THE IMPACT OF ASIATIC CHOLERA ON PITTSBURGH, WHEELING, AND CHARLESTON

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For the first three centuries of the Anglo-American occupation of North America, American doctors, like their counterparts in Western Europe, were primarily concerned with the great epidemic diseases. From time immemorial waves of pestilence periodically had swept through town and countryside, leaving in their wake countless dead and terrible memories for those who survived. The strange and inexplicable appearance and spread of killer diseases such as bubonic plague, smallpox, yellow fever, and diphtheria terrified entire populations and confounded the medical profession, for it was not until the bacteriological breakthrough of the late nineteenth century that physicians were able to gain any real insight into the nature of communicable diseases.

For chronic disorders such as respiratory complaints, gastro-enteritic ailments, and the almost universal malaria, early physicians thought the explanation lay in meteorological conditions and in the miasmatic theory. They ascribed these chronic disorders to a combination of constitutional and environmental factors, each interacting with the other. Malaria, or fever and ague, a disease found all the way from New England and the Great Lakes down to the Gulf Coast in earlier days, was equated with low marshy ground. Its cause was believed to be miasma, a gaseous substance emanating from putrefying matter in damp, swampy areas. Although chronic illnesses exacted a greater toll in terms of sickness and death than the major epidemic diseases, their continued presence year after year made them so familiar that they were accepted as a normal part of life.

The great killer diseases, on the other hand, appeared only occasionally. Mysteriously they swooped down upon communities, striking indiscriminately at young and old, and, having devastated the population, they left not to return for five, ten, twenty years, or more. Hence it was that the appearance of even a single case of yellow fever
or smallpox was enough to panic a colonial city and send thousands of its inhabitants fleeing for safety. Despite the recurrence of these pestilences, there was little consistency in their pattern. A few cases of yellow fever, for example, might appear in a dock area without affecting the rest of the community; yet on another occasion a similar outbreak might snowball into a major epidemic. Explanations were sought in meteorology, in sanitary conditions, and in the habits and customs of those affected, but no answer was found which could satisfactorily apply to all outbreaks, even of the same disease.¹

In the eighteenth century American colonies, smallpox, yellow fever, and diphtheria were considered the major epidemic diseases. By 1800, however, the introduction of vaccination had made possible the elimination of the major smallpox outbreaks of earlier years; diphtheria, after bursting out pandemically in the middle of the eighteenth century, had subsided; and yellow fever, for some unaccountable reason had ceased to ravage the Eastern cities and was beginning to concentrate its attention upon the Gulf Coast area. Thus, while there was no dearth of epidemic and endemic diseases in nineteenth century America, of the great killer diseases of earlier days, only yellow fever still plagued the United States, and its ravages were restricted largely to New Orleans and the Gulf Coast cities.

It was under these conditions that a new and frightful pestilence appeared on the American scene, Asiatic cholera. This plague had been endemic in the Far East for centuries, but until 1817 it had never spread to the West. Two major developments in Western Europe paved the way for the disease to become pandemic, or worldwide, in its extent: the first was the great improvement in transportation and the corresponding increase in trade; the second was the rise of urbanization and the incredible filth and lack of sanitation created by the rapid and haphazard growth of towns and cities. Thus by the nineteenth century the Western world offered fertile ground for Asiatic cholera in its densely populated and dirty cities, while its rapidly evolving trade and transportation systems virtually assured that the contagion would be disseminated far and wide once it had gained a foothold.²

We know today that Asiatic cholera is a disease spread through

¹ For an account of epidemics in early America see John Duffy, Epidemics in Colonial America (Baton Rouge: Louisiana State University Press, 1953).
direct contact with fecal matter or by means of contaminated water. It is essentially a disease born of poverty, crowding, and primitive sanitation. It is, moreover, a horrible disorder which strikes suddenly and can prove quickly fatal. The symptoms resemble those of acute arsenical poisoning — diarrhea, intense spasmodic vomiting, painful cramps, and rapid dehydration. As cyanosis sets in, the face becomes blue and pinched, the hands and feet cold and dark, the skin drawn and puckered, and death may intervene within a matter of hours. The speed with which the disease could run its course was one of its more frightening aspects. In 1832 a young New Yorker wrote in his diary: “To see individuals well in the morning and buried before night, retiring apparently well and dead in the morning is something which is appalling to the boldest heart.”

The medical profession was at odds as to the cause of Asiatic cholera, but the majority of doctors felt that it was not contagious. The disease, they thought, was spontaneously generated in dirt and filth and seized upon its victims as a result of certain predisposing causes. Among these, according to most doctors and laymen, were misery, poverty, and dirt, but the over-riding causes, they believed, were intemperance and immorality. Two items in the Pittsburgh Gazette in the fall of 1831, which discussed the moral implications of Asiatic cholera, were typical of many which appeared in these years. The first asserted that an individual’s constitution and personal habits were a prime factor in bringing on the disorder, and that his susceptibility to it was increased by “intemperance, disorderly living, and want of cleanliness.” The second pointed out that the two occasions when cholera was mentioned in the Bible had been in connection with “exhortations to a sober and temperate mode of living.” Other items appeared during the winter dealing with the need for cleanliness, ventilation, and “bettering the condition of the poor.”

Businessmen, ministers, and the professional classes generally took consolation in the thought that the plague was restricted largely to the slum areas. Early in July of 1832, for example, shortly after the disease first appeared in New York, John Pintard thanked God that the epidemic remained “almost exclusively confined to the lower classes of intemperate dissolute and filthy people huddled together like swine in their polluted habitations.” A minister virtuously proclaimed that the outbreak had promoted the “cause of righteousness, by sweep-
ing away the obdurate and the incorrigible and had helped "to drain off the filth and scum which contaminate and defile human society."  

Whatever the medical profession may have thought about the contagious or non-contagious nature of Asiatic cholera, the public had no illusions — they were firmly convinced that the disease was spread by contact. News of an Asiatic cholera outbreak invariably precipitated a mass exodus from town; shotgun quarantines were promptly established around all infected areas; and when local officials attempted to establish emergency hospitals for cholera victims, residents in the immediate vicinity frequently rioted and, in some instances, forced the authorities to send the sick elsewhere. Since the Ohio-Mississippi valley system proved a main road for the spread of Asiatic cholera from the Northeast, it often happened that a cholera patient was put ashore in one of the many river towns. Here the individuals who would normally have taken compassion upon a sick man too often were afraid to go near the cholera victim, and he was left to die on the river bank.

In the history of the Western World, no disease was ever so widely heralded nor so long anticipated as was the first Asiatic cholera epidemic. It reached Russia in 1817, and immediately stories of its ravages were picked up in European and American newspapers. By 1828 it had spread through Russia and was moving towards Western Europe, causing Prussia and the Austro-Hungarian Empire to mobilize their armies to close the frontier. Despite their efforts, the disease inexorably pushed across Europe, jumped the English Channel, coursed through the British Isles, and by June of 1832 appeared in Quebec, Montreal, and New York. Meanwhile American newspapers followed its progress with a morbid fascination. By the winter of 1831-32 scarcely a newspaper or magazine had not carried news items, feature stories, and editorials about the threatening pestilence. Feature articles by European and American physicians discussed its cause, its symptoms, and proposed various ways to prevent or cure it; news stories reported its toll of sickness and death in various European cities; while editorials denounced the filthy conditions to be found locally and urged municipal officers to take prompt action before it was too late.

The appearance of the disease in Quebec, New York and Philadelphia in June of 1832 aroused interest to a fever pitch in every community throughout the United States. In Pittsburgh, Wheeling

5 Rosenberg, op. cit., 42-43.
and other towns and cities on the magnificent waterways of America especially, grave fears were voiced. On June 26, the editor of the Pittsburgh Gazette, in commenting at length upon the cholera, noted that there was less alarm in Pittsburgh than had been anticipated, which, he added, was all to the good as long as it did not lead to neglect. It was imperative, he wrote, that the city authorities establish a board of health with full power to cleanse the city and take all preventive measures, and that a hospital be prepared for the reception of cholera patients. Looking on the brighter side, he pointed out that Pittsburgh was protected against epidemic disease by "the coal smoke which obscures our atmosphere while it neutralizes all the miasma which comes within its influence." He contemplated with satisfaction the thought that the "same furnace or factory which contributes to the luxurious enjoyments of the capitalist, saves the industrious laborer from the ravages of the disease."  

Confronted with the imminent threat of cholera, Pittsburgh promptly created a board of health consisting of the Mayor, Recorder, five members of the Select and Common Councils, and three Aldermen. The Board was directed to adopt all measures "necessary for averting the introduction of the frightful epidemic disease, which has approached the borders of our country." It was empowered "to clean and purify" the streets, alleys, buildings, and river banks, to provide "depots for the reception of sick," and to make provision for their aid and relief. More important than the elaborate instructions given to the Board of Health, the City Council made possible their implementation by appropriating $10,000 to be used "for sanitary purposes."  

On June 29 one of the newspapers contained a recipe for a disinfectant which would "impregnate the air" and make one's home and yard safe from cholera, and an editorial suggestion that the newly-formed Board of Health correspond with the civic authorities in Buffalo, Erie, and Cleveland "for the double purpose of stimulating them to proper exertions, and for obtaining information as to what is done." This preoccupation with their precautionary measures helped tide Pittsburghers over the initial fears of the disease spreading from Philadelphia and New York, and, as the summer months passed, a gradual relaxation of tension became evident. In July the Pittsburgh newspapers indignantly denied a rumor that the disease had broken out in their city: "We can assert, fearlessly," declared one of them,  

6 The Pittsburgh Gazette, June 26, 1832.  
7 Ibid., June 29, 1832.
“that our city has never been more healthy, at this season of the year, than it is at this time.” 8 Reluctant to admit that their city was anything other than a health spa and hesitant to precipitate a mass exodus and a general disruption of trade, nineteenth century newspapers usually denied the presence of an epidemic disease until its ravages were all too apparent. In this case, however, the Pittsburgh newspapers were correct in their assertions.

With cholera well entrenched in Philadelphia and striking sporadically at other Pennsylvania towns, on July 17 Governor George Wolf proclaimed a day of fasting and prayer. Because of their transgression, he said, God was inflicting “chastisements upon his creatures . . . for the . . . purpose of causing them to turn from the evil of their ways . . . .” He asked that August 9 be set aside for “imploring the God of Heaven to remit unto us all our iniquities, transgressions and sins” so that He might thereby mitigate the afflictions of the epidemic. The ominous threat of cholera was more than enough to bring the faithful to their churches on August 9, and in Pittsburgh the day was observed with proper solemnity. 9

While the wrath of God often struck the just and unjust alike, the Lord was most likely to help those who helped themselves. Thus the Board of Health, convinced that cleanliness was related to godliness, began a clean-up of the town. In addition, it called upon the town’s physicians for advice and counsel, and this latter group responded by establishing a medical board to cooperate with the health officials. In the middle of August a citizen, who signed himself “A Voice In Behalf of Many,” commended the work of the Board of Health and urged it on to greater activities. He suggested that although it was still not known whether or not the disease was contagious, it might be advisable to establish temporary dwellings in clean, airy places to which the slum dwellers might be removed on the first appearance of cholera. As a further precaution, he also asked whether or not it might be possible to put a curb on the use of alcohol, since “intemperance invites the scourge . . . .” When the disease began striking closer to Pittsburgh in late September, an editorial in the Pittsburgh Gazette urged the public “to keep up comfortable fires in their houses” as a preventive against the disorder. Heat, the editorial stated, was both a powerful disinfecting agent,

8 Ibid., June 29, July 10, 1832.
9 Pennsylvania Archives, fourth series, vi (Harrisburg, 1901), 30-32.
and, at the same time, made individuals "less susceptible of infection." 10

Pittsburghers had been looking to the East and to the North for the expected invasion by Asiatic cholera, but when the pestilence finally arrived, it was brought into the town by a Negro from Cincinnati. He died of the disease on October 22, and shortly thereafter a number of cases and several deaths occurred. The Pittsburgh newspapers attempted to allay fear by asserting that eleven of the victims of cholera had acquired the disease elsewhere. Fortunately for Pittsburgh, the epidemic did not become explosive; only a few scattered cases developed, and by the time the epidemic subsided late in November, a total of about thirty deaths had been recorded. The relatively small number of casualties served further to convince Pittsburghers of their salubrious climate and of the beneficial effects of coal smoke. 11

Wheeling was even more fortunate than Pittsburgh at this time, since it escaped the disease completely. Charleston, the only city in the western part of Virginia to be seriously threatened, had a narrow escape. Early in November, a river boat, the Amelia, was wrecked on Folly Island. Asiatic cholera was already present among the crew and passengers and it soon spread to the residents of the Island. The authorities in Charleston immediately placed guards on the Island to prevent anyone from leaving and appealed to the colonel in charge of the United States Army garrison for troops to serve as quarantine guards. The colonel was unable to grant this request but he did supply boats for the civilian guards.

When two of the guards left the Island without permission, orders were sent out for their arrest, and a temporary quarantine committee, which had been set up when the first cases were reported, issued a call for volunteers "to guard the wharves, and all other points of access to the city, with a view to the detection and arrest of any and every person who may possibly have succeeded in effecting his escape from Folly Island." By November 12 over fifty cases and about twenty deaths were reported on the Island, but the rigid quarantine apparently succeeded in preventing the disorder from spreading, and Charleston managed to escape. 12

10 The Pittsburgh Gazette, August 14, September 28, 1832.
11 Ibid., October 26, 1832; Pittsburgh Mercury and Allegheny Republican, October 26, 1832; Samuel Hazard, editor, The Register of Pennsylvania, xii, no. 3 (July 20, 1833), 46.
12 Niles' Weekly Register, fourth series, xliv (November 24, 1832), 201.
By December the pestilence had spent its force in Virginia and Pennsylvania, and Governor Wolf of Pennsylvania was able to report to the Assembly on December 6 that relatively few deaths had occurred. In Philadelphia, where the disease had first appeared, Governor Wolf stated, the cholera’s “destructive course had been speedily arrested by the precautions and . . . exertions of its active and vigilant Board of Health, its energetic police, and the prudence, temperance, and systematic attention to cleanliness, for which its inhabitants are so peculiarly remarkable.” Western Virginia was even more fortunate, since the Folly Island outbreak appears to have been the only flare-up of any significance. Like the Pennsylvanians, the Virginians, no doubt, assumed that their exemption from Asiatic cholera was a tribute to their virtue, their Godliness, and their mild and salubrious climate.\(^\text{13}\)

The second wave of Asiatic cholera to strike the western sections of Pennsylvania and Virginia began its onslaught in May of 1833. Cases first appeared in Wheeling on May 16 and five days later the Board of Health officially admitted the presence of the disease. In typical fashion, however, the Board asserted that the sixteen cases were all confined to one small section of the town. Despite the Board’s efforts, the disease quickly spread to other parts of town, and by the end of the month ten to fifteen new cases were being reported daily, and over seventy deaths had occurred. With amazement the Board of Health reported that among “the late victims were persons of the most respect able character, and best habits.” The epidemic reached its peak in the five days from May 31 to June 4, when ninety cases and fifty-one deaths were reported: “An awful amount indeed,” the \textit{Niles Weekly Register} commented, “in a population of 3,500; admitting that none of the inhabitants had deserted their homes because of the disease.”\(^\text{14}\)

The outbreak rapidly subsided within the succeeding days, but by the middle of June almost one-third of Wheeling's population had been affected. Most of the victims were women and children, although the death of Mr. Noah Zane, one of the town’s leading citizens, proved a real shock. On June 28 a letter from the physicians of Wheeling to the Board of Health stating that no new cases had developed during the past five days marked the end of the epidemic and enabled

\(^{13}\) \textit{Pennsylvania Archives}, fourth series, \textit{vi} (Harrisburg, 1901), 41-42.

\(^{14}\) \textit{Niles' Weekly Register}, fourth series, \textit{xlv} (March-September, 1833), 221, 233, 258, 321.
Wheeling to total up its losses. In a little over six weeks 153 individuals had fallen victim to cholera. The death toll would undoubtedly have been higher had not the ravages of the pestilence been restricted to certain districts. In some parts of the town almost one-fifth of the inhabitants had been felled, but other sections remained completely unaffected.\(^1\)

In its usual desultory fashion, cholera struck in a hit or miss fashion at the towns and villages around Wheeling. Across the river at Bridgeport, Ohio, it swept through the village causing many of the residents to flee and afflicting fifty out of the remaining eighty inhabitants. Eight miles east of Wheeling in the little community of Triadelphia on the turnpike, Asiatic cholera broke out on July 11. Within a few days there had been seventeen cases and eight deaths in a total population of about fifty residents, and by July 20, according to the Wheeling Gazette, the place was "almost entirely deserted." At the same time that cholera was ravaging Bridgeport, another Ohio town, Gallipolis, also felt its impact. Here the disease was not so severe, although eleven fatalities occurred in one day at the peak of the epidemic.\(^2\)

In West Virginia cholera found its way into the Kanawha Valley where it struck hard at Kanawha Salines, and touched lightly on Charleston. By July 18 it had brought death to seventy-four residents of Kanawha Salines, but the number of cases was beginning to decrease, and the new ones were reported to be milder and more amenable to treatment. The disease also gained entrance to Charleston, but either by good fortune or an effective isolation program, it did relatively little harm. Several cases and three or four deaths occurred in the middle of July, but only occasional scattered cases showed up until the second week in August, when the Mayor reported seven more deaths from the disease between August 9 and 13. Although individual cases appeared along the land and water routes, in general the western part of Virginia escaped with few casualties. The end of the outbreak in Wheeling and other western Virginia towns brought a respite from Asiatic cholera which lasted until the second wave of the disease swept over America in the mid-century.\(^3\)

In Pittsburgh the cholera first appeared on June 11 in the summer of 1833. Here it followed a course similar to that in Charleston. The

\(^1\) Ibid., 258, 305, 321.
\(^3\) Niles' Weekly Register, xliv (March-September, 1833), 353, 369.
disease lingered in the city for several weeks but at no time did it develop into an explosive epidemic. At Economy, just outside of Pittsburgh, a July 4th speaker took pride in the relatively slight harm which Asiatic cholera had inflicted on “our happy land” as compared to the havoc it had wrought in other countries. Only “divine purpose,” he proclaimed, could account for the way in which America had escaped this pestilence. In Pittsburgh four days later, Dr. James Speer, secretary of the Board of Consulting Physicians, expressed a similar view with respect to Pittsburgh. In the light of the “course that cholera has been accustomed to pursue in other places,” he wrote, “our citizens have much reason for self-felicitation, and thankfulness to the Divine disposer of all events, for the exemption we have hitherto enjoyed from its ravages.”

Despite the presence of cholera in the city for the past month, he stated, only about thirty people had fallen victim to it. No less than eight-tenths of the citizens had had “premonitory symptoms” of cholera which under conditions more conducive to spreading the disease would undoubtedly “have terminated . . . in confirmed cholera.” Over and above Divine help, Pittsburgh, he explained, was fortunate in that the immense volumes of smoke from coal fires and furnaces exercised “a powerful influence upon our atmosphere,” thereby preventing the formation of the epidemic influences so necessary for the propagation of explosive outbursts of disease. Nonetheless, sporadic cases continued to turn up in Pittsburgh throughout July, and the disease did not disappear until the middle of August. From June 11 to August 1 the death toll from cholera amounted to fifty-two. The Daily Pittsburgh Gazette, in commenting upon how few deaths had resulted from the disease, said moreover that in several of these deaths “the actual existence of Cholera is denied.”

The following summer Asiatic cholera once again returned to western Pennsylvania. The first cases appeared in Pittsburgh late in May of 1834, and the disease lingered in the city until September. After two relatively mild epidemics, Pittsburgh was well conditioned to the disease, and on the whole the presence of cholera was accepted quite calmly. On July 15 one of the local newspapers mentioned that, although several cases of cholera had terminated fatally, the health

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18 “A Patriotic German-American,” Western Pennsylvania Historical Magazine, ii (April, 1919), 113; The Register of Pennsylvania, xii (July, 1833), 46.
19 The Register of Pennsylvania, xii (July, 1833), 45; The Daily Pittsburgh Gazette, August 5, 7, 9, 12, 1833.
of the city was good. A week later the same journal reported that cholera was still present but that it was not expected to become epidemic. On August 19, Dr. J. R. M'Clintock, the Health Physician, officially placed the deaths attributable to cholera during the preceding seventy days at forty-five, but he declared that the disease had not become epidemic. Almost every fatal case, he said, had originated "in the vicinity of pools of water, rendered putrid by the decomposition of animal and vegetable substances, or in close, damp, and filthy hovels." This information, he added, "should quiet every alarm existing among the temperate and cleanly — and particularly those who reside free of the foul miasma generated in the eastern part of the city." As a precaution, he suggested the avoidance of unripe fruits and the wearing of adequate clothing against "the sudden variations of our climate."

The concentration of the disease in the poorer sections of the city is implied in a statement in The Saturday Evening Visitor on August 23. In denying a rumor that the cholera was proving fatal in Pittsburgh, the editor conceded the presence of the infection, but declared that the "paved parts of Pittsburgh were never more healthy than now." The number of cases was already dwindling as August drew to a close and on the 27th The Daily Pittsburgh Gazette announced that it would discontinue its weekly reports on cholera in view of the improvement in the city's health.

For three summers Asiatic cholera had appeared in Pittsburgh, inflicting some casualties in the crowded and dirty areas where the poor resided, but at no time engulfing the city and halting all economic and social life as it had in cities such as New York and New Orleans. In New York the pestilence had swept away almost three thousand lives; and in New Orleans, where it struck three months later, it had literally paralyzed the city and carried off five thousand inhabitants within the space of three weeks. Compared with these figures, the losses in Pittsburgh, Wheeling, and Charleston were negligible. Wheeling and Charleston were more fortunate than Pittsburgh, since they apparently escaped the disease completely in the summer of 1834. Following this summer, Asiatic cholera vanished from America for fifteen years. The explanation for its disappearance is almost inexplicable to us today as it was to our forebears a hundred and thirty

20 Allegheny Democrat, July 15, 22, 1834, in collections published by United States Works Progress Administration, xvi, 365.
21 The Daily Pittsburgh Gazette, August 19, 27, 1834; The Saturday Evening Visitor, August 23, 1834.
years ago. Whatever the reason, in 1849 the pestilence returned and once again spread along the extensive American waterways. It remained in the United States until 1855 and then dropped out of sight. The third and last wave of cholera occurred ten years later when a ship infected with the disease landed its passengers in New York; by 1866-67 the disorder was once again plaguing American cities.

Each of these second and third epidemic waves affected Pittsburgh, Wheeling, and Charleston, but never with the intensity with which the disorder struck at the great port cities. Crowding and filth were the two chief predisposing conditions for epidemic Asiatic cholera, and the towns and cities of western Pennsylvania and Virginia probably were not large enough to support massive outbreaks during the cholera years. Unlike many towns which relied upon shallow wells for drinking water, Pittsburghers relied upon the Allegheny and Monongahela rivers. The relatively sparse population on the rivers above Pittsburgh during these years and the large volume of water to dilute any pollutants and contaminants virtually guaranteed a fairly safe water supply. The same situation probably held true for Wheeling and Charleston.

From the standpoint of American public health, the Asiatic cholera epidemics were important because they created an awareness of the need for sanitary reform. Almost every town and city threatened by the cholera hurriedly created a board of health and began a belated sanitary program. Precisely why sickness should strike at those living under filthy conditions was not clearly understood by citizens living in the time of the great epidemic, but to many of them the connection between disease and dirt was all too obvious. Early in the nineteenth century Pittsburgh had passed several ordinances relating to public markets, slaughterhouses, and the sanitary condition of the streets, but it was not until Asiatic cholera loomed up on the horizon that the first Health or Sanitary Board was organized. This Board, given extensive powers and supplied generously with funds, began a major cleanup of the city. After 1834, once the immediate threat of cholera was removed, the Board withered on the vine and its powers lapsed. Not until the reappearance of cholera in the late 40's were steps taken to establish a permanent Board of Health.

What was true of Pittsburgh applied equally to most towns and cities in the United States. The first wave of cholera led to the creation of many temporary boards and an awareness of the growing sanitary problems in urban areas; the second began the establishment of
permanent local boards, while the third wave after the Civil War helped to bring about state boards of health and permanent city health departments.

The experiences of Pittsburgh, Wheeling, and Charleston duplicated on a small scale those of the major cities. In each case the threat of Asiatic cholera aroused the citizens to an awareness of the deplorable sanitary conditions of their cities and gave a strong impetus to the public health movement. Aside from local considerations, the major factor which enabled these cities to escape the full ravages of cholera was probably their size. Crowd diseases flourish in extensive slum areas and these were to be found only in large cities. By the time the age of steel had turned Pittsburgh, Wheeling, and Charleston into major cities, sanitary advances had virtually eliminated Asiatic cholera as a serious threat to the Western World.