myth” very loosely, generally

connected to ideas of deceit, self-deceit, untruthfulness, fallacy, or a dismissible something, as is the case, for example, of assertions like “if you eat a steak right before going to the pool, you will get cramps, and may drown”, or “Barack Obama is a Muslim”. A more detailed approach shows that the myth is characterized as, 1. A historical, cumulative, construction (Halpern). 2. Myth has the social function of securing solidarity (Durkheim, in relation to ritual), 3. Its importance lies in the justificatory qualities of its message and not as much in being a symbolic representation or explanation (Malinowski), 4. Myth is placed in an invented, or part-invented, past that seeks to solve inconsistencies, 5. It takes the point of origin out of verifiable memory, and 6. Provides transcendence from the mundane (Malinowski).

What I see as more important for my approach is the function of myth as a way of anchoring the present in the past. In this sense, the myth, a. Provides profound unconscious symbolism that vibrates at various levels of meaning; b. Even if a verifiable origin is blurred, the myth is located in time, and this location allows it to produce effective legitimacy; c. The constant reference to the past also allows for the legitimacy of present social life by claiming that the past is part of the present; and d. The myth creates a seemingly monolithic moment that avoids further questioning of the origin. It is precisely here where we hit a complicated conundrum, since it is very different to deal with what we can call an “arch-myth” –far removed from our present reality and linked to primordial moral precepts, e.g. Oedipus of Thebes–, and what we could call a “neo-myth” –that could also be understood as “legend”, but which in this case is traceable in the historical record and susceptible to revision, as is the case of the lore that George Washington never told a lie. I am interested in examining the second kind of myth, the “neo-myth”, because of its relevance to the study of the processes of nation building in Latin America. Myth as anchoring of the present in the past is undoubtedly at the core of such processes, as Ernest Renan states in his “What is a Nation?”: “To have common glories in the past and to have a common will in the present; to have performed great deeds together, to wish to perform still more –these are the essential conditions for being a people” (19). This path is full of riddles because history becomes intertwined with myth. In other words, we would be confronting a mythical reading of history. In *The Savage Mind*

Claude Lévi-Strauss points out how the framing of major historical events is arbitrary (if not ideologically mediated) and then we attribute it with reality it does not have:

In so far as history aspires to meaning, it is doomed to select regions, periods, groups of men and individuals in these groups and to make them stand out, as discontinuous figures, against a continuity barely good enough to be used as a backdrop [...] History is therefore never history, but history-for. It is partial in the sense of being biased even when it claims not to be, for it inevitably remains partial — that is, incomplete — and this is itself a form of partiality (257-58).

This framing of history shares many of the qualities of myth I already have stressed, including a profound unconscious symbolism vibrating at various levels of meaning, the location in time, the reference to the past to gain legitimacy, and the seamless discourse, among others. The question would then be, what happens when this kind of myth, that has been gradually crafted and gradually sanctioned, that has served to resolve inconsistencies and secure solidarity or commonality, and to provide an aura of sacredness, is challenged? In other words, what happens when the myth is inoculated with a disease like syphilis and its attendant implications?

Clinical Case A: Manuel José Joaquín del Corazón de Jesús Belgrano (1770–1820). Born in Buenos Aires, educated in Spain. A lawyer. Although with no military inclination, Belgrano was named officer in the Argentinian independentist militia and later became a General. He was reluctant of using the red color of the Spanish flag in a time when the future of Spain in the Americas was beginning to look gloomy. He decided that the colors blue and white should be hoisted before his army instead. With this act he became the creator of the flag of Argentina. Beyond being recognized for the creation of the national flag, Belgrano's fame has been concentrated on the brief mentioning of his efforts in setting the course of education and economy for his country, and on his paradoxical final days in poverty, given that he had been born in a wealthy family.

At the mythical level, the story of the flag is counterbalanced by the comments about his liaison with María Josefa Ezcurra, Juan Manuel de Rosas's sister-in-law, who was married,

and with who Belgrano had a child. There is also the buzz about his voice, which usually has been described as high-pitched, and in consequence linked to femininity. The tone of voice has also been associated with other of Belgrano's physical characteristics: blond, blue-eyed; or with his manner: a refined studious man, suited for libraries and salons, and not for war campaigns. The combination of all these features resulted in his characterization as a homosexual. The traditional environment for the narrativization of Belgrano's image in the mythical land of "padres de la patria" [fathers of the nation] was always one that switched between his representation as creator of the national symbol and his portrayal as a weak, feminine, man of letters who died in poverty. But the setting of the narrativization was further problematized with the incorporation of syphilis. Of course, this is a founding figure and the mentioning of the disease was always at the level of rumor, in the realm of the half-hidden, of the mythical. Interestingly, the fictionalization of the disease in Belgrano began by making the classical inference that a man touched by the disease is to be admired because he must have gotten it in the exercise of his manhood, even if the exercise was with someone hired for that purpose. This kind of nod of approval is the one found in a novel published in 1995 by María Esther de Miguel titled *Las batallas secretas de Belgrano*:

He knew very well on his own flesh what can be found surrounded by the warmth of women: he just had asked a board of doctors to diagnose the illness that more and more often made him to ask for leaves of absence at the Consulate, and the physicians certified that he "*suffered a range of ailments caught as a result of a syphilitic vice, and worsened by others derived by the land's influx*".

[Bien sabía en carne propia qué puede encontrarse entre tibiezas de hembras: acababa de pedir a una junta de médicos el diagnóstico de esos males que cada vez más a menudo lo obligaban a solicitar licencia en el Consulado, y los médicos certificaron que "*padecía varias dolencias contraídas por un vicio sifilítico, complicadas con otras originadas del influjo del país*"] (85; emphasis in the original)<sup>1</sup>.

<sup>1</sup> All translations into the English language are mine.



De Miguel is using the only traceable piece of information we can gather about syphilis in Belgrano, which is just a bit shorter than the data in a footnote provided in Felipe Pigna's a history book *Los mitos de la historia argentina*:

When he joined the Consulate, in the medical exam to be admitted for his position, he was checked up by doctors Miguel O'Gorman, Miguel García Rojas and José Ignacio de Aroche, who wrote in the medical report: "We examined the state of the health of Don Manuel Belgrano, Secretary of the Royal Consulate in this Capital City, of whom we agreed, had suffered a range of ailments caught as a result of a syphilitic vice, and worsened by others derived by the land's influx".

[Al incorporarse al Consulado, en el reconocimiento médico para admitirlo en el empleo, fue revisado por los doctores Miguel O'Gorman, Miguel García Rojas y José Ignacio de Aroche, que escribieron en el parte médico: "Reconocimos el estado de salud de Don Manuel Belgrano, Secretario del Real Consulado de esta Capital, el que según acordamos, padecía varias dolencias contraídas por un vicio sifilítico y complicadas con otras originadas del influjo del país"] (373).

The factual element of the disease is rearticulated here at the mythical level to save the image of Belgrano as a man who, beyond roughing it in the battleground of Tucumán in his mid-forties, had known other more horizontal and glorious theatres of war in his youth, receiving the "gift of Venus" as Valle-Inclán's Max Estrella would put it (93), or as De Miguel presents it in her historical novel:

Manuel thought of Margarita and other long-gone coquettish women, vendors of temporary happiness and lasting ailments surrounded with silks and perfumes. And he sighed, "Blas would have said that no one can take away from me all the fun I had, but I blame myself for having been such a fool".

[Manuel pensó en Margarita y otras ya lejanas damas galantes, expendedoras de felicidades transitorias y males perdurables entre sedas y perfumes. Y suspiró, Blas diría quién me quita lo bailado; pero yo me reprocho haber sido tan tonto, se dijo] (85).

This reinforcement of heroic manhood has more “dramatic” literary echoes in an entry written in 2013 by an enthusiastic blogger under the pseudonym Petroff who, through a male gaze and a torrid prose, describes Belgrano’s sexual proclivities and the presence of the venereal disease as a sign of manliness<sup>2</sup>:

And he, horny as a goat, preferred the cheap prostitute who knocked at his door and asked him *if tonight the gentleman was in the mood for screwing*, just like that. And Belgrano would screw to forget his sorrows and the sorrows of others, and to remind himself he was a man, although he preferred to impose the bravery of his virility by blood and fire [...] She felt as a woman, as a goddess, liberated, she felt she was more than what she had been. Belgrano would pay her with punctuality, and then he would ask her to lick his stiff dick to alleviate the syphilis that was starting to kill him. ‘So many whores of my past are coming after me that, if I have to die, I want it be with one of you,’ he would tell her in Latin.

[y él, un macho cabrío, prefería la prostituta barata que todas las noches tocaba a su puerta y le preguntaba *si esta noche el Señor estaba de ánimos para coger*, así sin más. Y Belgrano cogía para olvidar penas propias y ajenas, y para recordarse Hombre, aunque el coraje de su hombría, prefería imponerlo en combate, a sangre y fuego. [...] Ella se sentía mujer, diosa, liberada, se sentía más de lo que hubo sido. Belgrano, le pagaba con puntualidad, y después le pedía que le pase [sic] la lengua por su verga erecta para aliviarle la sífilis que lo empezaba a matar. Tantas putas del pasado me persiguen, que si me toque [sic] morir, que sea con una de ustedes, le decía él en latín] (Petroff).

Nevertheless, in contrast, there is also the mythical reverberation that brings back the idea that Belgrano was homosexual. In this case, the same syphilis that in the previous examples was

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<sup>2</sup> I follow the film theorist Laura Mulvey’s idea of the masculine gaze presented in her seminal essay “Visual Pleasure and Narrative Cinema.” Mulvey reveals the way women in Hollywood films are seen from the perspective of the eyes of a heterosexual man. As a result, female characters are represented as objects, not as subjects, for masculine desire and pleasure. The audience, both male and female, is driven to see the film from the masculine heterosexual perspective, that is, forced to identify with the masculine gaze. Mulvey’s approach can also be used to the study of literary works, as is the case here. Although published in an online blog, Petroff’s text is presented as a literary piece.



used to underline Belgrano's manhood is used here to reinforce the fabrication of his lack thereof. I have traced this popular belief in a question asked in *todoexpertos.com* by Ricardo Jose Ali<sup>3</sup>:

Hi, I have heard around that Belgrano died of syphilis, for being a homosexual. Later some literature teacher told me that Belgrano's voice was high-pitched, and produced a reaction on the people of the time. If one looks at his portraits and images he does not have a demeanor like that of San Martín.

[Hola, he escuchado por ahí que Belgrano había muerto de sífilis, por homosexual. Después alguna profesora de literatura me dijo que belgrano [sic] tenía [sic] la voz "aflautada", lo que producía cierta reacción de la gente de la época. Uno mira los cuadros y las figuritas de el [sic] y no tiene un porte como el de San Martín [sic]] (Ali).

It is apparent that when Ali states that "Belgrano died of syphilis, for being a homosexual" he is combining the discourses and social meanings of two diseases, one contemporary and one more historical. He is thinking of the myth of AIDS that claims that only homosexuals or drug users get infected with the syndrome, and then is inferring that the same myth is applicable also to syphilis in the case of Belgrano. As a result, the traditional mythical belief of Belgrano either as the flag creator, as a manly man, or as effeminate, is rearticulated and renewed, contextually rehashed. In such tension between the historical record and its narrative reinterpretation, the venereal disease serves as a catalyst that updates the presence of the mythical figure. This updating means addition and modification –a node of significations related to movement, dynamism and temporality but equally, and paradoxically, also linked to permanence and relevance. The intervention of syphilis acts then as both a destructive anti-mythical discourse and as a discourse of preservation of the mythical qualities of the hero.

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<sup>3</sup> *Todoexpertos.com* is a popular website that claims to offer "Questions and answers by real people. [...] questions answered by more than a million experts like you" [Preguntas y respuestas de gente real. (...) respuestas creadas por más de un millón de expertos como tú]. It is important to underline that the creation and reinforcement of myths does not necessarily branch out from official, sanctioned channels. In fact, it is the blurred inception in popular venues what provides much of the narrative attractiveness of myths.

The presence of syphilis in Belgrano's case is mainly linked to its physical manifestation; it deals with how the disease acts upon his body, in particular if one considers that the historical record talks about his last days pray of edema, which is actually not a disease in itself, but the symptoms of an underlying illness. The venereal disease as a vehicle that updates the bodily features (e.g. voice or demeanor) does not perturb the powerful symbolic image of being the creator of the flag –the emblem is unscathed by it–, syphilis only prods the more distinct feature of his sexuality. In the case of Bolívar, nevertheless, although still corporeal, syphilis mainly troubles his mental fitness.

Clinical Case B. Simón José Antonio de la Santísima Trinidad Bolívar y Palacios Ponte-Andrade y Blanco (1783–1830). Simón Bolívar. *El Libertador*. It is December of 1830. We have been taught to imagine Bolívar in his deathbed. Alone, defeated, sick, somehow impatient to get away from his own country. There are a couple of oil paintings and sketches that try to capture the solemnity of his last days, and of his death. At the discursive level, the mythical framing, has chosen to portray the end of Bolívar's life with qualities of self-sacrifice, as summarized in his last proclamation of December 10, 1830:

Colombians! My last wishes are for the happiness of the motherland. If my death contributes to cease the political differences and to consolidate the Union, I will then peacefully step down to the tomb.

[¡Colombianos! Mis últimos votos son por la felicidad de la patria. Si mi muerte contribuye para que cesen los partidos y se consolide la Unión, yo bajaré tranquilo al sepulcro] (Bolívar 327).

Although the image is quite powerful, I will not dwell in the cohesion-seeking components of such framing, but rather in the way this fixed discourse functions as a tool to straighten deviating paths of interpretation. One who deviated from this route of exaltation was Diego Carbonell, a Venezuelan doctor I was introduced to by Christopher Conway, the author of the central study *The Cult of Bolívar in Latin American Literature* (2003). In his *Psicopatología de Bolívar* (1916), published in Paris, Carbonell intended to produce a scientific, objective reading of the

figure of Bolívar which, until rather recently, had been invested with mythical qualities for nation-building purposes. Contextually, the author was using scientific cutting-edge theories to drive his argumentation, but from our present perspective Carbonell's reliance on now-defunct, pseudo-scientific approaches, such as those of Cesare Lombroso (1835–1909) and Max Nordau (1849–1923), strips much of his argument's credibility.

But the relevant issue for the discussion here is that Carbonell disrupted the boundaries that limit mythos and logos, the binary that Greeks invested with the power to attain truth<sup>4</sup>. The author claimed that Bolívar had been prey, since early on, of the *morbis comitialis*, or epilepsy, which at the time was believed to be connected to geniality. Carbonell intended to show in fact that Bolívar's genius –and epilepsy as a mark of genius–, was of the same sort as that of great historical figures such as Julius Cesar, Alexander the Great, or Napoleon Bonaparte. The line of his argument is related to Cesare Lombroso's theory, which presented madness, genius and criminality as concomitant forms of degeneration that revealed a hereditary retrogression and a delay or block in evolutionary terms. According to Lombroso in *Genio e Follia* [Genius and Madness] (1864) and *The Man of Genius* (1889), madness and genius were associated, and both the mad and the genius individuals presented linked degenerate behaviors. More pointedly, he claimed that artistic genius was a form of hereditary insanity, only that geniality was a biological adjustment, that is, a favorable manifestation of insanity in evolutionary terms. Following Lombroso's *The Man of Genius*, Carbonell affirms that when syphilis

as a cause that sets the course of inheritance does not have sufficient strength to produce the gummatous osteomyelitis, deafness or eye maladies, it produces, sometimes, in the shape of hereditary syphilis, the more or less active forms of the cerebral

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<sup>4</sup> In *The Dialogical Mind* Ivana Marková explains that “some scholars, like Aristotle and Jacob argued that scientific and mythical reasoning fulfil, at least to some degree, similar functions: they both aim at explaining fundamental questions about the universe, the origin of matter and life; and they are both based on imagination, representations of the world, and they explore powers that rule it [...] Although the categories of mythos and logos have created controversies since ancient Greece, they have been maintained throughout centuries together with the conviction that on its road towards progress humankind will shed off irrational beliefs and myths” (15).

epileptiform syphilis, or hysteroepileptic seizures, to follow Lombroso's opinion.

[cuando ésta como causa que imprime rumbos a la herencia no tiene suficiente fortaleza tóxica para producir osteomielitis gomosa, la sordera o las afecciones oculares, provoca en ocasiones, como sífilis hereditaria las formas más o menos activas de la sífilis cerebral epileptiforme, o convulsiones histeroepilépticas, para recordar la opinión de Lombroso] (25).

According to Carbonell, in the case of Bolívar, there was a biological compensation. Instead of manifesting itself in the form of the typical terrible physical symptoms, syphilis developed into a form of syphilitic epilepsy characteristic of the genius. The doctor claims that the general paralysis suffered by Bolívar's father, don Juan Vicente de Bolívar y Ponte, was in fact the result of syphilis (25), and that Bolívar himself was a heredo-syphilitic, a congenital syphilitic or a syphilitic by inheritance:

Since his father was probably a megalomaniac and, as a result, with general paralysis, Bolívar should have been heredosyphilitic, since that later disease is considered a form of nervous syphilis. Being heredosyphilitic, it is not surprising that he was irritable, headstrong and a restless youth. Naturally, there must have been a cause or lesion that would explain as heredosyphilitic the restlessness mentioned by Perú de Lacroix: the scarce data taken from the autopsy by the physician Révérend should allow us to locate in the meningeal vessels and in the brain cortex that lesion, of which we know very little.

[Como el padre de éste fue probablemente megalómano y, por consiguiente, paralítico general, Bolívar debió de ser heredosifilítico, pues aquella última afección está considerada como una forma de la sífilis nerviosa. Siendo heredosifilítico, no es extraño que aquél fuese irritable, voluntarioso y muchacho agitado. Naturalmente que debía de haber una causa o lesión que explicara por la heredosífilis aquella movilidad de que habla Perú de Lacroix: los escasos datos tomados de la autopsia practicada por el médico Révérend, nos permitirían localizar en los vasos de las meninges y en la corteza cerebral, aquella lesión de la cual sabemos muy poco] (150).

The author also bolsters his argument by an accrument of family cases. He mentions that the youngest of Bolívar's sisters, a posthumous child herself, died a few days after birth, probably because of her own inherited syphilis (23); that Bolívar's delivery was extremely difficult, and the placenta was particularly thick: a sign of syphilis (24); that María Antonia, his other surviving sister, was slightly hysteric, also a heredosyphilitic and, as in the case of Bolívar, suffering of a milder case of the disease thanks to the placenta's filtering function (25).

Lombroso's ideas have been debunked. We don't accept the problematic category of hysteria, we know that there is not such a thing as syphilis filtered by the placenta, although congenital syphilis is a reality and most of the times, if not treated, develops into the acute version of the disease –in fact, in recent years there is an increase of pregnant women with syphilis and, therefore, a rising number of infants born with congenital syphilis<sup>5</sup>. Nevertheless, Lombroso's theories were preeminent for many years. The problem of course was not if Bolívar was heredosyphilitic or not, but the consequences that an approach like Carbonell's had in the uniting qualities of the myth. In other words, the strong response to Carbonell's study had more to do with the "diseasing" of the nation that had been constructed over Bolívar's mythical union-seeking corpse<sup>6</sup>.

Although Carbonell presented it as a connection to other important historical figures, epilepsy was a shameful disease nonetheless, and a flood of articles, like that of Dr. Luis Razetti, attacking Carbonell's views followed:

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<sup>5</sup> For example, for the case of the United States, according to the Centers for Disease Control and Prevention (CDC), "the number of reported congenital syphilis cases in the United States increased 261% during 2013–2018, from 362 to 1,306. Among reported congenital syphilis cases during 2018, a total of 94 resulted in stillbirths or early infant deaths. Using 2018 national congenital syphilis surveillance data and a previously developed frame-work, CDC identified missed opportunities for congenital syphilis prevention" ("Missed Opportunities" 661).

<sup>6</sup> Representations of disease, the revision of the "mythical health" of heroic figures, and the linkage of sexuality and virility are contentious subjects. Even with historical distance, it continues to be difficult to acknowledge –that is, to recognize or to avoid looking away– that these representative heroes may have suffered maladies culturally related to virility. Only wholesome men are supposed to attain heroic success.

I do not believe that such a serious and transcendental retrospective diagnosis can be deduced, which would completely destroy all the Liberator's glory; the most elemental patriotism imposes on us Venezuelan doctors the duty to demonstrate that such an assumption is arbitrary before Dr. Carbonell's book appears to cast a new shadow on the sublime work of the Father of the Nation.

[No creo que pueda deducirse tan grave y transcendental diagnóstico retrospectivo, el cual vendría a destruir por completo toda la gloria del Libertador, el patriotismo más elemental nos impone a nosotros los médicos venezolanos el deber de demostrar que semejante suposición es arbitraria, antes de que el libro del doctor Carbonell aparezca arrojando una nueva sombra sobre la obra excelsa del Padre de la Patria] (qtd. in Carbonell xxv).

Most of the articles were not of the scientific kind, even in the case of a doctor like Razetti, but clearly showed the need to safeguard the integrity of a mythical discourse that defended a judicious, wise, self-sacrificing, Bolívar. It did not help Carbonell that he decided to publish his book precisely when the fervor of the celebrations of the first centennial of Venezuelan independence was still in the air, and the country was amidst the tyrannical rule of General Juan Vicente Gómez (1857–1935), the infamous Bolivarian enthusiast that had his date of birth changed to match with that of Bolívar, and whom actually died the same day as the Liberator.

That the myth's legitimacy lies in its lodging in punctual history is true, but it is also true that in such historical location lies its undoing; recent history can be reinterpreted and challenged. Attempts to rearticulate the mythical crux of Bolívar's death still happened after more than eighty years after Carbonell's publication. In 1997, Luis Salazar Martínez, a Venezuelan educator, published a book titled *El parricidio de Santa Marta* –a book where, as in Carbonell's, conjectures seem to outweigh facts–, in which he defends the theory that Bolívar was poisoned by his own nephew, Fernando Bolívar, with the backing of the United States. Then, ten years later, in December 17, 2007, during the commemoration of the 177 years of Bolívar's death, Venezuelan President Hugo Chávez Frías (1954–2013) vowed to



find the truth of the hero's demise. As Salazar Martínez, he claimed that Bolívar had been assassinated, lamenting

in what a way the oligarchies misled us, the one here (Venezuela), the one there (Colombia). In what a way the official historians misled us, those that wrote the history falsifying it, distorting it.

[cómo nos engañaron las oligarquías, la de aquí (Venezuela), la de allá (Colombia). Cómo nos engañaron los historiadores oficiales, que escribieron la historia falsificándola, distorsionándola] (“Chávez cree”).

The myth was then re-articulated, re-vamped, in order to invest it with renewed cohesive features. In this case, Bolívar did not die of a human, all-too-human, historically traceable disease like tuberculosis (after all, many were those who died of consumption back in the day), but the mythical death of the hero, a Christ-like death of a messiah betrayed by those he had given liberty to; or rather, betrayed and killed by the Colombian and Venezuelan oligarchic enemies, yet still strong enough to label his death as sacrifice for union. Chávez's attempt was to parallel the neo-myth of Bolívar to the arch-myth of Christ's death, and in the process reframe a characteristic of the myth I mentioned before: the consolidation of an unconscious symbolism that produces effects at many levels. The Venezuelan president opted to challenge the structure of the myth at the precise moment in which the relations with the Colombian neighbor were deeply strained (not much has changed since then). Chávez liked to hint that then Colombian president Álvaro Uribe was a Santander revived –Francisco de Paula Santander (1792–1840) was Bolívar's Colombian political enemy, who criticized his move toward monarchism. By displacing the narrative of the death of Bolívar from the implications of disease to the possibility of murder, Chávez sook to update the myth of Bolívar in order to use it as a political reinterpretation that would benefit his own agenda. This move may be criticized, as indeed it was, but in terms of the dynamic of the neo-myth Chávez was plainly making true the claim by Renan that “the nation, like the individual, is the culmination of a long past of endeavours, sacrifice, and devotion. Of all cults, that of the ancestors is the most legitimate, for the ancestors have made

us what we are. A heroic past, great men, glory (by which I understand genuine glory), this is the social capital upon which one bases a national idea” (19).

Allow me to recount: tuberculosis, epilepsy, heredosyphilis, poisoning. This is indeed a long list of possible death-causing diseases for a rather short man (Bolívar was only 1.68 meters tall). Nevertheless, in the case of Bolívar the discussion is not about the way syphilis or any other disease appears in his physical body, but about the macula on the mind and on the aura of exceptionality of the hero. Even if related to genius, the hereditary blemish of a disease that by the 1910s was presented not as an incongruous badge of virile honor but as a tangible threat to the future of the nation, meant that the nation was equally blemished from its inception<sup>7</sup>. Bolívar is a diseased national myth, but in the challenging of a myth that anchors the present in the past there is a possibility for creators and scholars to explore how each mythical re-articulation, each splinter left by fragmentation, brings with it our own discomfort and subsequently our own repositioning, our rearranging and dusting of forgotten dark corners. Take for example the novel by Evelio Rosero *La carroza de Bolívar* (2012) translated into English as *Feast of the Innocents* (2015), that presents a very negative image of Bolívar as a warrior (a coward), as a man of law (a despot), and as a human being (lustful and venal), diametrically opposed to that defended by Chávez or Nicolás Maduro, but based nevertheless in facts of the behavior of Bolívar against the people (women, children and old men) of Pasto, in the south of Colombia. This kind of discomfort, developed as literary creation or as a critical approach, this rearranging and dusting, can help us to see present reality or presently brewing myths, in a different fashion.

Even if touched by this macula, the mythical quality of these heroes is not cancelled. In fact, in some way, the blemish strengthens and projects its presence in a way similar to the dynamic of the *katechon*, as presented by Roberto Esposito in his discussion of immunity in *Immunitas* (2002): “the *katechon* restrains evil by containing it, by keeping it, by holding it within

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<sup>7</sup> This threat had already been visited literarily by Henrik Ibsen in his theater piece *Ghosts* (1881). In the Latin American case, the preoccupation appears in Eugenio Cambaceres's *Música sentimental* (1884), and is at the center of Claudio de Alas's *La herencia de la sangre*, written by 1918.

itself. It confronts evil, but from within, by hosting it and welcoming it, to the point of binding its own necessity to the presence of evil. It limits evil, defers it, but does not eradicate it: because if it did, it would also eliminate itself” (63). In a more pedestrian iteration, even bad publicity is good publicity for the updating of the neo-myth. To update the neo-myth is not only to keep it up-to-date, it is also to keep it alive altogether. Disease does not kill it, it perpetuates it.

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