

**Self-Health: The Politics of Care in American Literature, 1793-1873**

by

Emily Joan Waples

A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
(English Language and Literature)  
in The University of Michigan  
2016

Doctoral Committee:

Professor Susan Scott Parrish, Chair  
Associate Professor Daniel S. Hack  
Professor Kerry C. Larson  
Professor Alexandra M. Stern

© Emily Joan Waples, 2016

## ACKNOWLEDGMENTS

I would like to thank my committee for seeing me through this process, especially my chair, Scotti Parrish, whose deep and careful analyses have helped shape my thinking, whose example as a scholar and teacher has encouraged me, and whose kindness has sustained me. Kerry Larson energized my interests in the nineteenth century, and I'm indebted to his keen readings and expert diagnostics. Alex Stern brought her invaluable expertise and intellectual rigor to bear upon this project. My thanks to Gregg Crane for lending his eye to this dissertation's earlier stages, and to Danny Hack for lots of things, not least of which is agreeing to read this.

Research for this dissertation was generally supported by fellowships from Rackham Graduate School and the Institute for the Humanities. I'm deeply and happily beholden to the intellectual community at the University of Michigan for including me and energizing me these past six years. Sid Smith has been an invaluable mentor from the very beginning. June Howard helped me to formulate my interests; Scott Lyons offered reassurance during a time of some despair. I thank the 2015-2016 Institute fellows for their generous engagement with my work; the members of my cohort, especially Adam Sneed, a dear friend since day one, for their companionship; and the faculty and students in the Medical Humanities Path of Excellence at the University of Michigan Medical School for welcoming me among them. And I'm especially grateful to my students for all of their insight and energy, for challenging me and for reminding me why I'm here.

I wake daily with devout thanksgiving for my transcendent teachers—for Claudia Skerlong, who showed me that thinking critically about literature is one way of loving it, and for Paul Kane, whose example made me want to pay it forward; it was Paul who pointed me in the direction of Ann Arbor, for which I will remain ever thankful.

I owe more than I can express to my mother, Kim Young. As a feminist, teacher, and parent, she remains my primary example of the joyful negotiation of work and care. This is for her.

My family has been a constant source of support and encouragement. My father, David Waples, is a paragon of unflagging intellectual curiosity; no matter how many degrees I earn, I doubt I will ever read so many books. Sharon Knapp has taught me much about the importance of maintaining the happy pursuit of creative labor. Pat Keller took care of me, and so many others, during her too-short and selfless life; my work endeavors to honor her memory. And thanks to my brothers, Greg, Bret, and Nathan, for being a few of my favorite people.

This is a project about the politics of self-care, but I could not have completed it without the care of Dr. Jennifer Griggs and the staff at the University of Michigan Comprehensive Cancer Center. To that end, I am immensely grateful to the Graduate Employee Organization for ensuring that I have had what so many others in this country do not: access to quality, affordable health care.

Finally, I cannot write about care without acknowledging my deep debt of gratitude to Anthony LoSapio, who has cared for me, in large ways and small, for all of these years.

## TABLE OF CONTENTS

<b>ACKNOWLEDGMENTS</b>	ii
<b>LIST OF FIGURES</b>	v
<b>ABSTRACT</b>	vii
<b>INTRODUCTION</b>	<b>1</b>
Health Care as Self-Care in the Long Nineteenth Century	
Health Citizenship in the Nineteenth-Century United States	18
Public Health and/as Personal Health	21
“Every Man His Own Doctor”	28
Outline of Chapters	37
<b>CHAPTER ONE</b>	<b>42</b>
Invisible Agency: Charles Brocken Brown’s Biological Gothic	
Seeds and Arrows: Toward an American Bio-Gothic	54
Outrageous Fortunes: <i>Wieland</i>	62
Take Arms?: <i>Arthur Mervyn</i>	71
Coda: The Name of Action	82
<b>CHAPTER TWO</b>	<b>88</b>
Atmospherical Media: Cholera, Domestic Hygiene, and the Miasmatic Imaginary	
The American Romance: Immediacy, Mediation, Immunity	103
Premonitory Reading	109
“Air of consequence”: “The Fall of the House of Usher”	117
The Pursuit of Purer Air: <i>The House of the Seven Gables</i>	124
Coda: An Ethics of the Air	139
<b>CHAPTER THREE</b>	<b>142</b>
The Body Hygienic: Political Economy, Public Health, and Slavery in the Antebellum South	
Burdens of Proof: Racialized Immunity and States’ Rights Medicine	152
Burdens of Care: Pro-Slavery Ideology and <i>The Planter’s Northern Bride</i>	162
Biopolitics in <i>The Bondwoman’s Narrative</i>	173
Coda: “What Will Become of the Free Colored People?”	188

<b>CHAPTER FOUR</b>	<b>195</b>
Hygienic Sentimentality: Degeneration and the American Marriage Experiment	
“The Sins of the Mothers”: Republican Reproduction and 1850s Free Love Feminism	204
“Short-gevity”: Degeneration’s Sentimental Mode	213
“Morbid Tendencies”: Alcott’s <i>Moods</i>	222
Coda: “It should end with us”	238
<b>AFTERWORD</b>	<b>244</b>
Why Literature?	
<b>WORKS CITED</b>	<b>248</b>

## LIST OF FIGURES

Figure I.1 <i>Every Man His Own Doctor: or, The Poor Planter's Physician</i>	31
Figure I.2 <i>Gunn's Domestic Medicine, or Poor Man's Friend</i>	33
Figure 1.1 <i>A Narrative of the Proceedings of the Black People During the Late Awful Calamity in Philadelphia</i>	85
Figure 2.1 Windpipe and lungs.	91
Figure 2.2 "Frame of the House I live in"	93
Figure 2.3 "[T]he frame of a wooden dwelling house"	94
Figure 2.4 Report of cholera cases and deaths in New York City	111
Figure 2.5 Cholera preventative advertisements	111
Figure 2.6 A "plan...for the supply of fresh air"	128
Figure 2.7 A "plan of a building for back-door accommodations"	129
Figure 3.1 "Table Showing the Number of Deaths, for Each Year, Among the Colored Population of Charleston"	157

Figure 3.2		
“On the Susceptibility of the Caucasians and Africans to the Different Classes of Disease”		158
Figure 3.3		
“A Valuable Family of Acclimated Negroes”		159
Figure 3.4		
“[T]he largest lot of acclimated Negroes in the city”		159
Figure 3.5		
“They Can’t Take Care of Themselves”		164
Figure 3.6		
“Reflections on the Census of 1840”		192
Figure 4.1		
“Emerson the Idiot”		214
Figure 4.2		
“Miss Woman’s Rights”		214
Figure 4.3		
The four temperaments		225
Figure 4.4		
Louisa May Alcott		225
Figure 4.5		
“Lecture on Matrimony & Phrenology”		232

## ABSTRACT

*Self-Health* examines the cultural politics of health in the United States in the decades prior to the professionalization of medicine, the microbiological revolution, and the development of federal public health policy. Arguing that early republican and antebellum health discourses located the burden of care not with the state, but with the embodied subject, it traces the ways in which American health was rendered “public” at moments of biopolitical crisis: periods of populational emergency during which individuals’ relations and obligations to the life of the social body were tried and defined. Each chapter considers a nineteenth-century etiological or epidemiological concept—predisposition, miasmatic transmission, racialized immunity, and hereditary degeneration—as an organizing principle that shaped laypeople’s understandings of agency, risk, and responsibility. Specifically, analyzing theories of disease transmission and prevention as they were presented for public consumption in print media—newspapers, periodicals, domestic medical manuals, and novels—*Self-Health* illustrates the ways in which self-care was understood not only as a civic responsibility, but as a fundamental prerequisite for citizenship. In so doing, it investigates the hygienic investments of nineteenth-century fiction, exploring how American authors such as Charles Brockden Brown, Edgar Allan Poe, Nathaniel Hawthorne, William Wells Brown, Hannah Crafts, and Louisa May Alcott engaged with contemporary discourses of health and hygiene in a range of narrative genres, including the Gothic, the romance, the abolitionist novel, and the sentimental novel. Intervening in American literary history, the history of medicine, and the health humanities, *Self-Health* seeks to illuminate the historical development of the politics, praxes, and ethics of care that continue to inform American health ideologies in our own historical moment.



## INTRODUCTION

### Health Care as Self-Care in the Long Nineteenth Century

Of the three objects contemplated in the Declaration of Independence as necessary to be secured by government, the first named is “Life.” Higher purposes cannot be conceived for which governments should be instituted.

—John Griscom, *The Sanitary Condition of the Laboring Population of New York* (1845)

I am afraid to own a Body—  
I am afraid to own a Soul—  
Profound—precarious Property—  
Possession, not optional—

—Emily Dickinson

In January 1800, Charles Brockden Brown’s *Monthly Magazine, and American Review* issued the first installment of its four-part review of Noah Webster’s *Brief History of Epidemic and Pestilential Diseases* (1799). Undertaken in the wake of his examination of the yellow fever epidemic that had literally decimated Philadelphia’s population in 1793, Webster’s ambitious history attempts a “critical and laborious inquiry” into the “origins and causes of pestilence” (21) from biblical times to the threshold of the nineteenth century. The reviewer commends Webster’s efforts in supplying “indirect instruction” to the public on a matter “of immediate and universal importance,” yet remarks that the volume is “wanting in technical precision and refinement”—after all, “[t]he author is no physician” (30). As an illustration of Webster’s lack of scientific acumen, the reviewer cites the author’s prefatory remarks with added italics: “a history of pestilence, that *all-devouring scourge*, which

has *swept* away a large portion of the human race in every age, is yet a desideratum in our libraries”—to which he appends an admonitory footnote: “A scourge neither devours nor sweeps” (31).

This anonymous review was most probably authored by Brown himself—an assumption we might draw not only from the knowledge that Brown supplied much of his magazine’s content, but also from the style and tenor of its critique.<sup>1</sup> Quibbling with the author’s verbiage, the reviewer points to the importance not just of historicizing disease, but of attending to disease *discourse*<sup>2</sup>—an observation Brown had similarly offered in a 1796 letter, in which he attempted to assuage his brother’s panic surrounding a seasonal recurrence of yellow fever: “When you talk of the *necessity* of Circumspection to escape its *ravages*,” wrote Brown, “I cannot but admire the exaggerations of rumour” (371). As Brown realized, the language with which disease is described delimits the epistemological parameters within which it is understood. In this letter, he suggests that his brother’s overblown rhetoric contributes to the perpetuation of a panic out of all proportion to actual risk; in his review of Webster, he suggests that to situate pestilence as a subject that acts upon an objectified “human race” is to produce a problematic anthropomorphism, one that grants agency to plague while seemingly eschewing the efficacy of human intervention.<sup>3</sup>

The idea of human helplessness in the face of a devouring scourge rehearsed older, providential interpretations of plague, wherein disease was seen an instrument of divine intentionality—an interpretation that problematically forestalled the implementation of preventive

---

<sup>1</sup> See Axelrod’s note on authorship in *Charles Brockden Brown* (1983), and Limon, *The Place of Fiction in the Time of Science* (1990), 197, n23.

<sup>2</sup> Several pages later, in response to Webster’s scripturally-inferred contention that “Egypt *originates* the plague,” Brown supplies a similar footnote, pointing out that “[o]riginate is a neuter or intransitive, and not an active verb” (33). Since “originate” is intransitive, Brown implies, “plague” must be the subject rather than the object here.

<sup>3</sup> For this reason, Brown critiques Webster’s focus on environmental agencies over social ones. “War and political intrigues, the ambition of princes and demagogues, cannot be described with a *disgusting minuteness*,” he writes. “Measured by their influence on human happiness, their importance very far surpasses that of any physical agent; and, considered with regard to utility, it is far more proper to exhibit the mischief of ambition and misgovernment, which are susceptible of remedy, than the influences of comets and volcanoes, which come and go, burst forth and subside, without the leave, and in defiance of the wisdom of mortals” (31). Indeed, as Chapter 1 will show, Brown is chiefly concerned with those aspects of disease that are “susceptible of remedy.”

and curative measures: “In our own country,” Brown observes, “there are many persons who believe pestilence to be wholly a supernatural visitation; who, therefore, are inattentive to provide for their safety by visible means; who refuse, as impious to contend with immediate or secondary causes.” But to eschew preventive health measures in the name of piety, Brown contends, was to appeal to a shoddy logic. After all, “[i]t would be a strange imagination,” he argues, “that by widening streets, dispersing houses, emptying the pools, drying up the bogs, and checquering the surface of the whole earth with rivulets and fountains, we should rob our Maker of his weapons, and might sin with impunity, because our Judge is bereaved of his implements of punishment” (32). If public health efforts cannot forestall divine will, they can yet address the “immediate or secondary” causes of disease; thus, Brown continues, it is “proper to teach that there are other physical evils, the immediate cause of which is within our power to discover and to obviate” (33).

Here, Brown proposes a broadening of scope that is both epistemological and ethical, championing humans’ ability both to acquire knowledge of disease transmission and to harness this knowledge for preventive or therapeutic ends. In so doing, he appeals to a reformulation of agency that would increasingly come to underpin disease prevention efforts in the nineteenth-century United States. During the Second Great Awakening of the 1820s-30s, a renunciation of the Calvinist doctrine of natural depravity occasioned a renewed investment in the agency of the individual, which, as historians such as James Whorton and Ruth Clifford Engs have noted, informed the strategies of antebellum reform movements broadly, and health reform in particular.<sup>4</sup> No longer imagined as ineluctably at the mercy of divine ordinance, the individual was directed “to win salvation from disease for himself, through the exercise of God’s gift of reason” (Whorton, *Crusaders*

---

<sup>4</sup> See Whorton, *Crusaders for Fitness* (1982) and Engs, *Clean Living Movements* (2001).

31).<sup>5</sup> Brown, too, promotes an agentic vision of disease prevention: since “the existence of *remedy* is as much the growth of general laws, and part of the scheme of providence, as the existence of the *evil*,” he reasons, “failing to exert our faculties to discover and to apply the means of safety, is a species of guilt.” Our dual capacities to ascertain and apply epidemiological knowledge, Brown suggests, engender implicit imperatives of care—neglect of which constitutes not a kind of submissive piety, but “criminal disobedience to him who gave us the love of life, the capacity of happiness ourselves, and the power of promoting that of others” (33). As this dissertation illustrates, this tripartite justification for disease prevention—obedience to divine laws, self-determination, and civic responsibility—would inflect antebellum health reform over the course of the next century.

\*\*\*

*Self-Health* examines the ways in which Americans conceptualized health care prior to the Progressive Era, when public health increasingly became the province of government regulation.<sup>6</sup> As its title suggests—invoking Scottish reformer Samuel Smiles’ popular 1859 conduct manual *Self-Help*, and the industry it inspired<sup>7</sup>—its central premise is that early republican and antebellum medico-

---

<sup>5</sup> As Foucault has noted, “the relation between medicine and practice of the self directs us to the problem of ‘being saved and earning one’s salvation’: What is it to be in good health, to escape from illnesses, both to be lead to death and in a way to be saved from death?” (*Hermeneutics* 120).

<sup>6</sup> See Starr, *The Social Transformation of American Medicine* (1982) and *Remedy and Reaction* (2013); Engs, *The Progressive Era’s Health Reform Movement* (2002); and Burnham, *Health Care in America* (2015). As Priscilla Wald notes, another strain of Progressive Era public health policy, articulated by reformers like bacteriological researcher and onetime APHA President Charles V. Chapin, called for a revision of “prevailing notions as to the sanitary functions of the state” (qtd. in Wald 73). Instead of state regulation, Chapin advocated for “individual responsibility and personal habits as the greatest weapons in the war against the microbes, and individuals as the most important units for medical focus. The shift not only enlisted individuals in their own care-taking,” writes Wald, “but also emphasized their social responsibility to the ever-widening circles with whom they were directly or indirectly in contact: personal susceptibility transformed into an image of community” (74). As I aim to show here, this call for self-care—what Wald calls “medical individualism”—was not an invention of the bacteriological age, but a reformulation of the nineteenth century’s predominant health ideology.

<sup>7</sup> I am not, of course, the first to coin “self-health,” but deliberately engage a term that has long been in circulation among lay advice writers. Consider, for instance, the 1919 guide *Self-Health as a Habit* by Eustace Miles, a British athlete who authored a number of early twentieth-century handbooks on health: “To-day, more than ever,” Miles asserts in his Foreward, “there is demanded, from every member of the Empire, greater all-round efficiency and economy. And the chief means to this efficiency and economy is Health. Now, as never before, health is a duty, and should be added to our list of duties towards God and our duties towards our ‘Neighbor.’” Positioning health as an imperial project—one that is, paradoxically, “infectious” (9)—Miles anticipates the strategy of biopolitical discipline under neoliberalism: “The Self-Healthy person naturally wants the things that are right” (10). Indeed, our own decade has witnessed a profusion of amateur health manuals with titles such as *Self Health for the 21<sup>st</sup> Century* and *The Self-Health Revolution* (2012). In the latter,

political discourses primarily located the burden of care not with the state, but with the embodied subject.<sup>8</sup> Focusing on the period between the Philadelphia yellow fever epidemic of 1793 (commonly considered to be the young nation's first major public health crisis), and the first meeting of the American Public Health Association<sup>9</sup> in 1873,<sup>10</sup> it delves into the murky territory that is pre-professional U.S. medicine in order to illustrate the ways in which health discourse relied upon figurations of the individual, the private, and the domestic—in short, upon discourses that characterize much of the period's fiction. Charged with the responsibility to obtain physiological knowledge and implement preventive measures accordingly, individuals—directed and assisted by

---

readers are implored to “take back what's yours,” since “[i]f you don't do it, there are certainly those who are all too happy to take control of your Self-Health for you” (Zenn 3). While its author contends that his is “*not* a conspiracy theory book,” he points out that “[t]he medical institutions, the food companies, and the pharmaceutical industry make a lot of money from sick people. Is it possible that they *want* us to be sick?” (Zenn 2). As we shall see, with this suspicion of medical institutions and its claim to “strongly appeal to your intuition to logic”—to “make sense to you because it indeed makes perfect sense” (Zenn 4)—these books reproduce the democratic rhetoric characteristic of the nineteenth-century American domestic medical manual.

<sup>8</sup> To assume that medical care was readily available in the nineteenth century United States, as James Cassedy points out, is to ignore an “indeterminate, but for some periods sizable, minority of people who for some reason found themselves involuntarily alone medically when confronted with serious fevers, epidemics, and accidental injuries” (32-3). Among the social determinants that rendered medical self-help a necessity during this period, Cassedy includes “the geopolitical isolation of potential medical consumers, the expense of medical care, and the inadequate supply or performance of the medical profession” (31). Beyond these practicalities, however, this study explores the more entrenched ideologies that rendered self-help the default method of American care.

<sup>9</sup> The American Public Health Association is a professional organization; its government iteration, the United States Public Health Service, technically claims its founding date as 1798, citing the passage of “An Act for the Relief of Sick and Disabled Seamen” as a predecessor to what is now a division of the Department of Health and Human Services. Reorganized as the Marine Hospital Service in 1870, it was granted federal authority under the National Quarantine Act of 1878. The organization became the Public Health and Marine Hospital Service in 1902, and the Public Health Service in 1912. See Mullan, *Plagues and Politics* (1989), and Markel, *Quarantine!* (1999), 175-176. Given this nascent organization's explicit focus on marine services during the period pertinent to this study, I do not discuss it here.

<sup>10</sup> At the organization's first meeting in Cincinnati in May 1873, Dr. Stephen Smith of the New York City Health Department outlined methods for the acquisition and application of public knowledge about health and sanitation. “However we may educate the people in the art of healthy living; however carefully the medical profession may protect the family and individuals from the approaches of disease; and however intelligently architecture, engineering, and other departments of labor may plan and execute sanitary works,” argued Smith, “there is still required a central authority which must enforce those needful regulations which require private interest to yield to the demands of public welfare” (14-15). Accordingly, Smith suggested that state boards of health must be granted the power “to compel the execution of sanitary works in towns where they are neglected,” since “[p]rivate rights should not be allowed to create or maintain public wrongs” (15). Moreover, he continued, this power should also be articulated at a federal level, since “the General Government has an important duty yet to perform in providing for the general welfare” (15-16). The public health reforms of 1870s would indeed grapple with this distribution of power, as “sanitarians and politicians concerned with the nation's public health turned to the problem of enforcing national standards of quarantine and medical inspection without infringing on the sensitive doctrine of states' rights” (Markel 174). In 1879, Congress passed the National Board of Health Act, after which “the U.S. federal government gradually increased and strengthened its role in protecting the public health” (Markel 179).

medical advice literature—assumed the responsibility to care for themselves, their families, and, ultimately, for the broader project of national futurity.

In one way, then, this dissertation might be understood to explore what Nancy Tomes has called “the private side of public health” (6): a concept she applies specifically to early-twentieth-century personal and domestic hygiene initiatives instigated by the advent of germ theory. However, in casting its gaze back to the decades before the microbiological revolution, this study aims to complicate the public/private divide<sup>11</sup>—suggesting not that the “public health” of this period has a “private side,” but rather that early republican and antebellum ideologies of health were bound up in ideologies of individualism and self-reliance.<sup>12</sup> Nineteenth-century health was always-already “public” insofar as care of the self<sup>13</sup> was understood as a civic responsibility. American health discourse accordingly tended toward the production of what Kathleen Brown calls a “culture of individual responsibility for the body” (4)—a culture, as the pervasive paranoia surrounding

---

<sup>11</sup> In seeking to disrupt nineteenth-century ideas of (markedly gendered) public and private spheres, it is helpful to draw from Gillian Brown’s theory of “domestic individualism.” Countering the long-held notion that the American ideology of possessive individualism is wedded to market culture, Brown argues that “nineteenth-century American individualism takes on its peculiarly ‘individualistic’ properties as domesticity inflects it with values of interiority, privacy, and psychology” (1). As Chapter 3 of this dissertation will discuss, these values of domesticity were intimately connected to the values of hygiene.

<sup>12</sup> For nineteenth-century Americans, this brand of self-reliance was not simply a modality for the promotion of health; rather, it *was* health: “I must beat my own pulse true in the heart of the world,” wrote Margaret Fuller; “for *that* is virtue, excellence, health” (163). Indeed, in “Self-Reliance,” Ralph Waldo Emerson appends his exultant assertion “we now are men” with a clarifying contrast: “not minors and invalids in a protected corner” (30). Emerson’s appeal to these “icons of bodily vulnerability,” as Rosemarie Garland-Thomson has observed, establishes a “category of otherness that mutually constitutes his liberal self” (*Extraordinary Bodies* 42): the self-reliant liberal “man” may be defined as such via an opposition to the dependent “invalid.” Later, Emerson draws another evocative comparison between the bodies of “the well-clad, reading, writing, thinking American” and that “the naked New Zealander,” arguing that “the white man has lost his aboriginal strength” (49). Emerson’s fetishization of “aboriginal” or “savage” embodiment responds to the pervasive threat of emasculating “nervousness” (or, as this pathology was later known, “neurasthenia”).

<sup>13</sup> Foucault’s theorization of “care of the self” is first introduced in *The History of Sexuality* and subsequently developed in his lecture series at the Collège de France. Considering the relation of Delphic dictum *gnothi seauton* (“know yourself”) to the less-attended precept *epimeleia heautou* (care of the self), Foucault argues that this latter “principle that one must take care of oneself became the principle of all rational conduct in all forms of active life that would truly conform to the principle of moral rationality” (*Hermeneutics* 9); however, in the “Cartesian moment,” Foucault argues, this principle of self-care was displaced by prevailing emphasis on “self-evidence,” which posited self-knowledge as a means to access truth (*Hermeneutics* 14). While in Platonic thought, Foucault explains, this imperative of self-care clearly referred to care of the soul rather than care of the body, with the Epicureans and Stoics, “the body reemerges very clearly as an object of concern so that caring for the self involves taking care of both one’s soul and one’s body” (*Hermeneutics* 108). Nineteenth-century American health discourse similarly stresses the simultaneous care of soul and body.

socialized medicine illustrates, that continues to inform the politics of care in our own historical moment.<sup>14</sup> Indeed, it often seems that the acute American allergy to government regulation appears nowhere as pronounced as within the domain of health.

Of course, *health* itself, as Jonathan Metzl points out in his introduction to the 2010 collection *Against Health*, “is a term replete with value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being. Health is a desired state, but it is also a prescribed state and an ideological position” (2); in the terms of this collection, health is a “new morality” that variously serves to stigmatize, pathologize, and normativize conditions of embodiment.<sup>15</sup> For nineteenth-century Americans, *health* did not simply signify the absence of disease, but was socially inscribed with a range of judgements, standards, and meanings.

Overwhelmingly, nineteenth-century Americans conceived of health as a state of natural equilibrium that could be actively achieved by hygienic practices. For my purposes here, then, “self-health” refers to these practices of individual circumspection, auto-interpretation and preventive care that physicians and health reformers championed both as a means to mitigate the threat of epidemic disease and as a means to ameliorate the more chronic, endemic, hereditary pathologies implicit in contemporary anxieties about the gradual “degeneration” of the population.

---

<sup>14</sup> As political scientist Robert Crawford has observed, “[i]n a political climate of fiscal, energy, and cost crises, self-sacrifice and self-discipline emerge as popular themes. In lieu of rights and entitlements, individual responsibility, self-help and holistic health move to the center of the discussion” (253). While the self-help movement “initially developed as a political response to the oppressive character of professional and male domination in medicine” and thus “embodies some of the best strands of grassroots, autonomous action,” Crawford also points out that “because the movement has focused on individual behavior and only rarely addressed the social and physical environment, and because it has not built a movement that goes beyond self-care to demanding the medical and environmental prerequisites for maintaining health, it lends itself to the purposes of victim-blaming” (266, n11). Crawford’s critique, written in the 1970s, resonates with both nineteenth-century and twenty-first century ideations of health.

<sup>15</sup> This categorization of health as the “new morality” is somewhat misleading—as if biomedical ideas of health and religious ideas of morality existed independently until one came to substitute for the other under neoliberalism. Yet medical and religious meanings of health and hygiene have long intersected in the American imagination, as scholars like Kathleen Brown have shown: “[b]y the mid-nineteenth century,” Brown notes, “cleanliness did not simply signify moral good but had become an important means of achieving it” (291). Moreover, as Charles Rosenberg and Carroll Smith-Rosenberg note, antebellum public health reform was stimulated by the “intense pietism” of its champions (16).

In short, *Self-Health* seeks to offer a cultural history of American biopolitics, which Foucault defines as “the endeavor, begun in the eighteenth century, to rationalize the problems presented to governmental practice by the phenomena characteristic of a group of living being constituted as a population: health, sanitation, birthrate, longevity, race” (“The Birth of Biopolitics” 73). According to Foucault, the late eighteenth century constitutes a critical historical juncture during which juridical notions of sovereign power came to be substituted by a “biopower” that was “directed not at man-as-body but at man-as-species” (“*Society Must Be Defended*” 243).<sup>16</sup> He continues:

At the end of the eighteenth century, it was not epidemics that were the issue, but something else—what might broadly be called endemics, or in other words, the form, nature, extension, duration, and intensity of the illnesses prevalent in a population. These were illnesses that were difficult to eradicate and that were not regarded as epidemics that caused more frequent deaths, but as permanent factors which—and that is how they were dealt with—sapped the population's strength, shortened the working week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive. In a word, illness as phenomena affecting a population. Death was no longer something that suddenly swooped down on life—as in an epidemic. Death was now something permanent, something that slips into life, perpetually gnaws at it, diminishes it and weakens it (“*Society Must Be Defended*” 243-44).

Foucault’s analysis depends upon a familiar distinction between the “epidemic” and “endemic”: the former refers to diseases instigated by particular causes, commonly imagined to “invade” large swaths of a population at the same time; the latter refers to diseases that maintain a consistent presence within a given population, occurring at a predictable rate.<sup>17</sup> Yet we might note that Foucault’s focus on continental Europe leads him to overstate this point. In the American colonial world, after all, epidemics were very much the issue; yellow fever, in particular, circulated with the Atlantic slave trade, occasioning serious outbreaks in places such as Cuba and St.

---

<sup>16</sup> While Foucault’s theory of biopolitics has been reconceptualized and expanded by other theorists—Achille Mbembe’s “necropolitics,” Giorgio Agamben’s “thanatopolitics,” Nikolas Rose’s “ethopolitics”—scholars have largely tended to focus on biopolitical conditions of modernity and postmodernity rather than re-assessing the historical public health contexts of the late-eighteenth and nineteenth centuries.

<sup>17</sup> Hippocrates used “epidemic” to signify local diseases, native to particular environments and climates, and “endemic” to signify diseases caused by an imbalance of bodily fluids or “fluxes” (Alcibes 10-12).



Domingue.<sup>18</sup> More to the point, though, Foucault's characterization of epidemic-induced death as despotic force that "swooped down on life"—language of which Brown would not have approved—reinforces a figuration of epidemic disease that much late-eighteenth and early-nineteenth century American medical writers sought to challenge. While diseases such as yellow fever and cholera indeed killed strikingly quickly in comparison to endemic diseases such as gout, consumption, or cancer, many physicians nevertheless insisted that these epidemic diseases initially persisted in the body in a latent, forming, or "premonitory" state, during which period they might be forestalled by maintaining proper habits of life and/or by seeking timely therapeutic intervention. The ideologies of care respecting both epidemic and endemic diseases thus hinged upon the fraught relation of individual liberty and political discipline.<sup>19</sup>

To elaborate on this point somewhat, I will note that, in his famous discussion of the Panopticon in *Discipline & Punish*, Foucault establishes what he sees as a fundamental distinction between two historical models of power by juxtaposing the example of the "plague-stricken town" with that of "the panoptic establishment." The former, he explains, is "an exceptional situation: against an extraordinary evil, power is mobilized; it makes itself everywhere present and visible,"

---

<sup>18</sup> See Watts, *Epidemics and History* (1999); Bewell, *Romanticism and Colonial Disease* (1999); Lee, *Slavery and the Romantic Imagination* (2004); McNeill, *Mosquito Empires* (2010); and McCandless, *Slavery, Disease and Suffering in the Southern Lowcountry* (2011). Of course, epidemics remained prevalent in the Old World as well: while eighteenth-century Europe was, as one historian has put it, "beyond the shadow of the plague" (Brockliss 345), smallpox came to assume the role of the era's preeminent epidemic disease, killing an estimated 400,000 Europeans annually by the end of the century; in cities such as London, it was, with varying degrees of virulence, "both a constant presence and a periodic epidemic" (Hays 151). Yellow fever operated similarly in the United States, inciting particularly acute outbreaks (Philadelphia in 1793, New Orleans in 1853) and maintaining an omnipresent threat for seasonal reappearance in these cities.

<sup>19</sup> In his reading of nineteenth-century sexual conduct guides, Russ Castronovo draws a similar conclusion: "The nineteenth-century pathology of masturbation resounds with the contradictions of democracy," writes Castronovo; specifically, the "array of terms to denote masturbation—'solitary vice,' 'self-indulgence,' 'self-destruction,' 'self-prostitution,' 'self-fornication,' 'self-abuse,' 'self-pollution'—adumbrated the pitfalls of celebrating individual liberty in a climate where the political infects the sexual." Concomitantly, he continues, "this same vocabulary promised a cure: moral and health authorities agreed that deliverance from masturbation could be achieved only through 'self-respect,' 'self-denial,' 'self-government,' 'self-emancipation,' and of course, 'self-reliance'" (70-71). Castronovo's observations might be extended to describe not only the political "infection" in the realm of sexuality, but in the realm of health more broadly. Antebellum health reform discourse similarly depended a call to self-denial and self-discipline: resisting the unnatural luxuries of nineteenth-century civilization—not only the "solitary vice," but alcohol, meat, corsets, etc.—in order to actively win the salvation of health.

whereas the latter “must be understood as a generalizable model of functioning; a way of defining power relations in terms of the everyday life of men” (205). Yet while Foucault’s description of the plague-stricken town—“traversed throughout with hierarchy, surveillance, observation, writing; the town immobilized by the functioning of an extensive power that bears in a distinct way over all individual bodies”—might aptly describe the seventeenth-century European experience of plague, it cannot be convincingly mapped onto the experience of epidemic disease writ large. Notably, during the Philadelphia yellow fever epidemic of 1793, the American government literally fled the nation’s capital, leaving regulatory power over the population in the hands of miscellaneous agents—the College of Physicians, Dr. Benjamin Rush, and *The Federal Gazette*—who collectively constructed a discourse of individual responsibility, circumspection, and self-care. This abnegation of state interest—one that constituted care as the variously-dispersed burden of local organizations, individual physicians and reformers, and, crucially, the self-disciplinary subject—might aptly be read as an exemplary figuration of American attitudes toward health. Perhaps, for the American democratic imagination, this primal scene of plague-stricken Philadelphia does indeed, like Foucault’s town, represent “the utopia of the perfectly-governed city” (198): a city that is not governed at all.

\*\*\*

In his 2013 study *Narrative Care*, Arne De Boever identifies a theoretical silence this dissertation seeks to address: “Although literature takes up an important place in Foucault’s *oeuvre*,” he notes, “it remains curiously absent from his lecture course on biopolitics.” And yet, as De Boever argues, “*life, care, and the state of exception take up a prominent place in contemporary fiction, and arguably in the history of the novel at large*” (3, italics in original)—indeed, as he goes on to observe, “historically, the rise of the novel coincides with the rise of what Foucault calls governmentality and biopower” (9). While De Boever’s study takes the contemporary Anglophone novel as its object of inquiry, this

dissertation examines American ideologies of health via an analysis of literature that rose contemporaneously with the European formulation of biopower. Like De Boever, I seek to affirm a “connection between the novel and care—between the novel and a critical aesthetics of existence” (21); however, I place more emphasis on an *ethics*, rather than an aesthetics, of care.

*Self-Health* responds to and intervenes in three main fields of inquiry: American literary history, the history of medicine, and the health humanities. As a biopolitical literary history, it traces the hygienic investments of nineteenth-century American literature, illustrating the ways in which discourses of disease transmission—and, more particularly, *prevention*—inform the period’s fiction both thematically and formally. Specifically, analyzing the ways in which these “fictions of transmission”<sup>20</sup> were presented for public consumption in print media, it asks how medico-scientific ideas about disease causation and communication concomitantly engendered a politics, a praxis, and an ethics of *care*. How did nineteenth-century print media—including domestic medical manuals, newspapers, periodicals, and novels—work to produce self-disciplinary subjects? How has the imperative of self-care been mobilized historically to demarcate or discipline race, gender, and sexuality? And finally, how have American authors used the imaginative and narrative resources of fiction to promote or critique the self-care imperative?

In the nineteenth-century United States, as medical historians like Charles Rosenberg have convincingly illustrated, public understandings of health and medicine were mediated by print culture: domestic medical manuals, almanacs, pamphlets, broadsides, newspapers, and periodicals supplied guidance on the treatment and prevention of disease. As Rosenberg notes, this “relatively neglected if richly diverse body of printed materials” offers a rich archive that can help illuminate the “changing uses of medicine as a cultural ideology” as it came to shape understandings of proper

---

<sup>20</sup> With this phrase, I harken to Gillian Beer’s observation that “[w]hen it is first advanced, theory is at its most fictive. The awkwardness of fit between the natural world as it is currently perceived and as it is hypothetically imagined holds the theory itself for a time within a provisional scope akin to that of fiction” (3).

embodiment and behavior (“Preface” vii, viii). *Self-Health* engages with this historical archive of medical advice literature in order to examine how nineteenth-century American health discourse shaped the politics of care. At the same time, it expands this archive by demonstrating that what Rosenberg calls “health-oriented print” (ix) was not limited to the discourse of physicians, but encompassed a wide range of nineteenth-century narrative genres.

Following Émile Zola’s formulation of a medico-scientific model of narrative in *Le Roman Expérimental* (1880), critics who have considered the relationship between nineteenth-century literature and medicine have largely been concerned with the realm of realism. Many scholars have analyzed the parallels between late-nineteenth and early-twentieth century realist fiction and post-microbiological clinical medicine; in particular, drawing from Foucault’s elaboration of the nineteenth-century spatialization of pathology in *The Birth of the Clinic* (1963), literary critics have noted the ways in which the realist will to visibility draws upon the fantasy of transparency and governability signified in the “medical gaze,” promoting what Mark Seltzer refers to as “virtually *obstetrical* form of embodiment, of turning the body inside out for inspection” (96).<sup>21</sup> *Self-Health* ventures into the less well-trodden territory of the early republican and antebellum eras in order to examine how literary and medical discourses intersected in the decades prior to the professionalization of American medicine, the microbiological revolution, and the development of federal public health policy. In so doing, it enters into conversation with the work of literary scholars like Joan Burbick, Cynthia Davis, Nina Baym, Justine Murison, Kyla Schuller, and Sari Altschuler, who have begun to examine the ways in which medical ideas of embodiment have informed nineteenth-century genres such as the Gothic, the romance, and the sentimental novel.<sup>22</sup> Like

---

<sup>21</sup> Lawrence Rothfield, for example, contends that “the emergence, development, and decline of realism as an authoritative literary praxis can be tied to the vicissitudes of clinical medicine as an ideal profession” (xiv).

<sup>22</sup> See Burbick, *Healing the Republic* (1994); Davis, *Bodily and Narrative Forms* (2000); Baym, *American Women of Letters and the Nineteenth-Century Sciences* (2002); Murison, *The Politics of Anxiety in Nineteenth-Century American Literature* (2011); Schuller, *Sentimental Science and the Literary Cultures of Proto-Eugenics* (2009); and Altschuler, *National Physiology* (2012).

Murison, I approach “nonrealist” genres like the American romance as “continuous with rather than rejections of nineteenth-century scientific speculation,” particularly insofar as both depend upon “scrutiny of the susceptibilities and sympathies of social life” (6). Yet while previous scholarship has tended to focus on the authoritative, epistemological, or therapeutic functions of medicine—in other words, the construction and articulation of medical *theory*—this study is fundamentally concerned with how this theory shaped attitudes toward medical *care*.

*Self-Health* builds upon the scholarship of medical and literary historians who have shown that the nineteenth-century United States was rife with twin suspicions: on the one hand, a suspicion of professionalized medicine, whose claims to specialized knowledge were anathema to Jacksonian democratic ideology, and, on the other, a suspicion of fiction, a medium that was understood to produce unfavorable moral and physical effects on “susceptible” readerships.<sup>23</sup> The post-Enlightenment “equation of imagination with unusual susceptibility to social influence,” writes Lawrence Kirmayer, “meant that a basic human faculty was displaced from its central position in our picture of the mind and increasingly viewed as both trivial and embarrassing” (587). Of course, such imaginative activity was not only *embarrassing*, but *unhealthy*, as per Thomas Jefferson’s 1811 complaint about “inordinate passion prevalent for novels” in the United States; unlike “wholesome reading,” wrote Jefferson, novel-reading produced a constellation of troubling symptoms: “a bloated imagination, sickly judgment, and disgust towards all the real businesses of life” (qtd. in Bell 11). *Self-Health* shows how, beginning with the novels of Charles Brockden Brown, American fiction came to be conceived as a species of healthful reading.

---

<sup>23</sup> Commenting on what Walt Whitman called “the romance of surgery & medicine,” Robert Leigh Davis has observed that the nineteenth-century “therapeutic skepticism of conservative medicine historically paralleled and at times closely resembled the philosophical skepticism of the American romance.” For Davis, Whitman’s “romance” of medicine promotes “a middle ground between polarities by which he sought to loosen and critique closed systems—therapeutic as well as political systems that were literally, massively deadening” (12). Here, I am concerned not with a romance of “medicine” per se, but more broadly with an American romance (or Gothic, or sentimental politics, etc.) of *health*.

For Brown, fiction served a public function—specifically, a public *health* function. For instance, in his 1799 novel *Arthur Mervyn*, discussed in Chapter 1, Brown explores responses to the outbreaks of epidemic yellow fever that had recently plagued cities like Philadelphia and New York. The “evils of pestilence” and “schemes of reformation to which they will give birth,” Brown writes in his Preface, “have already supplied new and copious materials for reflection to the physician and the political economist. They have not been less fertile of instruction to the moral observer,” he continues, “to whom they have furnished new displays of the influence of human passions and motives.” Staking a space for the humanist alongside the physician and the political economist, Brown defends the civic service of imaginative representation: “He that depicts, in lively colours, the evils of disease and poverty, performs an eminent service to the sufferers, by calling forth benevolence in those who are able to afford relief,” Brown argues; “and he who pourtrays [sic] examples of disinterestedness and intrepidity, confers on virtue the notoriety and homage that are due to it, and rouses in the spectators, the spirit of salutary emulation” (3).

This “spirit of salutary emulation” would come to pervade the nineteenth-century “novel of purpose,” a genre “reformist in its faith that transforming readers was a necessary step in transforming the world” (Claybaugh 34). As historians such as Regina Mortantz-Sanchez have noted, hygiene—an umbrella term for a range of care practices that facilitated the preservation of health—was “an integral part of the antebellum reformist world view” (32); indeed, antebellum health reformers frequently shared political sympathies with promoters of other social movements such as abolitionism and women’s rights, and vice versa. Ultimately, however, what I seek to show here is not simply that hygiene was an antebellum reformist preoccupation of *as well as* or *as much as* education, temperance, utopian socialism, abolitionism, or women’s rights, but that ideologies of health and hygiene were *inextricable from* and *integral to* the broader politics of such movements.

This is not to suggest that all of the authors I discuss in this study conceived of literature as a vehicle for public instruction. Edgar Allan Poe, for example, notably eschewed the didactic function of literature, stressing the primacy of the aesthetic experience. Nathaniel Hawthorne remained eminently skeptical of the zealotry that attended antebellum reform, and indeed the reformers in his fiction consistently display “the dangerous, diabolic control of a political hubris disguised as idealism” (Knadler 280). Thus, following Bruno Latour’s assertion that hygiene emerges as “style” in French scientific writing in the age of Pasteur—one that was “cumulative and precautionary, since it set out to embrace everything” (49)—I suggest that hygiene might similarly be understood as “style” in antebellum genres like the Gothic and the romance. Specifically, I argue that authors like Poe and Hawthorne draw upon the prognostic and prophylactic imperatives of antebellum public health discourse in order to formulate an anticipatory narrative method, one that depends upon interpretive participation of the reader. If civic responsibility began with the care of the self, as the nineteenth-century health discourses insisted, narrative, I argue, might be understood as an instrument of care: not necessarily because it serves a *therapeutic* function, but—as authors like Brown, Poe, and Hawthorne show—because it serves a *hermeneutic* function. In other words, I am not particularly concerned with whether literature makes us *feel* better, but with how it makes us *read* better.<sup>24</sup>

---

<sup>24</sup> As advocates of narrative medicine contend, cultivating critical acumen for the interpretation of texts can facilitate the interpretation of bodies and the physical and social environments in which these bodies are situated. See Charon, *Narrative Medicine* (2008). In his analysis of the study of epidemiological rhetoric in Puritan New England, Cristobal Silva deftly answers “the question of what literary criticism has to do with epidemiology”: “the critic’s role is to analyze the formal and thematic properties of professional and lay epidemiologies,” Silva explains, “and to demonstrate how these discourses are bound up in the cultural assumptions of the communities that produce them—how, for example, their representational practices regulate access to medicine, and define the boundaries of citizenship” (10). Silva’s study offers a cogent example of how one might “approach epidemiology as a literary critic would a narrative genre,” developing a method that “demonstrates how regional and generational patterns of illness reposition our understanding of the relation between immunology and ideology in the formation of communal identity” (4). Building upon this analysis, *Self-Health* demonstrates the ways in which cultural assumptions about disease causation, transmission, and prevention were integral to nineteenth-century American literature both thematically and formally.

Ultimately, by privileging the perspective of patient-reader over that of the physician, and by attending less to the epistemological or therapeutic than to the phenomenological or hermeneutic aspects of medicine, this dissertation participates in the critical shift from the interdisciplinary field of the “medical humanities” to what some scholars have alternatively termed the “health humanities”: a distinction that aims to promote a more expansive consideration of the manifold discourses of “health,” particularly for those who are or have historically been excluded from the domain of institutionalized biomedicine.<sup>25</sup> Nineteenth-century American literature offers a productive starting point from which to approach historical articulations and operations of the health humanities not only because it embodies the resistance to disciplinary boundaries to which much of our contemporary scholarship aspires, but because this period prior to institutionalization and professionalization of American medicine allows us to explore the intersection of specialized and lay knowledges and practices.

If “health” is an “ideological position” that has long relegated bodies to their proper places within established structures of power, it has at the same time been understood as a category of analysis that enables a more participatory and democratic relation to the biosocial experience of embodiment. This dissertation aims to keep the tension between these associations in play as it examines the interrelations of the disciplinary and democratic. In the following pages, I sketch a brief history of concepts central to this study—“health citizenship,” public health, and domestic medicine—before supplying an outline of its four chapters. Critical to each of these chapters are the ideas that nineteenth-century Americans conceived of the body as “system of dynamic interactions with its environment” (Rosenberg, “The Therapeutic Revolution” 12), and that health discourse

---

<sup>25</sup> Paul Crawford has issued a call for the health humanities as “more inclusive, outward-facing and applied discipline, embracing interdisciplinarity and engaging with the contributions of those marginalized from the medical humanities” (qtd. in Jones et. al., 6). For a critique of the “health humanities” versus “medical humanities,” see Atkinson et. al., “‘The Medical’ and ‘Health’ in a Critical Medical Humanities” (2015).



promoted “a sense of dynamic interaction between individuals and the ‘community of citizens’ of which they were a part” (Jordanova 139). The imaginative affordances of “non-realist” fiction—what Hawthorne would call the “license” or “latitude” of literature—render the nineteenth-century American novel a key medium from which to explore these “dynamic interactions.”

## Health Citizenship in the Nineteenth-Century United States

Over the past several decades, fields such as science and technology studies, ethnic studies, feminist studies, and disability studies have increasingly attended to the ways in which biomedical conceptualizations of the human body have constructed understandings of identity, subjectivity, kinship, and citizenship. The concepts of *immunity* and *susceptibility*, in particular, have afforded scholars from a range of disciplines an analytic with which to examine post-microbiological biopolitical paradigms.<sup>26</sup> Exploring immunity's political, sociological, anthropological, philosophical, legal, and affective dimensions—from Donna Haraway's theorization of the immune system as “an elaborate icon for principal systems of symbolic and material ‘difference’ in late capitalism” (204) to Jacques Derrida's post-9/11 meditations on democratic “auto-immunity” to Mel Chen's concept of “immunity nationalism”—scholars have illuminated how discourses of infection shape conceptions of identity and difference at a national level. Indeed, as evidenced by the host of theoretical paradigms that have proliferated of late—“biosociality,” per Paul Rabinow; “genetic citizenship,” per Deborah Heath, Rayna Rapp, and Karen-Sue Taussig; “embodied citizenship,” per Emily Russell; “biological citizenship,” per Nikolas Rose and Carlos Novas—conditions of national belonging are defined and delimited by concepts of embodiment.<sup>27</sup>

In their discussion of “biological citizenship,” Rose and Novas note the ways in which “biological presuppositions, explicitly or implicitly, have underlain many citizenship projects, shaped conceptions of what it means to be a citizen, and underpinned distinctions between actual, potential, troublesome, and impossible citizens” (440). Over the course of the nineteenth and twentieth centuries, they explain, practices such as racial classification, eugenics, and demography “produced

---

<sup>26</sup> For example, see Haraway, “The Biopolitics of Postmodern Bodies” (1991); Patton, “What Science Knows” (1990); Martin, *Flexible Bodies* (1994); Odgen, “Cold War Science and the Body Politic” (2000); Derrida, “Autoimmunity” (2003); Wald, *Contagious* (2008); Esposito, *Bios* (2008); Cohen, *A Body Worth Defending* (2009); and Chen, *Animacies* (2012).

<sup>27</sup> See Rabinow, “Artificiality and Enlightenment” (2002); Heath et al, “Genetic Citizenship” (2004); Rose and Novas, “Biological Citizenship” (2005); and Russell, *Reading Embodied Citizenship* (2011).

citizens who understood their nationality, allegiances, and distinctions, at least in part, in biological terms” and “made certain kinds of ethical demands possible: demands on oneself; on one’s kin, community, and society; on those who exercised authority” (441).<sup>28</sup> Biological citizenship is thus an active, participatory iteration of citizenship, operating within a “political economy of hope” (452): a system whose optimistic future-orientation places demands upon individuals to act in the present for the sake of an imagined future.

If biological citizenship proves especially salient in the twenty-first century, particularly as increased access to genetic knowledge comes to dictate possibilities for preventive care, its nineteenth-century iteration might be understood in the somewhat more amorphous terms of “health citizenship”—a concept whose emergence Dorothy Porter traces to post-revolutionary France, where the 1792 Committee on Salubrity and the National Convention declared that ensuring the health of citizens was the responsibility of the democratic state; at the same time, this revolutionary ideology held that the citizen-patient<sup>29</sup> was obliged to care for his own body for the good of the state. This reciprocal notion of health citizenship was notably promoted by Constantin-Francois de Chasseboeuf, comte de Volney, in his 1793 treatise *La Loi Naturelle*; as Ludmilla Jordanova has explained, Volney proposed that “individuals had to actively manage their bodily well-being, for their own sake, that of their family and of the nation to which they belonged” (131): in other words, “[c]ivic responsibility is health-seeking behavior” (136).

---

<sup>28</sup> In their study of the “new public health,” Alan Peterson and Deborah Lupton observe that *health* “has come to be viewed as a kind of shorthand for signifying the capacity of the modern self to be transformed through the deployment of various ‘rational’ practices of the self...It is in the process of working on the self, and of demonstrating the capacity for self-control of the body and its emotions, that one constitutes oneself as a dutiful citizen, and hence as governable” (xiv). While these Australian scholars suggest that this “contemporary focus on self-regulation, transformation, and personal body ‘maintenance’ as a primary strategy to achieve public health goals is a relatively recent phenomenon”—one that replaces the “overtly coercive element” of old public health (65)—I argue here that this kind of disciplinary individualism has in fact been the primary strategy of American “public” health for the past two centuries.

<sup>29</sup> See Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris* (1993).

The antebellum era was a critical period of “health-seeking behavior” in the United States, fundamentally concerned with the relationship of individual health to the literal and metaphorical health of the social body.<sup>30</sup> “Beginning in the antebellum period,” Morantz-Sanchez observes, “self-help in health matters, public hygiene, dietary reform, temperance, hydrotherapy and physiological instruction merged as ingredients in a coherent and articulate campaign to save the nation by combating the ill-health of its citizenry” (32). The Jacksonian period, in particular, ushered in an age of “hygienic optimism” (Whorton, *Crusaders* 14): heartened by a theological reevaluation of human agency, “Christian physiologists”<sup>31</sup> such as William Alcott, Elizabeth Blackwell, and Sylvester Graham asserted that individuals could actively achieve health by adhering to the physiological “laws of life,” which dictated proper practices of individual, domestic, and sexual hygiene.<sup>32</sup>

Like Volney, antebellum Christian physiologists promoted “a revitalized conception of sin” (Jordanova 141), championing self-disciplinary hygienic habits as a failsafe remedy for the postlapsarian degeneracy they saw as rampant in nineteenth-century society: a marked declension from a salutary state of nature that was apparent in everything from the nondescript ugliness of the general population to the scourge of “female diseases” fast unfitting American women for the civic duty of motherhood. These reformers’ approach was primarily prophylactic, eschewing therapeutic intervention for the “nobler work of prevention” (Alcott, *Laws of Health* 349)—work that was understood to produce effects in three concentric spheres of influence: self, family, and nation. But

---

<sup>30</sup> A concept developed by scholars like Michel Foucault and Mary Poovey, the “social body” reformulates older notion of the “body politic,” describing the way in which the population was imagined “as a unified and specifically corporeal whole.” As Pamela Gilbert explains, the concept of the social body “took on a particular importance in the late eighteenth and early nineteenth century,” coincident with “a new view of the role of the state as manager of physical health and facilitator of social cohesion.” Aided by the rise of statistical analysis as a mode of population measurement and discipline, “the social body came to be understood increasingly as a mass of standardized and deviant bodies, making up a whole whose health was dependent on the essential equivalence of its parts” (xiv).

<sup>31</sup> See Whorton, “Christian Physiology” (1975).

<sup>32</sup> This idea of hygiene is largely reliant upon the Galenic notion of the “six non naturals” (air, sleep, food and drink, movement and rest, evacuations, and passions), proper management of which facilitates the maintenance of health and avoidance of disease.

if these self-care practices facilitated the individual's relation to the state, conspicuously absent from most of the nineteenth-century discourse of American "health citizenship" is the corresponding component of state responsibility.

### **Public Health and/as Personal Health**

According to the "heroic"<sup>33</sup> narrative of Western public health—one notably promoted by historians such as George Rosen and later reformulated by Foucault in his theorization of biopolitics<sup>34</sup>—the health of individuals was increasingly rendered the responsibility of democratic states over the course of the eighteenth and nineteenth centuries. As evidence for this claim, Rosen points to the eighteenth-century German *Medizinischepolizei*, or "medical police"—a regulatory model reconstituted, in the hands of nineteenth-century sanitary reformers such as Rudolf Virchow in Germany and Edwin Chadwick in Great Britain, as "social medicine."<sup>35</sup> This trajectory toward government intervention seems especially salient in Victorian Britain, where reformers like Thomas Southwood Smith and Edwin Chadwick worked to render the health of the working classes an urgent matter of government attention. Chadwick's *Report on the Sanitary Condition of the Labouring Population of Great Britain* (1842), in particular, has been understood as a watershed in the history of public health and sanitation: following its publication, as Mary Poovey notes, "public health became the next great object of government concern and the next site of government growth." However,

---

<sup>33</sup> See Cole et. al., *Medical Humanities* (2015), 89-102.

<sup>34</sup> As Foucault writes, "The development, starting in the second half of the eighteenth century, of what was called *medizinische Polizei*, public health, or social medicine, must be written back into the general framework of a 'biopolitics'; the latter tends to treat the 'population' as a mass of living and coexisting beings who present particular biological and pathological traits and who thus come under specific knowledge and technologies. And this 'biopolitics' itself must be understood in terms of a theme developed as early as the seventeenth century: the management of state forces" ("Security, Territory, and Population" 71). Examining the development of "public" health during this same period in the United States, this dissertation asks how the peculiarly American ideology of self-health might also be written into a biopolitical framework.

<sup>35</sup> See also Rosen, "Cameratism and the Concept of the Medical Police" (1953), "The Evolution of Social Medicine" (1979), and *From Medical Police to Social Medicine* (1974).

Poovey complicates this narrative by pointing out that the 1848 Public Health Act subsequently “limited the central government’s authority to compel compliance with national sanitary standards.” Accordingly, Poovey argues that the Public Health Act of 1848 promoted not government discipline but a version of Foucauldian “disciplinary individualism,” or the “paradoxical configuration of agency whereby freedom is constituted as ‘voluntary’ compliance with a rationalized order” (Poovey 99).

As Poovey’s analysis illustrates, to posit nineteenth-century European health reform as uniform narrative of progress—particularly one that depends upon a hegemonic articulation of state power—would be to engage in a radical over-simplification of this history. Yet while acknowledging that the development of public health across the Atlantic was indeed less unilateral and less authoritative than histories like Rosen’s suggest, it nevertheless appears clear that a fundamental distinction exists between public health in Victorian Britain and its contemporaneous iteration in the United States. After all, the very existence of “national sanitary standards” in the mid-nineteenth century, regardless of the efficacy of their implementation, demonstrates that Great Britain had begun to situate public health as national concern in ways that the United States had not. In the U.S., public health was the province of local authorities and renegade reformers; individuals strove to comply not with national standards, but with a panoply of competing recommendations issued by allopaths, homoeopaths, hydropaths, physiologists, and phrenologists who vied for authority during this notorious era of unregulated medical practice.

In his history of American public health, John Duffy notes that health reform is often precipitated by the attempt to account for and control epidemic disease.<sup>36</sup> In the 1790s, in the

---

<sup>36</sup> If “public health” in its nineteenth-century sense consisted primarily of sanitary reform as a means to mitigate infectious disease, what some scholars have referred to “new public health” focuses more broadly on “the categories of ‘population’ and ‘the environment,’ conceived of in their wider senses to include psychological, social, and physical elements,” and is accordingly “at its core a moral enterprise, in that it involves prescriptions about how we should live

absence of health initiatives at the federal level, recurrent yellow fever epidemics in Philadelphia and New York City stimulated the formation of urban health committees: voluntary citizens' organizations that sought to address the urgent threat of invisible disease agencies in the environment. However, Duffy finds this incipient development of public health consciousness thwarted by the burgeoning ideology of "rugged individualism" (53). Positing American individualism as the enemy of medical progress, Duffy argues that the comparatively small and homogeneous population in places like Britain—a population, he contends, "more docile and obedient to authority than that of the United States"—lent itself more readily toward implementation of a centralized national health agency, while Americans' prevailing preference for local rather than federal government—and indeed self-government above all—meant that "[p]ublic health measures could be imposed upon them only with difficulty" (139).

While Duffy is rather heavy-handed in his presentation of the European population as so many Foucauldian "docile bodies" upon whom power is enacted—a schema, as we have seen, that scholars like Poovey have resisted—he nevertheless identifies several key ideological factors that contributed to American exceptionalism in matters of health. In addition to the nebulous bugbear of individualism, Duffy points to the importance of regionalism, as health and disease were understood as dependent upon "[s]ectional variations in climate, terrain, economic system, and cultural patterns" (139). The idiosyncratic climate of the plantation South, in particular, was commonly held as an exemplar of regional distinctiveness, culminating in the advent of "states' rights medicine": a theory and practice that depended upon ideas of both environmental and embodied difference to justify the notion that African Americans were "naturally" suited for enslavement. Throughout the majority of the century, prevailing anticontagionist, environmentalist, miasmatic theories of disease transmission

---

our lives individually and collectively" (Peterson and Lupton ix, xii). This dissertation complicates these categories by illustrating the ways in which epidemic discourse also situated health as a "moral enterprise."

would posit public health as primarily the problem of states and cities. American medical epistemologies were firmly grounded in “[i]mmediate and local experience” (Valencius 179), and accordingly resistant—not only ideologically, but “scientifically”—to federal regulation.

Of course, the nineteenth-century United States was not entirely devoid of efforts for comprehensive health reform, particularly in light of the increasing problems of urbanization that plagued cities like New York and Boston much as they did Paris and London. Remarking upon the effects of the British sanitary reform initiatives, Rosen boldly proposes that “nowhere was this influence more pervasive than in the United States” (233). Yet how exactly he assesses the movement’s “pervasiveness” remains unclear.<sup>37</sup> On the one hand, the influence of Chadwickian sanitation reform is clearly evident in the efforts of American reformers like John Griscom, Chairman of the Standing Committee on Public Health and Legal Medicine at the New York Academy of Medicine; shortly after the appearance of Chadwick’s *Report on the Sanitary Condition of the Labouring Population of Great Britain*, Griscom authored his own volume, *The Sanitary Condition of the Laboring Population of New York* (1845). On the other hand, though, the mere appearance of volumes like Griscom’s did not necessarily precipitate actionable reform—as demonstrated in the example of Lemuel Shattuck’s *Report of a General Plan for the Promotion of Public and Personal Health* (1850).

A co-founder of the American Statistical Society, Shattuck advocated for the expansion of that crucial biopolitical technology, vital statistics, to assess and analyze the health of the American population.<sup>38</sup> His survey of the sanitary condition of the population of Massachusetts had led him

---

<sup>37</sup> Federal efforts to assess the nation’s health were largely ineffective; as Rosen notes, the medical department of National Institute in Washington DC attempted to conduct a survey nation’s health in 1845, “but with small success” (240). The nascent American Medical Association established a hygiene committee in 1848.

<sup>38</sup> For more on Shattuck, see Rosenkrantz, *Public Health and the State* (1972); Cassedy, *American Medicine and the Rise of Statistical Thinking* (1984); and Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (1994). In addition to Griscom and Shattuck, Dr. Benjamin McCready is often heralded as a pioneer of American public health for his essay “On the Influence of Trades, Professions, and Occupations in the United States in the Production of Disease,” awarded a prize offered by Medical Society of New York in 1837.



to conclude that “*the conditions of perfect health, either public or personal, are seldom or never attained, though attainable.*” Focusing on “*preventable evils,*” Shattuck asserted that achievable means existed for the “*mitigation or removal*” of the agents that engendered these evils (10, emphasis in original). However, upon its publication, as Rosen acknowledges, Shattuck’s *Report* “had practically no effect” (242); his recommendations for the implementation of a state board of health would not be realized until 1869.<sup>39</sup>

If the European sanitary reform movement “made surprisingly little progress in the United States,” as Duffy declares (and as Rosen somewhat more reluctantly acknowledges), it was not for lack of effort, then, but for lack of cohesive institutional and governmental support. Thus, although antebellum health and diet reform movements were plentiful during this period, as Duffy notes, they principally emphasized “individual health rather than community health” (66). For Duffy, the eclipse of public health reform might also be attributed to the contemporaneous ascendance other reform movements, including temperance, women’s rights, and above all abolitionism—which, he argues, “became an all-consuming issue in American public life” in the three decades before the Civil War, “relegating other reform movements to insignificance” (67). However, my argument here is not that antebellum health reformers emphasized individual health *rather than* community health, nor that public attention focused on sociopolitical reform movements like women’s rights and abolitionism *instead of* health reform; on the contrary, I aim to illustrate the ways in which individual health was conceived as *a modality of* community health, and that women’s rights and abolitionist movements were *continuous with* the ideologies and arguments of health reform. American “private” health was at the same time “public” health, and wider antebellum reform movements were not only sociopolitical, but also biopolitical.

---

<sup>39</sup> Technically, Louisiana established a board of health in 1855 in response to the threat of recurrent yellow fever epidemics, but scholars including Duffy, Rosen, and Rosenkrantz acknowledge Massachusetts as the first effective state board of health.

American health reformers like Shattuck and Griscom labored over the partition of “personal” and “public” in the realm of health. “The word *sanitary* means *relating to health*,” explained Shattuck; “When applied to the inhabitants of a town or district, in their social capacity, it relates to public health; when to individuals, it relates to personal or private health” (10). Yet even the most quotidian practices of the individual in the private sphere—domestic hygiene, reproduction—had implications upon his or her “social capacity”: a realization Griscom articulates in the opening paragraphs of his 1845 report. As “the health of the people affect[s] the capacity and interests of the state,” he reasons, “so upon the state or city, must rest, not only the expenses of removing an unsound condition of public health, but also, from the attendant loss of character, a diminution of its resources” (1). Griscom goes on to complicate the “distinction between Public Health and Individual Health” (3), noting the necessary inextricability of these categories.

When placed in its broader social and epidemiological contexts, Griscom suggests, a disease may no longer seem—to borrow the language of Oliver Wendell Holmes’s landmark 1855 essay on puerperal fever—a mere “private pestilence.”<sup>40</sup> At the same time, while diseases like yellow fever and cholera were clearly attributable to “causes which affect large numbers at the same time,” physicians also theorized that the presence of disease agents in the atmosphere could be exacerbated by habits of life, and accordingly encouraged individuals to control for “exciting causes” of disease, such as cleanliness, temperance, diet, and mental state. As Dr. C.R. Gilman asserted in his *Hints to the People on the Prevention and Early Treatment of Spasmodic Cholera* (1832), the “subtle poison” prevalent in the

---

<sup>40</sup> Like the Hungarian physician Ignaz Semmelweis, Holmes had correctly theorized that the scourge of puerperal or “childbed” fever that claimed the lives of so many women did not arise from some innate condition of the postpartum body, but was in fact *transmitted* to these women by physicians. “Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery,” Holmes argued, “the time has come when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as a misfortune but as a crime; and in the knowledge of such occurrences, the duties of the practitioner to his profession, should give way to his paramount obligations to society” (58). Puerperal fever demanded the publicization of so-called “private pestilence”: a broader, systemic, populational analysis of disease that ultimately worked to redefine the “duties” and “obligations” of the physician.

atmosphere was “not of itself sufficient in all cases to produce disease,” but would “most assuredly do so, if errors in diet co-operate with it” (9). This dispersal of causality—environmental “poison” compounded by hygienic “errors”—in turn produced a dispersal of responsibility. As Gilman suggested, the disease’s “preventive means” could be demarcated by two categories: “Those which devolve on the Public Authorities,” and “Those which are to be performed by individuals, for their own protection” (5). Yet while “public authorities” in cities like New York advanced tentative street sanitation efforts, the majority of the discourse surrounding the disease placed emphasis on an ethic of individual prophylaxis. Insisting that cholera was “emphatically the scourge of the filthy” (8), Gilman, like many of his contemporaries, situated disease as the just deserts of the careless: cleanliness, temperance, and corporeal circumspection were jointly heralded as the civic duties of the environmentally endangered.

In prioritizing the preventive agency of the individual—a tactic that conveniently distracted from the inefficacy of therapeutic intervention—epidemic discourse echoed the more quotidian discourse of the nineteenth-century conduct manual, which situated care of oneself and one’s family as modalities of a broader kind of social care.<sup>41</sup> Indeed, an emphasis on self-care became particularly pronounced at mid-century, in response to widespread anxieties about the transmission of disease through both environmental and hereditary means. If environmentally-perpetuated poisons like cholera-causing miasmas could be remedied by practices of domestic hygiene, physicians suggested, so too could the supposed “degeneration” of the Anglo-American race be remedied by practices of

---

<sup>41</sup> In *The Young Man’s Guide* (1833), for example, William Alcott outlines five essential “motives to action” for his readership, the first of which is “a regard to *your own happiness*,” followed by “a regard for the family in which you belong” (21). Further, Alcott continues, one’s obligations are thirdly “due to society, particularly to the neighborhood or sphere in which you move, and to the *associations* to which you may belong” and fourthly “due to the nation and age in which you belong” (22). Finally, of course, all of these ought to be motivated by “the desire of obeying the will of God”—for after all, Alcott claims, “*He* it is...who has given you the name *American*” (24). Indeed, the identity category *American* forms the crux of Alcott’s argument: “This word, alone,” he writes, “ought to call forth all your energies, and if there be a slumbering faculty within you, arouse it to action” (22-23). It is by way of his membership in this social group that the individual’s actions are ultimately rendered meaningful.

sexual hygiene. Like the discourse of domestic hygiene, this proto-eugenic discourse emphasized the primacy of personal as an antecedent to social change. “Society is made up of individuals—begins with individuals,” as William Alcott reasoned in his manual *The Physiology of Marriage* (1856); “The work of declension or deterioration must have begun with individuals; why shall not a work of reform begin there, too?” Alcott wondered (96).<sup>42</sup>

### “Every Man His Own Doctor”

In 1805, Benjamin Rush reflected upon the changes in American public understanding of medicine that had been wrought since the 1760s. “From the diffusion of medical knowledge, among all classes of our citizens, by means of medical publications, and controversies,” Rush noted, “many people have been taught so much of the principles and practice of physic, as to be able to prescribe for themselves in the forming state of acute diseases, and thereby to prevent their fatal termination. It is to this self-acquired knowledge among the citizens of Philadelphia that physicians are in part indebted” (*Medical Inquiries* 402-3). As Rush suggests, the democratic “diffusion” of specialized knowledge, through print media in particular, facilitates practices of self-care that prove mutually beneficial to the individual and the medical institution. Moreover, for Rush and others, the mediated autonomy individuals achieved via the acquisition of medical information produced effects that transcended the health of the body: “The diffusion of knowledge,” as the physician Samuel

---

<sup>42</sup> This attitude, of course, is characteristic of much antebellum reform discourse; in her feminist meditation *Woman in the Nineteenth Century* (1845), for example, Margaret Fuller resists the “assault upon bad institutions, and external ills,” arguing that “the only efficient remedy must come from individual character.” While Fuller concedes that the relationship between the individual and the institution is necessarily reciprocal, she nevertheless emphasizes the primacy personal reform: “Could you clear away all the bad forms of society, it is vain, unless the individual begin to be ready for better,” she argues; “There must be a parallel movement in these two branches of life” (45). Health reformers advocated for this kind of “parallel movement,” aligning the health of the body with the health of the nation. “Whilst we live in society, we cannot really increase our own happiness without increasing the happiness of others,” the hydropathic health reformer Mary Sargeant Gove Nichols reasoned in her *Lectures to Ladies on Anatomy and Physiology* (1842); in other words, she continued, glossing Pope’s *Essay on Man*: “True self-love and social are the same” (284).

Stanhope Smith had asserted in a 1783 letter to Rush, “is the diffusion of virtue and freedom” (qtd. in Murphy 27).

The will toward a redistribution of medical knowledge in the first half of the nineteenth century is evident in the prospectus of the inaugural issue of Philadelphia’s *Journal of Health* (1829), in which the authors “propose laying down plain precepts, in easy style and familiar language, for the regulation of all the physical agents necessary to health,” motivated by the proposition “that mankind might be saved a large amount of suffering and disease, by a suitable knowledge of the natural laws to which the human frame is subjected” (“Prospectus” 1). Asserting that “Hygeia is ever the companion of true liberty, not less than of orderly habits and pure morals,” the journal situates physical health as the cornerstone of democratic society, declaring it “very evident that a knowledge of the rational precepts for the preservation of health, or, as they are technically called, the laws of Hygiene, must be of paramount value to guide to the enactment of good laws. This is a question of high interest to every citizen, whether he regard his individual welfare, or the flourishing condition of the body politic” (“Prospectus” 3). In contrast to the eighteenth-century model of “heroic medicine,” which championed the therapeutic intervention of the physician, nineteenth-century American health movements increasingly sought to democratize scientific knowledge, thereby equipping the public to take care of themselves.

This self-care imperative would prove especially pronounced in the Jacksonian period, which many historians of medicine have approached as “a Dark Age of the profession” (Kett vii): an era of conspicuous homeopathic quackery and promiscuous lay practice that was disciplined into submission by the implementation of medical licensing laws in the latter half of the century. In his seminal history of the American medical profession, Paul Starr notes that the democratic impulses of the Jacksonian era occasioned widespread resistance to the professionalization of medicine, fomenting what he refers to as the “continuing conflict in American life between democratic respect

for common sense and professional claims of specialized knowledge” (32). As foreign-educated physicians like Jacob Bigelow, James Jackson, and Oliver Wendell Holmes attempted to bring the influence of the Parisian Clinical School to bear on American medical training and practice in the 1830s and 40s, they found their efforts hampered by Jacksonian democracy’s “emphasis upon egalitarianism, and its corollary, a suspicion of learning” (Duffy, *From Humors to Medical Science* ix). An acknowledgment of this suspicion was central to the would-be egalitarian genre of the domestic medical manual, which was less a didactic vehicle than an intermediary between laypeople and the “natural” laws of health that were accessible by “common sense.”<sup>43</sup> As it “catered to the anti-monopoly, sometimes anti-intellectual, common-man democracy of the Jacksonian era” (Blake 27), the American domestic medical manual championed the individual’s ability to acquire physiological knowledge, and apply this knowledge in the service of self-care.

Though a number of European-authored medical manuals were regularly printed in the early American colonies— most notably Nicholas Culpepper’s *English Physician; and Complete Herbal* (1652), the anonymously-authored sexuality guide *Aristotle’s Masterpiece* (1684), George Cheyne’s *Essay on Health and Long Life* (1724), John Wesley’s *Primitive Physick* (1747), S.A. Tiscot’s *Advice to the People in General, with Regard to Their Health* (1767), John Armstrong’s *The Art of Preserving Health: A Poem* (1768), and Luigi Cornaro’s *Discourses on a Sober and Temperate Life* (1776)—the first popular medical manual authored by an American resident was the Scottish-born Virginian physician John Tennent’s *Every Man His Own Doctor: or, The Poor Planter’s Physician* (1734). Essentially an herbal remedy guide,

---

<sup>43</sup> For more on the American domestic medical movement, see Blake, “From Buchan to Fishbein” (1977); Haller, *American Medicine in Transition* (1981); Murphy, *Enter the Physician* (1991); Burbick, *Healing the Republic* (1994); and Rosenberg, ed., *Right Living* (2003). If this infamous resistance to the institutionalization of knowledge constituted an unfortunate hindrance to scientific “progress,” as historians like Duffy suggest, it also illustrates how medical knowledge, per Steven Epstein, “emerges out of *credibility struggles*” (3). As Epstein contends, “[t]he victory of medical authority” in the United States—that is, its achievement in winning credibility from a skeptical public—“required the popular abandonment of an earlier, Jacksonian belief that the healing arts were accessible to ‘common sense’ and the acknowledgment, on the contrary, of medicine’s ‘legitimate complexity’: no longer could everyone be his or her own physician” (7).

Tennent's manual promised "Plain and Easy Means for Persons to cure themselves of all, or most of the Distempers, incident to this Climate, and with very little Charge, the Medicines being chiefly of the Growth and Production of this Country" (see fig. I.1). It was, in his own estimation, "a Work of great Charity and Publick Spirit," allowing for the dissemination of specialized knowledge to "the poor Inhabitants of this Colony" (6). As Tennent suggests, the physician's "Publick Spirit" consists in his employing print media as an aid to public knowledge and, concomitantly, self-health.

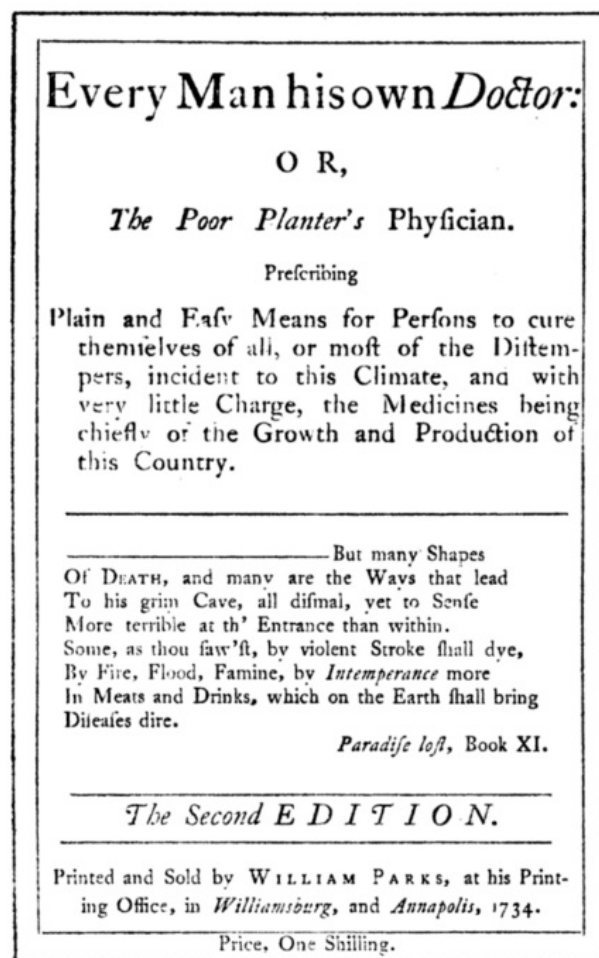


Fig. I.1. Title page, John Tennant, *Every Man His Own Doctor: or, The Poor Planter's Physician*. 2<sup>nd</sup> ed. Williamsburg: William Parks, 1734.

In the late eighteenth century and throughout much of the nineteenth, the most popular medical manual in the United States was Scottish physician William Buchan's oft-printed, plagiarized, and pirated *Domestic Medicine*. First published in Edinburgh in 1769 and reprinted in Philadelphia by 1772, Buchan's text was regularly reissued in the United States for over half a century, sometimes with Americanizing revisions; a 1795 edition, for instance, was "revised and adapted to the diseases and climate of the United States of America."<sup>44</sup> If the nature of these adaptations aptly illustrate the period's prevalent belief in the environmental specificity of disease—as evident in Tennent's advertised interest in diseases "incident to this Climate"—the title of an 1816 New Haven edition of Buchan's text, *Every Man His Own Doctor*, intimates the beginnings of what would, in the Jacksonian period, become a particularly pronounced *ideological* specificity of American domestic medicine: a democratizing endeavor that complicated the boundaries between professional and lay knowledge and practice.<sup>45</sup>

Competing texts by American authors began to appear in the first decade of the nineteenth century, including *The American Herbal, or Materia Medica* (1801) by Massachusetts native Samuel Stearns, *Means of Preserving Health, and Preventing Diseases* (1806) by Quaker physician Shadrach Ricketson, and *The Medical Companion, or Family Physician* (1807) by James Ewell, "a native American of long and successful practice in the Southern States." Previous texts, Ewell argued, had "greatly failed of usefulness to AMERICANS; because they treat of diseases which, existing in very *foreign climates and constitutions*, must widely differ from ours" (xv). Over the course of the following decades,

---

<sup>44</sup> The 1795 edition was edited by Samuel Powell Griffitts, professor of materia medica at the University of Pennsylvania; another American edition was published 1797, edited by Isaac Cathrall. See Murphy, 15-16.

<sup>45</sup> While Buchan had argued that the study of medicine ought to be the subject of gentlemanly education as much as religion, law, philosophy, or natural history, he is somewhat careful to maintain a distinction between the specialized knowledge of the physician and that of his lay readership. "We do not mean that every man should become a physician," he explained in his preface; "This would be an attempt as ridiculous as it is impossible. All we plead for is, that men of sense and learning should be so far acquainted with the general principles of Medicine, as to be in a condition to derive from it some of those advantages with which it is fraught; and at the same time to guard themselves against the destructive influences of Ignorance, Superstition, and Quackery" (xxi). As Buchan suggests, the influence of his text was limited to a constrained sphere: to the reader's own body and those in his household.



in volumes such as Thomas Ewell's *American Family Physician* (1824), Thomas Cooper's *Treatise of Domestic Medicine* (1824), Josiah Richardson's *New England Farrier and Family Physician* (1828), and Anthony Benezet's *The Family Physician* (1826)—“calculated particularly for the inhabitants of the western country, and for those whose navigate its waters”—physicians promoted the development of a “native American” medicine.<sup>46</sup> None of these, however, would approach the fantastic success of *Gunn's Domestic Medicine, or Poor Man's Friend*<sup>47</sup> (see fig. I.2).

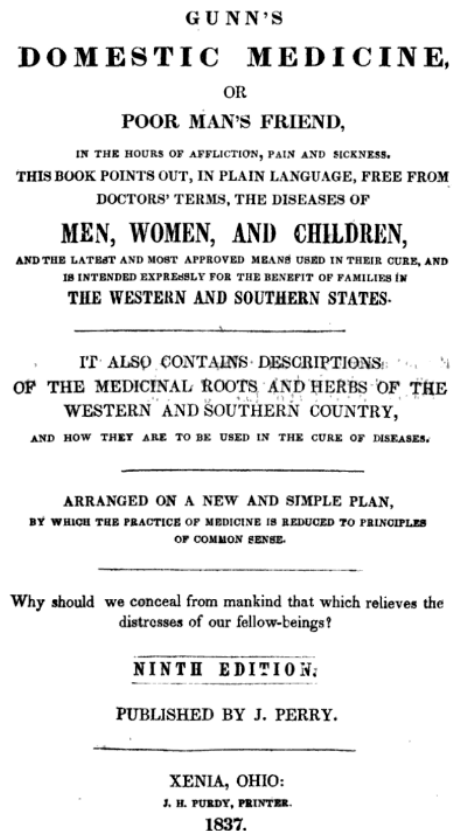


Fig. I.2. Title page, *Gunn's Domestic Medicine, or Poor Man's Friend*. 9<sup>th</sup> ed. Xenia, OH: J.H. Purdy, 1837.

<sup>46</sup> See Gevitz, “But all those authors are foreigners” (2002). For a discussion of domestic medicine in the American South, see Keeney, “Unless Powerful Sick” (1989).

<sup>47</sup> Other guides were addressed specifically to women concerning the care of infants and children; *The Maternal Physician* (1811), authored by anonymous “an American matron,” later identified as Mary Hunt Palmer Tyler, is ostensibly the first American medical manual by a woman. Later guides like Lydia Maria Child's *The Family Nurse* (1837) and Caleb Ticknor's *Guide for Mothers and Nurses* (1839) aimed to offer a useful aggregate of knowledge drawn from medical sources; however, Child warned in a prefatory disclaimer that her volume was “simply a household friend” that was “by no means intended to supersede the advice of a physician” (3). See Murphy, *Enter the Physician* (1991), 32-69.

Initially printed in Knoxville in 1830 and, nominally at least, in its one hundredth edition by 1870, John Gunn's manual is, in Rosenberg's words, "an assertively indigenous text" (*Right Living* 7): an American manual that not only renders medical knowledge generally accessible by explicating a host of maladies in "plain language, free from doctor's terms," but one that "outlines a social theory of knowledge that becomes imperative for a republican form of government" (Burbick 36-37). Insisting that "when we take from the learned sciences all their technical and bombastic language they immediately become plain *common sense*, very easily to be understood by all ranks of men" (133), Gunn promotes a democratization of knowledge that Jacksonians deemed as essential to medicine as to other areas of American life. "Real knowledge," Gunn explains, "consists in understanding both what is *useful* and what is *injurious* to mankind; and true wisdom amounts to nothing more than appropriating to our use whatever is beneficial, and avoiding whatever is injurious to our enjoyments and happiness; this is the true distinction between *common sense* and *nonsense*; or if you will have the same idea in finer language," he continues, "between *wisdom* and *folly*" (135).

As his vilification of "technical and bombastic language" suggests, Gunn conceives of the epistemological dilemma of medicine as fundamentally a *rhetorical* one. If only the obfuscating language of scientific discourse could be eliminated, his critique implies, then the murky milk of elitism would give rise to the cream of "common sense" (or, "in finer language," *wisdom*). His task, then, is effectively one of translation (itself, incidentally, a practice that relies upon its own kind of epistemological privilege). In his prefatory remarks, Gunn repeatedly promises to remain "as plain as possible in point of language," preemptively dismissing "any of those petty critical remarks, which may be made on such language, provide I succeed in adopting language which can be understood by those for whom this work is intended"—namely, the "unlearned" (139). While affirming "all the mysteries and technical language of the science of medicine must be made plain to the people of this country" (140), he acknowledges that in eradicating jargon, one may be left with legitimate

“mysteries.” Admitting that some medical inquiries lie “beyond the reach of investigation,” Gunn accordingly vows “not to veil [sic] my ignorance of what is most likely hidden from us by divine wisdom, by long sounding words which when explained would make men of common sense laugh at medical quackery, and by technical language which means next to nothing” (131).<sup>48</sup> Better to face unflinchingly this precipice of uncertainty, Gunn suggests, than to paper over the epistemological abyss with scientific gibberish.

The self-taught herbalist Samuel Thomson, whose rebuke of allopathic medicine would spawn the influential botanic medical movement that bore his name, similarly expressed frustration with such perceived medical doublespeak. In the life narrative he appended as an introduction to his *New Guide to Health; or Botanic Family Physician* (1822), Thomson complained that regularly-educated physicians had “learned just enough to know how to deceive the people, and keep them in ignorance, by covering their doings under a language unknown to their patients” (50). Attacking what he saw as the anti-democratic and monopolistic practices of regular physicians, Thomson and his followers argued that the specialization of knowledge had engendered fatal effects: “what is at this day called medicine,” Thomson declared, “is deadly poison” (8).<sup>49</sup> Accordingly, Thomsonianism and other mid-century botanic and homeopathic movements would promote a radical overhaul of therapeutic methodology. For Gunn, on the other hand, the primary purpose of domestic medicine was not identifying the most appropriate therapies, but rather promoting prevention by inculcating

---

<sup>48</sup> Other domestic medical authors, such as Daniel H. Whitney, took a somewhat different approach to medical epistemology. “In the science of medicine, I assure you, that there is no mystery, and that it may all be as easily obtained as any other science,” Whitney writes in his own volume, *The Family Physician, and Guide to Health* (1833). “What reason, therefore, there can be for neglecting the subject of health, while all are vigorously prosecuting every other pursuit which offers profit or pleasure, is unknown to me,” he continues, “THAT HEALTH, which is of more consequence to every human being than all other earthly considerations put together, is neglected and treated as if a knowledge of the prevention, symptoms and means of cure of diseases, was an impenetrable mystery, is astonishing to the enterprising and philanthropic” (iv).

<sup>49</sup> For more on botanic medicine in the nineteenth-century United States, see Hand, ed. *American Folk Medicine* (1976); Berman and Flannery, *America’s Botanic-Medical Movement* (2001); Whorton, *Nature Cures* (2002); and Haller, *The History of American Homeopathy* (2005).

public understanding of the underlying *causes* of disease: specifically, the enervating influences of an overstimulating “civilization,” which had driven man away from his original state of health: “The greatest number of diseases and infirmities are of our own begetting,” Gunn asserted, “because we have infringed the healthy laws of nature” (11). If nineteenth-century Americans had brought disease upon themselves as a result of this primal infringement, it stood to reason that they could exert the agency to adhere to “healthy laws” and thereby extricate themselves from self-imposed infirmity.

Despite the proliferation of popular texts that had aimed to render Americans legible to themselves, the physician’s lament for the layperson’s paucity of self-knowledge is something of a generic conceit of the nineteenth-century American domestic medical manual. In his 1854 manual *Health Made Easy for the People*, for example, Dr. Joseph Bentley would lodge this complaint capaciously: “we have nearly reached the middle of the 19<sup>th</sup> century,” Bentley lamented, “without so much as preparing plain elementary books, from which to teach self-knowledge, *Physical, Religious, or Moral*, and the LAWS on which it is founded. Indeed,” he continued, “we seem anxious to teach every thing in our schools but this kind of knowledge” (7). Positioning “physical” education alongside “religious” or “moral” education, Bentley suggests a fundamental interrelation of these epistemologies: physical knowledge, after all, helped to facilitated obedience to divine laws of life. As Boston physician Ira Warren asserted in his own manual of 1859, “[s]elf-knowledge ought to extend to the body as well as the mind...Without this knowledge, one cannot know how to take care of the health; and without health,” he continued, “life loses most of its value” (14). As texts like these make clear, *self-knowledge* was not prized for its own sake, but insofar as it facilitated the development of an ethics of *self-care*.<sup>50</sup>

---

<sup>50</sup> We might thus note parallels with the philosophical practice of asceticism, which is, Foucault explains, “a certain way of constituting the subject of true knowledge as the subject of right action” (*Hermeneutics* 485).

## Outline of Chapters

The first half of this dissertation analyzes the “health-oriented print” surrounding two major early American epidemics: the yellow fever epidemic of 1793 and the Asiatic cholera epidemic of 1832. I approach these epidemics as biopolitical crises not because they represent states of exception—that is, examples of the hyper-visibility of disciplinary power Foucault attributes to the “plague-stricken town” of seventeenth-century Europe—but rather because they dramatize and magnify the regularizing operations of biopower implicit in American ideologies of self-health. By placing responses to these epidemic events in conversation with more quotidian discourses of risk—hereditary disease and domestic hygiene, respectively—these chapters illustrate the ways in which American responses to *epidemic* disease were not radically divergent from, but rather continuous with, responses to *endemic* disease.

Chapter 1 offers a new reading of Charles Brockden Brown’s oft-discussed fever novel *Arthur Mervyn: Or Memoirs of the Year 1793* (1799), arguing for a reconsideration of contagion as an etiology and a metaphor. As this chapter shows, figurations of yellow fever as a conspiratorial agent that indiscriminately invades the passive body politic fundamentally misrepresent the disease’s etiology as Brown, Rush, and many of their anticontagionist contemporaries understood it. Contextualizing the novel within the neo-Hippocratic, anticontagionist understanding of disease causation to which Brown ascribed, this chapter suggests that to re-situate fever metaphors in terms of a crucial but largely ignored etiological concept—“predisposing” and “exciting” causes—may accordingly shift our understanding of causality, agency, and moral responsibility in Brown’s fiction. Pairing an “anticontagionist” reading of epidemic disease *Arthur Mervyn* with an analysis of Brown’s representation of endemic (hereditary) disease in his earlier novel, *Wieland* (1798), I develop an analysis of what I am calling Brown’s “biological Gothic”: a genre that attends not only to the operation of external agents, supernatural or terrestrial, but to the agency of the body itself.

Chapter 2 expands this analysis of causality to illustrate the ways in which antebellum Americans conceptualized self-care as a set of practices including not only care of the body, but care of domestic space—specifically, domestic *atmosphere*. Through an analysis of the public health advice that circulated in New York print media during the Asiatic cholera epidemic of 1832, it demonstrates that the anticontagionist preventive agenda was dependent upon the promotion of both domestic hygiene measures and a program of self-circumspection: specifically, the imperative for laypeople to participate in the diagnostic and prognostic process by detecting and interpreting the disease’s “premonitory symptoms.” It then explores the relation of this hermeneutic practice—what I call “premonitory reading”—to the representation of pestilential domestic atmospheres in Edgar Allan Poe’s “The Fall of the House of Usher” (1839) and Nathaniel Hawthorne’s *The House of the Seven Gables* (1851). While both tales have often been read as exhortations against inherited property and heritable pathology, this chapter demonstrates the ways in which these family maladies are complicated by environmental etiologies that might be remedied by domestic hygiene. By examining the ways in which “atmosphere” was jointly conceived as a physical medium for the communication of disease and an imaginative medium for the communication of meaning, this chapter explores how a host of nineteenth-century negotiations—between diseases and bodies, individuals and communities, authors and readers—were dependent upon the idea of “atmospherical” mediation.

The second half of this dissertation demonstrates how two seemingly sociopolitical institutions—slavery and marriage—were also construed as biopolitical crises in the mid-nineteenth century. These chapters explore the ways in which abolitionist and feminist authors responded to, resisted, and/or strategically repurposed biosocial pathologies, illustrating how antebellum abolitionism, feminism, and their discontents approached race, gender, and sexuality as problems of population. Central to both abolitionist and women’s rights movements, as the final two chapters

aim to show, was a strategic engagement with dominant ideologies of health, and the concomitant development of a politics of care.

Examining the ideologies of health and disease that underpin abolitionist and pro-slavery discourses, Chapter 3 shows how both slavery and emancipation were figured as public health crises in the antebellum period. While previous scholarship has tended to focus on the ways in which “scientific” justifications for American chattel slavery played out within the pseudoscience of ethnology, this chapter focuses on the burgeoning uses of *immunology* in the formulation of an antebellum biopolitics. Advocates of “states’-rights medicine” cited African Americans’ supposed immunity to diseases of the Southern climate as evidence that they had been divinely designed for plantation labor and, by extension, enslavement; at the same, time, discourse of racialized immunity was concomitantly matched by a discourse of susceptibility: chief among white supremacist rationalizations for slavery was the notion that African Americans were unable to “take care of themselves.” Countering abolitionist arguments that the inhumanity of slavery was evidenced in its neglect of vulnerable subjects—in particular, the elderly and the sick—pro-slavery ideologues contended that the preeminent virtue of the slave economy was the caretaking function it afforded for subjects like these. Yet although Southern paternalism has been extensively analyzed from sociological and economic perspectives, less attention has been paid to the ways in which self-care was also understood as a pressing public health problem. This chapter investigates how the fantasy of mutual care plays out in Caroline Lee Hentz’s “anti-Tom” novel *The Planter’s Northern Bride* (1854), and is challenged in Hannah Crafts’s *The Bondwoman’s Narrative*, the fictionalized slave narrative authored by a formerly-enslaved woman in the 1850s and recovered by Henry Louis Gates in 2002. By exposing what she terms the “legitimate effects” of environmental injustice, psychological violence, and systemic neglect, I suggest, Crafts establishes *health* as an essential analytic for the American slave narrative.

Drawing from previous chapter's examination of racialized anxieties about the future of the American population, Chapter 4 shifts from analysis of epidemic discourse in order to explore the primary *endemic* pathology that plagued the nineteenth-century United States: "degeneration." In the 1840s and 50s, the pervasive idea that the population was plagued by the declension of mental and physical capacities—and the attendant notion that this pathological decline might be remediated by prudent, proto-eugenic reproductive pairings—occasioned a reformulation of the concept of self-care, expanded to signify care for hypothetical future progeny. This future-oriented concept of care in turn inflected debates surrounding marriage, as free-love feminists like Mary Sargeant Gove Nichols strategically employed degeneration anxieties to argue for women's increased agency in partner selection. Examining how American women authors mobilized these anxieties in the mode I call "hygienic sentimentality," this chapter argues that the writings of Louisa May Alcott—in particular, her understudied 1864 novel *Moods*, and its 1882 revision—can be productively read in conversation with the discourse of degeneration as a queer critique of the biopolitics of American marriage. For Alcott, I argue, hygienic sentimentality offered not only an opportunity for feminist critique of the mid-century American marriage "experiment," but enabled a space for queer resistance to heteronormative kinship structures broadly writ.

Of course, essential to the historical period I discuss here, but not explicitly addressed within the analytical scope of this project (save for Chapter 3's coda on the Freedman's Bureau), is the impending presence of the Civil War. The cataclysmic impact of the war on American medicine, health, and disability merits more attention than the purview of this dissertation affords—and indeed, a number of studies published in the past decade have made important strides in addressing this critical area of inquiry, including Jim Downs's *Sick From Freedom* (2012), Gretchen Long's *Doctoring Freedom* (2012), Margaret Humphreys's *Marrow of Tragedy* (2013), Shauna Devine's *Learning from the Wounded* (2014), and John M. Kinder's *Paying with Their Bodies* (2015). Moreover, it is precisely



because the Civil War has been so widely understood as a “watershed in the history of American public health” (Duffy 126)<sup>51</sup> that I have elected to focus on early republican and antebellum politics of care, resisting the discourse of exceptionalized crisis in order to examine the more regularized, quotidian, and chronic states of emergency that perpetuated an American ideology of self-health. Ultimately, this dissertation aims to illustrate how self-care was construed in the nineteenth-century United States as an essential precondition of citizenship: one’s ability to manage and protect property in one’s body was not simply a measure of political autonomy, but the very grounds upon which this autonomy was granted.

If nineteenth-century Americans imagined the body as a kind of property—one that was implicitly rendered the property of others should the individual be deemed incapable of caring for it properly—then it will perhaps seem a small wonder that Emily Dickinson writes, “I am afraid to own a body.” The body is, in Dickinson’s terms, “precarious Property,” temporarily commended to auspices of the individual by an authority to whom it more properly belongs. Dickinson’s speaker’s fear of corporeal *ownership*, then, is perhaps more properly a fear of corporeal *care*—of custodianship of the “Double Estate” of body and soul bequeathed to an “unsuspecting Heir.” *Self-Health* engages this intersection of responsibility and vulnerability as it examines the politics of care in American print.

---

<sup>51</sup> In particular, the 1861 installation of the US Sanitary Commission, which became—somewhat unwittingly—a major relief agency for the Union Army, has been assumed to have precipitated a revolution in American sanitation, including the postbellum establishment of state boards of health and the passage of health bills in cities like New York. For more on the Sanitary Commission, see Giesberg, *Civil War Sisterhood* (2000), and Humphreys, *Marrow of Tragedy* (2013). Of course, the Sanitary Commission was not the first federal interest in sanitation; four National Quarantine and Sanitary Conventions were held between 1857 and 1860 at the urging of William Jewell of the Philadelphia Board of Health. See the *Report of the Council of Hygiene and Public Health* (1865).

**CHAPTER ONE**  
**Invisible Agency: Charles Brockden Brown's Biological Gothic**

Then, for the way by which they think these Invisible Agents wrought their effects; that is to say, what immediate causes they used, in bringing things to pass, men that know not what it is that we call *causing* (that is, almost all men) have no other rule to guess by, but by observing, and remembering what they have seen to precede the like effect at some other time, or times before, without seeing between the antecedent and subsequent Event, any dependence or connexion at all: and therefore from the like things past, they expect the like things to come; and hope for good or evil luck, superstitiously, from things that have no part at all in the causing of it.

—Thomas Hobbes, *Leviathan* (1651)

Narratives, whether fictitious or true, may relate to the processes of nature, or the actions of men. The former, if not impenetrable by human faculties, must be acknowledged to be, hitherto, very imperfectly known. Curiosity is not satisfied with viewing facts in their disconnected state and natural order, but is prone to arrange them anew, and to deviate from present and sensible objects, into speculations on the past or future; it is eager to infer from the present state of things, their former or future condition.

—Charles Brockden Brown, “The Difference Between History and Romance” (1800)

The summer of 1793 was a “sickly time” for Philadelphia, as diarist Elizabeth Drinker observed (494). Yellow fever, the acute viral disease that would continue to instigate seasons of inexplicable sickness in the United States over the course of the following century, had first been reported in the nation’s capital in mid-July; by November, between four and five thousand of its 55,000 residents had died. Meanwhile, some 20,000—including George Washington and his government—fled the infected city, as a divided American medical community struggled to demystify

the disease's etiology.<sup>1</sup> While physicians like William Currie insisted that the fever was contagious, transported to the United States from the West Indies alongside circum-Atlantic slave traffic and refugees from the revolution at Saint-Domingue,<sup>2</sup> the early republic's preeminent medical authority, Dr. Benjamin Rush, asserted that the disease was endemic to the United States, and transmitted not by physical contact, but by pestilential effluvia arising from the putrefaction of organic matter.<sup>3</sup> But regardless of whether the fever was transmitted by foreign bodies, local environments, or some other uncanny combination of causes, its virulence inspired a widespread social panic that medicine could not remedy.<sup>4</sup> Toward winter, as the printer Mathew Carey recalled in his best-selling account of the epidemic the following year, this "sickly time" concluded just as it had begun: "without any visible cause" (112).<sup>5</sup>

The opacity of the fever's causality accounted for the greater part of its terror, as Charles Brockden Brown observed in a 1796 letter to his brother James: "Plague," he explained, "operates

---

<sup>1</sup> For a history of the Philadelphia epidemic of 1793, see Powell, *Bring Out Your Dead* (1949); Kornfeld, "Crisis in the Capital" (1984); Estes and Smith, eds., *A Melancholy Scene of Devastation* (1997); and Taylor, *We Live in the Midst of Death* (2001). For further history of the disease in the nineteenth-century United States, see Coleman, *Yellow Fever in the North* (1987); Ellis, *Yellow Fever and Public Health in the New South* (1992); and Crosby, *The American Plague* (2007). For examinations of eighteenth century fever etiology, see Bynum and Nutton, eds., *Theories of Fever from Antiquity to the Enlightenment* (1981), and James C. Riley, *The Eighteenth-Century Campaign to Avoid Disease* (1987).

<sup>2</sup> For an account of yellow fever epidemics in St. Domingue, see McNeill, *Mosquito Empires* (2010).

<sup>3</sup> As Chapter 2 of this dissertation discusses in greater detail, "effluvia" or "miasma" had been understood as primary agents of disease causation Hippocrates's *On Air, Water, and Situation*. Initially, Rush hypothesized that the atmosphere in Philadelphia during the especially-sultry summer of 1793 had been vitiated by the "putrid effluvia" arising from a cargo load of decaying coffee festering in a Philadelphia wharf (*Account* 27). "It is no new thing for the effluvia of pestilential vegetables to produce malignant fevers," Rush reminded Philadelphians in an August 29, 1793 letter printed in the *American Daily Advertiser*. "Cabbage, onions, black pepper, and even the mild potatoes, when in a state of putrefaction, have all been the remote causes of malignant fever" (*Account* 25).

<sup>4</sup> Rush had drawn his understanding of the "epidemic constitution" of the atmosphere from the celebrated seventeenth-century physician Thomas Sydenham, the "English Hippocrates"—who was, in contagionist William Currie's estimation, "a very erroneous philosopher" who had been "misled by vague and erroneous notions, respecting influential constitutions of the atmosphere" (11). Lambasting the medico-theoretical backwardness of Rush and others, Currie wrote, "When I reflect that philosophy was only beginning to emerge from gothic darkness, in which it had long been sunk, at the time Sydenham published his observations; I am willing to make due allowance for his errors:—But the present aera, when philosophy has arrived at a state of improvement, which approaches to perfection, such errors are not entitled to the same toleration" (13). Currie's conceptualization of etiological uncertainty as "gothic" is evocative for my purposes here.

<sup>5</sup> In 1901, U.S. Army physician Walter Reed would confirm Cuban physician Carlos Finlay's 1881 hypothesis that yellow fever was communicated by mosquitoes (*Aedes aegypti*). It was the intervening agency of the insect, then—not direct bodily contact or the agency of the atmosphere—that facilitated the disease's transmission.

by invisible Agents. We know not in what quarter it is about to attack us. No shield, therefore can be lifted up against it” (371). As Brown suggests, knowledge of an epidemic’s causal mechanism enables its prevention: by its tracing effects back to some originating source, we might protect ourselves against its ravages. But in the absence of perceptible evidence, as Gothic authors like Brown knew all too well, the imagination tended toward precarious conjectures: “We fear [yellow fever] as we are terrified of the dark,” Brown analogized; “our defenceless condition, and the invisible approaches of danger, may contribute to our alarms” (371).<sup>6</sup>

James, it appears, was something of an alarmist. “He seems to think and dream of little else than the yellow fever,” Brown complained the following summer in a letter to his friend, the physician Joseph Bringhurst, Jr; “I think he may be charged with timidity, & this principle has somewhat tainted his reports of the Condition of this City. Thou knowest, from the nature of this subject, the incurable defects of rumour” (389). As Brown suggests, public discourse surrounding disease had material, often deleterious effects; as Carey lamented in his account of the epidemic, that “[t]he hundred tongues of rumour were never more successfully employed, than on this melancholy occasion” (34). Rebuking the public panic that continued to be produced by “the exaggerations of rumour” in 1796, Brown gently chastised his brother’s paranoiac hypervigilance, counseling him to remain steadfast in the face of so-called “invisible Agents” of “yellow fever, and the like imaginary spectacles” (371).

In our post-virological, post-microbiological moment, Brown’s “invisible Agents” might seem to read as an anticipation of discovery, intimating the infectious agents of disease causation

---

<sup>6</sup> Brown admits that he is “not even wholly uninfected by this disease”—that is, the disease of fearfulness—since “so strong is the influence of early associations.” Invoking the ideas of eighteenth-century associationism—a philosophical school developed by thinkers like John Locke, David Hume, David Hartley, John Stuart Mill, Archibald Alison, and Henry Home, Lord Kames, which held that thoughts succeeded as a series of associated mental states—Brown accordingly suggests that epidemics supply “a striking example of the importance on stamping on the infant mind, right impressions” (371), as evidenced in his apparently poorly-impressed brother. For discussions of the relationship of associationist philosophy to literature, see Davis, *Formalism, Experience, and the Making of American Literature* (2007), and Craig, *Associationism and the Literary Imagination* (2007).

that would eventually be unveiled by the advent of microscopic visual technologies.<sup>7</sup> However, as the tenor of his letter suggests, these “invisible Agents” are more appropriately read as an ironic rejoinder to superstitious figurations of causation that would attribute material effects to suspected intervention of “invisible Agents,” divine and demonic—a strategy exemplified in the seventeenth-century witchcraft narrative.<sup>8</sup> Indeed, Brown’s letter echoes Hobbes’s meditation on religious superstition in *Leviathan*: “perpetual fear, always accompanying mankind in the ignorance of causes, as it were in the dark, must needs have for object something,” writes Hobbes—and thus, he continues, do we attribute fearful effects to “some power or agent invisible” (57). Of course, for Brown to class yellow fever, a disease that had killed thousands in his midst, as an “imaginary spectacle” akin to the apparitions of infantile fantasy surely seems strange, as critics like Bryan Waterman have remarked.<sup>9</sup> Yet Brown does not deny the ontological existence of yellow fever;

---

<sup>7</sup> Melvin Santer responds to this post-microbiological preconception in his recent history of disease etiology by requesting that his readers “temporarily suspend judgment about the causes of contagious disease” as “initiated by the invasion of a host by various microscopic agents” (xii). For explorations of biological “invasion,” see Otis, *Membranes* (2000), and Wald, *Contagious* (2008). Early modern medical theory hypothesized the existence of microorganisms, or “animalculae.” For more on the animicular theory of disease, one notably espoused by Cotton Mather, see Silva, *Miraculous Plagues* (2011), 157-62.

<sup>8</sup> For example, drawing on Mather’s *Wonders of the Invisible World* (1693), Daniel Neal recalls in his *History of New-England* (1720) that the Salem “Distemper” of 1691 began when colonists “complained of being bitten and pinched by invisible Agents” (496). The investigation of these claims of invisible agency importantly depended upon the intervention of medical science, as Norman Gevitz has observed; examining the influence of medical epistemology in seventeenth-century witchcraft trials, Gevitz notes that physicians served as the “principal professional arbiters for determining natural versus preternatural signs and symptoms of disease” (7). Enlightenment science, in turn, increasingly reconstituted supposedly-supernatural agency as endemic to the physical world; in a 1755 essay on Robert Boyle’s air pump, for example, the British physician Benjamin Martin remarked that “[s]uch Experiments as these naturally tend, by Degrees, to abate the Wonder we usually express at some mighty Effects we observe produced by invisible Agents” (372). But this abated wonder was not necessarily a refutation of divine agency, as Thomas Paine suggests in *The Age of Reason*: “The man who proportions the several parts of a mill uses the same scientific principles as if he had the power of constructing a universe,” writes Paine, “but as he cannot give to matter that invisible agency by which the component parts of the immense machine of the universe have influence upon each other, and act in motional unison together, without any apparent contact, and to which man has given the name of attraction, gravitation, and repulsion, he supplies the place of that agency by the humble imitation of teeth and cogs. All the parts of man’s microcosm must visibly touch; but could he gain a knowledge of that agency, so as to apply it in practice, we might then say that another canonical book of the word of God had been discovered” (36).

<sup>9</sup> Waterman argues that “Brown’s focus on the relationship between the fever and imagination...suggests that he was already consider the fever’s potential as a fictional device to generate interest, suspense, or even sublime terror in an audience” (*Republic of Intellect* 190). Like Waterman, I approach Brown’s connection between disease and the imagination as foundational to his Gothic; however, I focus not on the generation of interest, suspense, or terror, but on the ways in which imagination is crucial to hypothesizing causation: a concept that is key to both narrative and medicine.

rather, he points out that, for healthy people like James, the fever was a future possibility and hence could be nothing *but* imaginary: a constant source of speculation and dread.

This chapter argues for a revision to long-engrained critical approaches to Brown's writings on fever—and to literary depictions of disease more generally—that take disease, and contagion in particular, as a self-evident metaphor for all manner of sociopolitical mechanisms. Illustrating what Stephen Shapiro has termed the critical “obsession” with exposing Brown's depiction of the epidemic “as a message about commerce, the national imaginary, and so on,”<sup>10</sup> critics such as Jane Tompkins, Shirley Samuels, Philip Gould, and Julia Stern have explored yellow fever in Brown's novels as a symbolic trope for benevolence, sexuality, economy, and sympathy, respectively; more recently, Sian Silyn Roberts has argued that, in *Arthur Mervyn*, yellow fever serves as “an apt metaphor for” an “alternative social organism,” as “Gothic tropes effectively displace the Enlightenment individual with one that is porous, fluid, and projected beyond the metaphysical boundaries of the body... Just as the disease invades people and changes the way they are constituted,” Roberts analogizes, “so this social body invades and transforms other models of community” (41). For Waterman, the plethora of indexical readings of fever in Brown's oeuvre demonstrates that “contagion and disease are too easy as metaphors”; accordingly, he somewhat quixotically advises an audience of literary historians to resist the impulse to read metaphorically (“*Arthur Mervyn's* Medical Repository” 219).

---

<sup>10</sup> Jane Tompkins reads Brown's depiction of benevolence as “contagious,” suggesting that “[i]t may be no accident that the disease from which most of the rescued characters die or are saved in the novel is contagious also” (71). Samuels argues that *Arthur Mervyn* exemplifies a “contemporary conjunction of a fear of sexuality and a fear of contagion” (“Infidelity and Contagion,” 189). For Gould, *Arthur Mervyn* exploits an “economics of contagion” (165). Stern contends that in Brown's other fever novel, *Ormond*, “[c]ontagion and containment, medical terms describing the course of the disease, function as supple figures for sympathy and liberty... becoming, in fact, almost analogues for fictive form itself” (156). Countering these readings, Shapiro argues that, “[d]espite its sensationalism, Brown uses the plotting of the plague... as a nonallegorical mechanism for staging and amplifying already existing social dynamics regarding property (class) and sex (gender) and their intersection in race” (270). This chapter similarly takes up the fever plot as “a nonallegorical mechanism,” but focuses on the *biological* dynamics of predisposing and exciting causes.

Metaphor indeed has a contentious relationship with medicine, from Susan Sontag's seminal polemic against "metaphoric thinking" about illness (3) to pioneering medical historian Oswei Temkin's assertion that "[a]nalogies are not in good usage among modern scientists. And of all analogies the metaphor is almost the worst" (271).<sup>11</sup> Yet this chapter suggests that the main problem with readings that have attended to fever as an "apt metaphor" for other socio-political or affective processes is not the inefficacy of metaphor per se, but the inaptness of the metaphor. Specifically, previous readings of *Arthur Mervyn* have tended to rely upon the concept of contagion as a metaphor for manifold kinds of communicability. Crucially, however, yellow fever is *not* contagious, nor did Brown believe it to be: "[t]o imagine this disease to be contagious," as his eponymous protagonist comes to realize, "was the height of folly" (122); for Brown, contagion proved ineffectual both as etiology and as allegory. If his "invisible Agents" are not intended to suggest an ontology of disease, but rather to rebuke a rhetorical tradition of misplaced suspicion, then it follows that we must fundamentally rethink the logic of transmission with which we have been wont to (mis)read his representations of fever.

As medical historian Christopher Hamlin has argued, the "preoccupation with contagion" in the received history of pre-microbiological medicine arises from an anachronistic impulse: "We find infectious disease the most interesting part of public health," Hamlin observes, "and see the most interesting questions about infectious disease as having to do with the means by which a particular disease agent invades the body to engender a specific disease" (50). Indeed, scholarship on the yellow fever epidemics of the 1790s—as on the history of eighteenth and nineteenth century medicine more broadly—has tended to focus on "contagionist" versus "anti-contagionist" (or "climatist") theory,

---

<sup>11</sup> Both Sontag and Temkin find metaphoric language an obfuscation of some essential scientific reality. For Sontag, metaphoric depictions of disease are less "truthful" than their clinical counterparts; Temkin dismisses metaphor because it "smacks of rhetoric rather than of sober and factual description of things" (271).

and on the political suspicions and ideologies engendered or reinforced by these etiologies.<sup>12</sup> But myopic attention to the contagion debate, Hamlin notes, precludes more complex understandings of eighteenth- and early nineteenth-century etiological theory—specifically, the notion that diseases like yellow fever were directed by “predisposing” and “exciting” (or “occasional”) causes: respectively, conditions of the constitution that rendered some individuals especially susceptible to certain maladies, and behavioral or environmental factors by which disease agents were endowed with their lethal force.<sup>13</sup> As Rush’s mentor, the renowned Edinburgh physician William Cullen, had explained in his *Practice of Physic* (1777-1785), “the human body is at different times in different conditions with regard to its fitness for being acted upon by particular agents; such a condition is called a Predisposition, and the causes which produce it are termed predisposing causes. All those agents, on the other hand, which produce their effects only under certain conditions, are called occasional or exciting causes” (475).

For literary and cultural historians, the concept of contagion has proved no less alluring, insofar as it affords an “apt metaphor” for other modes of transmission, communication, and

---

<sup>12</sup> As medical historians such as Charles Rosenberg and Martin Pernick have demonstrated, contagion debates inflected political as well as medical policy in the decades prior to the advent of germ theory; contagionism has been understood to feed isolationist agendas, scapegoating particular persons and populations via the institution of quarantine, while anticontagionism has been linked to a heroic narrative of public health reform as environmental variables became increasingly implicated in understandings of disease transmission. Pernick has notably illustrated the ways in which etiological debate occasioned by the Philadelphia yellow fever epidemic of 1793 was divided along marked partisan political lines: Republican physicians like Rush and Jean Deveze advanced the theory of local origin, whereas non-partisan physicians like Currie, Adam Kuhn, and Isaac Cathrall, as well as Edward Stevens, “Philadelphia’s lone confessed Federalist physician,” ascribed to an importationist agenda (122). See Pernick, “Politics, Parties, and Pestilence” (1997).

<sup>13</sup> The theory of predisposing and exciting causes elaborated on the notion of “remote causes” proposed by Aristotle and developed by Galen; unlike the “proximate causes” of disease, which might be ascertained with immediacy, the “remote causes” of disease instigated a more complex chain of causation. In his analysis of the Chadwickian public health movement in Victorian Britain, Hamlin argues that what has historically been understood as turn from contagionism the mid-nineteenth century ought to be understood more particularly as a turn from predisposing to exciting causes. As Hamlin explains, “contagionist and anticontagionist miasmatic explanations were neither mutually exclusive nor essentially in opposition. Contemporary use of such terms as ‘contagion’, ‘contagious’, ‘miasm’, and ‘miasmatic’ may seem appallingly loose, and certainly sometimes was. But references to ‘contagious miasms’ or to contagia as ‘human miasms’ (a technical term in William Cullen’s system) do make sense in early nineteenth-century usage” (47).



interrelation; as Priscilla Wald notes, contagion is “a foundational concept in the study of religion and society, with a long history of explaining how beliefs circulate in social interactions” (2)—one that has lent itself especially readily to what Richard Hofstadter has famously called “the paranoid style in American politics.” For, Hofstadter the “heated exaggeration, suspiciousness, and conspiratorial fantasy” (3) that has tended to characterize American political rhetoric aptly captures the conspiratorial imaginary of early American republic in an age of Illuminati anxieties and the Alien and Sedition Acts.<sup>14</sup> In his classic study *Conspiracy and Romance* (1989), Robert Levine examines the trope of conspiracy-as-contagion in the 1790s, noting that yellow fever “was regularly portrayed as a duplicitous form of foreign infiltration and subversion”; accordingly, Levine understands Brown’s phrase “invisible Agents” an “anthropomorphic imagining of fever as a martial corps of stealthy saboteurs,” one that “conveys a social anxiety similar to that of numerous contemporaneous countersubversive texts” (34).<sup>15</sup> More recently, political historian Jason Frank has explored the “popular trope of liberty’s contagion” (24) in the early American republic, examining the ways in which eighteenth-century theories of sympathetic communication proposed a process of “contagious bodily mimesis” (35). Yet while disease was employed as a metaphor for revolutionary insurrection—or indeed for what John Adams deemed the “distemper” of democracy (qtd. in Frank

---

<sup>14</sup> Bernard Bailyn’s *The Ideological Origins of the American Revolution* (1967) and Gordon S. Wood’s “Conspiracy and the Paranoid Style” (1982) similarly explore the early national conspiratorial imagination, which was preoccupied with revolutionary threats such as the infiltration of the Bavarian Illuminati. As Ed White explains, Bailyn’s and Wood’s histories “raised conspiracy theory to an integral component of an all-encompassing idea system. . . . Both viewed conspiracy thought as constitutive of eighteenth-century thought, the ‘logic of rebellion,’ the Declaration, even Enlightenment metaphysics. Revolutionary era conspiracy theories were not prompted by some crisis, but helped bring it about” (4). For further histories of rebellion and conspiracy, see Pocock, *The Machiavellian Moment* (1975) and Durey, *Transatlantic Radicals and the Early American Republic* (1997). For additional analysis of conspiracy and the early American novel, see Bradfield, *Dreaming Revolution* (1983).

<sup>15</sup> As evidence for his claim, Levine points in particular to Abbé Augustin Barruel’s *Mémoires pour servir à l’Histoire du Jacobinisme* (1797), which presents the French Revolution as an Illuminati conspiracy: “as the plague flies on the wings of the wind,” Barruel writes, “so do [the Illuminati’s] triumphant legions infect America” (qtd. in Levine 34). Tellingly, however, Barruel’s depiction of this microscopic Illuminati evokes not contagionist, but anticontagionist theory: its transmission “on the winds of the wind” suggests that the infectious substance is incorporated not by contact, but via the intercession of the atmosphere. The notion that Illuminati “infection” depends upon an intermediary “atmosphere” significantly complicates the metaphor.

112)—an anachronistic understanding of *contagion* as the mechanism of transmission has tended toward oversimplification. In order to analyze this medico-political discourse, we must look past the primal scene of infection to consider alternative models of causality that depend upon the complex interrelation of body and environment.<sup>16</sup>

Contagionism presupposes a kind of democratic endangerment: all bodies are understood as equally susceptible on the basis of mutual exposure. Yet as many late eighteenth and nineteenth-century physicians noted, the idea of universal susceptibility could not adequately account for the material effects of disease; as Noah Webster noted in his *Brief History of Epidemic and Pestilential Diseases* (1799), some bodies were “naturally more susceptible of disease than others” (274).<sup>17</sup>

Countering the theory of contagionists like Currie, Rush contended that the fever “acted differently in different constitutions, according to previous habits, to the degrees of predisposing debility, or to the quantity and concentration which was applied to the body” (27-28).<sup>18</sup> The notion that “the

---

<sup>16</sup> Following Hofstadter, critics have been wont to remark upon the parallels conspiratorial imaginaries of the Cold War and early republican eras; we can also observe parallels between their *immunological* imaginaries. As critics such as Daryl Ogden, Cindy Patton, Emily Martin, Ed Cohen and Priscilla Wald have observed, Cold War political discourses drew upon emergent medico-scientific discourses of virology and immunology to as a way to conceptualize the threat the American body politic. The discipline of virology, as Martin explains, was grounded in a “warfare/defended-self model of the body” that centrally depends upon a “self/nonself distinction,” whereas immunology promoted a willingness to “think in terms of complex systems” (Martin 108, 109). Like virology, contagionism focused on mitigating the threat of external invasion; like immunology, anticontagionism presented a more expansive understanding of pathology, one that included the threat of the body’s own subversion.<sup>16</sup> In other words, the prevailing early republican etiological theory situated disease within a series of neo-Hippocratic negotiation between constitution and climate. Thus, rather than replicating the virologist/contagionist fantasy of foreign invasion—the fear, in Wald’s words, of “agents penetrating from without and converting *susceptible* insiders to their cause”—Brown’s novels offer a “holistic and anticipatory approach” (173) to the “complex system” of disease by probing the notion of *susceptibility* itself.

<sup>17</sup> “Those who oppose the doctrine of contagion, not only produce as authority the silence of Hippocrates, with Avicenna, and other Arabian physicians, on the subject, but they allege, that if the plague was a contagious disease, it would *always* infect those who have communication with the diseased. But this they aver to be contrary to fact,” Webster explained; “and they instance the escape of many physicians, grave-diggers, harsemen and others. They argue further, that as the breath and effluvia of persons in health will not expel the poison of the plague from the diseased, so, on the other hand, the effluvia from the infected cannot infuse the seeds of the disorder into a healthy body” (214).

<sup>18</sup> Although a particularly virulent atmospheric “contagion,” Rush conceded, was capable of producing what he called “indirect debility”—a weakened somatic state produced solely by environmental stimuli—“[i]n ninety-nine cases out of a hundred,” Rush insisted, “I could distinctly trace the formation of the disease to [predisposing and exciting] causes, acting separately, or in greater or less combination” (28-29). For Rush, it stood to reason that more Philadelphians had been exposed to the “contagion”—a term used loosely, somewhat confusingly, by both contagionists and climatists to signify disease agents that existed externally to the human body—than had exhibited symptoms of the disease; predisposing and exciting causes were thus integral to understanding such idiosyncrasies.

disease invades people and changes the way they are constituted,” then, is not the premise under which *Arthur Mervyn* operates. Instead, it is something rather like the reverse: the way people are constituted changes the disease.<sup>19</sup>

During the late eighteenth century, the idea of predisposition or “diathesis” began to figure as an essential concept in the medical sciences, emphasizing a “tendency to latency, recidivism and metastasis” (Ackerknecht 321).<sup>20</sup> The idea that pathological agencies could remain latent in the body until activated by “exciting causes” informed medical understandings of diseases commonly considered to be hereditary—including consumption, gout, scrofula, and insanity—as well as of infectious diseases like yellow fever.<sup>21</sup> Physicians thus identified disease not only in terms of ontology, but in terms of probability; a hereditary predisposition, for instance, indicated not “the necessary emergence of a particular disease but rather the potential for it, and the occasion for early and thoughtful prophylaxis” (Rosenberg, “The Bitter Fruit” 195).<sup>22</sup> Accordingly, although the eighteenth century is commonly understood as the era of “heroic medicine”—an approach,

---

<sup>19</sup> See Finger, *The Contagious City* (2012), for an extended analysis of the eighteenth-century understanding of “constitution” as a condition of simultaneous singularity and plurality that “made the rhetoric of political medicine a versatile tool for implementing policy and for articulating a shared identity through that idea” (6).

<sup>20</sup> “Diathesis” continued to preoccupy medical writing on hereditary disease throughout the nineteenth century. In his 1851 treatise *On the Transmission from Parent to Offspring of Some Forms of Disease and of Morbid Taints and Tendencies*, James Whitehead defined “diathesis” as “an exaggerated temperament or idiosyncrasy, or to a morbid state of the circulating fluid; and signifies a more or less permanent susceptibility to disease of some particular nature; it may thus be regarded indeed as disease in a latent form” (7).

<sup>21</sup> These early models of disease causality can be understood in relation to contemporary biopolitical and bioethical concerns, as scholars such as Nikolas Rose have noted. As Rose observes, post-genomic notions of susceptibility offer “an extension of two other modes of thought that have a long history—that of predisposition and that of risk. A predisposition, since at least the eighteenth century, was an inherited taint or flaw that would, in the right (or wrong) circumstances, manifest itself in illness or pathology”—a concept that gained especial currency, he continues, “in the second half of the nineteenth century, as all manner of problems of social pathology and danger came to be understood in terms of degeneracy” (18-19). Chapter 4 of this dissertation will address degeneracy; this chapter considers the predominant idea that predispositions “might lurk unseen until triggered by external events ranging from excessive drinking to accident or age—and might be averted by adopting a careful and moderate way of life”: an idea that remains salient as the discourse of genetic predisposition recapitulates these “well-established technologies of risk assessment, risk prediction, and risk management” (Rose 19).

<sup>22</sup> A “predisposing cause” referred to a variable condition of the constitution (eg temperature); “predisposition” referred to an inherited condition of the constitution. As Sir James Clark explained in *The Influence of Climate in the Prevention and Cure of Chronic Diseases* (1830), hereditary predisposition denoted “a peculiar organization of the system, depending upon its original conformation and organization, and derived from parents, which renders the individual more susceptible, or more liable to lapse into certain diseases, than other persons endowed originally with a more healthy organization” (322).

associated with practitioners like Rush, that valorized the therapeutic agency of the physician—this chapter demonstrates the ways in which public health relied not only upon the intervention of medicine, but upon practices of individual risk assessment and the concomitant implementation of prophylactic measures. Early American public health, in other words, was as much about *self-*management as it was about managing the environments in which disease agencies were invisibly located.

Taking seriously Hamlin’s call for renewed attention to eighteenth- and early nineteenth-century theories of predisposing and exciting causes and, concomitantly, “the larger question of the relations between medical theories and the distribution of power” (45), this chapter seeks to shift the emphasis from tropes of contagion and invasion in epidemic discourse, to tropes of predisposition and latency. If the concept of contagion has offered a convenient theoretical framework in which to analyze early republican conspiracy, the undertheorized concept of predisposition offers an alternative framework within which to analyze American political subjectivity; under this framework, American subjects are not the passive receptors of foreign infiltration, but agents variably susceptible or resistant to its influence.<sup>23</sup>

In what follows, I argue that this reorientation of causal agency aptly describes Brown’s intervention in the Gothic genre. Echoing the subgenre some critics have called the “EcoGothic,”<sup>24</sup> which construes the natural environment as an object of terror, what I am calling Brown’s biological Gothic, or bio-Gothic, complicates previous Gothic figurations of causality by attending not simply

---

<sup>23</sup> In *AIDS and Its Metaphors*, Sontag observes that “[n]otions of conspiracy translate well into metaphors of implacable, insidious, infinitely patient viruses” (35). The eighteenth and nineteenth-century understanding of latency, as this chapter shows, focused less on the insidious disease agent itself than on the bodies these agents invaded.

<sup>24</sup> See Roberts, “The EcoGothic” (2008); Smith and Hughes, eds., *EcoGothic* (2013); and Del Principe, “The EcoGothic in the Long Nineteenth Century” (2014). Dongshin Yi has also proposed a “cyborgothic”—“a literary genre that emphasizes the necessity of an imaginary/imaginative approach to posthumanism, the current discourses of which are limited by the practicalities of technosciences and the dictates of anthropocentrism and, therefore, incapable of envisioning an aesthetical ethics for non-humans” (3).

to “invisible Agents” that operate on the body from the outside in, but to the invisible agency of the body itself.<sup>25</sup> For an exemplar of the revisionary causal model, I turn to an analysis of Brown’s first published novel, *Wieland, or The Transformation: An American Tale* (1798). As Charles C. Bradshaw has noted, the novel might readily be understood as “a narrative investigation of the concept of causality” (370).<sup>26</sup> But while Bradshaw argues that *Wieland* self-consciously mobilizes randomness as a narrative technique in order to expose the inadequacy of “[t]he contemporary epistemological vogue of cause and effect reasoning” (370), I argue that the animating conflict of *Wieland* is essentially etiological.<sup>27</sup> Countering a “contagionist” reasoning of Brown’s novel—one that would diagnose the novel’s tragic events as occasioned by the machinations of Carwin the biloquist—my analysis draws upon contemporaneous medical discourses to illustrate how Brown’s novel relies upon the intersection of “vertical” and “horizontal” models of disease transmission: respectively, “the transmission of hereditary traits from parents to offspring,” and transmission “mediated by infectious agents” (Gaudillère and Löwy 1). In *Wieland*, Brown offers a narrative etiology that depends upon the dynamic interrelation of hereditary predisposition and “exciting” causes.

Brown, of course, was well versed in the medical theory of his day, both through his close personal relationships with physicians Elihu Hubbard Smith and Samuel Latham Mitchill, and by

---

<sup>25</sup> Jean-Baptiste Lamarck and Gottfried Treviranus are generally credited with having (independently) coined the term “biology” in 1802: defined by Lamarck in *Hydrogéologie* as a type of “terrestrial physics” including “all which pertains to living bodies,” and by Treviranus in *Biologie* as, simply, “the science of life” (qtd, in Bynum et. al. 43). Karl Friedrich Burdach had used the term slightly earlier, in 1800; even earlier, in 1799, Thomas Beddoes used “biology” as a more specific demarcation of “physiology,” referring to “*the doctrine of the living system in all its states*” (4). I retroactively apply the term to characterize Brown’s novels because, although he does not employ the term himself, his preoccupation with the processes of life is contemporaneous with the emergence of this science.

<sup>26</sup> If Brown employs the character of Carwin to evoke contemporary anxieties about Illuminati conspiracy, Bradshaw suggests, he ultimately “point[s] to the futility of using conspiracy as a plausible explanation for political and cultural strife. Just as *Wieland* was ultimately forced to do,” he explains, “Americans must look upon themselves as agents of their future” (377). Edward Cahill has argued Brown’s exploration of causal forces at work in *Wieland* can be traced to his engagement with Godwin’s concept of “necessary causality,” a concept grounded in the notion of “an unswerving moral law that subordinated the freedom of individual thought and action to the greatest good” (186), and thereby contained dangerous deterministic implications.

<sup>27</sup> For an examination of how scientific concepts of causality inflected fiction in the nineteenth century, see Stephen Kern, *A Cultural History of Causality* (2009).

way of his engagement with the writings of English physician Erasmus Darwin, grandfather of Charles Darwin, whose nosological opus *Zoonomia* (1794) Brown would explicitly cite in both *Wieland* and *Edgar Huntly*. Yet as even the most casual reader of Brown will realize, his novels do not provide any more of a coherent concept of causality than American medical discourse did in accounting for yellow fever. This, I would argue, is no coincidence: Brown's infamously convoluted narrative style reproduces Hippocratic model of disease causation, which imagines an interdependent tangle of contingent causes, in contrast to the Paracelsian model, which hypothesizes the existence of a specific contagion. It is appropriate, then, that Brown's causal logic takes a particularly circuitous route in his famous fever novel *Arthur Mervyn, or Memoirs of the Year 1793* (1799).

Building from this analysis of *Wieland*, my reading of *Arthur Mervyn* explores the novel's nearly unnoticed invocation of hereditary disease, a detail that has been subsumed by critical attention to its rendering of the 1793 yellow fever epidemic. Yet crucially, the eponymous protagonist's hereditary predisposition to consumption conditions his response to the threat of yellow fever; as in *Wieland*, an overly determinist understanding of disease forestalls the possibilities for agency. *Wieland* and *Arthur Mervyn*, in short, might be understood as fundamentally concerned with the same process: how the "invisible agency" of the body can promote—or, alternatively, prevent—the pathological development of "invisible Agents."

### **Seeds and Arrows: Toward an American Bio-Gothic**

In the summer of 1793, at the order of Philadelphia Mayor Matthew Clarkson, the College of Physicians developed and circulated public health regulations aimed at preventing the spread of

yellow fever. Printed in the *Federal Gazette* on August 26,<sup>28</sup> the College's eleven-step directive advised Philadelphians not only how to avoid *contracting* the fever, but how to avoid *developing* it, since "the contagion of the disease may be taken into the body and pass out of it without producing the fever, unless it be rendered active by some occasional cause."<sup>29</sup> By mitigating "exciting" or "occasional" causes—environmental influences like exposure to the sun or evening air, as well as somatic stressors such as fatigue, intemperance, and fear—an already-infected readership was invited to claim the agency to "prevent the contagion from being excited into action in the body." Since fear itself was widely considered not only as an effect of fever, but, paradoxically, a cause, the College counseled the city to "put a stop to the tolling of the bells" (*Proceedings* 3); the near-constant death knells served as morbid reminders of the omnipresence of death, inciting already-anxious citizens into an anticipatory frenzy.

Brown illustrates this pathological feedback loop in his anecdote of the anxiety-addled "Baxter," originally published in his 1798 *Weekly Magazine* serial "The Man at Home" and later re-incorporated into the plot of *Ormond*. The case of Baxter "may be quoted as an example of the force of imagination," Brown notes, as "[h]e had probably already received, through the medium of the air, or by contact of which he was not conscious, the seeds of this disease. They might have perhaps have lain dormant, had not this panic occurred to endow them with activity" (*Ormond* 55). In other words, the issue of whether Baxter has contracted the fever by climate or contagion—"through the medium of the air, or by contact of which he was not conscious"—is ultimately inconsequential; what matters is that the infection operates in conjunction with a mediating physical state: Baxter's

---

<sup>28</sup> As David Paul Nord has noted, Andrew Brown's *Federal Gazette* served an integral "civic function" in fever-infected Philadelphia (20). Carey lauded the *Gazette* in his account of the epidemic, deeming it "of utmost service in conveying to the citizens of the United States authentic intelligence of the state of the disorder, and of the city" (22).

<sup>29</sup> Entitled "Directions for preventing the further progress of the Malignant, contagious Fever," the College's instructions draw from both contagionist and anticontagionist etiologies—recommending both avoiding "all unnecessary intercourse" (2) with infected persons, as well as "keep[ing] the streets and wharves of the city as clean as possible" (3).

imagination manipulates his physiology in such a way that the disease's latent "seeds" are induced to germinate. Morbid thoughts, Brown explains in *Ormond*, "had a tendency to prostrate the mind, and generate or ripen the seeds of this fatal malady, which, no doubt, at this period of its progress, every one had imbibed" (45). *Infection*, then, was only one part of the epidemiological plot.<sup>30</sup>

Brown's depiction of the fever's precarious latency—of a dormant disease "rendered active" by the cooperating agency of the body in which it invisibly lodged—complicates the geographic imaginary commonly mobilized by epidemic events, wherein sickness is envisioned as an entity that exists outside the skin, infiltrating bodies in an impetuous act of boundary violation. Early American depictions of disease transmission illustrate this externalized violence with an arsenal of metaphorical weaponry. In his *Brief and True Report of the New Found Land of Virginia* (1588), for instance, Thomas Hariot famously contends that the indigenous Roanoke fear the English colonists are "shooting invisible bullets into them" (63).<sup>31</sup> Similarly, in his *Wonders of the Invisible World* (1693), Puritan minister (and early inoculation advocate) Cotton Mather would explain of "Pestilential and Contagious Diseases": "'tis the Devil who does oftentimes invade us with them"—specifically, by "impregnat[ing] the Air about us" with "*Arsenical Fumes*, which become *Venemous Quivers* full of

---

<sup>30</sup> On September 21, the *Federal Gazette* printed a letter from a New York physician, which similarly affirmed that, "for the propagation of this frightful malady, something else is necessary besides its contagion." Specifically, its author continued: "There must be previously formed a predisposition in the bodies of men to receive it...Fear or anxiety of mind being a debilitating power, greatly assists in forming the pre-disposition" ("Extract of a Letter").

<sup>31</sup> While critics such as Stephen Greenblatt have argued that this passage stands as commentary on English colonizers' political exploitation of native religion, Joyce Chaplin has instead re-situated Hariot's "invisible bullets" within the field of natural philosophy, arguing that, as an adherent of controversial corpuscular theory of matter, Hariot—who had, Chaplin notes, elsewhere employed the word "bullets" to describe these particles that composed the cosmos—believed that matter was constituted by discrete particles that were "hard, unalterable, and not apparent to human sight" (30). As Chaplin illustrates, Hariot's *Report* can be read as deconstructing the natural world by parsing its invisible constituencies. Kelly Wisecup has further observed that scholars who have attempted to situate Hariot's "invisible bullets" within early modern medical philosophy have found his description "at odds with prevailing Galenic medical philosophies, which posited diseases not as discrete entities that entered and diseased the body but rather as interior conditions or imbalances stimulated by the environment" (39). In response, Wisecup draws our attention to the ways in which the notion of "disease as an ontological entity" had been advanced by both Native and Western (Paracelsian) medical philosophies prior to the moment of colonial contact (40).



*Terrible Arrows*” (52).<sup>32</sup> Both of these early modern texts posit disease as an *agent*, which, as James Block reminds us, by definition “exists only with reference to a principal, a designator, an author/ity” (23).<sup>33</sup> Disease itself does not invade; rather, embodied subjects are “invaded with” disease, the emissary of a commanding conspirator—the Devil, in Mather’s case; white colonizers, in Hariot’s.<sup>34</sup> Although the sixteenth-century Swiss physician Paracelsus had articulated an etiological theory that chimed with this notion of disease “agents,” suggesting that illnesses arose from specific external causes, Hippocratic and Galenic understandings of disease as systemic imbalance would prevail in American medicine throughout the eighteenth and much of the nineteenth century.<sup>35</sup> For Brown and his climatist contemporaries, the epidemiological quest for a referent gestured ever inward, to the body’s own pathological agency to “generate or ripen the seeds of this fatal malady” (*Ormond* 45).

Ontologically similar to the “seeds” invoked in medical theorizations of human generation,<sup>36</sup> the

---

<sup>32</sup> In his translation of the *Iliad*, Pope also uses the metaphor of “arrows” to describe disease transmission: “On mules and dogs th’ infection first began; / And last, the vengeful arrows fix’d in man” (69-70).

<sup>33</sup> By noting the ways in which the idea of “free agency” is thus essentially oxymoronic, Block resituates foundational notions of American agency, arguing that “individuals shifted from being servants of God and society carrying out rigidly defined duties on behalf of distantly formulated but fully designated ends. They became agents, that is, individuals participating actively in shaping the worldly means to be employed for realizing divine and collective purposes” (22). Rather than reproduce the “naive liberal claim” of self-authorizing individualism, Block defines agency as the capacity to navigate among “available preferences within a structure of organized preferences” (23). This chapter illustrates how, for Brown, existence within “structure of organized preferences” also describes the experience of embodiment.

<sup>34</sup> Henry Home, Lord Kames, articulates a similar (mis)conceptualization of agency in an address entitled “Of the Laws of Motion,” read before the Royal Society of Edinburgh in 1754. “[I]t is maintained by the bulk of our philosophers that matter is altogether incapable of active powers; that activity is confined to immaterial substances, and that inertness is implied in the very conception of matter,” Kames notes; “This moves them to ascribe to some invisible agency, all that activity which we discover in matter. In every one of the above instances, matter, they say, does not act, but is acted upon by the deity, who interposes by general laws, to preserve the uniformity of nature. Thus, when a stone falls, it is not the stone which acts, but the deity...and, when a plague infects the world, it is the deity who spreads the infection, and directs inert matter of ravage and destroy” (10).

<sup>35</sup> At the same time, as Thomas A. Horrocks observes, “[a]lthough the Paracelsian challenge failed to replace traditional humoralism in American lay and professional practice, its influence is readily apparent in the various chemical ingredients that appeared in early American pharmacopoeias, professional medical texts, professional medical guides, family recipe books, and...almanacs” (126).

<sup>36</sup> Paracelsus used the word “seed” to denote agents of disease causation as well as agents of procreation. See Pagel, *Paracelsus* (1982) and Cislo, *Paracelsus’s Theory of Embodiment* (2010). In his *Anatomical Exercises on the Generation of Animals* (1651), William Harvey likened the mechanism of generation to contagion, proposing that animals were “propagated from elements and seeds so small as to be invisible” (qtd. in Müller-Wille and Rheinberger, *A Cultural History of Heredity*, 26). Kant would notably appeal to the figure of the seed (*Keim*) in his theorization of human generation in *Anthropology*

“seeds of disease” have long been a central metaphor in medical discourse.<sup>37</sup> Insofar as the “seed” operates as a correlative for an agent of disease causation, it is apt, argues medical historian Vivian Nutton, “in the fact that it emphasizes three things: that the object posited is a living entity; that it is in origin very small; and that it contains within itself the potentiality for growth” (3). Building upon Nutton’s observations, we might add that the seminal metaphor also suggests the temporal contingency of *cultivation*. Unlike “invisible bullets” or “Terrible Arrows,” which intimate an immediate kind of violence, the metaphor of “seeds” implies a gradual germination, one that is dependent upon a panoply of causes.<sup>38</sup> If fever persisted in the body in a nascent or latent seminal state, as Brown’s “Baxter” anecdote and the College of Physicians’ directions jointly illustrate, then it might be cultivated or curtailed by circumstance—and moreover, to a certain extent, by self-care.<sup>39</sup>

---

from a Pragmatic Point of View (1798). For further discussion of Kant’s theories, see Figal, *Heredity, Race, and the Birth of the Modern* (2008), 55-76. The correspondence between generative and pathological “seeds” is particularly pronounced in the British physician Thomas Fuller’s 1730 treatise *Exanthematologia*, which proposes the concept of the “innate seed” whose fertilization gave birth to the disease process: “The Ovula of each particular Fever, are all, and every individual one of them, usually impregnated at once,” writes Fuller; “And when these have been impregnated, and delivered of their morbid Foetus, there is an End of them” (qtd. in Silverstein 14).

<sup>37</sup> The seminal metaphor can be traced as far back as the pre-Socratic philosopher Anaxagoras, who in turn influenced the theory Galen advances in *Of Initial Causes* (ca. AD 175), which states that disease is not caused solely by the climatic manipulation of the humoral body, but by the mediating mechanisms he deems “seeds of fevers”: entities capable of persisting even in asymptomatic patients, awakening to activity if not curtailed by proper regimen. Exactly how Galen conceptualized the ontology of these “seeds” is unclear, Nutton admits—but it is apparent, he insists, that the “seed” figures as more than a “strangely flowery” metaphor for humoral predisposition, but rather seems to intimate “some independent existence” (Nutton 4). Yet it was the Italian physician Girolamo Fracastoro who “first gave formal currency to the ideas not only that disease was caused by small seeds (*seminaria*) but that the contagion might spread directly from person to person, indirectly by means of clothing, etc., or even at a distance” in his 1546 essay *De Contagione et Contagiosis Morbis* (Silverstein 8). Unlike Galen, Fracastoro postulated specific causes, and accordingly a specific, rather than systemic, remedy. For more on Galen’s use of the seed metaphor, see Jouanna, *Greek Medicine from Hippocrates to Galen* (2012), 132-34 and Santer, *Confronting Contagion* (2014), 48-50.

<sup>38</sup> Climatists contended that the “seeds” of yellow fever arose from putrescent matter. In an essay on the New York yellow fever epidemic of 1795 published in Noah Webster’s edited *Collection of Papers on the Subject of Bilious Fevers Prevalent in the United States for a Few Years Past* (1796), for instance, Dr. Valentine Seaman professed to “have discovered a fruitful matrix generating the seeds of this complaint”—namely “refuse water and offal substances...left to stagnate and putrify” (33). Considering the “fermentation of putrefactive materials” in the city’s docks, Seaman asserted, “there can be no wonder, that the seeds of the disease should ripen in such a hot bed of putrefaction” (35). In the “Concluding Observations” to his *Collection*, Webster thus advises American settlers “to guard against the first effects of clearing moist land,” at which time “all the latent seeds of disease are set in motion and impregnate the surrounding atmosphere” (239). Webster’s description recalls Mather’s miasmas, which “impregnate the Air about us” with diseases of demonic induction; in Webster’s account, however, illness is the result of terrestrial rather than supernatural agency—from the human disruption of an ecological balance.

<sup>39</sup> This would remain the prevailing interpretation of yellow fever into the nineteenth century. In 1817 manual *American Domestic Medicine; or Medical Admonisher*, for instance, Horatio Gates Jameson warned that “when the atmosphere is

The idea that individual behavior might arrest the development of latent disease agents offers a revision to an earlier model of pathology, which posited the human experience of disease as divinely-ordained.<sup>40</sup> For instance, in his domestic medical guide *Primitive Physick* (1747)—a popular reprint in the American colonies—John Wesley had posited the tendency to disease as an essential, irremediable feature of the postlapsarian human condition: “The Seeds of Weakness and Pain, of Sickness and Death, are now lodged in our inmost Substance: Whence a thousand Disorders continually spring, even without the Aid of external violence” (iv). An etiology dependent upon the operation of “exciting causes,” on the other hand, suggests that the development of pathological “seeds” might indeed be aided by “external violence.” The attempt to determine the extent to which disorders of the flesh were attributable “inmost Substance” or “external violence”—to the innate predisposition of the embodied constitution, or to environmental or behavioral exigencies—was medicine’s primary diagnostic problem. As I argue here, these pathological models of causality similarly describe narrative models of causality in the Gothic novel.

Brown is commonly credited with having inaugurated the American Gothic—for, in Leslie Fielder’s somewhat heady terms, having “single-handed[ly]...solved the key problems of adaptation” (145) by reconciling the European genre to its transatlantic environs.<sup>41</sup> In his oft-cited preface to *Edgar Huntly*, Brown articulates a vision of his literary project as seeking “new springs of action, and new motives to curiosity” that “differ essentially from those which exist in Europe.” Like the

---

loaded with the seeds of an epidemic, any irregularity may excite the prevailing disease” (123). Accordingly, Jameson noted, “many persons who breathe the vitiated air, and have the seeds of yellow fever lurking in the body for weeks, often escape an attack of fever by avoiding fatigue and irregularities” (149).

<sup>40</sup> This emphasis on human agency in health in some ways parallels the Enlightenment ideas of causes of racial diversity Dror Wahrman examines in *The Making of the Modern Self* (2008). “Whereas climactic and environmental views, as well as those focusing on religion, have been around long before the eighteenth century,” Wahrman observes secular human agency—in the forms of education, custom, and civilization—appears to have been a more peculiarly eighteenth-century addition to the mix.” Hume’s essay “Of National Characters,” as Wahrman points out, strove “to assert the primacy of ‘moral’ causes—those involving human agency—over the ‘physical’ causes of air and climate in the shaping of differences between people” (101).

<sup>41</sup> For further discussion of Brown’s Gothic, see Gross, *Redefining the American Gothic* (1989); Chrisopherson, *The Apparition in the Glass* (1993); and Kafter, *Charles Brockden Brown’s Revolution and the Birth of the American Gothic* (2004).

nascent genre of the American domestic medical manual, which held that peculiarities of the American climate engendered different diseases (and necessitated different treatments) than those detailed in Old World medical texts,<sup>42</sup> the Gothic novel demanded Americanization. Critiquing the “[p]uerile superstition and exploded manners, Gothic castles and chimeras” (3) that characterize plots of European importation, Brown professes to find more appropriate fodder in American materials—specifically, in *Edgar Huntly*, in “incidents of Indian hostility” (4).<sup>43</sup> Yet Brown’s most striking adaptation of the European Gothic, I suggest, is his complication of its causal logic.

In its most familiar iterations, the Gothic might be called a contagionist genre, insofar as it tends to explain causation in terms of “external violence”—either via the machinations of supernatural agents, as per the tradition of Horace Walpole’s *Castle of Otranto*, or via the intercession of disguised human agents, as per Ann Radcliffe’s revisionary *explicite*.<sup>44</sup> For Brown, however, the body was not merely the receptive medium on which disease’s agency was inscribed; instead, the bodies in Brown’s novels—sickening, somnambulating, spontaneously combusting—operate with a strange agency of their own. They do so not because they are possessed, Brown suggests, but because they are peculiarly predisposed.<sup>45</sup> By directing the Gothic’s hermeneutic of suspicion away from external

---

<sup>42</sup> See Gevitz, “But all those authors are foreigners” (2002). The Americanization of medicine would continue throughout the nineteenth century; in 1848, Dr. Oliver Wendell Holmes complained in a Committee on Medical Literature Report: “It cannot be denied that the great *forte* of American Medical scholarship has hitherto consisted in ‘editing’ the works of British authors.” And yet, he continued, “[t]he American constitution must be studied by itself—it differs from the European in outline, in proportions, in the obvious characters of skin and hair—why should it not differ in the susceptibilities which, awakened, become disease?” (qtd. in Davis, *Bodily and Narrative Forms* 25).

<sup>43</sup> Brown’s gothicization of racial violence has generated decades of critical debate regarding the American Gothic’s self-conscious mobilization of political anxieties in general, and racial anxieties in particular. See Goddu, *Gothic America* (1997) and Edwards, *Gothic Passages* (2003). In *Edgar Huntly*, though, the threat of Indian conspirators parallels another kind of conspiracy, one that plays out in its somnambulist-protagonist’s body, rooted in his own inscrutable physiology. Evocatively, the idea of pathological latency at the level of the individual species was in turn mapped on to the level of species; in a 1797 letter, statesman James Wilkinson predicted of Native Americans “the seeds of their extinction, already sown, must be matured” (qtd. in Sheehan, 2). See Sheehan, *Seeds of Extinction* (2013).

<sup>44</sup> Critics have also noted the tendency of the Gothic to utilize tropes of contagion more specifically; perhaps most notably, genres like vampire fiction make use of tropes of “invasion and contagion” to “symbolically figure the apocalyptic return to the community of reciprocal violence” (Chaplin 41). For example, Eve Sedgwick analyzes “the attributes of the veil, and of the surface generally” as “contagious metonymically” in Gothic novels (256). For a discussion of “contagious animality” (2) in the American Gothic, see Niles Tomlinson, *Animal Crossings* (2008).

<sup>45</sup> Brown’s interest in the agency of the predisposed body harkens to Johann Friedrich Blumenbach’s concept of

agencies and toward the agency of the body itself, Brown develops a mode that posits the body not simply as the site upon which causal agents operate, but a cause in its own right.

The problem of embodied agency is the primary preoccupation of Brown's *Wieland*, in which the Gothic's traditional causal paradigms fail to offer an adequate explanation of the novel's strange occurrences. When Theodore Wieland begins to hear inexplicable voices at his ancestral estate, he suspects supernatural intervention; his sister Clara, however, maintains "the suspicion of human agency" (68). Echoing Hobbes's assertion that "invisible agents, so fancied" are not to be mistaken for "real and external substances" (57), Clara "believe[s] the agency to be external and real" (163). Although the quest for a terrestrial explanation is admittedly "[m]ixed up with notions of supernatural agency," she directs her suspicions toward the stranger Carwin; after all, as family friend Henry Pleyel observes, the emergence of the voices "were coeval with Carwin's introduction." For Pleyel, the correlation ineluctably implies causation: "Is not this man the agent?" (122).

However, the tragic plot on which the novel turns—Theodore Wieland's murder of his wife and children, and his attempted rape and murder of his sister—is ultimately not entirely explicable in terms of Carwin's intermediation. While Carwin has, he admits, used his singular talents as a ventriloquist to wreak havoc with the Wielands, he does not issue the final fatal instructions, and thus only partially satisfies the conditions of a Radcliffean *explique*—and it is due to her inability to match physiological effects to a corresponding cause that Clara Wieland is "cast upon a sea of troubles" (64). Although the agency at work in *Wieland* is not supernatural, neither is it entirely "external and real." As the novel's plot of hereditary predisposition to mania intimates, another

---

*Bildungstreib*, or "vital force," which "conceived of heredity as a force acting at a distance, analogous to Newtonian gravitation" (Müller-Wille and Rheinberger 21). Brown's familiarity with Blumenbach is evidenced by his publication of Blumenbach's "Observations on the Conformation and Capacity of Negroes," which appeared in the September 1799 issue of *The Monthly Magazine and American Review* between the publication of *Arthur Mervyn*'s two volumes.

agency is at work in *Wieland*, one that is “*internal* and real”: the agency of the embodied constitution.<sup>46</sup>

### **Outrageous Fortunes: *Wieland***

At almost the same moment as Brown was attempting to assuage his brother’s fears of fever, his close friend, Dr. Elihu Hubbard Smith, was attempting to work through another aspect of disease transmission: “[t]he medical doctrine of hereditary diseases.” In a 1796 letter, Smith noted that the idea of pathological heritability offered “a new theory of the theological doctrine of Original Sin”—one, he admitted, that “did not long satisfy [him]” (260). How, Smith wondered, might the idea of human agency be reconciled with the unsettling, antidemocratic notion of biological predetermination? “Man is an animal created with certain capacities,” he reasoned; “These are not unlimited; for then, he would cease to be man; but they are improveable; & this in two ways: First, culture or exercise—which we call Education; secondly, by an hereditary propagation of that culture—to a certain degree” (263).

Smith’s notion of an “improveable” human condition, remediable “to a certain degree” by both nature (“hereditary propagation”) and nurture (“Education”), rehearses the eighteenth-century understandings of human “perfectibility”: a term that, as Jenny Davidson notes, had been coined by Turgot and popularized by Rousseau to refer to the potential for the advancement of the species. Godwin’s *Enquiry Concerning Political Justice* (1793), for instance—a major influence on Smith, Brown, and the other members of their intellectual circle—famously makes the case that “[m]an is

---

<sup>46</sup> Beverley Voloshin has written that “Brown’s method resembles Radcliffe’s identification of natural cause, except that Brown’s explanation, more technical and more tantalizing, is not quite an explanation after all. The means are supposedly natural but are so little understood as to be awe-inspiring” (353). As this chapter argues, *Wieland* engages with the as-yet little understood causal power of heredity not merely to inspire awe, but to stress the necessity of prophylactic intervention.

perfectible, or in other words susceptible of perpetual improvement” (11).<sup>47</sup> Brown, too, resisted deterministic notions of the fixity of human conditions, both physiological and political—like Godwin, framing humans’ eminent malleability within a rhetoric of *susceptibility*. Re-imagining the Gothic’s preoccupation with conditions of suspended, attenuated, or evacuated agency, Brown’s biological Gothic ultimately negotiates a space for the agency of the embodied subject to manage the conditions that determine his or her own susceptibility.

*Wieland* has often been read as a kind of national allegory: a meditation on early republican political agency, liberty, and (self-) government. The contested agency of the eponymous family—and, by extension, the nation they are commonly understood to allegorize—has formed the crux of most of the critical debates on the novel, from Tompkins’s argument that *Wieland* offers a “reflection of Federalist skepticism about the efficacy of religion and education to prepare citizens for self-government” (53), to Samuels’s claim that the novel offers a cautionary tale of the American “family-republic” that is “destroyed from within, though agency is ascribed to outside forces” (*Romances of the Republic* 57). Yet while readings of *Wieland* have identified its central tension between individual agency and external circumstance, they have largely ignored the importance of its premise: that Theodore Wieland’s descent into madness recapitulates the narrative of the father to whom bears an “obvious resemblance” (22).

As Brown notes in the novel’s prefatory “Advertisement,” *Wieland* is based on an “authentic case”—presumably that of James Yates, a New York Shaker who brutally murdered his wife and children in 1781 at the apparent instigation of supernatural forces.<sup>48</sup> In his fictional re-imagining of

---

<sup>47</sup> “[P]erfectibility is one of the most unequivocal characteristics of the human species,” Godwin writes, “so that the political, as well as the intellectual state of man, may be presumed to be in a course of progressive improvement” (11). For further discussion of the New York Friendly Club and Godwin, see Waterman, *Republic of Intellect*, 99-105.

<sup>48</sup> The Yates case had been re-introduced to the American public in the summer of 1796, when the *New-York Weekly Magazine* published a two-part account of the murders; Yates had been induced to his deeds, the article claimed, by the apparent urging of “Spirits.” As Maggie Kilgour reminds us, another model for Brown’s novel was Schiller’s *Ghost-Seer* (1787-89), which features a prince who Prince suffers from a “servile and bigoted education” that “had impressed frightful images upon his tender brain, which, during the remainder of his life, he was never able to wholly obliterate.

the Yates case, Brown makes a particularly significant revision by presenting Wieland's homicidal "transformation" not as an isolated instance of religious mania, but as the perpetuation of a pathological lineage. Critics have tended to interpret the hereditary plot in *Wieland* as a critique of aristocratic social forms—what Jay Fliegelman has called "the American revolution against patriarchal authority" (5)—but have largely ignored the ways in which this plot participates in emergent medical inquiries into hereditary pathology, even despite Brown's explicit prefatory "appeal to Physicians and to men conversant with the latent springs and occasional perversions of the human mind" (3).

In the years before *Wieland's* composition, hereditary disease had begun to preoccupy medical discourse as a pressing public health problem. Concurrent with dismantling of aristocratic social order in revolutionary France, the medical sciences experienced a surge of interest in hereditary diseases, as evidenced by essay competitions on the topic sponsored by the Parisian Société Royale de Médecine in 1788 and 1790.<sup>49</sup> As Staffan Müller-Wille and Hans-Jörg Rheinberger explain, in the late eighteenth century, "[n]ew responsibilities of physicians for public hygiene led to the definition of dangers such as heritable diseases, which lay hidden in the populace and which, consequently, only the expert could address" (19). Like infectious diseases, then, hereditary diseases enabled the epistemologically-privileged physician to assume a social role in identifying latent dangers—ultimately transferring this knowledge, and concomitant prophylactic responsibility, to the public. In his popular manual *Domestic Medicine*, for instance, William Buchan warned readers to take

---

Religious melancholy," Schiller writes, "was an hereditary disorder in his family" (qtd. in Kilgour 144). In *Wieland*, however, Theodore's mania is not cultivated solely by external impression, but engendered by the cooperating force of predisposition.

<sup>49</sup> See Quinlan, "Inheriting Vice, Acquiring Virtue" (2006), and López-Beltrán, "The Medical Origins of Heredity" (2007). In his contribution to these competitions, Dr. Alexis de Pujol argued that hereditary diseases were like racial traits: "once introduced into a family," he wrote, they "remain tightly attached to it; and, by continuing to perpetuate themselves from generation to generation, they maintain a distinctive character, a permanent and indelible stain" (qtd. in Quinlan 672).



care against the perpetuation of hereditary taints. “Family constitutions are as capable of improvement as family estates,” Buchan insisted, “and the libertine, who impairs the one, does greater injury to his posterity, than the prodigal, who squanders away the other” (9).

The perpetuation of hereditary disease was indeed a scourge of the age, as Erasmus Darwin lamented in his posthumously-published poem *The Temple of Nature, Or the Origin of Society* (1803):

E’en where unmix’d the breed, in sexual tribes  
Parental taints the nascent babe imbibes;  
Eternal war with the Gout and Mania wage  
With fierce uncheck’d hereditary rage;  
Sad Beauty’s form foul Scrofula surrounds  
With bones distorted, and putrescent wounds;  
And, fell Consumption! thy unerring dart  
Wets its broad wing in Youth’s reluctant heart (177-184).

With Miltonic tenor, Darwin situates “hereditary rage” as a kind of malevolent agency, seemingly “uncheck’d” by the counter-agency of human intervention.<sup>50</sup> Importantly, however, what physicians like Darwin understood as heritable was not the disease itself, but rather a *predisposition* or *susceptibility* to disease. Accordingly, Darwin called for renewed attention to “temperament,” which he defined as “a permanent predisposition to certain classes of disease” (354).<sup>51</sup> In his 1809 treatise on “nervous temperament,” Darwin’s fellow English physician Thomas Trotter would further define “predisposition” as “an original conformation of the body, transmitted from the parent to the offspring; by reason of which, when particular causes are applied, a similar train of morbid

---

<sup>50</sup> In the verse’s accompanying “philosophical notes,” Darwin makes recourse to evidence afforded by investigations in botany and animal husbandry to caution against degeneration; citing findings on “the sexual progeny of vegetables,” Darwin proposes that humans “may be less liable to hereditary diseases, if the marriages are into different families, than if into the same family.” After all, he observes, “this has long supposed to be true, by those who breed animals for sale” (252). In Darwin’s rendering, consistent with what has come to be called a “soft hereditarian” perspective, hereditary diseases might be passively “imbibe[d]” not only during the seminal moment of conception, but during later processes of gestation and nursing: “The clime unkind, or noxious food instills / To embryo nerves hereditary ills,” Darwin writes; “The feeble births acquired diseases chase, / Til Death extinguish the degenerate race” (163-6). For further discussion of Darwin’s approach to hereditary disease, see Wilson, “Erasmus Darwin and the ‘Noble’ Disease (Gout)” (2007).

<sup>51</sup> Predisposition necessitated hereditary transmission, as William Saunders Hallaran, physician to the Lunatic Asylum of Cork, explained in his *Practical Observations on the Causes and Cure of Insanity* (1818): “[i]f the predisposition, or the susceptibility, be acknowledged,” wrote Hallaran, “so must be the hereditary claim” (39).

phenomena takes place in the child as was experienced by the parent.” By this logic of “particular causes” that instigate the “train of morbid phenomena,” Trotter explained, “[a] predisposition may therefore appear long before any symptom of actual disease has shown itself” (169). Predisposition was latent, but permanent—an always-extant condition of pathological possibility.

*Wieland* explores one such “similar train of morbid phenomena,” tracing the emergence of mania across two generations of its eponymous family. As Clara Wieland suggests in her epistolary exposition, “the events that have lately happened in [her] family” (5) must be understood in relation to “[her] father’s ancestry” (6).<sup>52</sup> The senior Wieland, Clara explains, was a German immigrant of half-noble parentage who “gradually contracted a habit of morose and gloomy reflection” (7)<sup>53</sup> after relocating to Pennsylvania with ill-fated designs of ministering to American Indians. Having grown increasingly unsettled by a kind of religious hypervigilance, her father was felled by an apparent act of spontaneous combustion at an hour of his own prognostication, thereafter perishing of a “disease thus wonderfully generated” (17).<sup>54</sup>

---

<sup>52</sup> The most extensive consideration of *Wieland*’s preoccupation with ancestry explores the idea in a legal, rather than biological context. Elizabeth Jane Wall Hinds argues that the novel “dramatizes an inheritance of property and a suggestion of incestuous, gentry isolation.” For Hinds, the novel’s concurrent concern with “inherited, material consequences” provides a kind of foil for the more pressing, gendered question of property inheritance (112). These two domains are historically related, as López-Beltrán has observed, since the notion of hereditary transmission of biological material—first conceived in terms of the transmission of disease, and later extended to encompass more benign inherited characteristics—developed as an extension of the logic of property inheritance. Later texts like Poe’s “The Fall of the House of Usher” (1839) and Hawthorne’s *The House of the Seven Gables* (1851) are often read as an illustration of this dual logic, as Chapter 2 of this dissertation will discuss.

<sup>53</sup> Tompkins argues that this account of ancestry illustrates “in telescopic form, Europe’s passage from an aristocratic, agrarian, feudal order. . . to a middle class commercial society,” as grandfather Wieland’s “marrying outside his kinship group records the weakening of the social codes that held that aristocracy together and protected its power” (56). If the “social codes” dictated by hereditary aristocracy come to collapse in this historical refiguration of kinship structures, Brown illustrates the way in which biological “codes” of pathological heredity still constitute an urgent threat to the American middle class.

<sup>54</sup> The elder Wieland’s death, like his son’s homicidal “transformation,” problematizes the Gothic causal motifs that had been entrenched in the American imagination in the 1790s. Citing “the purity and cloudlessness of the atmosphere, which rendered it impossible that lightning was the cause,” and noting that the combustion occurred in a temple “composed of combustible materials” but “without detriment to the structure,” Clara clearly establishes that “the fatal spark” that causes this combustion—and, concomitantly, his “disease”—cannot be attributed to environmental electrical phenomena (17, 18).

Clara offers two interpretations of her father's bizarre end. On the one hand, she suggests that these circumstances may index "the stroke of a vindictive and invisible hand," furnishing "a fresh proof that the Divine Ruler interferes in human affairs, meditates an end, selects, and commissions his agents, and enforces, by unequivocal sanctions, submission to his will." But this conventionally Gothic account of causation is quickly supplanted by an alternate etiology: the suggestion that her father's death can be attributed to "the irregular expansion of the fluid that imparts warmth to our heart and our blood, caused by the fatigue of the preceding day, or flowing, by established laws, from the condition of his thoughts" (18). While her brother Theodore ascribes to the former theory of his father's death "as flowing from a direct and supernatural decree" (33), the latter hypothesis—that Wieland's destruction was not due to an accident of the atmosphere or an "invisible hand" from a supernatural realm, but a vital "fluid" in his own body—is substantiated by the Wieland's maternal uncle, a surgeon whose "testimony is peculiarly worthy of credit," Clara claims, "because no man's temper is more sceptical [sic], and his belief is unalterably attached to natural causes" (18).<sup>55</sup>

Like her skeptical surgeon-uncle, Clara appears "attached to natural causes" in the narrative post-mortem she performs on her father. For Clara, the chain of unlikely events—combustion, disease, death—can be traced to "exciting causes": specifically, the debilitating "fatigue," or the disordered "condition of his thoughts" that render Wieland susceptible to the "fatal spark."<sup>56</sup> Drawing from the generally accepted view that acquired diseases could be transmitted to offspring,<sup>57</sup> a concept that would famously be developed by Lamarck, Brown suggests that the elder Wieland

---

<sup>55</sup> An explanatory footnote from Brown further stresses the veracity of the biological explication, noting "[a] case, in its symptoms exactly parallel to this" published, apparently, "in one of the Journals of Florence" (18).

<sup>56</sup> Although this "wonderfully generated" disease is, in Galenic terms, the "proximate cause" of Wieland's demise, a more comprehensive explanation of his pathology might delve further backward, toward a "remote cause": namely, the "habit of morose and gloomy reflection" that was "gradually contracted" in his youth, and concomitantly cultivated by his religious obsessions upon his immigration to the United States.

<sup>57</sup> John Hunter, for instance, had proposed in his 1786 lecture series that hereditary transmission "may be divided into two kinds: the transmission of natural properties, and the transmission of diseased, or what I shall call acquired or accidental properties" (354).

acquires (“contracts”) an insalubrious “habit” that is later articulated in his son’s predisposition to a similar temperament. In this way, ancestral past wreaks its pathological influence on the New World *Wielands*.

In a 1796 letter to a medical student, Brown’s friend and interlocutor Dr. Samuel Latham Mitchill had mused on the topic of hallucinatory phenomena: “conditions of the body occur,” Mitchill theorized, “in which organs of sense do from internal causes and without the aid of external agents, take upon themselves a configuration or impression, similar to that which is induced by the action of material objects and occurrences from without” (qtd. in Voloshin 351). Yet in *Wieland*, the distinction between “internal causes” and “external agents” is not readily identifiable: Carwin is not entirely incidental to the events that transpire, but neither is he entirely culpable.<sup>58</sup> Carwin’s instigation is only efficacious insofar as it works in cooperation with Theodore Wieland’s established predisposition to mania; in etiological terms, then, Carwin supplies an “exciting cause.”

As if to ensure that Theodore Wieland’s pathological “transformation” will be read in terms of hereditary predisposition,<sup>59</sup> Brown codes the same disorder into both sides of Theodore and Clara’s genealogy.<sup>60</sup> As we later learn, it was not only their father, but their maternal grandfather who experienced an “extraordinary” death; suffering auditory hallucinations, he “waited from day to day

---

<sup>58</sup> Countering earlier critics like Samuels, Laura Korobkin has argued for an understanding of causality that admits Carwin’s culpability by placing the novel in conversation with contemporary legal understandings of criminal responsibility; “it is the critics who need to deny Carwin’s agency,” Korobkin asserts, “because to admit it would destroy the force of interpretations that depend on Wieland’s violence having been produced solely from within his own damaged mind” (722). While Korobkin’s consideration of early American legal structures offers interesting insight into questions of agency and responsibility, it leaves room to consider the way in which these same questions are conceptualized by contemporary medicine—a domain with which Brown explicitly engaged.

<sup>59</sup> Although Clara suffers certain inherited peculiarities—she claims, for instance, to be “actuated by an hereditary dread of water” (76)—Theodore appears markedly more predisposed toward “gloomy reflection” than his sister: the memory of their father’s death, Clara notes, “vitiates his meditations oftener than it did mine. The traces which it left were more gloomy and permanent” (33). With his mind thus “vitiated,” Theodore is left especially susceptible to malevolent influences. When Theodore first hears the voices in the garden, Clara reports, “[t]he incident had a visible effect in augmenting his gravity” (33).

<sup>60</sup> Eighteenth-century physicians generally ascribed to the “dual seed theory” of generation, proposed by Hippocrates and later developed by Galen, which held that children inherited traits from both parents. See López-Beltrán, “Forging Heredity” (1994)

in expectation of the stroke which he predicted was speedily to fall upon him,” and eventually threw himself from a Cornwall cliff (162). The “illusions” from which he suffered, Clara’s uncle explains, “are reducible to one class, and are not more difficult of explication and cure than most affections of our frame” (163).<sup>61</sup> Here, a footnote directs his readers to Darwin’s *Zoonomia* and its description of “mania mutabilis,” or “mutable madness”—a disease, in Darwin’s terms, in which “patients are liable to mistake ideas of sensation for those from irritation, that is, imaginations for realities” (*Zoonomia* 356).<sup>62</sup> In other words, sufferers attribute to the “irritation” of external agents what in fact arises from the sensation-producing agency of their own bodies or minds. Importantly, as Darwin explained, in cases of mania mutabilis, it was not the “mistaken or imaginary idea” *itself* that “constitute[d] insanity,” but rather “the voluntary actions exerted in consequence of this mistaken idea.” Accordingly, Darwin classed mania mutabilis as a disease of “increased volition” (*Zoonomia* 356), one characterized by a pathological lack of self-control.<sup>63</sup>

It was precisely this quality of self-control that persons predisposed to hereditary diseases like madness were implored to cultivate. After all, if such diseases were “never *hereditary*, but in *susceptibility*,” as the physician Joseph Adams claimed in his 1814 *Treatise on the Supposed Hereditary*

---

<sup>61</sup> Considering that the devastating yellow fever epidemics of the 1790s were continuing to challenge medical theory and practice at the moment of *Wieland*’s composition, the proclamation that mental illness is “not more difficult of explication and cure than most affections of our frame” might be taken with a some amount of irony. While the Wielands’ uncle, possessed of specialized medical knowledge, is confident in his explanation of Theodore’s seemingly-mysterious experience, the very plot of the novel depends upon the hermeneutic and therapeutic uncertainty that attends the search for “explication and cure.”

<sup>62</sup> With its slippage between “imaginations” and “realities,” the pathology of “mania mutabilis” lends itself to readings of early republican concerns about deception, conspiracy, and the epistemological limitations of sensory perception. In her study of visual perception and illusion in the early national period, for instance, Wendy Bellion locates political subjectivity “at this threshold of undeceiving and self-realization,” arguing that, “[t]hroughout the Revolutionary and early national periods, the capacity to discern differences between truth and falsehood was prized as a sign of able citizenship” (15). The pathological inability to discern between “sensations” produced by the body (like auditory impressions) and “irritations” produced by external stimuli (like supernatural agents) flies in the face of Scottish Common Sense philosophy’s valorization of individual rationality and, per Bellion, precludes the requisite conditions of “able citizenship.”

<sup>63</sup> Darwin categorizes diseases into four classes: diseases of *irritation*, *sensation*, *volition*, and *association*. The understanding of insanity as a volitional disorder would persist in medical discourse throughout the following century; in his *Dictionary of Practical Medicine* (1859), for example the Scottish physician James Copland asserted that insanity “usually displays itself in a want of self-government” (593).

*Properties of Diseases* (26), they might be forestalled by preventive practices of self-care. Adams accordingly offered a tentatively optimistic conclusion: “when the *susceptibility* amounts only to a *predisposition*, requiring the operation of some external cause to produce the disease, there is every reason to hope, that the action of the disease may be for the most part much lessened, if not prevented altogether,” he noted; “for this purpose, the hereditary peculiarity should always be kept in view the direction of the early studies, in the subsequent employment, and in the discipline, during that early period of life, which admits and requires every judicious restraint” (27). Specifically, predisposed persons should exercise restraint by limiting their exposure to known exciting causes.

Conspicuously absent from *Wieland*, however, is such a self-disciplinary model of “judicious restraint.” As Clara announces to the correspondents for whom she frames her story, she believes herself to be emplotted in a predetermined narrative. “Futurity has no power over my thoughts,” she claims; “To all that is to come I am perfectly indifferent.” Clara’s indifference to “futurity” arises not only from her grief, but from her belief that she is incapable of volitional action, unable to take arms against the “sea of troubles” upon which she has been cast: “I address no supplication to the Deity,” she asserts; “The power that governs the course of human affairs has chosen his path. The decree that ascertained the condition of my life, admits no recall. . . . It suffices that the past is exempt from mutation” (4). Understanding herself as thus directed by an unnamed “power,” Clara confesses the limitations of her agency: the immutable past has wrought an immutable future. Here, “[t]he power that governs the course of human affairs” is not the Deity, but heredity.<sup>64</sup>

At the same time, though, Brown insists on the efficacy of prophylaxis through the agentive

---

<sup>64</sup> In her profession of evacuated agency, Clara posits herself as a paradigm Gothic subject; with her anticipatory imagination, she reveals herself to be a paradigm Gothic *reader*. Gothic novels, as Deirdre Lynch explains, tend to mitigate causal mystery by employing archetypal characters and situations. See Lynch, “Gothic Fiction” (2008). In Brown’s bio-Gothic, predication is enabled not by its appeal to archetype, but by its mobilization of the prognostic model of medicine. The following chapter will take up this idea at greater length in its discussion of “premonitory reading,” a hermeneutic strategy encouraged during the 1832 cholera epidemic.

remediation of “exciting causes.” He accordingly offers a corrective to this overly-deterministic vision in the novel’s concluding chapter, in which Clara, writing at a remove of three years, realizes that her prognostics were mistaken. “My destiny I believed to be accomplished,” she explains, “and I looked forward to a speedy termination of my life with the fullest confidence” (214).<sup>65</sup> But her confidently-predicted declension is not inevitable, since her health is also directed by the cooperating influence of her environment: as her friends insist, the mournful associations of her home “would tend to foster [her] disease,” and therefore a change of scene proves to be “the only method of cure” (215). Indeed, when Clara is forced away from her estate, by a particularly fortuitous fire, she dually convalesces: “Notwithstanding the shocks which my frame had endured,” Clara explains, “the anguish of my thoughts no sooner abated than I recovered my health” (217).<sup>66</sup>

Clara’s recovery is crucial to Brown’s novel, as it illustrates the ways in which the vicissitudes of circumstance (environmental and psychological) are capable of re-shaping the seemingly-unalterable course of biological destiny. In other words, by recovering her health, Clara also comes to re-evaluate *how* health is achieved. As the remainder of this chapter will illustrate, the eponymous protagonist of Brown’s following novel, *Arthur Mervyn*, is also problematically attached to a bio-determinist ideology—here, one that informs his relationship to both impending infectious (epidemic) and hereditary (endemic) diseases. Through Arthur’s painstaking process of continual revisionist re-assessment, Brown illustrates how concerns with predisposition, prediction, and prophylaxis as strategies of *health* can also be understood to inform the interpretation of narrative.

---

<sup>65</sup> Clara believes her own body to betoken a latent disease: “A fever lurked in my veins” (215). Citing her symptomology, Clara echoes her earlier prognostics regarding her brother’s “diseased condition.” Though it remains unarticulated here, another malignancy potentially “lurks” in Clara. This “fever” is a kind of proxy-malady, deflecting attention from the more terrifying “termination” her brother’s example forebodes.

<sup>66</sup> Here, eighteenth-century associationist ideas are employed to a prophylactic end, as a new “train of images” arrests the “train of morbid phenomena” that may otherwise have been set in motion. Lisa West Norwood has similarly observed that *Wieland* “focuses more on the control of a place and the associations it generates than on tropes of invasion” (93). As I have been arguing here, Brown displaces “tropes of invasion” with tropes of predisposition, thus rendering “control of place” a way to curtail “exciting causes.”

## Take Arms?: *Arthur Mervyn*

*Arthur Mervyn* is, famously, a novel about infectious disease. Set during the Philadelphia yellow fever epidemic of 1793, its first volume is framed as a kind of patient history, an as-told-to tale in which the eponymous protagonist—having conveniently collapsed on the doorstep of a benevolent physician—endeavors to account for the “tissue of nice contingencies” (167) that have led him there. But it is also haunted by a shadow-narrative of heredity, one that ultimately directs the novel’s circuitous plot into the heart of fever-ridden Philadelphia. Specifically, Arthur believes that he is “unalterably fated to perish by *consumption*” (104)—the disease of which Brown himself would die at the age of thirty-nine, and to which, as his friend and biographer William Dunlap noted, he “appeared to have a constitutional tendency” (85).<sup>67</sup> While the specter of consumption in *Arthur Mervyn* has been either ignored entirely or else relegated to the realm of metaphor,<sup>68</sup> the following analysis argues that this subplot of hereditary disease is essential to the prognostic hermeneutics that characterize *Arthur Mervyn*’s bio-Gothic, epitomized in a protagonist expressly self-conscious about the latent conspiratorial agency of his own body.

Like Godwin, whose novel *Caleb Williams* is often cited as a model for *Arthur Mervyn*,<sup>69</sup> Brown uses the mode of fiction to explore human motives—specifically, the negotiation between engrained tendencies and external influence—as he examines the ways in which the systematic regulation of human life operates at the level of the individual subject.<sup>70</sup> But while for Godwin, the regulatory

---

<sup>67</sup> The British actor John Bernard, who met Brown during an American tour, recalled that the novelist’s face “seemed to have been corroded by consumption...A weak constitution,” Bernard inferred, “had been his parents’ legacy to him” (252).

<sup>68</sup> Carl Ostrowski has read *Arthur Mervyn*’s invocation of “consumption” in economic terms, arguing that “the yellow fever epidemic famously described in the novel might be seen as a judgment on economic liberalism, a vindictive invisible hand that punished the people of Philadelphia for their habits of conspicuous consumption” (4).

<sup>69</sup> According to Peter Kafer, Brown “replicate[s] the essentials of *Caleb Williams* almost to the point of plagiarism” (136). See also Dorothy J. Hale, “Profits of Altruism” (1988); Pamela Clemit, *The Godwinian Novel* (1993); and Samuel Otter, *Philadelphia Stories* (2010), 64-66.

<sup>70</sup> A character who announces himself, at the outset of his narrative, “without any precise object” and thus eminently “willing to be guided by the advice of others” (9), Arthur Mervyn has often been understood as “the very personification of Locke’s famous blank slate” (Roberts 41). As Jenny Davidson reminds us, however, the critical afterlife of the



mechanisms in question are primarily sociopolitical, Brown explores the ways in which the systems that direct human experience are also biological. As the following analysis aims to illustrate, Arthur's attachment to a plot that is predetermined by heredity importantly informs his understanding of his own embodiment and dictates the limitations and possibilities of his agency.

The narrative of a rustic youth who ventures into urban environs of Philadelphia in pursuit of social advancement, *Arthur Mervyn* harkens to Benjamin Franklin's seminal autobiographical account of self-making. But if Brown fashions his protagonist as a "latter-day Franklin," as critics like Cathy Davidson have suggested (342), he offers an important revision. Franklin situates himself within a genealogy of corporeal hardiness, unimpeded by any pathological predisposition.<sup>71</sup> Arthur, on the other hand, believes that any agency he may assert to manipulate his fate will ultimately be curtailed by the latent agency of his own body. Thus, while critics like Teresa Goddu have read *Arthur Mervyn* as an "Enlightenment narrative of progress, stability, and success" that is interrupted by a "counternarrative of disease, degeneracy, and decay" (32), Brown in fact shows that the plot of progress is always-already interrupted for Arthur by the Gothic conditions of his constitution.

In the opening pages of his *Autobiography*, Franklin reports that his father "had an excellent Constitution of Body" (10); his mother, he continues, "had likewise an excellent Constitution: she suckled all her ten children. I never knew either my Father or Mother to have any sickness but that

---

Lockean "blank slate" has tended to misrepresent his analogy in overly heady terms; Locke's assertion is tempered by his simultaneous admission that children also possess innate *tendencies*, if not innate *ideas*: "various Tempers, different Inclinations, and particular Defaults," or the "certain Characters" that "God has stampt...upon Mens Minds" (qtd. in Davidson 40). Similarly, Davidson points out that Godwin—despite his insistence on human mutability by association and experience—does not "think of man as altogether immune to physical causes" (171). If "[w]hat is born into the world is an unfinished sketch" (37), as Godwin claims, as Brown shows in *Arthur Mervyn*, this nascent "sketch" is at least partially "finished" by the congenital condition of the constitution.

<sup>71</sup> This unmarked body is in turn a precondition of his "bold and arduous project of arriving at moral perfection" (84), which, however satiric or ill-fated, presupposes a subject for whom the body is manipulable by the intervention of human agency. As Betsy Erkkila has argued, "Franklin's emphasis on separation and agency rather than submission and dependence corresponds with an increasing concern not only with ancestry, progeny, and descent, but also with bodily constitution, health, cleanliness, and the care of the body" (721). In this account of the health and longevity of his parents, Franklin underscores the intimate relation between "ancestry" and "constitution."

of which they dy'd, he at 89, & she at 85 years of age" (11). Arthur, too, commences his account with a medical history. Unlike Franklin's portrait of hereditary health, however, Mervyn's is a sickly lineage. "My constitution has always been frail," he admits; his siblings, he reports, "died successively as they attained the age of nineteen or twenty"—tragedies he attributes to "some defect in the constitution of our mother." Further, Arthur reasons, "since I have not yet reached that age, I may reasonably look for the same premature fate" (14). Like Clara Wieland, whose presumed emplotment in a hereditary narrative leads her to disavow her own "futurity," Arthur frames his narrative as inexorably oriented toward the "premature fate" of his family. "The seeds of an early and lingering death," he asserts, "are sown in my constitution" (104).

The heritability of pulmonary consumption, also called phthisis and, later, tuberculosis, was largely a matter of consensus among late eighteenth and early nineteenth century physicians,<sup>72</sup> who noted its peculiar propensity to manifest in early adulthood: "The putrid Seeds of this Disease," Sir Richard Blackmore asserted in his 1724 study of pulmonary disorders, "are...born with the unhappy Child, though...they do not usually display themselves till he grows adult," when "they are unfolded, and set at liberty, by the Ferments that accompany the Flower of Age" (36). Thus, as Joseph Adams reported in his *Treatise*, "[i]n some families, we see a number of brothers and sisters falling into consumption in succession as they arrive at a certain age" (15); Darwin, too, had remarked upon that hereditary consumption "occurs chiefly in darkeyed people about the age of twenty" (*Zoonomia* 294).

---

<sup>72</sup> By 1834, when Sir James Clark penned his *Treatise on Tubercular Phthisis, or Pulmonary Consumption*, evidence of its transmissibility seemed all but indisputable: "That pulmonary consumption is a hereditary disease,—in other words, that the tuberculous constitution is transmitted from parent to child, is a fact not to be controverted," Clark asserted (qtd. in Waller, 411). Generally, cases of consumption that were classed as "hereditary," rather than "accidental"—engrained in the constitution, rather than acquired by external influences—were understood to be irremediable by therapeutic intervention; as Buchan noted, consumption "is often owing to an hereditary taint...in which case it is generally incurable" (176). For more on tuberculosis in the eighteenth and nineteenth centuries, see Dubos and Dubos, *The White Plague* (1987); Barnes, *The Making of a Social Disease* (1995); Dormandy, *The White Death* (2000); Lawlor and Suzuki, "The Disease of the Self" (2000); Lawlor, *Consumption and Literature* (2006); and Byrne, *Tuberculosis and the Victorian Literary Imagination* (2011).

The eighteen-year-old Arthur's morbid prognostics, then, are no mere manifestation of a hypochondriacal anxiety; drawing from the common understanding of consumptive pathology, he understands his body to harbor latent, invisible, and inevitable violence.

Arthur's professed certainty that he is fated for an early and unceremonious death is key to understanding the motive for his counterintuitive movement *toward* disease-ridden Philadelphia during an historical moment of panic-induced exodus. When yellow fever is first introduced in the novel, its protagonist is placed at a physical and epistemological distance, having already escaped to the countryside, where he taken in by a kindly Quaker family, the Hadwins. It is here Arthur becomes party to "a rumour" of the fever's "destructive progress": "[m]en were seized by this disease in the streets; passengers fled from them; entrance into their own dwellings was denied to them; they perished in the public ways" (99). Notwithstanding these accounts of apocalyptic desolation, Arthur volunteers to return to the city on something of a search-and-rescue mission for Susan Hadwin's wayward fiancé: "The preservation of this man," he explains, "was my sole motive for entering the infected city, and subjecting my own life to the hazards, for which my escape may almost be esteemed miraculous" (205).

The seemingly-heroic (or else idiotic) self-sacrificial "motive" that mobilizes his search for this stranger, Arthur admits, is importantly informed by his belief that he is already marked for dead. As he considers his risk of contracting yellow fever, he wonders, on the one hand, whether he may "enjoy...exemption" from infection, but acknowledges, on the other, that he "may be condemned to share in the common destiny. What then?" he asks; "Life is dependent on a thousand contingencies, not to be computed or foreseen." Yet in the same breath that he acknowledges these thousand natural "contingencies" that flesh is heir to, he asserts with certainty his impending death from consumption—a "common destiny" of smaller scale, but one that is, for Arthur, confidently "computed and foreseen":

It is vain to hope to escape the malady by which my mother and my brothers have died. We are a race, whose existence some inherent property has limited to the short space of twenty years. We are exposed, in common with the rest of mankind, to innumerable casualties; but if these be shunned, we are unalterably fated to perish by *consumption*. Why then should I scruple to lay down my life in the cause of virtue and humanity? It is better to die in the consciousness of having offered an heroic sacrifice; to die by a speedy stroke, than by the perverseness of nature, in ignominious activity, and lingering agonies (104).

For Arthur, yellow fever potentially offers a more meaningful death because it offers the possibility of volitional action: predetermined to “perish by *consumption*” by the “inherent property” of his heredity, Arthur can *choose* to expose himself to the fever. Contracting fever “by a speedy stroke,” Arthur believes, will facilitate his emplotment in a narrative of “heroic sacrifice,” one that is far more attractive than a narrative directed by the “perverseness of nature”—a small consolation, perhaps, but alluring for a character whose attempts at self-reliance have hitherto been curtailed at every turn, mainly by the unscrupulous merchant Welbeck, whose interest in Arthur lies in “the use that might be made of [his] agency” (79).<sup>73</sup> But if Arthur’s volition is diminished by Welbeck’s influence, it is, Brown shows, no less attenuated by his own understanding of hereditary predisposition.<sup>74</sup>

Notably, though, Arthur fundamentally misunderstands the fever’s trajectory. Conditioned by discourse—by tales of his countrymen “seized by this disease in the streets” (9)—Arthur envisages

---

<sup>73</sup> Welbeck deliberately manipulates his protégé “by slow degrees and circuitous paths” to his own sinister ends (79)—machinations that prompt Arthur to complain about “irksome situation” of “act[ing] under the guidance of another,” and “wander[ing] in the dark, ignorant whither my path tended and what effects might flow from my agency” (50). After the crisis of conscience precipitated by assisting Welbeck in a surreptitious (and possibly live) burial, Arthur finally declares, “I had acted long enough a servile and mechanical part; and been guided by blind and foreign impulses. It was time to lay aside my fetters, and demand to know whither the path tended in which I was importuned to walk” (88). Immediately after making this declaration, however, Arthur rows Welbeck across the Delaware River in an act that can only be described as “servile and mechanical.”

<sup>74</sup> Brown stresses the connection between lack of agency and endangered health by suggesting that Arthur is not only morally compromised during his tenure with Welbeck, but constitutionally debilitated; when he first considers taking on the position of amanuensis, he reflects, “My life had hitherto been active. My constitution was predisposed to diseases of the lungs and the change might be hurtful” (39). Ultimately, as Stevens notes, the occupation of copyist proves “wholly incompatible with his health. He must not sacrifice the end for the means. Starving was a disease preferable to consumption” (9).

a kind of hyperbolically-accelerated pathology. But as Rush explained in his *Account*, a period of asymptomatic latency always existed between the moment of infection and the “excitement” of disease: “[t]he seeds of the fever, whether received into the body from the putrid effluvia of the coffee, or by contagion, generally excited the disease in a few days,” Rush wrote; “I met with several cases in which it acted, so as to produce a fever on the same day, in which it was received into the system, and I heard of two cases in which it excited sickness, and fever, within one hour after the persons were exposed to it” (27). Only rarely, Rush suggests, was the disease “excited” relatively concurrent to receiving the “seeds”—and its development was never as immediate as these “rumours” would have us believe.

Brown parodies the erroneous, paranoiac notion that one is “seized” with fever—that is, that the moment of infection is both immediate and perceptible—when Arthur re-enters fever-addled Philadelphia in expectation of an expedient death. As he approaches the threshold of a sickroom, Arthur perceives—or so he believes—the presence of infectious agents, as “a vapour, infectious and deadly, assail[s his] senses.” In the space of an inhalation, he intuits and incorporates disease agents, reorienting his suspicions from the external environment and toward his own internal organs: “I seemed not so much to smell as to taste the element that now encompassed me,” he claims; “I felt as if I had inhaled a poisonous and subtle fluid, whose power instantly bereft my stomach of all vigour. Some fatal influence appeared to seize upon my vitals; and the work of corrosion and decomposition to be busily begun” (111).<sup>75</sup> Redirecting his attention from the “infectious” atmosphere to his *infected* body, Arthur situates his nascent symptomatology within an expected

---

<sup>75</sup> The disease “seemed” and “appeared” to operate with the immediacy he describes; Arthur claims not that he has “inhaled” the contagious agents, but that he “felt as if” he has. Here, Brown exploits dual connotations of “feeling”: on the one hand, a phenomenological sensation that, in a Lockean epistemological paradigm, supplies the grounds for knowledge, and, on the other, an uncertain epistemological state that calls into question the very possibility of that knowledge. He literally *feels* he has “inhaled a poisonous and subtle fluid” in that he experiences a discomfiting sensation in his stomach; yet he also “feels” insofar as he cannot *know*—that is, he *only* feels.

trajectory. Like Clara Wieland, who erroneously “look[s] forward to a speedy termination of [her] life with the fullest confidence,” Arthur expresses unflagging faith in his self-diagnosis and subsequent prognosis, anticipating the impending course of “decomposition.”<sup>76</sup>

“Concerning my own destiny I entertained no doubt,” Arthur asserts; “My new sensations assured me that my stomach had received this corrosive poison. Whether I should die or live was easily decided. The sickness which assiduous attendance and powerful prescriptions might remove, would, by neglect and solitude, be rendered fatal.” He thus offers a grim prediction: “My sickness being suspected, I should be dragged in a cart to the hospital; where I should, indeed, die” (118). But of course, as Brown’s readers already realize, he does not “indeed, die.” At the moment of his retrospective narration, he is convalescing in the care of Dr. Stevens; Arthur’s initial (literal) “gut feelings,” then, do not necessarily indicate or betoken what he believes. The phenomenology of disease, in other words, proves a poor substitute for an epistemology.

Indeed, Arthur’s so-deemed “easily decided” destiny will prove subject to continual revision over the course of the following pages. He is swayed, for instance, by the medically-enlightened Medlicote, a climatist who “combated an opinion which [he] had casually formed, respecting the origin of this epidemic, and imputed it, not to infectious substances imported from the east or west, but to a morbid constitution of the atmosphere” (123). As Arthur’s etiological sympathies shift from contagionism to climatism, he experiences an abatement not only of his “sense of danger,” but of the very sensation of sickness: “I felt confidence revive in my heart, and energy revisit my stomach” (124). In other words, this epistemological reorientation produces a partial remission.

Eventually, Arthur does fall ill. But according to the etiology promoted by Rush and others, his sickness would not have been generated by exposure to “tainted air” (125) alone, but rather by

---

<sup>76</sup> “Decomposition” of the digestive system was understood as the central pathological mechanism of yellow fever, and was, as Waterman notes, the “single-word self-diagnosis” (2) Elihu Hubbard Smith uttered before succumbing to the disease in 1798.

compounding this exposure with predisposing or exciting causes. “In leaving a place infected by miasmata,” Rush counseled in an 1805 treatise on seasonal diseases, “care should be taken not to expose the body to great cold, heat, or fatigue for eighteen to twenty days, lest they should excite the dormant seeds of the disease into action” (*Inquiry* 21). Shortly after Arthur returns to Philadelphia, he encounters Mr. Hadwin; beset with anxiety for his friend’s safety, Arthur experiences a recurrence of “morbid indications”: “The emotions produced by this incident,” he realizes, “were, in the present critical state of my frame, eminently hurtful.”<sup>77</sup> At this point, Arthur’s forebodings signal not the *incorporation* of disease agents, but the *activation* from exciting emotional extremes. While on the one hand, *Arthur Mervyn* seemingly valorizes the heroic agency of the physician by whose “assiduous attendance” (118) its protagonist recovers, on the other hand, Arthur’s own account of his infection suggests that a physician’s intervention would not have been necessary had Arthur steeled himself against the fever’s “exciting causes” in the first instance.

As Arthur begins to experience what he believes to be symptoms of fever, he offers us a familiar reassurance: “These prognostics were easily interpreted” (129). By now, though, we ought to know that Arthur is not the best judge of what is or isn’t interpretable. In *Arthur Mervyn*, Brown offers us a protagonist who is almost always getting it wrong—who acts, as he explains, “before I had time to ponder” (29); who is consistently denied “time of power to deliberate” (84) amid near-constant chaos, though he maintains a striking epistemological confidence nonetheless. His narrative is rife with abortive assumptions and wrongheaded hunches: he no sooner lays eyes on Clemenza Lodi, for example, than he suspects that their exchange “might foster love and terminate in—*marriage!*” (46). It doesn’t. And even though he recounts his tale after the fact, with full hindsight of what *actually*

---

<sup>77</sup> As Arthur’s companion Maravegli warns him, “Nothing will sooner generate this fever than fatigue and anxiety” (116-17). Of course, Arthur’s encounter with Hadwin is not the first time he succumbs to states that climatists like Rush considered “eminently hurtful” in predisposing the body to yellow fever. Early in his journey, for instance, he is beset with fear; soon afterward, he is moved to “a passionate effusion of tears” (115-16).

happened, Arthur does not elect to edit out these overconfident prognostics, but leads his interlocutors through the twists and turns of every convoluted labyrinth of logic, every ill-informed supposition, every insensible inference, until it is all but impossible to determine which details are what we might call “relevant” and which will ultimately dissipate into insignificance or meander into a ratiocinative cul-de-sac. As Brown suggests, neither bodies nor narratives are “easily interpreted.”

This quality of excruciating tortuousness in Brown’s fiction has prompted many of his critics to approach him, in Fiedler’s words, as “a writer careless to the point of shamelessness” (155)—a claim that seems all too readily evidenced by the two-volume Gordian knot that is *Arthur Mervyn*. “Charles Brockden Brown wrote slipshod plots,” Caleb Crain declares, “and *Arthur Mervyn* contains one of his worst” (119). Michael Warner confirms that the plot of *Arthur Mervyn* “cannot be summarized intelligibly” (152); in Bill Christopherson’s words, it accordingly “threatens to become a tale told by several idiots, signifying nothing” (88). But to suggest that *Arthur Mervyn* contains useful fodder for analysis *if only* we can slog through the hermeneutic convolutions of its narration is to miss an essential point about what Brown conceived as both the essential problematic of medicine and the discursive function of literature. With both the thematic content and formal properties of his texts, Brown dramatizes the simultaneous necessity and danger of “conjecture,”<sup>78</sup> offering models of how (not) to read.

If conjecture is, in the worst case, a disastrous practice of misplaced suspicion—and, as Darwin warned, in cases of madness, “immoderate suspicion is generally the first symptom” (433)—it is also an essential interpretive tool, necessary for the tentative organization of seemingly-

---

<sup>78</sup> Both *Wieland* and *Arthur Mervyn* are preoccupied with the speculative hermeneutic of “conjecture.” In *Wieland*, “[a]ll is wildering conjecture” (163): because Carwin offers “no ground on which to build even a plausible conjecture” (66), it follows that the “conjectures” Clara does form are “vague, tumultuous, and sometimes fearful” (74). Similarly, *Arthur Mervyn* is a patchwork of “remote inferences and vague conjecture” (74). Regarding the actions of others, Arthur confidently identifies that which is “easy to conjecture” (92); with reference to his *own* behavior, on the other hand, he suspects the inefficacy of “speculation and conjecture” in unveiling his “true motives” (105).



inexplicable occurrences. This, at least, is what Brown argues in his essay on narrative method, “The Difference Between History and Romance” (1800). Here, Brown explicates what he sees as the essential distinctions between these two representative modes. The historian, he notes, is a kind of “observer or experimentalist...who carefully watches, and faithfully enumerates the appearance which occur,” while the romancer “adorns these appearances with cause and effect, and traces resemblances between the past, distant, and future, with the present.” Embellishing observable phenomena with hypothetical causal connections, the romancer strives less to make his representations *truthful* than to make them *meaningful*: “He is a dealer,” Brown explains, “not in certainties, but in probabilities” (341). The conjectural “empire of romance” thus widens the scope of “history,” which necessarily “must be limited to what is known by the testimony of our senses” (343). Of course, as *Wieland* aptly illustrates, “the testimony of our senses” is not necessarily a reliable index of any empirical truth; this is similarly shown to be the case in *Arthur Mervyn*, in which the protagonist’s gastric sensibilities corroborate whatever etiological schema he happens to be laboring under at the moment.

While the romance’s traffic in probabilities will prove unsatisfactory to the staunch empiricist, the faithful enumeration of mere appearances, Brown suggests, will prove unsatisfactory to almost everyone else: “Curiosity is not content with noting and recording the *actions* of men. It likewise seeks to know the *motives* by which the agent is impelled to the performance of these actions; but motives are modifications of thought which cannot be subjected to the senses. They cannot be certainly known. They are merely topics of conjecture,” which “comes with the province, not of *history*, but *romance*” (342). And it no less comes with the province of medicine: hypothesizing upon the relation between the body’s invisible interior and the “invisible Agents” of disease, physicians conjecture both backward and forward, speculating on the cause of disease and

attempting to anticipate its course.<sup>79</sup> But conjecture, as *Arthur Mervyn* illustrates, proves problematic in the hands of the ill-informed. In his attachment to wrongful anticipations, Arthur imposes limitations upon his own ability to act otherwise.

### **Coda: The Name of Action**

As the early republic's most accomplished novelist, Brown has shouldered a considerable burden in his critical afterlife; as even a cursory review of extant scholarship illustrates, his novels have been presumed to articulate manifold theories of citizenship, conspiracy, and American political agency. These interpretations, of course, build from Brown's self-professed positionality as "moral observer" (*Arthur Mervyn* 3)—an argument he elaborates in his essay "Walstein's School of History" (1799), published in *The Monthly Magazine and American Review* between the serial publication of *Arthur Mervyn*'s two volumes. Here, by way of the invented philosopher Walstein, Brown proposes that "the narration of public events, with a certain license of invention, [is] the most efficacious of moral instruments" (336). For one such exemplary "fictitious history" (337), Brown offers the plot *Arthur Mervyn*, thinly veiled as an apocryphal Italian tale entitled "Olivo Ronisca." Although the mode of "fictitious history" cannot reproduce circumstances "perfectly similar to that of an actual being," Brown admits, its "usefulness" is nevertheless mimetic: "suggesting a mode of reasoning and acting somewhat similar to that which is ascribed to a feigned person" (338).

What "mode of reasoning," we might ask, and what model of action, does the "feigned person" Arthur Mervyn suggest? "Nothing, indeed," Arthur admits while reflecting upon his decision to enter into fever-infected Philadelphia, "more perplexes me than a review of my own conduct." And nothing, indeed, has more perplexed critics than a review of Arthur's conduct; readers have long

---

<sup>79</sup> Carlo Ginzburg makes a similar point in *Clues, Myths, and the Historical Method* (1989), noting the ways in which both historical knowledge and medical knowledge are "indirect, presumptive, conjectural" (97).

puzzled over his opaque motives, particularly in questioning the extent to which Brown intends to present his protagonist as an exemplary model of republican citizenship.<sup>80</sup> Yet as we have seen, Arthur's decision to knowingly risk sickness stems from a fatalistic disavowal of futurity, motivated by a belief in the immutability of his biological destiny. Unlike "[n]urses and physicians," who "soonest become intrepid or indifferent" to disease through continued "familiarity," Arthur explains, "I was sustained, not by confidence of safety, and a belief of exemption from this malady, or by the influence of habit, which inures us to all that is detestable or perilous, but by a belief that this was as eligible an avenue to death as any other" (127). Rather than bear those ills he has, Arthur flies to others that he knows not of.

By framing what might otherwise be read as a humanitarian act of selflessness—in Arthur's imagining, a "heroic sacrifice" (104)—as a kind of plague-assisted suicide, Brown offers a rather ambivalent vision of Arthur's moral agency. Rather than simply offering Arthur Mervyn as a model of moral conduct, then, we might understand Brown as probing the thornier matter of *how* narratives of "heroic sacrifice" are produced and evaluated. Specifically, Brown's employment of a proto-consumptive protagonist serves to highlight the question of whether the moral value of "heroic sacrifice" is proportionate to perceived risk.<sup>81</sup> Seen this way, Arthur's peculiar situation illuminates another contemporary discourse that linked medical estimations of susceptibility with social valuations of moral agency: the theory of racialized immunity.<sup>82</sup>

---

<sup>80</sup> Michael Davitt Bell, for instance, argues that the character's fundamental moral inconsistency—a "profession of virtuous intention" paired with an "unacknowledged but persistent self-interestedness"—ought to be read as part of the novel's "full, deliberate, and devastating" irony (59). Michael Warner, on the other hand, asks us to take the text's moral claims seriously by attending to the ways in which printed material can be understood to participate in "a republican paradigm of public virtue" (151). Here, I aim to frame contested project of *Arthur Mervyn* specifically in terms of contemporary public health discourses of disease prevention.

<sup>81</sup> The perception, assessment, and management of risk became key to nineteenth-century public health movements. For further discussion of the historical development of environmental risk discourse, see Douglas and Wildavsky, *Risk and Culture* (1982); Beck, *Risk Society* (1992); Krimsky and Golding, eds., *Social Theories of Risk* (1992); Melosi, *The Sanitary City* (1999); and Freedgood, *Victorian Writing About Risk* (2000).

<sup>82</sup> As Chapter 3 of this dissertation will discuss, the theory of African immunity to tropical diseases like yellow fever was one biopolitical technology by which African Americans were systematically excluded from the rights of citizenship—

During the 1793 epidemic, the widely-held belief that people of African descent were immune to the disease engendered an estimation of civic responsibility that existed in inverse proportion to corporeal risk. John Lining, the South Carolinian physician who had advanced the theory of African immunity in his account of the 1748 epidemic in Charleston, had promoted a system of racialized risk assessment: “There is something very singular in the constitution of the negroes,” claimed Lining, “which renders them not liable to this fever” (7). During the Philadelphia epidemic of 1793, Rush published excerpts from Lining’s account in the *American Daily Advertiser* in order, he claimed, “to hint to the black people, that a noble opportunity is now put into their hands” (qtd. in Brooks 153). The African Society, under the leadership of Absalom Jones, Richard Allen, and William Gray, assumed this “noble opportunity,” mobilizing free African Americans to serve as nurses and gravediggers—roles that most white Philadelphians refused to assume.<sup>83</sup> Of course, as Rush admitted in his *Account*, “It was not long after these worthy Africans undertook the execution of their humane offer of services to the sick, before I was convinced I had been mistaken” (97).

In his best-selling account of the epidemic, Carey had cursorily nodded to the African Society’s efforts, but nevertheless lambasted black Philadelphians with charges of extortion—a censure that Jones and Allen repudiated in their *Narrative of the Proceedings of the Black People During the Late Awful Calamity in Philadelphia, in the Year 1793: and a Refutation of Some Censures Thrown Upon Them in Some Late Publications* (1794) (see fig. 1.1). Here, Jones and Allen present a portrait of African American public service and self-sacrifice that not only counters narratives of black opportunism, but refutes the fiction of black immunity: the “generally received opinion in this city, that our colour was no so liable to the sickness as the whites.” Correcting both the historical and medical record, they assert:

---

and an iteration, perhaps, of what Wald, riffing on Benedict Anderson, refers to as “imagined immunities,” illustrating the ways in which the outbreak of epidemic disease “articulates community on a national scale” (33).

<sup>83</sup> For further discussion of the African Society’s public health services, see Lapsansky, “Abigail, a Negress,” (1997), and Brooks, *American Lazarus* (2003), 151-178.

“When the people of colour had the sickness and died, we were imposed upon and told it was not the prevailing sickness, until it became too notorious to be denied, then we were told some few had died but not many. Thus were our services extorted *at the peril of our lives*, yet you accuse us of extorting *a little money from you*” (15). Jones and Allen’s argument hinges upon debunking the theory of African immunity to establish the reality of *risk*; the moral value of these “services” is heightened, they suggest, by having been performed “*at the peril of our lives.*”

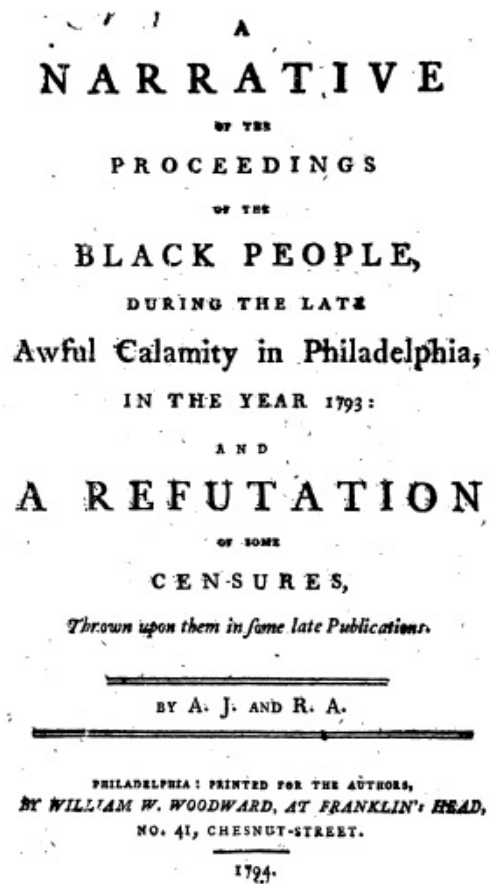


Fig. 1.1 Title page, Absalom Jones and Richard Allen, *A Narrative of the Proceedings of the Black People, During the Late Awful Calamity in Philadelphia, in the Year 1793*. Philadelphia: William W. Woodward, 1794.

As the estimation of African American moral agency was bound up in this practice of immunological risk assessment, so too did the assessment of constitutional and environmental dangers direct one's ethical obligation to the wider social body—whether by striving to prevent the latent “seeds” of disease from being “excited into action” by evaluating and mediating the influence of predisposing and exciting causes or by exercising self-restraint to curtail the perpetuation of hereditary “taints.” As Buchan asserted, “Those who inherit any family disease ought to be very circumspect in their manner of living. They should consider well the nature of such disease, and guard against it by a proper regimen. It is certain,” he insisted, “that family diseases have often, by proper care, been kept off for one generation; and there is reason to believe, that, by persisting in the same course, such diseases might at length be wholly eradicated” (9).<sup>84</sup> In *Wieland* and *Arthur Mervyn*, Brown illustrates how prophylactic imperatives of “proper regimen” and “proper care” can re-direct one's biological future. It is a repudiation of “futuraity” that contributes to these characters' sufferings in the first place, Brown suggests: both Clara and Arthur fall sick with “fever” as a result of their willful self-exposure to environmental “exciting causes”; both fail to take precautions because of their deterministic beliefs in the biological agency of their own bodies to exact a hereditary “destiny.”

As we have seen, Brown's bio-Gothic replicates anticontagionist etiology, figuring “invisible Agents” not as bullets or arrows (or, per Darwin, “darts”) but as Galenic “seeds”: latent potentialities that develop over time and according to circumstance. To reorient our understanding of this etiology, then, is to reorient our metaphors. Consider, for instance, James Dawes's claim that

---

<sup>84</sup> Another measure to ensure the eradication of hereditary disease, as Chapter 4 of this dissertation will discuss at length, was the refusal of reproduction. The threat of perpetuating hereditary mania thus makes *Wieland*'s intimation of incest particularly horrifying, and the unresolved issue of Arthur's consumptive fate renders *Arthur Mervyn*'s ultimate marriage plot an unsettling rather than satisfying generic turn. For an examination of incest prohibitions and the rise of reproductive sciences in the nineteenth-century United States, see Connolly, *Domestic Intimacies* (2014), 122-165.

“illness and contagion” offered Brown “a model for the experience of reading” (461). For Dawes, disease is essentially an “experience in irresistibility” that “breaks down the distinction between cognition (as a willed experience) and automatic bodily processes (as a coercive, unwilled experience)” and “transforms the body into a series of cues for our feelings” (441). In this way, yellow fever seemingly replicates the involuntary reactions of reading fiction—an especial anxiety in the early American republic: “[i]n the 1790s in particular,” notes Roberts, “the controversy over the moral value of novel reading often centered on the reader’s emotional susceptibility, or the mind’s capacity to regulate the source and direction of its feelings” (38). But for Brown, disease was not “an experience in irresistibility.” Instead, it was an exercise in managing susceptibility through self-care.

If this politics of self-care is the public health *message* of Brown’s fiction, we might also say that Brown’s fiction replicates a public health *method*: resisting the seemingly-inevitable by learning how to interpret evidence in order to arrive at the most appropriate mode of conjecture. Although “an ethic organized around the ideals of health and life produces anxiety, fear, even dread,” as Nikolas Rose notes, “it frequently also generates a moral economy in which ignorance, resignation, and hopelessness in the face of the future is deprecated. At least in part, fears and anxieties about morbidity and mortality are being reframed within an ethos of hope, anticipation, and expectation” (27). Ultimately, then, Brown’s revisionary Gothic might be read as expressing more than merely the anxiety, fear, and dread characteristic of the genre. Instead, novels like *Wieland* and *Arthur Mervyn* participate, both thematically and formally, in an American health discourse that increasingly sought to transfer responsibility from the medical authority to the embodied subject, promoting (cruelly, perhaps) this ethos of optimism. Brown’s characters, and his readers, must negotiate between conditions of constitution and contingencies of care; by the latter, they are tentatively afforded futurity.

## CHAPTER TWO

### Atmospherical Media: Cholera, Domestic Hygiene, and the Miasmatic Imaginary

It is generally acknowledged as a law of epidemic diseases, that they spread more rapidly and assume a more malignant aspect in an impure state of atmosphere. The season has already arrived when various causes, combined with the prevalence of great heat, produce in this city nauseous effluvia, a vitiated state of the atmosphere...in which the destroying angel, should he visit our city, would walk unseen in the midst of us, enveloped in a pestilential vapour.

—“Report of the Committee on Cholera,” *Commercial Advertiser*, June 20, 1832

I had so worked upon my imagination as really to believe that about the whole mansion and domain there hung an atmosphere peculiar to themselves and their immediate vicinity—an atmosphere which had no affinity with the air of heaven, but which had reeked up from the decayed trees, and the gray wall, and the silent tarn—a pestilent and mystic vapor...

—Edgar Allan Poe, “The Fall of the House of Usher,” 1839

In an 1841 notebook entry extolling the “effervescent atmosphere” of the New England seaside, Nathaniel Hawthorne, en route to the utopian community at Brook Farm, rejoiced in the experience of “breathing air which had not been breathed in advance by the hundred thousand pairs of lungs which have common and invisible property in the atmosphere of this great city. My breath,” he reflected, “had never belonged to anybody but me” (284-5). Rewriting the Lockean notion of “property in one’s person,” perhaps, in terms of this “common and invisible property in the atmosphere,” Hawthorne stakes his claim on the unadulterated air—anticipating Melville’s Ishmael, who cites the “pure air of the fore-castle deck” among his several motivations for sailing: “the



Commodore on the quarter-deck gets his atmosphere at second hand from the sailors on the forecastle. He thinks he breathes it first; but not so,” Ishmael explains; “In much the same way do the commonalty lead their leaders in many other things, at the same time that the leaders little suspect it” (15).

As Hawthorne and Melville suggest, the atmosphere is a kind of democratic commons, a locus of communication and exchange. As environmental historian Vladimir Janković writes, the atmosphere is “a site of the encounter of the intimate and the universal,” one that is “equally the property of experts and the public” (“Introduction,” x).<sup>1</sup> For Hawthorne, however, such aerial encounters prove discomfiting precisely because of the communal interchange they enable. After all, he suggests, air is not only assimilated, but *mediated* by its multitude of breathers; as John Arbuthnot had observed in his 1733 *Essay Concerning the Effect of Air on Human Bodies*, “The Air near the Surface of the Earth, in which all Animals live and breathe, contains the Steams, Effluvia, and all the Abrasions of Bodies on the Surface of the Earth, when they are so small and light as to float in it” (2).<sup>2</sup> For Hawthorne, air is a precarious inheritance, contaminated by contact with the commonalty.

Hawthorne’s aversion to air “breathed in advance” illustrates his understanding of the reciprocal process of respiration, wherein air both reconstitutes and is reconstituted by human bodies<sup>3</sup>—intimating a dynamic interchange akin to what environmental humanities Stacy Alaimo has

---

<sup>1</sup> Air, per its entry in Webster’s 1828 *American Dictionary*—“the fluid which we breathe”—is indeed communal by definition, marked by the mutuality of the first person plural. While *air* refers to one discrete “fluid,” *atmosphere* refers a collectivity: “the whole mass of fluid, consisting of air, aqueous and other vapors, surrounding the earth.” For my purposes here, I follow nineteenth-century usage, employing “atmosphere” to denote a consolidation of elements.

<sup>2</sup> For further discussion of seventeenth and eighteenth-century experiments on air, see Porter, *Flesh in the Age of Reason* (2003); Shapin and Schaffer, *Leviathan and the Air-Pump* (2011); and Lewis, *Air’s Appearance* (2012).

<sup>3</sup> “It is proper to consider air which has been once breathed, as unfit for further respiration, or spoiled,” noted William Alcott; indeed, he continued, “we spoil the air for the purposes of breathing, at the rate of more than a gallon a minute. So Dr. Franklin used to say, fifty years ago” (*The House I Live In* 235). Franklin’s observations on respiration developed in conversation with those of English chemist Joseph Priestley, whose 1775 *Experiments and Observations on Different Kinds of Air* included commentary upon “Air infected with Animal Respiration, or Putrefaction”: “when one any quantity of air has been rendered noxious by animals breathing in it as long as they could,” Priestley remarked, I do not know that any methods have been discovered of rendering it fit for breathing again” (37).

called “trans-corporeality,” which understands the human body as “always intermeshed with the more-than-human world” (2). Of course, the notion of the mutual interpenetration of body and environment was also simply the *sine qua non* of environmental humoralism, which posited the human body as eminently susceptible to the operations of air. Indeed, the idea that the atmosphere was invisibly and perniciously populated by the pestilential effluvia of organic matter was the foundational tenet of miasmatic theory, the etiology articulated in Hippocrates *On Airs, Waters, and Places* (ca 400 BCE), which persisted as a widely-accepted explanation of disease transmission throughout the majority of the nineteenth century.<sup>4</sup>

The atmospheric anxieties of the antebellum period rendered breathing and its discontents popular preoccupations of domestic medical texts. Women, in particular, were charged with the solemn duty “to keep the floor and the walls of every room perfectly clean, and the air perfectly sweet” (246), as physiologist William Alcott affirmed in his guide *The Young Wife: Or Duties of Woman in the Marriage Relation* (1837). This task, Alcott suggested, was more than rote domestic labor, but necessitated a scientific education: “[h]ow can we hope to urge [the housewife] forward to the work of ventilating and properly cleansing her apartments and her furniture,” Alcott challenged, “until she understands not only the native constitution of our atmosphere, but the nature of the changes, which this atmosphere undergoes in our fire rooms, our sleeping rooms, our beds, our cellars, and our lungs?” (307).

Domestic advice manuals such as Catharine Beecher’s *Letters to the People on Health and Happiness* (1855) similarly stressed the necessity of scientific knowledge for the proper management of houses and bodies, educating their audiences in matters such as the anatomical function of the

---

<sup>4</sup> As Margaret Pelling has observed, “[m]iasmatic theory is only inappropriately applied without specification to signify a single theory, and is best used of a type of theory, or for a particular component of theories” (62). For more on miasmatic theory and Hippocratic medicine, see Cassedy, “Meteorology and Medicine in Colonial America” (1969); Sargent, *Hippocratic Heritage* (1982); Hannaway, “Environment and Miasmata” (1997); Cantor, ed., *Reinventing Hippocrates* (2002); and Mitman and Numbers, “From Miasma to Asthma” (2003).

lungs (see fig. 2.1). In particular, readers were encouraged to remain attentive to the detrimental effects of breathing “vitiating air”: that is, air that had been depleted of healthful oxygen or otherwise contaminated by pestilential effluvia.<sup>5</sup> “If persons will go on, from day to day, and year to year, exposing themselves to unhealthy influences,” Catharine Sedgwick warned young women in her manual *Means and Ends, or Self-Training* (1839), “they must not wonder when the lungs, impaired by the poison that has been taken into them, show disease, nor when they are added to the multitude going down to the grave prematurely, not cut off by Providence, but by their own ignorance of their frames and the laws that govern them” (68). Rehearsing the ideology of nineteenth-century American writing on health, Sedgwick attributes disease to a lack of self-knowledge and a concomitant failure of care.

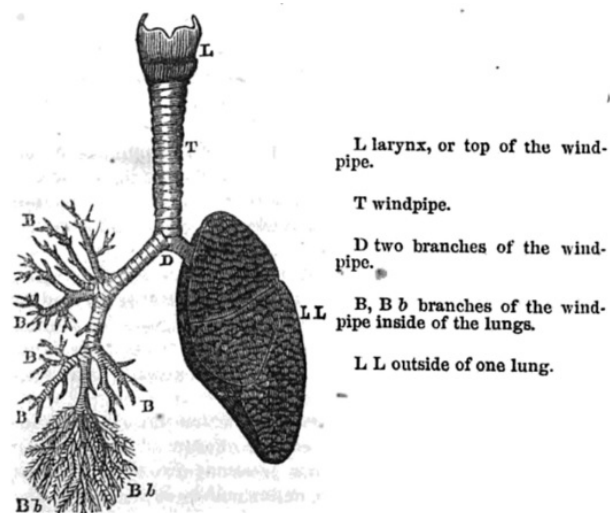


Fig. 2.1. Windpipe and lungs. Catharine Esther Beecher, *Letters to the People on Health and Happiness*. New York: Harper & Brothers, 1855.

<sup>5</sup> In his *Inquiry into the Propagation of Contagious Poisons, by the Atmosphere* (1839), the physician Somerville Scott Alison explained the subtle differences between air containing “contagious matter,” which tended toward the production of “exclusively one disease,” and “vitiating” or impure” air, which proved “productive of deranged health” more broadly (23). As Henry Ansell would later note in his *Treatise on Tuberculosis* (1852), “The expression 'a vitiating atmosphere' has frequently been employed indefinitely; it is generally understood as one in which not only the quantity of oxygen gas is diminished, and the quantity of carbonic acid gas increased,” he explained, “but which contains impurities, detectable or not by the instruments of science” (489). It was, of course, precisely the undetectable nature of atmospheric impurities that rendered them especially dreadful.

This chapter examines the antebellum period's preoccupation with the putrefaction and purification of domestic air, and its related imperatives of care, through an analysis of two of its most famous literary houses. Edgar Allan Poe's "The Fall of the House of Usher" (1839) and Nathaniel Hawthorne's *The House of the Seven Gables* (1851) have commonly been read for their critiques of inherited property, and the dissolution of anti-democratic, hereditary forms of association more broadly—a dissolution seemingly paralleled in the physical degeneration of their sickly, anachronistic aristocracies.<sup>6</sup> Readings of "Usher" and *Gables* often appeal to what Robert Blair St. George calls the "metaphoric equivalency drawn between the dwelling house and the human body, between architecture and the extended range of meanings attached to the concept of embodiment": a notable trope in Anglo-American literature, and the American witchcraft narrative in particular (14). However, as Poe takes pains to point out, his eponymous "House" refers to "both the family and the family mansion" (319), simultaneously signifying the hereditary lineage and the physical environment in which these consanguineous bodies are situated.

The "metaphoric equivalency" between house and body is also a salient feature of nineteenth-century medical texts, perhaps most memorably exemplified by Alcott's popular anatomy manual *The House I Live In* (1837), which depicts the structure and functions of the human body in terms of corresponding architectural components (see figs. 2.2 and 2.3).<sup>7</sup> Yet Alcott does not merely

---

<sup>6</sup> Many critics have examined the symbolic symmetry between house and body in these works, noting, for instance, how Hawthorne's pseudo-patrician Pyncheons dramatize contemporary concerns about racial degeneration, or the ways in which Poe's house allegorizes the psychic deterioration of its narrator. For example, Thomas Cooley reads "Usher" through the lens of nineteenth-century faculty psychology, contending that "the matching facades of Usher and his dilapidated house" illustrate Poe's parallels between Usher's psychological and the house's physical decline (29). Readings that concentrate on the presence psychological metaphors, as this analysis of "Usher" will suggest, ignore the ways in which Poe's text draws from discourses of *communicable* (specifically, miasmatic) disease.

<sup>7</sup> For further discussion of Alcott's "anatomical domesticity," see Sappol, *A Traffic of Dead Bodies*, 168-211. Other health reformers employed the metaphor of the anatomical edifice in their writings; as Elizabeth Blackwell analogized, "we might as well attempt to build a marble edifice on rotten arches as strive for perfection with a disordered stomach or weak nerves; but this organic health is not the end, even of our bodily life" (*The Laws of Life* 24). Similarly, Charles Caldwell reasoned that "[i]f the stamina of the child be defective, it is not to be expected that the health and vigor of the adult can be made perfect...As well as you may look for the erection of a solid edifice, to endure for ages, out of decayed materials" (29-30).

mobilize the house as a metaphor, but also addresses the dangers inherent in literal domestic space: in particular, the ill effects of “sitting in and breathing the bad air” (236).<sup>8</sup> In *The House I Live In*, then, the house functions as something other than pure allegory: not only a symbol for the body, but an extension *of* and an agency that operates *on* body. The same, I suggest, may be claimed of “The Fall of the House of Usher” and *The House of the Seven Gables*. In this chapter, I read the relationship between Poe’s and Hawthorne’s degenerating houses and their inhabitants not as illustrating a logic of symbolic correspondence, but a logic of *causation*: in other words, an etiology. As these texts suggest, atmosphere itself is a kind of pernicious and transmissible “property.”



Fig. 2.2. “Frame of the House I live in.” William Alcott, *The House I Live In: Or the Human Body. For the Use of Families and Schools*. Second Edition. Boston: Light & Stearns, 1837.

---

<sup>8</sup> Alcott accordingly cautions “not to have our rooms in which we sit or sleep too tight, or too long closed! What pains ought we to take to ventilate (purify) them often, by opening the doors or the windows!” (235). In Alcott’s text, “windows” both refer to a literal architectural feature of the domestic dwelling—one that proves essential to the health of inhabitants—and function a metaphor for the human eye. The dual signification is an apt one; as this chapter aims to show, nineteenth-century medical and literary discourse strove to render the atmosphere visible by illustrating its effects on the body.

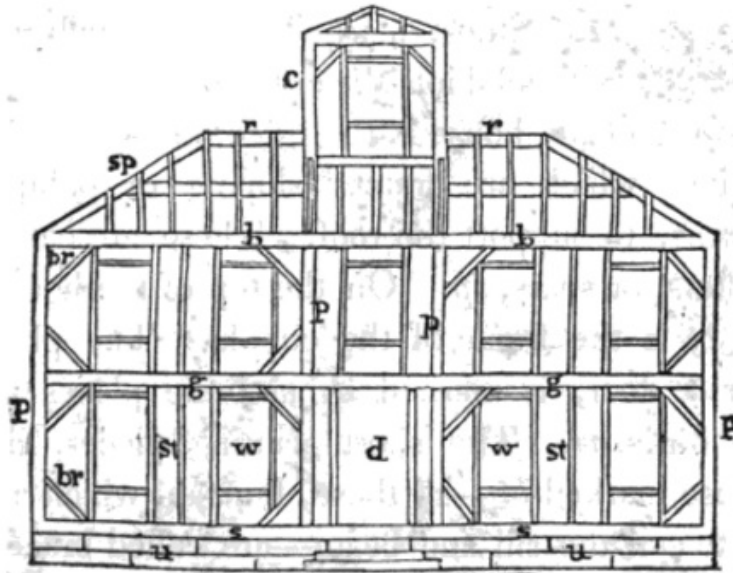


Fig. 2.3. “[T]he frame of a wooden dwelling house.” William Alcott, *The House I Live In: Or the Human Body. For the Use of Families and Schools*. Second Edition. Boston: Light & Stearns, 1837.

For antebellum Americans, the threat of atmospheric peril had been rendered especially salient by the appearance of “Asiatic” cholera, the deadly and as-yet inexplicable disease that had first surfaced in India in 1817 and devastated the European continent in 1831.<sup>9</sup> In some ways, the American cholera epidemic of 1832 reanimated the etiological debates that had raged during the Philadelphia yellow fever epidemics some three decades earlier; overwhelmingly, however, physicians believed that the disease was endemic to local environments and transmitted via the mediation of the atmosphere.<sup>10</sup> John Snow’s 1854 map of London’s Broad Street outbreak would

<sup>9</sup> For histories of nineteenth-century cholera epidemics in North America and Europe, see Rosenberg, *The Cholera Years* (1962); Longmate, *King Cholera* (1966); Durey, *The Return of the Plague* (1979); Bilson, *A Darkened House* (1980); Delaporte, *Disease and Civilization* (1989); Baldwin, *Contagion and the State in Europe, 1830-1930* (1999); Evans, *Death in Hamburg* (2005); Hamlin, *Cholera: The Biography* (2009); and Adler, *Cholera in Detroit* (2013).

<sup>10</sup>As Amariah Brigham noted in his *Treatise on the Epidemic Cholera* (1832), some physicians attempted to negotiate an etiological middle ground by proposing a theory of “contingent contagionism,” arguing that “although the disease arises from some aerial or terrestrial influence, of which we at present know nothing, and over which we have no control,” cholera could “acquire a character of communicability” in particularly unventilated or “filthy” environs (296). For more on contingent contagionism, see Rosenberg, *The Cholera Years*, 78-79.

retroactively be heralded as an illustration of its communicability by waterborne bacteria;<sup>11</sup> these insights, however, would not find a foothold in the scientific community for several decades.<sup>12</sup> For the majority of the century, cholera would remain the stronghold of anticontagionists who, while differing on the finer points of its etiology, essentially agreed upon its atmospheric properties: “Whether the materies morbi of cholera claims a sidereal or telluric origin,” John Wakefield Francis asserted in his 1832 *Letter on the Cholera Asphyxia, Now Prevailing in the City of New-York*, “the atmosphere is the medium through which it operates” (2).

As a “medium,” atmosphere was not a static entity, but manipulable by methods both pernicious and salutary; if it could be putrefied, so too, anticontagionists argued, could it be purified.<sup>13</sup> In other words, atmosphere enabled not only *mediation*, but *remediation*. Medical historians such as Charles Rosenberg, following Erwin Ackerknecht’s influential essay on nineteenth-century anticontagionism, have accordingly proposed that miasmatic theory supplied a workable political alternative to the “decidedly antisocial” implications of contagionism (*The Cholera Years* 77);<sup>14</sup> championing hygiene rather than quarantine, anticontagionists sought the sanitation of urban

---

<sup>11</sup> At least forty-four maps of cholera outbreaks were published between 1820 and 1838, as Saul Jarcho notes. Thus, according to Tom Koch, “Snow’s real genius lay not in the maps he made but in the questions he asked and his ability to combine clinical and ecological perspectives in his search for relevant data” (130). For further discussion of medical cartography in the late eighteenth and early nineteenth centuries, see Stevenson, “Putting Disease on the Map” (1965); Jarcho, “Yellow Fever, Cholera, and the Beginnings of Medical Cartography” (1970); and Koch, *Cartographies of Disease* (2005).

<sup>12</sup> The bacillus *Vibrio cholerae* was first isolated by Fillipo Pacini in 1854, but its discovery is more commonly credited to Robert Koch, who publicized his findings in 1883. For more on Snow, Koch, and the discovery of *Vibrio cholerae*, see Howard-Jones, “Robert Koch and the Cholera Vibrio” (1984); Bray, *Armies of Pestilence* (2004); Gilbert, *Cholera and Nation* (2008); Johnson, *The Ghost Map* (2006); Mercer, *Infections, Chronic Disease and the Epidemiological Transition* (2014); and Farmbry, *Crisis, Disaster and Risk* (2015).

<sup>13</sup> In his 1830 *Treatise on Fever*, the English physician Southwood Smith famously advocated for sanitation and ventilation, arguing “the probability of [fever’s] extension depends very much on cleanliness, the proper ventilation of the sick chamber, and the purity of the surrounding atmosphere.” Accordingly, Smith concluded “that the contagious principle may be so diluted by pure air, as to be entirely innocuous” (316). For more on Smith and environmental health, see Rayner and Land, *Ecological Public Health* (2012). For a recent analysis of health reform movements and British fiction, see Wright, *Reading for Health* (2016).

<sup>14</sup> For an overview of responses to Ackerknecht’s groundbreaking essay, including counter-arguments, see Stern and Markel, “Disease Etiology and Political Ideology” (2009).

environments.<sup>15</sup> As a consequence, epidemic cholera has commonly been understood as a watershed for reform, especially in its transatlantic contexts.<sup>16</sup> For example, Pamela Gilbert, building upon Mary Poovey's influential analysis of the Victorian social body,<sup>17</sup> notes that cholera has typically been assigned a place of prominence in historicizing the emergence of public health in Britain "as a domain of knowledge and intervention as a result of the tendency toward governmentalization" (*Cholera and Nation* 7). But if in Britain, cholera served as a catalyst for state-sanctioned public health reform, its 1832 iteration in the United States, as John Duffy has pointed out, "had little permanent impact on American sanitation and public health" (*The Sanitarians* 91). In order to understand how cholera *did* influence the American health practices, then, we must resist the heroic narrative of nineteenth-century public health reform and instead explore how "public" health played out in the so-called "domestic sphere."<sup>18</sup>

---

<sup>15</sup> Upon its appearance North America, writes Philip Alcabes, "cholera seemed to validate suspicions that cities in general and the impiety of the urban poor in particular were America's main social problems and the culprits in spreading epidemics." The miasmatic theory of cholera's transmission, he continues, was "[k]ey to this complex interrelation of policy and illness" (57). Although cholera was indeed an urban social problem in the United States—with poor, immigrant, and African American neighborhoods vilified in particular—it did not necessarily follow that this social problem had a social solution; reform discourse overwhelmingly focused upon individual rather than public hygiene practices. This is less, I suggest, because "few citizens had any sense of communal responsibility," as John Duffy argues (72), but rather because individual hygienic responsibility was conceived as communal responsibility, since the shared atmosphere was understood as a mediator between private and public spheres.

<sup>16</sup> See Delaporte, *Disease and Civilization*; Durey, *The Return of the Plague*; Baldwin, *Contagion and the State in Europe*; Evans, *Death in Hamburg*; and Rosenberg, "Cholera in Nineteenth-Century Europe" (1992). In Great Britain, in particular, the cholera epidemic has been understood as "a significant backdrop" to political debates surrounding the Poor Law Commission, the Anatomy Act, and the Reform Bill (Bynum 76). In his *Report on the Sanitary Condition of the Laboring Population of Great Britain* (1843), Edwin Chadwick advocated for sanitation reform by insisting upon the miasmatic etiology of cholera. As Tom Koch explains, Chadwick supplied "a socioeconomic perspective informed by a miasmatic theory of disease that would hold it was less expensive to prevent disease (by promoting a healthier, less odiferous environment) than it was to live in an unhealthy city that promoted disease" (58). For discussion of cholera's impact on British public health legislation, see Pelling, *Cholera, Fever, and English Medicine* (1978); Cooter, "Anticontagionism and History's Medical Record" (1983); Poovey, *Making a Social Body* (1995); Koch, *Cartographies of Disease* (2005); Johnson, *The Ghost Map* (2006); and Gilbert, *Cholera and Nation* (2008). For an alternate analysis, which dismisses the impact of cholera on legislation, see Morris, *Cholera, 1832* (1976). For other discussions of nineteenth-century public health reform, see Rosen, *A History of Public Health* (1958); Wohl, *Endangered Lives* (1984); and Hamlin, *Public Health and Social Justice in the Age of Chadwick* (1998).

<sup>17</sup> Poovey examines how, in James Kay's writings on the epidemic among the Irish, "cholera provides the metaphor that draws all of society's problems into a single conceptual cluster" (58). In response, Gilbert argues that the "use of cholera as a master metaphor for all the social body's ills was commonplace this period, even as it was used to challenge such values" (7).

<sup>18</sup> As Foucault argues, the late-eighteenth and nineteenth centuries witnessed the "development of a medicine whose main function will now be public hygiene, with institutions to coordinate medical care, centralize power, and normalize



In the United States, I argue, cholera discourse promoted not the “governmentalization,” but rather the individuation and domestication of health. As Sylvia Noble Tesh has suggested, the “hegemony of miasma theory” in the nineteenth century might be convincingly attributed to its political association with “the virtues of individualism”: disease prevention efforts grounded in environmental anticontagionism, she explains, proved “consistent with the values of self-sufficiency and individual autonomy,” and thus worked to “advance the pragmatic values of efficiency, thrift, self-interest” (30).<sup>19</sup> In the Jacksonian period, in particular, the ideology of democratic individualism explicitly resisted the kind of intervention championed across the Atlantic by medical authorities like the Scottish physician James Kirk, who insisted upon the “public duty” of the state to “paternally watch over [its] people” (6).<sup>20</sup> This emphasis on individual agency, along with a concomitant struggle over the institutionalization of medical knowledge, rendered the cholera epidemic an exemplary occasion for promoting self-reliance. Medical advice published in print media during the epidemic stressed the importance of personal hygiene and domestic sanitation, touting the efficacy of cleaning

---

knowledge” through, for instance, “campaigns to teach hygiene and to medicalize the population” (“*Society Must Be Defended*” 244). What he refers to as “biopolitics’ last domain” thus consists of “control over relations between the human race, or human beings insofar as they are a species” and “their environment, the milieu in which they live”—both in terms of “the direct effects of the geographical, climatic, or hydrographic environment” and “the problem of the environment to the extent that it is not a natural environment, that it has been created by the population and therefore has effects on that population. This” he continues, “is essentially, the urban problem” (“*Society Must Be Defended*” 244, 245). As this chapter endeavors to show, authors like Poe and Hawthorne illustrate the ways in which this is also, essentially, the *domestic* problem.

<sup>19</sup> Others were wont to invoke divine forces of reform; in resolution submitted to Congress and ultimately rejected by President Jackson, for instance, presidential hopeful Henry Clay attempted to institute a national day of fasting. As many scholars have observed, cholera’s appearance in the nineteenth-century United States was attended by an outpouring of apocalyptic rhetoric that read the disease as a sign of divine retribution. For example, see Jortner, “Cholera, Christ, and Jackson” (2007). While this chapter largely brackets this rhetoric in its examination of American public health advice, the prevailing belief among physicians and laypersons alike that cholera was largely caused by intemperance and other suspect habits of life renders it impossible to meaningfully separate discourses of moral and physical purity. Indeed, it is precisely the interdependence of moral and physical health I address in my discussion of the ways in which the practice of preventive self-care, including the management of domestic space, was held as a prerequisite for meaningful membership in the American social body. Moreover, I suggest that the anticipatory hermeneutic of apocalyptic premonition in reading the appearance of Asiatic cholera as a “sign of the times” was aptly translated into secular readings of the body as public health officials championed suspicious self-scrutiny in the perception, prediction, and prevention of choleric symptomatology.

<sup>20</sup> Of course, medical paternalism was not universally welcomed across the Atlantic; in response to the burgeoning public health and sanitation movement, the Tory press raged against “paternalistic government”: “A little dirt and freedom may after all be more desirable than no dirt at all and slavery” (qtd. in Porter, *Health Citizenship* 33).

agents like chloride of lime. For instance, verses of public service that circulated in American newspapers during the summer of 1832 personify cholera as a home invader, drawing attention to latent dangers of domestic space:

The Cholera cometh!—take care—take care!  
Look to thy dwelling! beware—beware!  
He breatheth corruption, and loveth the spot,  
Where offal is suffered to lie and to rot;  
Then look to thy cellar, thy closet and yard—  
For all kinds of filth he hath special regard—  
But soap he hath hated in every clime,  
And, cursing the fumes of the chloride and lime,  
He hitcheth the rats to his pestilent care,  
(As newspapers tell us) and hieth afar (“The Cholera”).<sup>21</sup>

Encouraging an inspection of the Gothic spaces of cellars<sup>22</sup> and closets, the poem invokes the perhaps-dubious authority of print media—“(As newspapers tell us)”—as it unites associations of epidemiological and rhetorical communication. Instructing the public to “beware” and “take care,” it articulates antebellum health discourse’s dual imperatives of circumspection and self-care: rather than situate health as a domain of state or federal intervention, American physicians and public health authorities largely waged their campaign against cholera at the level of the “dwelling,”

---

<sup>21</sup> A footnote here informs the reader that “Several newspapers have published cases, in which the free use of Chloride of lime, has driven away the rats by scores from the premises.” This sort of domestic hygiene verse has a long history; the medieval text *The School of Salerno (Regimen Sanitatis Salernitanum)*, attributed to “John of Milano” and translated into English in 1608, offered the following advice:

In houses where you mind to make your dwelling,  
That neere the same there be no evil sents  
Of puddle-waters, or of excrements,  
Let aire be cleere and light, and free from faults,  
That come of secret passages and vaults (qtd. in Temkin 462).

In the colonial United States, public exhortations for domestic cleanliness explicitly relied upon government discipline; Virginia residents in 1611, for example, were “ordered to keep their houses ‘sweete and cleane’ under threat of court martial” (Duffy 11). The absence of governmental coercion and emphasis on individual responsibility during the cholera epidemic illustrates how, by mid-nineteenth century, American public health operated under the Foucauldian paradigm of disciplinary individualism.

<sup>22</sup> Cellars, in particular, were understood as problematic sites of miasmatic production. Upon the 1848 passages of the first British Public Health Act, Southwood Smith was appointed medical advisor under Nuisance Removal and Disease Prevention (Cholera) Act, which granted local boards of health the power to “regulate cellar dwellings and houses unfit for human habitation” (qtd. in Porter, *Health Citizenship* 32).

promoting precautionary hygienic measures to purify the domestic atmosphere for the good of one's own health and the health of one's family—and, by extension, the health of the nation.

If nineteenth-century developments in urban sanitation gave rise to a “climatological citizenship” that “entailed a putative polity—a climatological state—whose boundaries reflected the social imagery of atmospheric powers held to structure human health and history,” as Janković argues (“Intimate Climates,” 2-3), in the antebellum United States, this “climatological citizenship” was articulated on smaller scales in the project of domestic hygiene. Following Kathleen Brown's observation that “[t]he history of the body reveals a crucial and largely unexplored link between domestic life and public culture,” illuminating the role of women in particular in performing what Brown calls “body work”—“a collection of cleaning, healing, and caring labors” (5)<sup>23</sup>—I focus in particular on how the *house* was conceived as a crucial site for the manufacture of health and disease.

As scholars such as Robert Reid-Pharr have pointed out, the idea of a hermetic nineteenth-century “domestic sphere” is a fiction, insofar as it is always-already infected by “[t]he whole stinking miasma of the marketplace.” Accordingly, “cleanliness,” Reid-Pharr continues, constitutes “a discursive strategy, one designed to affect a bourgeois individualism and distinct from the sullied public market” (66). Like Reid-Pharr, I seek to examine the mutual constitution of bodies and households by exploring the permeability of the domestic sphere; however, I also aim to illustrate the reciprocities of this miasmatic traffic—the ways in which, through the medium of the atmosphere, the “domestic” or “private” is not simply permeated by but also permeates the “public.” The practices of domestic hygiene were not simply imagined as staving off the invasion of the insalubrious atmosphere, but as actively reconstituting it.

---

<sup>23</sup> In early modern England, notes Brown, “[t]he health of a household...depended on both its location, especially the wholesomeness of the air, and the meticulous housekeeping of its mistress and her female employees, whose habits determined the ‘special air of the house’” (37).

Understood optimistically, the private and the domestic offer an avenue by which we might “correct the whole system of our social living,” as Ralph Waldo Emerson argues in his 1860 essay “Domestic Life” (592). Arguing that “the real history of the world” was to be found not in “the state-house or the court-room,” but “in the house, in the constitution, in the temperament, in the personal history” (587-88), Emerson frames the project of social care as a project of domestic hygiene: “The progress of domestic living has been in cleanliness, in ventilation, in health,” Emerson writes, thus heralding a call to “be clean, be comfortable, be healthy. Let there be no unfound skeletons, no tangles not unraveled; open up the doors, let light and air in upon the skeletons; search them out, make the houses we live in pure from end to end, and depend upon it, we shall have less disease of mind or body” (589-590). He would do well not to open any of Hawthorne’s closets.

This chapter investigates how the antebellum miasmatic imaginary—the envisaging of “atmosphere” as a “common and invisible property” that might be inherited, putrefied, and purified by its various shareholders<sup>24</sup>—posited the atmosphere as a medium of disease transmission and as a symbolic locus of democratic exchange. The atmosphere was not simply a self-contained ontological entity for nineteenth-century Americans; just as the lungs were understood to “hold...a mediatorial office between the inward world of Man, and the outward world of nature” (36), as the Swedenborgian ethnologist Alexander Kinmont asserted in his *Twelve Lectures on the Natural History of Man* (1839), for authors like Hawthorne, the atmosphere held a “mediatorial office” between self and society. Heeding Gernot Böhme’s call to “liberate [atmospheres] from the subjective-objective dichotomy” (120), I aim to illustrate how theorizations of “atmosphere”—both as the medium of disease transmission and as mediating feature of literary texts—disrupt subject-object exchange

---

<sup>24</sup> In his *Keywords*, Raymond Williams makes note of the two most common uses of *mediation*: “interceding between adversaries, with a sense of reconciling them,” and “a means of transmission, or agency as a medium” (204). My discussion of atmospheric “mediation” encompasses both of these senses: if atmosphere was a means of transmitting disease, domestic hygiene as means of *remediation* tentatively suggested the reconciliation between private and public health.

relations (environment/body, author/reader) in favor of more dynamic, contingent, and intermutual models of association. Indeed, according to medical historian Roger Cooter, this is precisely the kind of epistemological shift that anticontagionist theory staged in the nineteenth century: in contrast to the “person-to-person exchange relation” promoted by contagionism, Cooter explains, anticontagionism relied upon “a metaphor of dynamic and indirect, pervasive plasticity,” as notions of social and economic relationality which were increasingly “mediat[ed] through the concept of atmosphere” (97).

This chapter begins by situating “atmosphere” as both an etiological concept and a literary analytic before offering an analysis of the anticontagionist health advice that circulated in the print public sphere during the 1832 cholera epidemic. While many scholars have supplied cogent historical and sociological analyses of nineteenth-century cholera epidemics, this chapter argues for the importance of rhetorical analysis for understanding how print discourse promoted a politics of care. Taking the medical advice disseminated in New York newspapers as a test case, I show how physicians and public health officials encouraged the reading public to detect, predict, and prevent cholera through near-hypochondriacal hypervigilance to their own symptomatic bodies.<sup>25</sup> In particular, by stressing importance of remaining attentive to the “premonitory symptoms” of cholera, physicians implicated individuals as essential nodes of medicine’s interpretive circuit. Locating the burden of care with the embodied subject, cholera discourse inculcated an anticipatory hermeneutic—what I call “premonitory reading”—that can be understood as a strategy for interpreting both bodies and texts in the nineteenth-century U.S.

---

<sup>25</sup> I examine in New York City in particular as it was the first site of a major outbreak in the United States. While other scholars have addressed New York as a locus of urban public health reform, my focus here is on the discursive implication of the individual subject. For more on urban public health reform in the United States, see Szczygiel and Hewitt, “Nineteenth-Century Medical Landscapes” (2000), and Lopez, *Building American Public Health* (2012). For further discussion of public health in New York City in particular, see Duffy, *A History of Public Health in New York City* (1968); Rosner, ed., *Hives of Sickness* (1995); Nash, *Inescapable Ecologies* (2006); and Sze, *Noxious New York* (2006).

The second part of this chapter provides analyses of Poe’s “The Fall of the House of Usher” and Hawthorne’s *The House of the Seven Gables*, examining the ways in which these engage “premonitory reading” as they trace the gradual, cumulative effects of pestilential domestic atmospheres on susceptible bodies. Seeking an etiology for his symptomatology, Poe’s narrator proposes that Roderick Usher’s agitation operates upon him by a kind of contagion: “It was no wonder his condition terrified—that it infected me,” he claims; “I felt creeping upon me, by slow yet certain degrees, the wild influences of his own fantastic yet impressive superstitions” (330). Yet the fact the narrator is affected—indeed *infected*—by a similar species of superstition even before he encounters Usher suggests an anticontagionist (and anti-hereditarian) explanation: that this “condition” is transmitted by the atmosphere they both inhabit.<sup>26</sup> Similarly, when Phoebe Pyncheon, recently arrived at her ancestral estate, first learns of the history of “lunacy” in her family, she asks the question that consumed nineteenth-century etiological debates: “is it contagious?” (132). Yet as Hawthorne shows, the affliction plagues the Pyncheons is not contagious, nor is it entirely hereditary. The primary pathological agency in the romance, I argue, is not the genealogical “house,” but the physical one—not heredity, but environment; not blood, but air.<sup>27</sup>

---

<sup>26</sup> Critics who have remarked upon the pervasive trope of “atmosphere” in “Usher” have tended to read the operations of air as symbolic of Roderick Usher’s psychological interior. Leonard Tennenhouse, for instance, claims that “Roderick’s mental disorder is one and the same as the general miasma of the place” (115); John Limon similarly argues that “[t]he infectiousness in the atmosphere of Usher’s home is the moral condition of Roderick himself” (76). Yet readings of “atmosphere” as an index of Usher’s mental or moral state fail to explain the grasp of the environment upon the narrator. I argue that the influence of atmosphere on the narrator illustrates the ways in which Poe mobilizes “atmosphere” not merely as a symbol, but as a functional formal property. Moreover, as in “The Sphinx,” the “impressive” influence of atmosphere is augmented by the influence print media—not news in this instance, but romance, whose “influence upon the hypochondriac” (328) is clearly evidenced in the tale’s climactic scene of reading.

<sup>27</sup> This argument challenges Holly Jackson’s recent claim that Hawthorne’s *House* serves as a paradigmatic illustration of “the mechanisms by which blood paradigms powerfully reemerged at midcentury, despite their antidemocratic implications” (32). For Jackson, “[t]he romance’s central conflict binds together a family’s real estate, their ‘blood,’ and a curse” (33). As this chapter suggests, *atmosphere* is a key mediating agency in this conflict.

## The American Romance: Immediacy, Mediation, Immunity

Cholera crossed the Atlantic in the summer of 1832, surfacing in Montreal on the ninth of June. “We are not alarmists,” William Cullen Bryant’s New York *Evening Post* insisted on June 16. Yet since the disease had surmounted “the great barrier relied upon to protect us from that fatal scourge of Europe and Asia,” an outbreak, they claimed, was all but inevitable in the United States: “the distance between this and Canada is too little, [and] the faculties of communication too great.” The *Post*’s prognostication was apt, of course; the first U.S. case of cholera had in fact already been reported in Whitehall, New York. Despite the quarantine measures that had been set in place in Atlantic seaports, the disease had ostensibly made its way into the United States via the same water networks that had allowed for the liberal transmission of goods and information in the antebellum era. In his report to New York Governor Enos Throop, Lewis Beck would chart the epidemic’s advance across the state—from the Hudson River to the Erie Canal, from Sing Sing prison to a Johnstown almshouse—ultimately concluding “that the disease has generally passed from place to place along the main channels of communication” (256).

Hawthorne explores the process of pathological communication in “Lady Eleanore’s Mantle,” a tale first published in *The United States Democratic Review* in 1838 and later collected as one of the four “Legends of the Province House” in *Twice-Told Tales*, which relates the story of a prideful English aristocrat who incites a smallpox outbreak in the American colonies. Initially contained to the aristocratic classes with whom Lady Eleanore Rochcliffe associates, the epidemic “soon cease[s] to be exclusively a prerogative of aristocracy” as it exerts its influence over the New World body politic more widely, occasioning a kind of pathological democracy that “compel[s] rich and poor to feel themselves brethren” in their mutual infection (57).<sup>28</sup> Mapping the spread of disease “by tracing

---

<sup>28</sup> Critics such as Michael Colacurcio and Shirley Samuels have suggested that Hawthorne symbolically unites notions of epidemiological and political infectiousness. As I am arguing, though, “Lady Eleanore’s Mantle” does more than explore

its footsteps back,” colonists eventually identify the eponymous mantle as the source of the epidemic; initially imagined to be “invested with magic properties” (50), the mantle is in fact infested with *miasmatic* properties.<sup>29</sup> In turn, Lady Eleanore becomes an instrument of atmospheric putrefaction; as her physician declares, “her breath has filled the air with poison” (59).<sup>30</sup>

Hawthorne explicitly invokes the 1832 American cholera epidemic in “Lady Eleanore’s Mantle” as a way to render atmospheric peril present, drawing his readers out of the imagined colonial moment to reanimate the miasmatic discourse that had circulated in the print public sphere earlier that decade. By the mid-nineteenth century, as Hawthorne acknowledges, small pox was merely a “fangless monster” in comparison to its colonial counterpart; to conjure for his antebellum readership “the affright which this plague inspired of yore,” Hawthorne alludes to a more immediate danger, prompting them to recall “with what awe we watched the gigantic footsteps of the Asiatic cholera, striding from shore to shore of the Atlantic.”<sup>31</sup> Here, Hawthorne recalls the pervasive dread of the element posited, perversely, as both necessary and inimical to human life: “There is no other fear so horrible and unhumanizing,” he writes, “as that which makes man dread to breathe heaven’s vital air lest it be poison” (56).<sup>32</sup> Atmospheric anxiety, he suggests, is a kind of transhistorical affect.

---

the metaphorical *mechanism* of infection; as its title suggests, the tale draws particular attention to the *medium* in question. See Colacurcio, *The Province of Piety* (1995), 422-53, and Samuels, *Romances of the Republic* (1996), 81.

<sup>29</sup> While scholars have tended to associate the practice of nineteenth-century quarantine with contagionist ideology, focusing in particular on the xenophobia seemingly implicit in isolationist endeavors, as historian David S. Barnes has recently argued, most early American quarantine regulations were not based upon a belief in contagion per se, but rather upon “a loosely articulated but firmly held conviction that foul or contaminated air could be imported from overseas in vessels and goods” (76). Insisting that disease was transmitted by contaminated air rather than by interpersonal contact, anticontagionist quarantine regulations directed suspicion less toward foreign bodies than toward atmospherically-infected (and infectious) cargo. For further discussion of nineteenth-century quarantine and its relation to anticontagionist etiology, see Bezio, “The Nineteenth Century Quarantine Narrative” (2013).

<sup>30</sup> In “Rappacini’s Daughter,” the pestilential heroine is similarly rendered a vehicle of miasmatic disease transmission: she “taint[s] the atmosphere with death” (251), slaying small insects with “the atmosphere of her breath” (237).

<sup>31</sup> Indeed, his eponymous heroine’s name contains the evocative anagram “cholera.”

<sup>32</sup> Scottish physician-poet John Armstrong had similarly described this atmospheric anxiety in his long poem *The Art of Preserving Health* (1744): “The all-surrounding heaven, the vital air, / Is big with death” (520-21).



In response to the imminent arrival of cholera predicted by New York newspapers in June 1832, many of the city's residents fled for the presumed salubrity of the countryside, despite the media's exhortations otherwise.<sup>33</sup> "You cannot imagine how dreary the street looks," one New Yorker reported; "those who remain," he noted, "keep their houses shut the livelong day to exclude I suppose the pestilential air" (Bayley, "Letter"). Although physicians were wont to remark upon the latent dangers inherent in air, the specific process by which "vital air" was rendered deleterious to the human constitution would remain a matter of speculation for decades. Writing in the *Western Journal of Medicine and Surgery* in 1855—the year after John Snow had attempted to offer evidence of its waterborne etiology—a Kentucky physician insisted that cholera was caused by "substances or particles of matter of animal origin...subjected to certain chemical laws (atmospherical media)" (Hall 175). Of course, the precise nature and meaning of these "atmospherical media" remained, as it were, up in the air. Yet it was precisely the amorphous indeterminacy of miasmatic theory, historian Conevery Bolton Valencius contends, that bolstered its providence as a concept: as Valencius suggests, miasma "functioned usefully precisely because it was so flexible and protean," supplying a "useful catch-all for disease worries" (114).

For literary critics, "atmosphere"—a term perhaps most notably employed in this context by Coleridge<sup>34</sup>—has similarly proven to be a notoriously slippery analytic: a "useful catch-all" for

---

<sup>33</sup> The *Commercial Advertiser* attempted to dissuade New Yorkers from fleeing the city by asserting an anticontagionist position: "In common with the ablest medical men in Asia, Europe, and America, we believe the Cholera is *not* a contagious, but *is* an atmospheric disease," the paper noted on July 12; "It follows, therefore, that there is no safety in flight, since every current of air may beat upon its wings the subtle poison of the malady to seize upon each human system predisposed for its reception. Hence we should greatly have preferred that our citizens should remain engaged in the tranquil discharge of their business avocations, and their social and religious duties. But since a large portion of the public is of a different opinion, and great numbers of our citizens are daily leaving the city," the *Advertiser* conceded, "the next best advice we can give them is to select the best places of retreat in the country. Among these, we desire specially to commend the Mountain-house of the Kaatskills, kept by Mr. Webb, and the extensive hotel of Messrs. Hull and Bentley, at Lebanon Springs....The atmosphere, at both places, is bracing and salubrious; and we believe that even the wide-spreading Cholera has seldom if ever halted in mountainous regions, or appeared in isolated country residences" ("Retreats to the Country").

<sup>34</sup> In *Biographia Literaria* (1817), Coleridge remarks upon Wordsworth's "original gift of spreading the tone, the atmosphere, and with it the depth and height of the ideal world around forms, incidents, and situations" (80). Of course, the use of "atmosphere" as a literary, moral, and intellectual concept in the nineteenth century also drew attention to its

expressing those elements of a text that supersede discrete identification.<sup>35</sup> Like Benjamin's aura, that "strange tissue of space and time" threatened with "decay" in the age of mechanical reproduction (23), *atmosphere* is sometimes understood as a way of rendering a text present to an audience, working in the service of "aesthetic immediacy" (Gumbrecht 12). This "immediacy" is precisely the aim of the romance as Hawthorne explains it in his Preface to *The House of the Seven Gables*, as it "attempt[s] to connect a bygone time with the very present that is flitting away from us...bringing along with it some of its legendary mist, which the reader, according to his pleasure, may either disregard, or allow it to float almost imperceptibly about the characters and events for the sake of a picturesque effect" (4).<sup>36</sup> While professing his intent "to keep undeviatingly within his immunities," Hawthorne famously defends the romancer's right to claim the imaginative "latitude" to "manage his atmospherical medium" (3).<sup>37</sup>

---

corrupting potential. For example, an essay on Coleridge in 1835 issue of the *North American Review* comments upon the "unwholesome atmosphere" of materialism, noting the ways in which "false philosophy" operates as "a malaria to the general intellect, a brooding fog over the whole mind of the age, scarce noticed but by some few, who have climbed up a great eminence where the air is pure, yet undermining the constitution, and diffusing everywhere a pestilential, stupefying power" (334).

<sup>35</sup> William Empson, for instance, memorably deemed it "very necessary for the critic to remember about the atmosphere"—a property of a text that ought not be understood as a protean presence "conveyed in some unknown and fundamental way as a by-product of meaning," but rather as "the consciousness of what is implied by the meaning" (17-18). More recently, theorists like Hans Ulrich Gumbrecht have argued for renewed attention to concepts such as atmosphere. Gumbrecht argues in particular for a recuperation of the German concept of *Stimmung*, which is often translated in English as either "mood" or "climate." Each of these translations, he argues, carries misleading implications: while *mood* "stands for an inner feeling so private it cannot be precisely circumscribed," *climate* "refers to something objective that surrounds people and exercises a physical influence. Only in German does the word connect with *Stimme* and *stimmen*. The first means 'voice,' and the second 'to tune an instrument'; by extension, *stimmen* also means 'to be correct'" (3-4).

<sup>36</sup> Hawthorne's "legendary mist" in some ways anticipates Benjamin's "On the Concept of History," which proposes that air contains "secret index" of the past: "Doesn't a breath of the air that pervaded earlier days caress us as well?" Benjamin asks; "If so, then there is a secret agreement between past generations and the present one" (qtd in Ford 68). As Thomas Ford suggests, "[t]he aerial terminology Benjamin uses to describe this index from the past to the present links Benjamin's philosophy of history to his analysis of aesthetic aura." Accordingly, Ford proposes a conceptualization of aura as "an atmospherical medium of transhistorical communication" that "introduces cuts, discontinuities, into the air we breathe" and "reformulates atmosphere in temporal terms, as a disjunctive and heterogeneous period of air" (68-69).

<sup>37</sup> In his Preface to *The Blithedale Romance*, published the following year, Hawthorne would similarly plead for "a license with regard to every-day probability" in order to create the "atmosphere of strange enchantment" that characterizes the romance. "This atmosphere," Hawthorne insists, "is what the American romancer needs" (38). For Hawthorne, one of the key advantages of the romance was the way in which it allowed him to explore the risks and possibilities of science and medicine without remaining tethered to the representational demands of realism. For a discussion of the American romance and the suspicion of imaginative fiction, see Bell, *The Development of the American Romance* (1980). For

The interdependence of “atmosphere” and “mediation,” as Leo Spitzer demonstrates in his classic essay “Milieu and Ambience,” might be traced to what Newton deemed the “*aetherial medium*: the air flowing between bodies.” The “aetherial medium” does not merely operate as “a spatial reference” for Newton, Spitzer explains, but instead intimates “the functional properties of this ether” (203-4). Like Newton’s aetherial medium, Hawthorne’s “atmospherial medium” assumes “functional properties” as kind of intervening agency, a technology of perception that alters the aesthetic “circumstances” under which the tale’s “truth” is presented. Like the physical atmosphere he envisaged, to his chagrin, as “common and invisible property,” literary atmosphere, Hawthorne suggests, is a means of intercession and transformation.

Many nineteenth-century Americans were infamously wary of the transformative effects of fiction, particularly insofar as imaginative literature was understood to upset the moral and physical health of “susceptible” readerships; accordingly, as Justine Murison notes, “formal choices—most especially the balance between romance and realism—carried moral and medical weight” (5). Yet while Murison reads “nonrealist” genres like the Hawthornian romance as articulating a “neurological vision of the body and mind” (6), Hawthorne’s Preface clearly articulates an *immunological* vision: harking to the romancer’s “immunities” from realist demands of referentiality, Hawthorne not only evokes the legal association of “immunity,” but hints at the romance’s hygienic agenda—one that was centrally dependent on the management of “atmospherial media.”

Of course, “atmosphere” itself is not an ahistorical aesthetic category, but one that emerged in Enlightenment-era British fiction interdependently with the reconceptualization of air in the field of natural philosophy, as Jayne Elizabeth Lewis has demonstrated. Examining the eighteenth-century rise of the novel in confluence with the aerial experimentations of chemists like Robert

---

analysis of Hawthorne’s relationship to pseudoscience and social science in these texts and others, see Stoehr, *Hawthorne’s Mad Scientists* (1978).

Boyle and Joseph Priestley, Lewis explores the “sense of being in a mediated world,” which is, she notes, both epistemological and phenomenological, occasioned by both “new technologies of communication and knowledge” and “the immediate, atemporal experience of the body in a sensed environment” (7). In conversation with scholars like Lewis, the following section examines the ways in which “technologies of communication” attempted to shape the “experience of the body in a sensed environment” during the 1832 cholera epidemic. However, it challenges Lewis’s characterization of this embodied experience as “atemporal.”

As Janković notes, the reconceptualization of atmosphere as “the source of virtually *all* diseases” in the mid-eighteenth century raises a question of reoriented temporality: “Why fear of the *possibility* of disease, not disease per se?” (*Confronting the Climate* 17).<sup>38</sup> In the following section, I illustrate that such an emphasis on possibility and contingency offered a way for physicians and public health officials to extend agency to the threatened public: by predicting what pathological changes *might* be wrought upon their bodies, individuals could participate in epidemic prevention. If the symptomatology of nineteenth-century “nervousness” offers “a reminder that ‘symptomatic reading,’ the hallmark of critical approaches to literature in the twentieth century, has a somatic pre-history,” as Murison argues (6), I suggest that cholera discourse offers not a “pre-history” of symptomatic reading as such, but rather the genealogy of an alternative tradition, one that is not so much “symptomatic” as pre-symptomatic.

---

<sup>38</sup> An understanding of such temporal exigencies informs the work of environmental humanities scholars like Timothy Morton; expanding upon Böhme’s suggestion that atmosphere inaugurates an “originally spatial” self-awareness, Morton insists that atmosphere “is inevitably not only spatial but also temporal”—an observation, he contends, that “is a matter not only of ontological nicety, but of political urgency” (166). Nineteenth-century health discourse similarly situated changeable atmospheres—and the impressibility of the bodies that inhabited them—as matters of “political urgency,” particularly as the appearance of Asiatic cholera on North American shores in 1832 ushered in a major public health emergency. For more recent scholarship on the aesthetic and political discourses of climate change, see Ford, “Aura in the Anthropocene” (2013), and Meneley, “Anthropocene Air” (2014).

## Premonitory Reading

In Edgar Allan Poe's "The Sphinx" (1846), a tale of distorted reading, a man mistakes a moth for a monster.<sup>39</sup> This misperception is conditioned, Poe shows, by a particular historical circumstance: the tale takes place "during the dread reign of the Cholera in New York" (843). The narrator has fled upstate, where he waits in anxious anticipation of "fearful intelligence" from the city. "Not a day elapsed which did not bring us news of the decease of some acquaintance," he recalls; "Then as the fatality increased, we learned to expect daily the loss of some friend." The narrator's morbid expectation structures his experience, until he at last comes to conflate communication with contamination: "At length we trembled at the approach of every messenger. The very air from the South seemed to us redolent with death," he explains; "That palsyng thought, indeed, took entire possession of my soul. I could neither speak, think, nor dream of anything else" (843). Positing "the very air" as a macabre object, Poe both evokes miasmatic etiology and comments on the infectious potential of print itself.<sup>40</sup> As Poe's tale suggests, *air* is a medium of both

---

<sup>39</sup> In the letter to his brother discussed in Chapter 1, Charles Brockden Brown similarly reflected on "the multiplying and enlarging efficacy of distance" respective to epidemics: "Physical objects are diminished by distance, and even vanish as we go farther from them. Not so the yellow fever, and the like imaginary spectacles, which cling closer, and grow into gigantic dimensions, in proportion to their actual distance from us" (371). This perceptual failure recalls Ursula Heise's theory of environmental risk perception: "The geographical scope of a potential hazard also affects perceptions of its magnitude," Heise explains; "At times, these kinds of variables in risk perception do not operate in isolation but correlate with each other in individuals' perceptions through an underlying evaluative perspective that statisticians uncover by means of the technique called 'principal component analysis.' One of these factors is 'dread,' an almost intuitive fear that some risks may be less dangerous than other, nondreaded ones" (125). In "The Fall of the House of Usher," Poe indexes environmental risk precisely by employing the sensation of dread.

<sup>40</sup> As Katherine Ellison has argued, "information emerges as a concept" in the late seventeenth century, "and almost immediately it is imagined as a physically and psychologically threatening entity, at once material and immaterial, with the capability of overloading the human body and intellect" (1). In his *Treatise*, Brigham suggests a correlation between fear of disease and the preponderance of information in print media; the idea of fear an "exciting cause," Brigham notes, "been much more frequently alluded to by the medical men in England, France, and the United States, than by those of India." Brigham finds an explanation for this cultural discrepancy in the idea that "the people of India are not, in general, a reading people, whilst the Europeans and Americans are so, and by means of newspapers and other periodicals...every man, woman, and child, hears daily of the progress and the ravages of the disease." (331). Brigham's classification of Westerners as "a reading people" seemingly anticipates, by way of Benedict Anderson, Michael Warner's theorization of the early American republic as "a reading public" (39). For further analysis of the nineteenth-century American periodical press, see Pasley, *The Tyranny of Printers* (2001).

epidemiological and rhetorical communication: a source of infection and as a source of information.<sup>41</sup>

Throughout the summer of 1832, cholera occupied the print public sphere in New York City with the utmost urgency. Information and speculation on the epidemic circulated in a range of print media, including specialized periodicals like *The Cholera Bulletin*—a New York publication issued thrice-weekly by “an Association of Physicians”—as well as pamphlets, broadsides, and, most notably, newspapers. “People talk of little else but Cholera, and read little else but Newspapers,” as Charles Fenno Hoffman, founder of *The Knickerbocker*, complained in a letter, “—& only the Cholera parts of them.”<sup>42</sup> Indeed, New York newspapers soon seemed like a patchwork of “cholera parts”: mortality reports from the Board of Health (see fig. 2.4) shared space with editorialists who lauded the curative powers of camphor; physicians' case studies were printed alongside advertisements for preventative medicines or cleaning agents like chloride of lime, which eliminated or attenuated the risk of infection, according to the druggists who sold them (see fig. 2.5).

---

<sup>41</sup> The dual meanings of “air” are implicit in its etymology; in his 1828 *American Dictionary*, Webster defines “air” not only as “[t]he fluid which we breathe,” but also as “utterance abroad; publication; publicity; as, a story has taken air.”

<sup>42</sup> A story published in *The Knickerbocker* in October 1834, entitled “DON'T BE ALARMED! A transcript from the diary of a 'Cholera Subject,’” satirizes the paranoia produced by the epidemic, calling attention to the way in which public health practices can paradoxically magnify the “alarm” they purport to subdue. As in “The Sphinx,” the narrator has fled the city, and “learn[s] the ravages of the pestilence only by the winged messengers of the press and the post-office.” While Poe's narrator dreads this “fearful intelligence,” however, the “Cholera Subject” revels in it: “I devoured the daily bills of mortality with the feverish excitement of morbid appetite that finds a rich repast in the perusal of dangers it has escaped” (306-7). Having scrupulously restricted his consumption of *food* in accordance with physicians' advice, he instead consumes an excess of print.

BOARD OF HEALTH.					
Wednesday, July 18th.					
Report of new cases of the Spasmodic Cholera, and deaths, from 11 o'clock, A. M. of yesterday, until 10 o'clock to-day:					
1	case 417 Greenwich		1	86 Mulberry	collapse
1	12 Leonard,	dead	1	85 do.	
1	39 1/2 Thomas,	convalescent	1	170 Hester	convalescent
1	46 do.		1	79 Mulberry	collapse
		dead*	1	93 Orange	do.
			1	53 Orange	convalescent
1	Laurens, bet. Broome & Spring	dead	1	White, cor. Elm	dead
1	Hudson, near Perry		1	68 Orange	
1	22 James	dead	1	95 First	
1	17 Bank	dead	1	79 Mulberry	
1	8th Avenue, cor. 20th-street	dead	1	215 Orange	
	123 Delancey	dead*	1	76 Mulberry	
1	318 Washington	dead	1	156 Leonard	
1	Foot of Christopher	dead	1	46 Elm	dead
1	Spring-street	dead	1	23 Duano	convalescent
1	55 Leonard-street	collapse	1	27 Cross	recovered
1	Do do	convalescent	1	19 do	
1	Do do		1	39 Orange	
		dead	1	61 do	
		convalescent	1	7 do	
		convalescent	1	56 do	dead
1	147 Chrystie-st	convalescent	1	11 Little Water	
1	17 Eldridge-st	convalescent	1	21 Orange	
1	87 Norfolk-street		1	27 Mulberry	
1	217 Wooster-street	dead	1	33 Duano	
1	8 Republican-alley	dead	1	21 Augustus,	dead
1	51 Broome street		2	do.	
1	Chatham-street		65 cases,	22 deaths.	
1	119 Mulberry				
1	112 do				
1	29 Button	convalescent			
1	53 Greve	do			
1	115 Charles	do			
1	Charles, cor. Greenwich	dead			
2	115 Orange	2 dead			
1	do	convalescent			
1	95 Sheriff	dead			
1	do				

Fig. 2.4. Report of cholera cases and deaths in New York City. *Commercial Advertiser*, 18 July 1832.

**CHLORIDE OF LIME**, having all the disinfecting qualities of the Solution of Chloride of Soda, (so highly recommended by the Board of Health of our city) and being 500 per cent cheaper, for sale wholesale and retail by **NATHAN B. GRAHAM, Jr.** Chemist and Apothecary, No. 38 Cedar, corner William st. j20

**SOLUTION OF CHLORIDE OF SODA**—To purify the atmosphere, disinfect drains, cistpools, and other obnoxious places, for sale by **NATHAN B. GRAHAM, Jr.** 38 Cedar, cor William st. j26

**CHOLERA.**—The various remedies prescribed by the Physicians in Europe and other places as being the most successful in curing the above contagious malady, put up by **NATHAN B. GRAHAM, Jr.** Chemist and Apothecary. 38 Cedar, cor. William st. j20

Fig. 2.5. Cholera preventative advertisements. *Evening Post*, 20 June 1832.

Like their eminent predecessor Benjamin Rush, who had published accounts of yellow fever's symptomatology in the *Federal Gazette* during the Philadelphia epidemic of 1793 in order, he claimed, "to teach people to cure themselves by my publications in newspapers" (qtd. in Nord 29), American physicians like David Meredith Reese used New York newspapers as fora for the dissemination of health advice.<sup>43</sup> "There is, undoubtedly, some atmospheric condition prevailing at present in this city, which creates a predisposition to attacks of this kind," Reese wrote in the *Commercial Advertiser* on July 9. "The causes are to be found in our good city, and chiefly in the imprudence of its inhabitants," he continued, "in neglecting the premonitory symptoms, or in eating or drinking immoderately of improper articles" ("For the Commercial Advertiser").<sup>44</sup>

If cholera was transmitted via the invisible atmosphere, as anticontagionists theorized, the only way to gauge its presence was to scrutinize the body for evidence of infection.<sup>45</sup> As Valencius explains, miasmatic theory imagined antebellum subjects as "both empowered and endangered": "[o]ne's self was a good guide to the qualities of an environment; the body's sensations accurately

---

<sup>43</sup> See Nord, "Readership as Citizenship in Late-Eighteenth-Century Philadelphia" (1997). In one way, the example of epidemic discourses can be understood complicate what Michael Warner has called the early American print public sphere's "principle of negativity": the erasure of the embodied individual in favor of an "abstract and universal" (42). Cholera discourse reintroduced the body into the print public sphere as a subject of suspicion and scrutiny: the text on which disease could be read.

<sup>44</sup> As evidence of this point, Reese offers the case study of one "Mr. R.," noting that "it may fairly be doubted, whether his attack would have been thus sudden or violent or whether any malignant symptoms would have attended it, if he had not breakfasted on *fried clams* just before the attack on Friday morning." Clams, Reese claims, were "an exciting cause, acting upon his previous predisposition." Indeed, in addition to intemperance, poor diet was notably touted as an exciting cause of cholera by prominent reformers like Sylvester Graham. In March 1832, four months before the disease's appearance in the city, Graham delivered a lecture in New York, in which he suggested cholera might be prevented by avoiding the consumption of "offensive and disturbing substances," such as meat and chemical additives. See Graham, *A Lecture on Epidemic Diseases Generally: and Particularly the Spasmodic Cholera*, 15. For more on dietary reform movements in the nineteenth-century United States, see Nissenbaum, *Sex, Diet, and Debility in Jacksonian America* (1980).

<sup>45</sup> Following scholars such as Foucault and Poovey, Gilbert notes that "the nineteenth century was obsessed with visibility. The city, in particular, became subject to a scrutiny which was as much devoted to actively establishing transparency as it was to simply recording what was already present. Modes of knowing devoted to understanding the urban social body, especially its poor and sick, which tabulated and described them and their way of life, were also devoted to managing them" (*Mapping* 27-28). Here, I aim illustrate an approach to the social body that focused not on *visibility*, but on *phenomenology*; not on *spatiality*, but on *temporality*. This symptomatic self-scrutiny might be understood as a form of what Richard Kearney has called "carnal hermeneutics": a method that acknowledges "the deep and inextricable relationship between *sensation* and *interpretation*," which "both are, as Aristotle once noted, modes of hermeneutic 'mediation'" (101).



registered peril” (122). In Reese’s notice, the New York reading public is positioned as both *endangered* by the imperceptible miasmata in the atmosphere, and *empowered* by their ability to self-diagnose the disease’s “premonitory symptoms”: a wildly underdetermined term that came to encompass any gastrointestinal disturbance that might prefigure full-blown cholera.<sup>46</sup> If detected in its “premonitory” stages, many physicians insisted, cholera was treatable—even curable. Public health discourse accordingly suggested that individuals might learn to manage their choleric bodies by first learning how to *read* them: “the cholera is entirely within the control of medicine,” a July 6 notice in the *Commercial Advertiser* insisted, “and easily cured if its *premonitory* symptoms are observed. They say that a powerful *Cathartic*, taken at the early stage of the disease, is a certain and infallible cure” (“Deserving Attention”).<sup>47</sup>

By this account, the “infallibility” of therapeutic medicine depends upon the interpretive participation of the patient—or perhaps more accurately the proto-patient, who studies accounts of symptomatology and concomitantly monitors her body for inauspicious signs.<sup>48</sup> Upon self-

---

<sup>46</sup> The disease, explained Dr. Alexander Stevens, president of New York’s Special Medical Council, “is always or generally preceded by a furred state of the tongue and a deranged condition of the bowels”: namely, a looseness and lightening of stool, “sometimes so light as not particularly to attract the attention of the patient.” However, “[w]hen properly treated,” Stevens asserted, “the Cholera is usually arrested in this its forming or premonitory state” (“Familiar Instructions”). In his *Hints to the People on the Prevention and Early Treatment of Spasmodic Cholera*, C.R. Gilman similarly noted that, upon appearance of premonitory symptoms, “no time should be lost in obtaining proper medical advice.—If this is done early, the attack will often be adverted and always very much moderated and fatal or even very violent cases will never occur.” As he warned, “[m]any valuable lives have been sacrificed abroad to a fool hardy temerity which made light of there [sic] symptoms” (12). This emphasis on perceptiveness coupled with timely intervention echoes the broader ideology of American domestic medicine: “In an American domestic medical guide,” writes Norman Gevitz, “no one ever dies of a curable disease brought to the physician writer in time” (“But all those authors are foreigners,” 241). Indeed, in the first American-authored domestic medical guide, *Every Man His Own Doctor* (1734), John Tennant writes of disorders of climate: “the Symptoms cannot easily be mistaken, nor is the *Cure* difficult; all the *Secret* lies in *taking the Distemper in Time*” (7).

<sup>47</sup> During the second American cholera epidemic of 1849, former Ohio congressman Dr. Thomas Edwards addressed the danger of distinguishing “premonitory” symptoms from symptoms proper. “I fear the premonitory symptoms has done much to divert the public attention from the proper time of medical interference,” Edwards wrote in a letter published in *Barre Patriot* on June 22, 1849; “I shall consider myself most fortunate by this communication, if I can aid in the propagation of the opinion of medical men, that the heretofore called *premonitory symptoms are the disease itself*; and that cholera in that state amenable to proper medications; whilst a neglect, by proper treatment, in which diet and rest are largely included, of diarrhoea and nausea, may and will ultimate in collapse as incurable as death” (“Interesting Narrative”).

<sup>48</sup> This nineteenth-century “proto-patient” echoes what anthropologist Kaushik Sunder Rajan has called the contemporary “patient-in-waiting,” a subject produced by genomic knowledge; as Rajan explains, “foretelling future

diagnosing—not with cholera proper, but with an intimation or augury of it—the forward-feeling subject may seek medical intervention; the cure precedes the disease. This form of self-surveillance was particularly urgent, given the strikingly accelerated nature of cholera’s pathology: “It is no uncommon occurrence to meet and converse with a neighbor in the morning in good health (apparently),” Albany resident John McPherson explained in a letter to his brother; “inquire for him in the evening and we find he is dead and buried.”<sup>49</sup>

Addressing an audience that was not yet sick, but feared it would be, physicians exploited the liminal condition of “good health (apparently).” This relentless promotion of symptomatological circumspection can be understood as a form of what medical humanities scholar Catherine Belling calls “hypochondriacal reading”: an interpretive methodology constituted by the following three injunctions: “‘Be informed’; ‘Be responsible’; and ‘Be afraid’” (19).<sup>50</sup> Yet in its preoccupation with the “premonitory,” however, cholera discourse implicitly appended an additional imperative: “Be prescient.” Like their Puritan forebears, encouraged to mine the material world for evidence of divine intentionality, antebellum Americans attended to their stomachs to detect embodied providences. Moreover, though, these endangered readers were encouraged to *predict* the probable

---

possible illness very much configures their subjectivities as *consumers*-in-waiting for drug development companies looking to increase their market” (144).

<sup>49</sup> McPherson relates the story of a man who had been experiencing the “premonitory symptoms” of cholera for only a short time: “On the morning of that day, his son a lad went out on a fishing excursion, the father assisted him to get ready about 9 o clock in the morning, and charged him to return befor[e] dark—he did so, but found not his father, for he was dead and buried, the house hold which he left in health and cheerfulness had abandoned their home and closed their dwelling. This altho sad picture,” he notes, “is probably not more than one in an hundred that might be portrayed.” McPherson goes on to supply an account of the disease’s “promonotory [sic] symptoms” for his brother in Alabama, “in order that when it reaches your Section of the Country (for it will be there and may you and yours be preserved from it) that you may be on your guard.” These symptoms, “if neglected,” McPherson warned, were “certain to terminate in Cholera in the Course of from one hour to three days, according to the State of the System.”

<sup>50</sup> These injunctions are implicit in the mission of *The Cholera Bulletin*, which aimed, as its prospectus states, “to allay unnecessary public excitement in a season of threatened peril, to communicate to the public accurate and full statements of the extent of evil, and to diffuse valuable and practical suggestions as to preventative measures.” The *Bulletin* traffics in information (“accurate and full statements”), responsibility (“practical suggestions”), and only the appropriate dose of fear (“excitement”).

narrative trajectory of this premonitory symptomatology, and ultimately to *prevent* its progress by seeking the resources of professional medicine.

The interpretive methodology that defines American cholera discourse—what I am calling “premonitory reading”—is a practice of care that situates symptomatology in a temporal trajectory to anticipate outcomes: like Heidegger’s *Dasein*, it “comports itself towards something possible in its possibility by *expecting* it [im *Erwarten*]” (306).<sup>51</sup> Thus, if the “hermeneutics of suspicion” aims to expose hidden meaning, this “hermeneutics of premonition” presupposes that meaning is not so much concealed as it is underdeveloped, poised to unfold diachronically on the text of the body. Unlike suspicious reading or symptomatic reading, then—interpretive strategies that rely on a spatial imaginary in their preoccupations with “surface” and “depth”—premonitory reading is not simply a *diagnostic*, but a *prognostic* practice, one that posits bodies and texts as systems of signs to be read not simply for what they signify, but for what they forebode. In this way, it is akin to what Eve Kosofsky Sedgwick calls “paranoid reading”: a strategy of hypervigilance that “generates, paradoxically, a complex relation to temporality that burrows both backward and forward” (130).<sup>52</sup> Crucially, though, “premonitory reading” reconstitutes suspicion as epistemological confidence not merely for the sake of “unveiling hidden violence” (140), but for the sake of preventing it.

Paradoxically, the performative extension of interpretive agency to the American public allowed for a continuation of the disciplinary authority of regular medicine—asserting faith in the efficacy of allopathy, even in the face of a public health crisis that presumably highlighted its

---

<sup>51</sup> Notably, Heidegger defines the “the Being of Dasein” as “care” [*Sorge*]; this “being-in-the-world” is a form of “taking care” [*Besorgen*] (157).

<sup>52</sup> The “complex relation to temporality” Sedgwick describes—an incessant shuttling between cause and consequence—aptly characterizes the semiotics of medicine, as Barthes suggests: the medical “sign,” he writes, “compels a mastery of time, of disease as duration” (205). Self-awareness of symptomatology prompts us consider to both the future development and the originating source of the disease.

“therapeutic impotence” (Whorton 63).<sup>53</sup> If medicine operated most effectively in conjunction with the interpretive participation of the patient, then the burden of care might be effectively displaced from the physician (or indeed the state) and relocated with the individual subject. Thus, while sociologist Owen Whooley has argued that the 1832 cholera outbreak precipitated an “epistemological crisis” for American medicine—that cholera “became a symbolic failure for allopathic medicine” (16)<sup>54</sup> as a result of the profession’s inability to contain or explain it—according to the logic of “premonitory” symptomatology, cholera’s providence could be understood not as a failure of medical epistemology or therapeutics, but as a failure of individual vigilance.

On August 17, two months after the epidemic’s initial appearance in New York City, the *Evening Post* offered a demographic overview of its collateral damage. Cholera’s “principal victims,” the *Post* reported, “have undoubtedly been the intemperate, and the filthy, inhabiting foul dwellings, and neglecting all the admonitions which were given to guard against the fatality of its attack; and in most cases,” they continued, “out of this class, those who neglected the premonitory symptoms, and indulged in eating improper food, were guilty of excesses, or whose constitutions being much debilitated, and laboring under great excitement, brought the disease upon them” (“From the Daily Advertiser”). A certain cohort “brought the disease upon them,” it seemed, not only because they were intemperate or filthy, but because they were poor readers: “neglecting all the admonitions which were given” by medical and civic authorities in the newspapers, they misread medical advice; having “neglected the premonitory symptoms,” they misread their own bodies.<sup>55</sup>

---

<sup>53</sup> During the 1820s and 30s, movements like Thomsonianism challenged the regularly-educated physician’s “heroic” therapeutics, re-locating the agency to prevent and treat disease with ordinary individuals. For a discussion of nineteenth-century American homeopathic medicine as a counter to “heroic” medicine as practiced by physicians like Benjamin Rush, see Burbick, *Healing the Republic*, 27-8. For an extensive account of the nineteenth-century alternative medical movements, see Whorton, *Nature Cures* (2002).

<sup>54</sup> This “epistemological crisis,” Whooley explains, “ushered in an era of unregulated medicine and intense competition among medical sects” (16)—leading, for instance, to the repeal of medical licensing laws in the United States by the 1840s, and the assertion of increased cultural authority by alternative medical movements such as homeopathy.

<sup>55</sup> At the same, however—as Poe illustrates in “The Sphinx”—reading *too* closely could be just as dangerous as not reading closely enough; fearful and suspicious people could induce cholera as easily as intemperate and “filthy” people.

In the following section, I examine how an understanding of “premonitory reading” as a form of care<sup>56</sup>—and *misreading* as a form of *neglect*—informed both medical and literary hermeneutics in the antebellum United States. After all, a hermeneutic of premonition is crucial not only to Protestant theology and medical diagnostics, but to narrative fiction: as the previous chapter suggests, Gothic fiction, in particular, had proved conducive to this kind of anticipatory and participatory process; in its early iteration in eighteenth-century Europe, Deirdre Lynch notes, the Gothic “produced a nation of *knowing* readers” who “could look up from their books and issue arch predictions about what they clearly saw coming” (47). If health discourse implicated proto-patients as participants in the diagnosis and prevention of disease, authors like Poe implicated readers as participants in the interpretive and predictive processes of narrative.<sup>57</sup>

### **Air of Consequence: “The Fall of the House of Usher”**

“Some of my young friends may ask me how I know anything about the atmosphere, or that there is any such substance as the atmosphere, when I, nor any body else, cannot see it,” writes the author of an 1833 children’s science text entitled *The Book of the Atmosphere*. “Your question is a reasonable one,” the author admits; “We know that there is such a substance as the atmosphere

---

A June 26 letter to the editor of the *Evening Post*, signed “Medicus,” accordingly chastises “the exaggerated tales manufactured by provincial newspaper editors as if they were in verity official statements.” Editors’ production of panic, “Medicus” argues, comes with “*laboring in their vocations*.” But it was not only the printing profession that might benefit from perpetuating paranoia: “Doctors, Druggists, Camphor dealers, vendors of Lime, Chloride of Soda, or any other disinfecting material or healing drug, are all engaged in increasing the general panic, that their vocations may be magnified!” he cries. “Cholera! Cholera! Cholera! is cried out with vehemence as the boys cry fire! fire! fire! and with, I fear, very much the same general motive; the one for interest, the other for amusement, and both, no doubt, will be equally mortified if disappointed” (“To the Editors”).

<sup>56</sup> Foucault remarks upon similar practice of self-care among the Stoics: *praemeditatio malorum*, a meditation on future ills. This thought exercise, he explains, was “a matter not of visualizing the future as it is likely to be but, rather, very systematically imagining the worst that might happen, even if it is not at all likely to happen” (“The Hermeneutic of the Subject” 102).

<sup>57</sup> Gillian Beer makes a similar point in her discussion of *Daniel Deronda*; here, argues Beer, Eliot’s readers engage in “prophetic and speculative activity”—one that is “impregnated with dread as well as irony, since “[t]he reader participates in a hermeneutic task...in which the text interpreted is full of lacunae” (216).

from its effects” (20). In his treatise *The Atmosphere and Atmospheric Phenomena* (1799), the Scottish theologian and scientist Thomas Dick—a notable influence on Poe—had arrived at a similar conclusion. “We *see* nothing, it may be said—we *feel* nothing,” Dick writes (15).<sup>58</sup> Yet as he goes on to show, the notion that “we *feel* nothing” is not quite accurate; for instance, he cites an account from the *American Journal of Science* concerning contemporary experimentation on oxygen: “The writer has inhaled this gas,” he notes, “and can attest to its pleasing and exhilarating effects” (76). Of course, as we have seen, the physiological effects of air were not always so pleasant. Indeed, elsewhere, Dick extolled the importance “[p]ure atmospheric air”: “Where it is confined for want of circulation, and impregnated with the deleterious fumes of sulphur, putrid substances, smoke, dunghills, excrements, and other noxious exhalations,” he noted, “it acts as a slow poison, induces diseases, and gradually undermines the human constitution” (*Mental Illumination* 76-77).

Conceptualizing contaminated air as a “slow poison” that engendered gradual effects on the human body, Dick seemingly anticipates what Rob Nixon has called “slow violence,” a process by which pathological causes cumulatively produce “delayed effects” on vulnerable bodies (8).<sup>59</sup> The gradual or delayed nature of atmospheric effects was a common preoccupation of nineteenth-century medical texts; as Elizabeth Blackwell explained in *The Laws of Life* (1852), the systemic putrefaction occasioned by “[v]itiated air—air laden with human exhalations, with impure odors, with miasm” occurred “[s]o slowly, sometimes, that the cause is quite overlooked; but there is no neglect which more surely undermines the constitution than the continued breathing of vitiated air”

---

<sup>58</sup> Ultimately, Dick appeals to the scientific reality of imperceptible air to argue for the existence of the divine: “From the invisibility of the atmosphere, and its numerous and important effects in the system of nature,” Dick insists, “we may learn the folly of denying the reality of a future and invisible state of existence, because the objects connected with that state are not perceptible by our corporeal senses” (137-8).

<sup>59</sup> As Julie Sze has observed in her study of the racial politics of urban health movements, “[c]ontemporary environmental justice activism, especially through its belief in the relationship between air pollution and poor health, echoes nineteenth- and early twentieth-century claims made in highly contested and politicized debates about disease causation in the urban environment” (30). As this chapter suggests, antebellum American etiological debates strove to illuminate the risks not only of the “urban environment” writ large, but of more microcosmic *domestic* ecologies.

(78-79). Positing this enervation as a condition of “neglect,” Blackwell encourages her readership to become more attentive to the “quite overlooked” agency of the air.<sup>60</sup>

In his well-known essay “The Philosophy of Composition” (1846), Poe similarly scrutinizes invisible mechanisms—here, to explain the rigorously formulaic production of literary “effect,” or the “indispensable air of consequence, or causation” that governs a poem. This “air of consequence,” Poe suggests, may be achieved “only with the denouement constantly in view...by making the incidents, and especially the tone at all points, tend to the development of the intention” (13). If a poem is thus composed—if, as Poe insists, it “proceed[s] step by step, to its completion, with the precision and rigid consequence of a mathematical problem”—perhaps the pseudo-algorithmic “effect” of fiction might similarly be interpreted in terms of the inevitable development of its elements, “especially the tone” (14-15). As Poe proposes, “tone” is intimately associated the notion of necessary causation: the tonal qualities of a text structure expectations within a system of “rigid consequence.”

Like Hawthorne’s “atmospherical medium,” Poe’s “air of consequence” draws from contemporary medico-scientific understandings of the atmosphere as an agent productive of predictable “effects.”<sup>61</sup> In “The Fall of the House of Usher,” Poe appeals to this anticipatory “air of

---

<sup>60</sup> Lucretius captures this sense of gradual atmospheric violence in *On the Nature of Things* (*De rerum natura*): “Whenever that air, therefore, which to us is strong poison, puts itself in motion, and an unwholesome atmosphere begins to spread, it creeps along, by degrees, like a mist or cloud, and disorders the whole heaven, wherever it advances, and compels it to alter *its nature*. It happens, accordingly, that when this *corrupt air* has at length joined our air, it infects it, and renders it like itself, and unsuitable *for us*. ... the infection remains suspended in the air itself; and when, as we breathe, we inhale the air mingled with it, we must necessarily absorb those *seeds of disease* into our body” (292, emphasis in original).

<sup>61</sup> Poe’s abiding interest in the physical properties and physiological effects of air is perhaps most readily evidenced by his famous literary “hoax” of 1835, “The Unparalleled Adventure of One Hans Pfaall,” which relates the efforts of a Dutch man to ascend to the moon in hot air balloon, along with two pigeons, a cat, and a device intended to convert the upper strata of the atmosphere into breathable air. When the cat gives birth to a litter of kittens en route, Pfaall seizes the opportunity to test his hypothesis regarding the “habitual endurance of atmospheric pressure”: he supposes that, having never been habituated to the atmosphere at sea level, the kittens will exhibit less discomfort at the altitude than their mother. Pfaall’s observations exceed his expectations, however, when he discovers the kittens “evidently enjoying a high degree of health, breathing with the greatest ease and perfect regularity, and evincing not the slightest sign of any uneasiness.” As a result, Pfaall supposes “that the highly rarefied atmosphere around, might perhaps not be, as I had taken for granted, chemically insufficient for the purposes of life, and that a person born in such a *medium* might,

consequence” in order to illustrate the gradual and cumulative effects of a vitiated domestic atmosphere upon siblings Roderick and Madeline Usher, as well as upon the unnamed and unrelated narrator—the paradigmatic “empowered and endangered” subject who registers environmental risk by way of bodily sensation. Yet since the narrator fails to adequately interpret these pathological effects as indicators of environmental violence, Poe’s audience participates in the interpretive process by reading the narrator’s phenomenological responses as premonitory symptoms that index the pathological atmosphere of the house, and ultimately augur the inevitable “fall.”

At the outset of the tale, Poe establishes the mutual implication of heredity and environment as the narrator ruminates upon the family’s reproductive “deficiency”:

It was this deficiency, I considered, while running over in thought the perfect keeping of the character of the premises with the accredited character of the people, and while speculating upon the possible influence which the one, in the long lapse of centuries, might have exercised upon the other—it was this deficiency, perhaps, of collateral issue, and the consequent undeviating transmission, from sire to son, of the patrimony with the name, which had, at length, so identified the two as to merge the original title of the estate in the quaint and equivocal appellation of the ‘House of Usher’—an appellation which seemed to include, in the minds of the peasantry who used it, both the family and the family mansion (319).

Understood to signify both “people” and “premises,” the “House of Usher” exemplifies the etiological entanglement of heredity and environment. On the one hand, the existence of a hereditary malady may serve to explain why “the stem of the Usher race...had put forth, at no period, any enduring branch” (319); Roderick Usher himself insists that he suffers from “a constitutional and a family evil” (322). On the other hand, admitting the “possible influence” of “character of the premises” upon the “character of the people,” the narrator suggests that the “undeviating transmission” of hereditary peculiarities may be due not—or not entirely—to the family’s physiology, but to the fact that they have inhabited an insalubrious environment.

---

possibly, be unaware of any inconvenience attending its inhalation” (980). The atmospherical “medium,” Poe suggests, produces different effects on different bodies, depending upon their degree of acclimation.



The effects of this air are especially evident in Roderick Usher, illustrated in particular by certain “superstitious impressions in regard to the dwelling which he tenanted” (323). Namely, Usher has come to believe in the “sentience” of his home:

The conditions of the sentience had been here, he imagined, fulfilled in the method of collocation of these stones—in the order of their arrangement, as well as in that of the many *fungi* which overspread them, and of the decayed trees which stood around—above all, in the long undisturbed endurance of this arrangement, and in its reduplication in the still waters of the tarn. Its evidence—the evidence of the sentience—was to be seen, he said, (and I here started as he spoke,) in the gradual yet certain condensation of an atmosphere of their own about the waters and the walls. The result was discoverable, he added, in that silent, yet importunate and terrible influence which for centuries had moulded the destinies of his family, and which made *him* what I now saw him—what he was (327-8).

Usher’s belief in his residence’s “sentience” is connected, Poe shows, not only with the stones, but with the “decayed trees” and “still waters”—degenerated conditions of environment which intimate the production of a miasma whose physiological effects is written upon the bodies of Ushers.

Notably, while the narrator overtly dismisses Usher’s “superstitious impressions” as a symptom of his “disordered fancy,” he nevertheless “start[s]” (327) at Usher’s suggestion that the stones emit “an atmosphere of their own.” He does so, we know, because he has independently arrived at this very conclusion, having imagined the premises to exude “an atmosphere peculiar to themselves and their immediate vicinity...a pestilent and mystic vapor, dull, sluggish, faintly discernible, and leaden-hued” (319). Mobilizing the prognostic model of premonitory symptomatology in the narrator’s initial visceral “sickening,” Poe illustrates the unfolding effects of pestilential air upon the receptive body: the narrator is immediately “unnerved” by the House of Usher, experiencing “a sense of insufferable gloom” that manifests symptomatically as “an iciness, a sinking, a sickening of the heart” (317). As he enters the house, he not only intuits its idiosyncratic atmosphere, but incorporates it: “I felt that I breathed an atmosphere of sorrow,” he claims; “An air

of stern, deep, and irredeemable gloom hung over and pervaded all” (321).<sup>62</sup>

This “advance mention” of the house’s peculiar atmosphere might seem to be, in Gérard Genette’s terms, “only an ‘insignificant seed,’ and even an imperceptible one, whose importance as a seed will not be recognized until later, and retrospectively.” However, as Genette continues, “we must consider the possible (or rather the variable) narrative *competence* of the reader, arising from practice, which enables him both to decipher more and more quickly the narrative code in general or the code appropriate to a particular genre or particular work, and also to identify the ‘seeds’ when they appear” (76-77). If proto-patients were expected to predict the development of the miasmatic “seeds of disease,” so too are the Gothic’s readers expected to predict the development of these seeds of meaning.

If Poe’s tale exposes the exigency of latent environmental threats, it does so “by slow yet certain degrees” (330), tracing the effect of atmosphere upon the endangered narrator from its initial production of a visceral dread in the narrator, to the peculiar and horrible manifestation with which this “air of consequence” achieves its inevitable denouement: “the huge masses of agitated vapor...glowing in the unnatural light of a faintly luminous and distinctly visible gaseous exhalation which hung about and enshrouded the mansion” (331). Recalling certain contemporary accounts of “cholera clouds,” in which observers claimed to literally *see* the disease’s presence,<sup>63</sup> this “distinctly

---

<sup>62</sup> Here, Poe echoes one of his earlier tales, “Shadow—A Parable,” published anonymously in the *Southern Literary Messenger* in 1835, which relates the experience of attempting to escape a dreaded disease: “There were things around us and about of which I can render no distinct account,” the narrator recalls, citing “heaviness in the atmosphere—a sense of suffocation—anxiety—and, above all, that terrible state of existence which the nervous experience when the senses are keenly living and awake, and meanwhile the powers of thought lie dormant” (218-19). The most distressing part of the affect produced by awareness of the environmental dangers of “pestilence,” Poe suggests, is that it is unanalyzable.

<sup>63</sup> See Mukharji, “The ‘Cholera Cloud’ in the Nineteenth-Century ‘British World’” (2012). In Daniel Defoe’s *Journal of the Plague Year* (1722), the narrator similarly addresses the ostensible appearance of “apparitions in the air” by assuring his readership that those who claimed to have read divine messages in the heavens “saw sights that never appeared; but the imagination of the people was really turned wayward and possessed. And no wonder, if they who were poring continually at the clouds saw shapes and figures, representations and appearances, which had nothing in them but air, and vapour” (27).

visible” appearance of “agitated vapor” renders tangible the atmosphere’s hitherto-invisible perils.<sup>64</sup> The narrator attempts to rationalize the ostensibly-portentous occurrence in scientific terms: “These appearances, which bewilder you, are merely electrical phenomena not uncommon—or it may be that they have their ghastly origin in the rank miasma of the tarn. Let us close this casement,” he suggests; “the air is chilling and dangerous to your frame” (331-2). Yet this proposition of an environmental *explicite*—the notion that the “bewilder[ing]” luminosity may be attributed to “merely electrical” or miasmatic occurrences—does not mitigate the dread of the phenomenon’s *effects*.

A carefully engineered exercise in pathological causality, “The Fall of the House of Usher” mobilizes the affective phenomenon Janković calls “atmosfear”<sup>65</sup> —an angst, he explains, “felt in particular by fragile and ailing constitutions” (“Intimate Climates,” 9).<sup>66</sup> Indeed, it is precisely because of his constitutional peculiarity—his “morbid acuteness of the senses”—that Usher suffers so particularly. Yet he does not suffer from physiological sensations alone, but also from the prognoses they engender. Ultimately, he falls “victim to the terrors he had anticipated” (335) not because his hypochondriacal expectations somehow bring these “terrors” into being, but because he fails to effectively employ his premonitions in the service of prophylaxis. Poe’s readers must do what the narrator cannot quite manage to: anticipate the effects of environmental violence.

---

<sup>64</sup> The will to visualize miasma is evident in the public discourse of the 1832 epidemic; New York’s *Cholera Bulletin*, for instance, addressed reports of the visual perception of atmosphere in its August 13 issue; eschewing the “fanciful speculation with some correspondents of the Public Journals, who have endeavored to detect the aerial monster in one of the many disguises assumed since its departure from the Eastern clime,” the *Bulletin* explained, “[a] peculiar *appearance* of the atmosphere has been alluded to, as an evidence that some murky influence prevailed, capable of disturbing the human economy”; in response, they claimed “[i]t is scarcely possible to attempt an argument upon this subject, for there is not so much as a vapour whereon to build a theory.”

<sup>65</sup> Janković’s “atmosfear” might perhaps be understood as an iteration of what Simon Estok has more broadly deemed “ecophobia,” or fear of the agentive potential of the natural environment.<sup>65</sup> See Estok, “Theorizing in a Space of Ambivalent Openness” (2009). Crucially, however, for Poe, as for Hawthorne, this “atmosfear” does not simply suggest a dichotomizing conflict between the human and non-human, but intimates the way in which bodies, matter, and atmospheres exist in a complex network of interrelation and interpenetration.

<sup>66</sup> Indeed, as William Barnwell observed in his 1802 study of atmospheric disease, “The effects produced by breathing a vitiated atmosphere, are very sensibly perceived, by persons of much nervous sensibility; some are so very susceptible of the changes in the purity of the air, as to be soon affected with an uneasy sensation of the lungs” (90).

## The Pursuit of Purer Air: *The House of the Seven Gables*

In his review of *Twice Told Tales*, published in *Godey's Lady's Book* in November 1847, Poe admonished Hawthorne as an author “infinitely too fond of allegory”—a trait that, in Poe’s estimation, rendered the Salem romancer “peculiar and *not* original.” This prevailing “spirit of ‘metaphor run-mad,’” wrote Poe, “is clearly imbibed from the phalanx and phalanstery atmosphere in which he has so long been struggling for breath” (587); his literary style, in other words, was a sort of Transcendentalist infection. Yet by the time Hawthorne’s reputation had been cemented in the American literary imagination, critics like Henry James would celebrate the “atmosphere” that informed his fiction: “The cold, bright air of New England seems to blow through his pages,” wrote James, “and these, in the opinion of many people, are the medium in which it is most agreeable to make the acquaintance of that tonic atmosphere” (3-4).

Commending the “local quality” of Hawthorne’s works, James noted that romances like *The House of the Seven Gables* were “impregnated with the New England air”—unlike Hawthorne’s writings on Rome, James continued, in which he had attempted “to project himself into an atmosphere in which he has not a transmitted and inherited property” (166).<sup>67</sup> While Walter Benn Michaels has read *The House of the Seven Gables* as an illustration of how the romance is “imagined as a kind of property, or rather as a relation to property,”<sup>68</sup> James’s comments illustrate the way in which

---

<sup>67</sup> Similarly, in his 1874 *Study of Hawthorne*, George Parsons Lathrop remarked upon the “atmosphere of sadness and mystery that hangs over Salem” (37), observing that while “many absorb the atmosphere of age to their great advantage, there must be other temperaments among the descendants of so unique and so impressionable a body of men as the early settlers of this region, which would succumb to the awesome and depressing influences that also lurk in the air” (39). In Lathrop’s estimation, Hawthorne had been in possession of just such an “impressionable” temperament, in that his “genius was extremely susceptible to every influence about it” (254). For Lathrop, then, Hawthorne assumes a place of preeminence in American literature not simply for having “imbibed” his atmosphere, but for having insinuated himself into it: much as Longfellow had “absorbed into himself also the atmosphere of the United States,” Lathrop asserts, “[i]n such wise did Hawthorne prove to be the unique American in fiction” (163)—and indeed, it is almost impossible to traverse the American literary canon without inhaling Hawthorne.

<sup>68</sup> “Where the novel may be said to touch the real by expropriating it and so violating someone’s ‘private rights,’” Michaels explains, “the romance asserts a property right that does not threaten and so should not be threatened by the property rights of others” (157).

Hawthorne also claims a property relation in the “atmosphere” of New England itself. This “transmitted and inherited property,” as Hawthorne suggests, is at the same time a “common” property, mediated by the bodies that breathe it. In the following pages, I examine the ways in which *The House of the Seven Gables* exposes the latent dangers of these inherited environments.

In his Preface, Hawthorne famously professes to have provided his romance with a “moral”: “the truth, namely, that the wrong-doing of one generation lives into the successive ones” (3). Taking the author at his word, many readers have understood *The House of the Seven Gables* as Hawthorne’s attempt “to confront his paternal legacy”: that is, to broach the discomfiting settler-colonial history of “class, heredity, and the all but incestuous business of living in one spot for generations, tyrannies and injustice handed down generation after generation like a congenital disease” (Wineapple 232)<sup>69</sup> —and indeed, the apoplexy that plagues subsequent generations of Pyncheons seemingly literalizes this simile. Accordingly, some critics have interpreted the intermarriage of Hawthorne’s feuding families as a suggestion that the degenerated Pyncheon “race” must be regenerated by circumspect sexual selection.<sup>70</sup> For instance, reading Hawthorne’s romance against the emergence of American ethnology in the 1840s and its “scientific” investigations of racial

---

<sup>69</sup> Hawthorne’s fraught relationship with forefathers has been a subject of reflection and critique at least since Melville’s 1850 essay “Hawthorne and His Mosses,” which investigates Hawthorne’s place in Anglo-American literary genealogy, noting in particular his “touch of Puritanic gloom” (540). In his 1979 study, Eric Sundquist examines on the issue of inheritance to situate Hawthorne’s genealogical conflict within the Freudian paradigm of the “family romance,” proposing that “what most haunts him in the forefathers... is that *they* are in control of him: the past controls the present” (115). Critics like Michael Colacurcio have identified an implicit “problem of ‘inheritance’” in Hawthorne, “for whom Puritanism was simply ‘there,’ as part of the inevitable heredity or environment” (20). As I argue here, Hawthorne illustrates that Puritan past, like any other pathology, operates at the intersection of heredity *and* environment.

<sup>70</sup> For example, Joan Burbick declares that “[t]he social message is clear: The Pyncheons or the aspiring hegemonic class must extend their arms in intermarriage to the ‘lower’ or artisan class to ensure the health and morality of the ruling elite. Otherwise catastrophic death and a debilitation of the family line through nervous disease might corrupt the rulers from within” (239). As I argue, the physical degeneration of the Pyncheon “race”—blatantly paralleled in the plight of their sickly chickens—is most convincingly attributed to the influence of their vitiated environment; after all, the fact that the chickens ultimately embark upon an “indefatigable process of egg-laying” (221) illustrates that their former “reproductive deficiency” (to borrow from Poe) is not the effect of some innate, immutable trait, but rather of a remediable environmental cause.

difference,<sup>71</sup> Shawn Michelle Smith had argued that Hawthorne’s “focus on hereditary traits and his celebration of ‘healthy’ marriages prefigure the tenets of eugenics” (50).<sup>72</sup> However, as the following analysis aims to demonstrate, Hawthorne’s primary engagement with medical theory in *The House of the Seven Gables* is not with ethnology, but rather with the more quotidian discourses of domestic hygiene. Indeed, as his Preface goes on to remind us, “[w]hen romances do really teach anything, or produce any effective operation, it is usually through a far more subtle process than the ostensible one” (4). In *House*, I suggest, the “ostensible” operation of hereditary transmission is in fact superseded by the “subtle process” of atmospheric mediation.

In 1846, a financially-troubled Hawthorne, recently evicted from the Old Manse in Concord, returned to his hometown of Salem, where he would briefly work as a surveyor at the Custom House. “Change of air is uniformly beneficial,” as his son and biographer Julian Hawthorne would later explain of this relocation, “and, after a season in the rarefied atmosphere of Emerson and Margaret Fuller, it was wholesome to seek temporary relaxation on the levels of ordinary humanity” (323). But as Hawthorne explains in his preface to *The Scarlet Letter*, “ordinary humanity” was tedious; the Custom House sorely lacked “the genial atmosphere which a literary man requires, in order to ripen the best harvest of his mind.” Ultimately, christening himself “a citizen of somewhere else” (35), Hawthorne seeks an atmosphere more conducive to the operations of the imagination.

---

<sup>71</sup> For discussions of mid-century scientific racism, see Frederickson, *The Black Image in the White Mind* (1971); Horsman, *Race and Manifest Destiny* (1981); and Dain, *A Hideous Monster of the Mind* (2009). For additional criticism on Hawthorne and discourses of race, see Gilmore, *The Genuine Article: Race, Mass Culture, and American Literary Manhood* (2001).

<sup>72</sup> Robert Levine, on the other hand, argues that the matter of “inheritance” in *The House of the Seven Gables* is not primarily biological, but cultural. Much of Levine’s dismissal of discourses of racial differentiation relies upon an anachronistic understanding of scientific theory. For instance, Levine argues that, in her “hereditary reverence” for Colonel Pyncheon’s portrait, Hepzibah “is operating less in the mode of the evolutionary biologist (or geneticist) than of the romancer (or reader of romance)” (138). Here, Levine establishes a kind of false dichotomy for understanding the work of heredity in Hawthorne’s text. It is necessarily nonsensical to suggest that Hepzibah operates in the “mode of the evolutionary biologist (or geneticist),” considering that, for Hawthorne, these modes of analysis did not exist. Although Levine concedes that “Hawthorne holds onto notions of biological determinism or heritability as a possible way of thinking about Pyncheon genealogies” (143), he fails to adequately examine *why* heredity persists as a perpetually-possible explanatory paradigm for Hawthorne. Here, I suggest that Hawthorne incorporates his preoccupation with heredity into a miasmatic and hygienic imaginary in which air is inherited.

In his Prefaces, Hawthorne consistently paints himself as a kind of aesthetic tourist who pursues his proper atmosphere by seeking the literary “privilege” of “the old countries” (*Blithedale* 38)—appealing to the model of nineteenth-century medical tourism and its search for more salubrious milieux. For example, in his medical travel guide *Change of Air, or The Philosophy of Traveling* (1831)—a review of which had appeared in the July 1843 issue of *The United States Magazine and Democratic Review*, where Hawthorne’s story “The Two Widows” was also published—James Johnson elaborated the effects of “atmospherical vicissitudes” on health, cautioning, for instance, against the influence of Italian siroccos, which increase “the susceptibility to malarious impressions” and “miasmatic exhalations” (142). If manuals like Johnson’s elaborated a medical philosophy of travelling, though, *The House of the Seven Gables* articulates a medical philosophy of staying at home.

Key to such a philosophy, as we have seen, was the importance of atmospheric purity for domestic hygiene. “To those who have the care and instruction of the rising generation—the future fathers and mothers of men,” John Griscom explained in *The Uses and Abuses of Air* (1848), “this subject of ventilation commends itself with an interest surpassing every other” (249). If cleanliness was indeed next to godliness, Griscom reasoned, ventilation was “not only a *moral* but *religious* duty” (137). Accordingly, Griscom outlines strategies for the proper ventilation of both schools and homes; since the state had a stake in the “rising generation,” he suggested, schools should be subject to external regulation (see fig. 2.6).<sup>73</sup> Of course, it was above all American mothers who were charged with “the care and instruction of the rising generation.” Domestic manuals authored by and

---

<sup>73</sup> For instance, “cellar schools,” Griscom insisted, “ought to be inspected, and reported upon by the proper authorities.” Thus, Griscom argued that “the health of the people is the first object of legislation, and that *it* ought *first* to be secured as far as possible, even though private interests should suffer...but let not the next generation suffer for the benefit of a few of the present” (178-9). William Alcott, whose statistics on infant mortality Griscom cites, had also considered the American educational environment from a more explicitly fiscal perspective in his prize-winning *Essay on the Construction of School-Houses* (1832), submitted to a competition sponsored by the American Institute of Instruction. “*Health, as well as time, is money,*” he wrote, “and it is most mistaken economy which confines a child to those arrangements, and to that atmospheric impurity, which render him unfit for vigorous effort, and thus slowly, though surely, impair his constitution” (7).

for women accordingly posited atmospheric purification as a gendered domain; in her *Treatise on Domestic Economy* (1841),<sup>74</sup> for instance, Beecher aimed to supply women the scientific knowledge necessary to achieve an “economy of health” (258)—specially, knowledge of proper ventilation methods (see fig. 2.7). “The debility of childhood, the lassitude of domestics, and the ill-health of families,” Beecher insisted, “are often caused by neglecting to provide a supply of pure air” (311).<sup>75</sup> In *The House of the Seven Gables*, Phoebe Pyncheon assumes the role of the ideal nineteenth-century housewife, infusing the insalubrious environment of the ancestral house—and, by extension, her troubled cousins—with “a supply of purer air” (102).

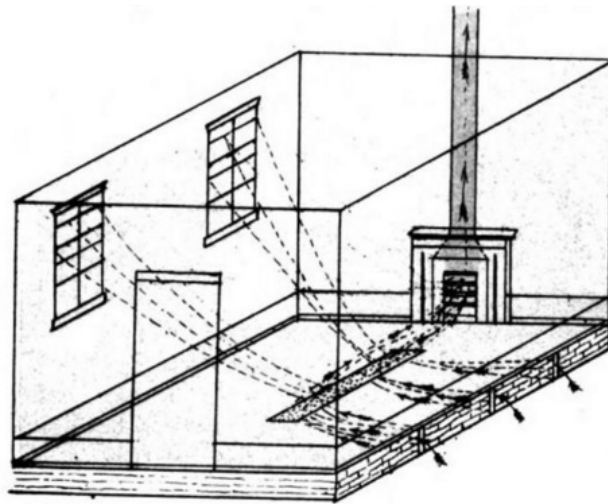


Fig. 2.6. A “plan...for the supply of fresh air in a more regular and systematic manner, and the removal of impure air, which is applied to any kind of house, but is more particularly adapted to schools, hospitals, and buildings of that character.” John Griscom, *The Uses and Abuses of Air: Showing its Influence in Sustaining Life, and Producing Disease; with Remarks on the Ventilation of Houses*. 3<sup>rd</sup> ed. New York: J.S. Redfield, 1854.

<sup>74</sup> As “a guide whose meticulous attention to the productive arrangement of domestic space has prompted at least one latter-day critic to read it against Foucault’s *Discipline and Punish*,” notes Dana Lucianom, Beecher’s treatise “emphasizes the kind of time that a home-space so arranged will generate—for notwithstanding the *Treatise*’s everyday practicality, the first priority of the woman who arranges the home, Beecher contends, should be her commitment to the millennial “regeneration of the Earth” (124-125). For further discussion of Beecher’s domestic economy, see McHugh, *American Domesticity* (1999), and Baym, *American Women of Letters and the Nineteenth-Century Sciences* (2002).

<sup>75</sup> In their co-authored volume *The American Women’s Home* (1869) Beecher and her sister, Harriet Beecher Stowe, cite testimony presented to the Public Health Commissioners in Britain, which posits “[d]eficient ventilation” as “more fatal than all other causes put together” (53).



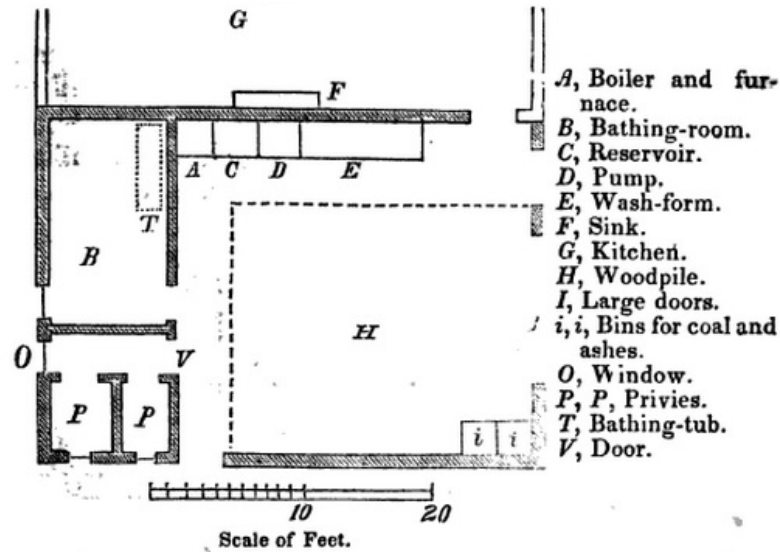


Fig. 2.7. A “plan of a building for back-door accommodations.” Catharine Beecher, *A Treatise on Domestic Economy: For the Use of Young Ladies at Home, and at School*. Revised edition. Boston: Thomas H. Webb & Co., 1843.

Hawthorne modeled the character of Phoebe Pyncheon on his wife Sophia Peabody, whose ardent interests in homeopathy and health—an enthusiasm that spoke more widely to the transcendentalist belief in the efficacy of self-reform—manifested in her “deliberate control of diet and hygiene, [and] avoidance of unhealthy circumstances and persons” (Dunlavy 8). For example, at the recommendation of the homeopathic physician William Wesselhoeft,<sup>76</sup> she insisted that her children sleep in separate rooms to ensure that they would “never breathe...any but their own sweet atmosphere” (qtd. in Dunlavy 6).<sup>77</sup> Repurposing this rhetoric of domestic purification with characteristic cantankerousness, Hawthorne—who remained skeptical of all varieties of antebellum

<sup>76</sup> During the early part of Hawthorne’s tenure at the Salem Custom House, Sophia, pregnant with the couple’s second child, had elected to remain in Boston in order to be near Dr. Wesselhoeft, who was something of a luminary in nineteenth-century New England literary circles; he would treat Emily Dickinson in 1851, and his son, Conrad, would later treat Louisa May Alcott.

<sup>77</sup> In her *Letters to the People on Health and Happiness* (1855), Catharine Beecher explicitly cautioned against “unhealthful miasmata in the night-air” that is “sent forth from the lungs and skin of sleepers. It is precisely the same evil as is found in proximity to grave-yards and decaying carrion,” Beecher continued; “The effluvium from the lungs and skin is precisely the same as that from carrion, only more diluted by the atmosphere. Those who have entered the pent-up sleeping rooms of persons who do not wash their skins or breathe a pure air, very well understand the close resemblance” (167).

reform, as *Blithedale's* satirical take on utopian socialism illustrates—presents *The House of the Seven Gables* as a tale of domestic hygiene gone awry. Its meddlesome narrator assumes the voice of the antebellum health reformer, insisting that its characters might stave off incipient and seemingly-inevitable disease through hygienic prevention and salubrious activity.

If Hawthorne's romance seeks to expose the dangers of endemic insularity, it paradoxically does so by appealing to an epidemic pathology: in other words, what proves transmissible among the Pyncheons are not hereditary traits or behaviors per se, but the inherited physical and social atmosphere they take no pains to ameliorate. In his early explication of the ancestral feud between the Maule and Pyncheon families, Hawthorne's narrator shows that Maule's curse exerts a contaminating influence not only upon the Pyncheon progeny, but upon the contested domestic space itself, "infect[ing]" the walls "with the scent of an old and melancholy house." Colonel Pyncheon nevertheless elects to take possession of this "accurst" site, having dismissed Maule's malediction—and yet, "[h]ad he been told of a bad air," the narrator speculates, "it might have moved him somewhat" (8).

Hawthorne's suggestion that "bad air" is cause for more serious consideration than a bad omen reflects the hygienic exigencies of his historical moment: epidemic cholera had returned to the United States in 1849; as the *Salem Observer* reported that summer, nearby Boards of Health had responded to the outbreak by issuing "an Address...urging upon the attention of the inhabitants the necessity [sic] of removing all offences which may vitiate the atmosphere and afford an abiding-place to the approaching disease" ("The Board of Health"). Yet if the resurgence of cholera crystallized atmospheric anxieties in the antebellum imagination, domestic medical discourse had continued to encourage awareness of the pathological effects of air even in the absence of such heightened risk; as the celebrated American physician Charles Caldwell reminded readers of his *Thoughts on Physical*

*Education* (1834), air could be rendered poisonous not only by the “deleterious impregnation” of miasmatic matter, but by “stagnation alone” (53).<sup>78</sup>

Like the House of Usher, which has “rotted for long years...with no disturbance from the breath of the external air” (319), the Pyncheon House betrays the insalubrious effects of stagnation and neglect in its “cold, moist, pitiless atmosphere” where “[n]othing flourished” (158). The garden has grown “unctuous with nearly two hundred years of vegetable decay” (53); the well water has become contaminated, proving “productive of internal mischief to those who quench their thirst there” (9); the house is infested with a “fummy atmosphere” (72): indeed, it has “both the dry-rot and the damp-rot in its walls; it was not good,” the narrator dryly observes, “to breathe no other atmosphere than that” (124).

For a case study in the ill effects of breathing a vitiated atmosphere, Hawthorne offers the wizened spinster Hepzibah Pyncheon, a “mildewed piece of aristocracy” (41) who has “dwelt too much alone,—too long in the Pyncheon House—until her very brain was impregnated with the dry-rot of its timbers” (44). Her body bears the evidence of her unventilated existence: “Look at my face!” she admonishes her cousin Phoebe; “you see how pale I am! It is my idea that the dust and continual decay of these old houses are unwholesome for the lungs” (55). As Hawthorne suggests, though, the atmosphere of domestic decay is not only unwholesome for the lungs, but for the brain.<sup>79</sup> The pestilential effect of architecture on Hepzibah’s mildewed mind is no mere metaphor; nineteenth-century medical theory understood atmospheric stimuli as productive of demonstrable mental effects: when “persons sleep in a close apartment, or remain for a length of time in a crowded or ill-ventilated rooms,” warned Beecher and Stowe in *The American Woman’s Home*, “a most

---

<sup>78</sup> As Elizabeth Blackwell would similarly assert in her 1870 address to the Working Woman’s College, *How to Keep a Household in Health*, “The great essential principle to be remembered in relation to air, is change. Stagnant air means death—rapid death if it be completely stagnant; disease and slower death if it be only rather stagnant” (6).

<sup>79</sup> For a discussion of madness and nineteenth-century “mental hygiene” in relation to *The House of the Seven Gables*, see Knadler, “Hawthorne’s Genealogy of Madness” (1995).

pernicious influence is exerted on the brain, and, through this, on the mind” (256). Indeed, “[t]he first cause of mental disease and suffering,” Beecher asserted in her *Treatise*, “is not unfrequently found in the want of a proper supply of duly oxygenized blood” (196).

Both the perpetually-sequestered Hepzibah and her long-incarcerated brother Clifford, Hawthorne suggests, suffer the physical and mental effects of insufficient oxygenation; Hepzibah, especially, has “grown to be a kind of lunatic by imprisoning herself so long in one place” (124).<sup>80</sup> Harking to his own distaste for air “breathed in advance,” Hawthorne explains the Pyncheons’ self-perpetuating pathology: “The sick in mind, and, perhaps, in body, are rendered more darkly and hopelessly so, by the manifold reflection of their disease, mirrored back from all quarters,” as “they are compelled to inhale the poison of their own breath, in infinite repetition” (102).<sup>81</sup> The siblings are not merely the passive receptors of atmospheric poisons, then, but agents who perpetuate their domestic pestilence through the repetition-compulsion of this quasi-incestuous breath. Yet while Hepzibah recognizes that her domestic environment is “unwholesome,” she does not attempt to ameliorate it.<sup>82</sup> For the narrator, this failure of care constitutes a kind of auto-incarceration: “What

---

<sup>80</sup> While Clifford is literally imprisoned by the state, Hepzibah’s “imprisonment” is more tacitly enforced by the dictates of gender ideology. Nineteenth-century physicians warned that women were at particular risk for atmospherically-induced complaints as a consequence of their continual enclosure in the home. In his 1830 study of female diseases, for instance, the English physiologist Marshall Hall identified the “chief external cause” of disorders affecting female youth to be “the baneful but prevalent habits of sedentariness and inactivity... Instead of having their health invigorated by a free and constant exposure to the open air,” Hall lamented, “young persons in the present day are enfeebled and disordered by a system of sedentary studies, pursued in warm and close apartments” (23). Similarly, Beecher critiqued “the present mode of conducting female education,” which saw young women “for a long time immured in a room, filled with an atmosphere vitiated by many breaths” (*Treatise* 60).

<sup>81</sup> Theories regarding the repetition of respiration and its damaging effect on the mind informed the scientific racism of Southern physicians like Samuel Cartwright; in an 1851 essay in *De Bow’s Review*, Cartwright contended that “[t]he common higher law abolitionist, who have not time to devote to the dissecting-room or to the Hebrew, could see the higher law any night of their lives, by looking at a negro asleep, breathing the mephitic air called carbonic acid gas, manufactured in his own lungs, being caught and confined by covering the higher law compels him to put around his face. The effect of confining, by covering his face, his own breath, to breathe over and over again the whole night and every night of his life, produced certain effects upon the blood and the brain requiring the chemist and physiologist to explain. But that explanation would only be repeating what comparative anatomy discloses, history tells, chemistry proves, and the Bible reveals, that by a higher law than the Union, the Constitution, or any other human enactments, that the negro is a slave” (“How to Save the Republic,” 194).

<sup>82</sup> Here, we might be reminded of Susan Mizruchi’s reading of *Gables*, in which she suggests that “[w]hat is most striking for a novel whose governing idea is inheritance—in which the dilemma of historical determinism is seriously pondered—is that most of the characters seem unaware of historical changes, and appear strangely unaffected by their

jailer,” he exclaims, “[is] so inexorable as one's self” (121). Here, the narrator echoes antebellum domestic medical writers like John Gunn, who held that most diseases were self-fashioned. Even though the laws of health were self-evident—“[w]e all know very well,” Gunn noted, “that health is hindered by sluggardism or sedentary habits”—they were routinely ignored nonetheless: “we will lie in bed, or sit about in a close warm room,” Gunn lamented, “breathing an atmosphere sufficient to poison us” (154-5). The impediments to health, in other words, are not simply epistemic; the preservation of the body depends upon the active pursuit of purer air.

Like the embodiment of chloride of lime, the enterprising Phoebe comes to function as a kind of sanitizing agent, radiating her “purifying influence...throughout the atmosphere of the household” (98).<sup>83</sup> Though Hepzibah suspects that even the seemingly-flourishing Phoebe will eventually fall prey to decay—“Those cheeks would not be so rosy after a month or two,” she predicts—the youngest Pyncheon actively engages in preventive measures for the preservation of her bodily integrity, vowing to “keep [her]self healthy with exercise in the open air” (55).<sup>84</sup> Partaking in such wholesome activities as walking on the beach, reading the Bible, and “attending a

---

ancestors” (88). Adapting Mizruchi’s claim to a reading that suggests that the text’s “governing idea” is *atmospheric* inheritance, what seems striking is the Pyncheons’ strange indifference to hygienic practices of care.

<sup>83</sup> Hawthorne’s representation of Phoebe’s “purifying influence” echoes nineteenth-century discourses of women’s moralistic domestic duties; in her treatise *Woman in Her Various Relations* (1851), for example, Mrs. L.G. Abell asserted that a woman’s “principles and religion should be like an ‘atmosphere,’ surrounding her family” (51). Cultivation of such a morally-salubrious atmosphere “atmosphere” is particularly important for child-rearing, as Abell goes on to explain: “the child takes in at every breath impressions and ideas. The mind is affected by the mental and moral atmosphere in which it lives, and is imperceptibly nourished and moulded as the body is sustained, and either improved or injured by the air it breathes” (226). Samuel Smiles would echo this assertion in his influential manual *Self-Help* (1859). “So much does the moral health depend upon the moral atmosphere that is breathed, and so great is the influence daily exercised by parents over their children by living a life before their eyes, that perhaps the best system of parental instruction might be summed up in these two words: ‘Improve thyself’” (295).

<sup>84</sup> Exercise, Beecher complained in her *Treatise*, was a habit American women sorely lacked: “In England, regular exercise, in the open air, is very commonly required by the mother, as a part of daily duty, and is sought by young women, as an enjoyment. In consequence of a different physical training,” she continued, “English women, in those circles which enjoy competency, present an appearance which always strikes American gentlemen as a contrast to what they see at home. An English mother, at thirty, or thirty-five, is in the full bloom of perfected womanhood; as fresh and healthful as her daughters. But where are the American mothers, who can reach this period unfaded and unworn?” (44). Stowe advanced a similar position in the domestic advice writings she penned under the persona Christopher Crowfield; see Bluford, “A Word or Two on the Other Side” (2014).

metaphysical or philosophical lecture,” Phoebe implements a kind of prophylaxis against premature spinsterhood: “unless for such moral medicines as the above,” the narrator hypothesizes, “we should soon have beheld our poor Phoebe grow thin, and put on a bleached, unwholesome aspect, and assume strange, shy ways, prophetic of old-maidenhood and a cheerless future” (124).<sup>85</sup>

As many critics have noted, Hawthorne presents Phoebe as a Victorian “angel of the house,” an exemplary housekeeper who ameliorates the moral atmosphere of the home through cheerfully-performed domestic duties.<sup>86</sup> Unlike Hepzibah, passively “impregnated” by the house’s unwholesome air, Phoebe “impregnate[s]” the Pyncheon-House “with the perfume of garden-roses, pinks, and other blossoms of much sweetness” (103). Gillian Brown has accordingly argued that *The House of the Seven Gables* illustrates an envisaged division between women’s labor and women’s bodies, as “Phoebe’s providential housekeeping serves as a model of imaginative practice and production in which the individual is immunized from the effects of labor,” while “Hepzibah’s shopkeeping demonstrates the bodily risks in labor” (81). Importantly, however, Phoebe is not simply imaginatively “immunized” from risk; rather, she engages in preventive hygienic as a means of risk management.<sup>87</sup> As Hawthorne’s narrator suggests, it is idleness and stagnation, not labor, that produces these risks. Extolling the virtues of fresh air, exercise, and industry, he thus praises Hepzibah’s bid for economic self-sufficiency as “the invigorating breath of a fresh outward

---

<sup>85</sup> These “moral medicines,” however, only partially explain Phoebe’s resistance to Hepzibah’s fate. Due to “the involuntary effect of a genial temperament,” Phoebe exhibits resistance to the house’s infection: “There was no morbidness in Phoebe,” the narrator explains; “if there had been, the old Pyncheon-house was the very locality to ripen it into incurable disease” (98). Appealing to the logic of “exciting causes,” Hawthorne suggests that latent constitutional pathologies “ripen” at the instigation of external stimuli.

<sup>86</sup> Joel Pfister, for instance, argues that Phoebe serves to expunge Gothic resonances from the romance: she is “[l]ike an oxygen tank,” Pfister writes, as she “fumigate[s] the malodorous damp rot and dry rot of the Gothic” (149) and feminizes the home “like a good domestic novelist” (148). Here, I argue that Phoebe operates not as a model domestic novelist but as a model domestic *hygienist*—restricting not the romance’s *genre*, but its philosophy of health.

<sup>87</sup> As a Pyncheon, even Phoebe is not entirely resistant to the influence of the house: “her petals sometimes drooped a little,” the narrator admits, “in consequence of the heavy atmosphere about her” (103). While Phoebe is “little susceptible of morbid influences” (124), she is not entirely immune; Clifford, on the other hand, is conveniently possessed of a “native susceptibility of happy influences” (102), rendering him especially receptive to Phoebe’s regenerative effects in “the delight that he inhaled from her” (103).

atmosphere, after the long torpor and monotonous seclusion of her life”: “So wholesome is effort!” he exclaims; “The healthiest glow that Hepzibah had known for years had come now, in the dreaded crisis, when, for the first time, she had put forth her hand to help herself” (39).

This patronizing incitement to self-help echoes the advice that physicians like Edward H. Dixon offered American women; in his 1847 treatise *Woman and Her Diseases*, Dixon considered “the condition of those who constitute the working classes of our population,” ultimately blaming “[t]he damp cellar, or the heated and stifling attic chamber, in the foul atmosphere of some by-lane or street” for producing a “condition of listless and wretched indifference” toward personal health (128). “Once let [the working classes] be independent of the will of others,” Dixon suggested, “and they will learn self-respect; they will purify their bodies, and the atmosphere of their dwellings; where each returning day now impresses its mark on their faces, as upon the dial-plate of misery. They will labour, it is true,” he conceded, “but that labour not exceeding their natural powers, will lend the hue of health to their cheeks” (129). Similarly, in Hawthorne’s hygienic romance, Hepzibah is not imperiled by commercial labor, but rehabilitated by it. Self-induced disease, the narrator suggests, can be effectively countervailed by self-care.

If Phoebe is a kind of quintessential purifier, her cousin, the villainous Jaffrey Pyncheon, is the quintessential putrefier: “There was no free breath to be drawn,” the narrator notes, “within the sphere of so malevolent an influence” (221). Ironically, Jaffrey makes recourse to the rhetoric of atmospheric peril in his attempt to evict his cousins, insisting that “[t]he town air...does not agree with [Phoebe’s] good, wholesome country habits,” and that the vulnerable Clifford is similarly at risk: “It will be a heavy responsibility, cousin,” he warns Hepzibah, “if you confine your brother to this dismal house and stifled air” (92). However, as Hawthorne illustrates in an extended analogy, it is Jaffrey himself who poisons the Pyncheon-House. As a man “to whom forms are of paramount importance,” Hawthorne writes, the Judge “builds up, as it were, a tall and stately edifice” (162) to

project his public character. Hawthorne completes this metaphor with a grotesque extension, dismantling the emblem of the “stately edifice” to locate the source of infection:

Ah; but in some low and obscure nook,—some narrow closet on the ground-floor, shut, locked, and bolted, and the key flung away,—or beneath the marble pavement, in a stagnant water-puddle, with the richest pattern of mosaic-work above,— may lie a corpse, half decayed, and still decaying, and diffusing its death-scent all through the palace! The inhabitant will not be conscious of it, for it has long been his daily breath! Now and then, perchance, comes in a seer, before whose sadly-gifted eye the whole structure melts into thin air, leaving only the hidden nook, the bolted closet, with the cobwebs festooned over its forgotten door, or the deadly hole under the pavement, and the decaying corpse within (163).

Like the cholera discourse that instructed the American public to “Look to thy cellar,” Hawthorne’s architectural rendering of Jaffrey’s character seeks to uncover the presence of invisible disease media in the deepest recesses of the soul. As Jaffrey’s presence perpetuates “the dim, thick, stifling atmosphere of dread, which filled the house as with a death-smell” (177), so too does it perpetuate infection: indeed, according to nineteenth-century miasma theory, this noxiousness was not only a nuisance, but an indication of pestilential agents in the atmosphere: as the revered British sanitary reformer Edwin Chadwick famously insisted, “all smell is disease” (qtd. in Hamlin, *Public Health* 6). Yet this infectious agency persists because the Pyncheon-House has lacked a so-called “seer” (though perhaps more appropriately here, a *smeller*) to expose it. For Hepzibah and Clifford Pyncheon, like Roderick and Madeline Usher, such effluvia has “long been [their] daily breath”; they are habituated to this kind of violence.

Ultimately, Jaffrey succumbs to the fate of his forefathers: a malady initially deemed “Sudden Death” (14), later suggested to be cerebral hemorrhage, or apoplexy—a disorder whose “hereditary tendency,” as the physician James Copland insisted in an 1850 treatise on the disease, “cannot be doubted” (205).<sup>88</sup> However, returning to the interplay of the “ostensible” and the

---

<sup>88</sup> “This disease occurs most frequently in persons of the *male* sex, owing to their habits, and greater exposure to the exciting causes; and in the *far advanced stages of life*,” Copland notes, suggesting intemperance as one such exciting cause (205). In his 1820 *Treatise on Nervous Diseases*, John Cooke similarly alludes to the long history of understanding “heredity



“subtile” with which Hawthorne prefaces his romance, I argue that this seemingly-hereditary disease is activated by an environmental “exciting cause.” The malady that plagues the Pyncheons is strikingly similar to a disorder Dr. Johnson describes in his *Change of Air*: a “formidable malady, or rather class of maladies, to which the Romans are peculiarly prone,” tellingly known as “*sudden death*—or, as it is coolly called, ACCIDENTE.” While the Romans are constitutionally predisposed to this disease, Johnson suggests, the environment that surrounds them is incendiary: “Whether this terrific agent of the Grim Tyrant acts through the medium of apoplexy or diseases of the heart, the Roman physicians have not ascertained,” he writes, “but one thing is clear, that the climate of the Eternal City is extremely hostile to the brain and nervous system—and consequently all who have any tendency to fulness about the head should be shy of residence there” (309). Transplanting Roman pathologies to the County of Essex, Hawthorne illustrates that while the Pyncheons may be peculiarly prone to this disease, the atmosphere of the Pyncheon-House hastens its appearance: indeed, all of the apoplectic Pyncheons die within its walls.

Much as Phoebe’s hygienic intervention illustrates the preventable nature of pathological declension, the narrator suggests that Jaffrey’s death might have been forestalled by keen watchfulness and timely medical intervention; this “sudden” death, in other words, is not sudden at all.<sup>89</sup> In his bizarre address to the Judge’s dead body, the narrator affirms that Jaffrey had neglected

---

conformation” (195) as among the predisposing causes of apoplexy; further, Cooke cites the “the authority of several writers on apoplexy, both ancient and modern, in support of the opinion that violent passions of the mind, and other causes, by determining blood to the head, are capable of exciting the disease” (211-12). In his treatise *Hereditary Descent* (1847), the phrenologist Orson Squire Fowler likewise affirms that “apoplexy rarely occurs except when hereditary. And what is more it makes its descent at about the same AGE in the descendants, at which it appeared in the ancestry, only a little earlier each generation, till the race runs out. This point,” Fowler continues, “is too palpable to require proof by detailed facts” (83).

<sup>89</sup> Employing the logic of premonitory symptomatology, Hawthorne encourages his readers to anticipate the Judge’s decline when Phoebe “very foolishly start[s]” upon hearing “a certain noise in Judge Pyncheon's throat,—rather habitual with him, not altogether voluntary, yet indicative of nothing, unless it were a slight bronchial complaint, or, as some people hinted, an apoplectic symptom.” Like Poe’s narrator, who “starts” at Usher’s description of his house’s idiosyncratic atmosphere, Phoebe is not “foolish” at all in her alarm; the “queer and awkward ingurgitation” is indeed indicative of a fatal apoplectic attack (89-90).

his symptoms due a willful misinterpretation of their urgency: “it is well, you know,” he wryly reasons, “to be heedful, but not over-anxious, as respects one's personal health” (192). Like Hepzibah’s failures of agency and industry, Jaffrey’s prognostic and prophylactic failures—his inability to situate his symptomatology within its probable pathological trajectory, and his refusal to “see his family physician, and obtain a medicine that shall preserve him” (199)—render his disease in part a malady of his own making.

Following Jaffrey’s death, Hepzibah, Clifford, and Phoebe inherit the family fortune, which in turn enables their departure from their poisonous home. Yet critics have almost universally ignored the detail that facilitates the final redirection of inheritance: “the death, by cholera, of Judge Pyncheon's son” (220). With the inclusion of this seemingly-superfluous heir—and the seemingly-superfluous specificity of his cause of death—Hawthorne situates his romance in a historical moment of atmospheric unease; as in “Lady Eleanore’s Mantle,” the invocation of cholera mobilizes transatlantic anxieties of pestilential air, reminding readers of the omnipresence of environmental risk. Thus, although Hawthorne’s romance indeed critiques familial insularity, it does so not only by mobilizing deterministic, anti-democratic, “ostensible” blood-logic of hereditary transmission, but also by invoking the flexible, relational, “subtile” air-logic of environmental transmission: “The soul needs air,” Clifford realizes, “a wide sweep and frequent change of it. Morbid influences, in a thousand-fold variety, gather about hearths, and pollute the life of households. There is no such unwholesome atmosphere as that of an old home, rendered poisonous by one's defunct forefathers and relatives” (184). Drawing from the logic of domestic hygiene, Hawthorne suggests that if this “atmosphere” has been *rendered* poisonous, it may be rendered innocuous, even salubrious.

### **Coda: An Ethics of the Air**

In an 1872 treatise on tobacco use, the physician and hydropathist Russell Trall would voice a question pertinent to nineteenth-century public health and sanitation debates: “has any one a moral right to poison the atmosphere?” The answer, he asserted, was surely self-evident: “A person has no more right to pollute the air which all must breathe alike with tobacco smoke, than he has to poison it with the *fomites* of yellow fever, or the infection of small-pox,” Trall declared; “And when we have a government which knows its duty and performs it, in the protection of person and property, my neighbor will no more be allowed to spit tobacco-juice in my house, or blow smoke into my face, than he will be permitted to strike me with felonious intent, or stab me with malice *prepense*” (63). Here, Trall articulates what Progressive Era surgeon Charles Reed would later refer to as an “ethics of the air”: “to breathe pure air must be reckoned among man’s inalienable rights,” Reed reasoned; “[n]o man has any more right to contaminate the air we breathe than he has to defile the water we drink,” nor “any more right to vitiate the air that sustains us than...to adulterate the food that nourishes us” (“A National Anti-Smoke Convention,” 561). To do so, as Trall suggests, is nothing other than premeditated malfeasance.

In citing Trall’s mediation on moral responsibility of the individual, as well as of the “government which knows its duty and performs it,” I mean to illustrate the ways in which the understanding of atmosphere as “common property” implicitly made the health of the individual a “public” health. The tale of the Pyncheon-house and its inhabitants has consistently been interpreted as a microcosmic representation of broader social change: most obviously, the transition from aristocratic to democratic modes of association. My reading departs from this tradition in approaching Hawthorne’s house less as a microcosm than as a node in a broader network: a component in a social ecosystem. The romance’s repeated appeal to the discourses of health and hygiene—and to the etiology of environmental or miasmatic transmission in particular—

demonstrates how so-called “wrong-doing” is transmitted not only vertically, through heredity, but horizontally, through shared environments. Like the Usheres’, the Pyncheons’ self-imposed insularity and stagnation breeds a miasmatic taint that, as per Jaffrey’s “death-scent,” threatens to transcend spatial containment. Through personal and domestic hygiene practices, nineteenth-century Americans strove to mitigate the risk that this unwieldy atmosphere would be “rendered poisonous.” This understanding of the aerial environment as “common property,” in turn, can be understood to anticipate issues of health and environmental justice—including regulation, responsibility, and risk assessment—that have been granted especial urgency in the age of the Anthropocene. But rather than simply pointing out this rather obvious environmental dimension, I also want to gesture toward the ways in which nineteenth-century Americans understood the “ethics of the air” more broadly as a method of social care.

Following the cholera epidemic of 1832, “atmosphere” increasingly assumed symbolic currency in other nineteenth-century American reform movements; for instance, as the following chapter will illustrate, calls for the extirpation of social miasma became a prominent feature of abolitionist rhetoric. Women writers similarly latched on to the urgency of atmosphere, expounding upon the *literal* dangers of domestic environments that had been identified by writers like Beecher in order to mobilize this “vitiating atmosphere” as a metonym for patriarchal culture writ large; in her 1865 tract *A New Atmosphere*, for example, the essayist Mary Abigail Dodge (who wrote under the pseudonym Gail Hamilton) decried the “subtle malaria” (1) from which women suffered: “The inhale, they imbibe, they are steeped in the idea that the great business of their life is marriage” (5).<sup>90</sup> The concomitant “purification” (2) of the social atmosphere, she asserted, depended upon the agency of individual—who “may not succeed in dispelling all the miasms of the earth,” but might

---

<sup>90</sup> For more on Dodge’s reform writings, see Sherry Lee Linkon, “Gender and the Jeremiad” (1997). Of course, women could vitiate the social atmosphere; as Margaret Fuller claims in *Woman in the Nineteenth Century* (1845), a woman who succumbs to vanity “creates miasma, whose spread is indefinite” (131).

still affect change “if he can only cleanse one little corner of it, if he can but send through the murky air one cool, bracing, healthy gale” (4). For Dodge, the ideal social reformer is like Hawthorne’s hygienic Phoebe, diligently working toward the purification of her “sphere.”<sup>91</sup>

Finally, this valorization of individual agency is perhaps nowhere more memorably expressed than in Stowe’s assertion in her conclusion to *Uncle Tom’s Cabin* (1852): “There is one thing that every individual can do,” Stowe writes; “they can see to it that *they feel right*.” Yet while this claim has been cited *ad nauseum* in critical discussions of the public functions of sentiment in the nineteenth-century United States,<sup>92</sup> less commonly cited is the line that immediately follows: “An atmosphere of sympathetic influence encircles every human being; and the man or woman who *feels* strongly, healthily, and justly, on the great interests of humanity, is a constant benefactor to the human race” (624).<sup>93</sup> This “atmosphere of sympathetic influence” is crucial to Stowe’s sentimental politics, as it offers a suggestion of *how* sentiment circulates: via the intercession of an affective “atmospherical medium.” Antebellum American literature’s miasmatic imaginary thus offers us not only an etiology or an aesthetics, but an atmospheric ethics: a way to engender change via the mediation and remediation of our physical, social, and psychic environments.

---

<sup>91</sup> Louisa May Alcott echoes this sentiment in her 1873 novel *Work*, discussed in the conclusion to Chapter 4; her protagonist advises a young protégée to find “something to do in in her own sphere” (341), assisting “promising young men” by metaphorically “creating a purer atmosphere for them to breathe” (339-40).

<sup>92</sup> The scope of these responses are, of course, too multifarious to encapsulate here. For examples of critics for whom Stowe’s “right feeling” is crucial, see Samuels, ed., *The Culture of Sentiment* (1992); Noble, *The Masochistic Pleasures of Sentimental Literature* (2000); Hendler, *Public Sentiments* (2003); Weinstein, *Family, Kinship, and Sympathy* (2006); Berlant, *The Female Complaint* (2008); Stokes, *The Altar at Home* (2014); and Pelletier, *Apocalyptic Sentimentalism* (2015). See Chapter for further discussion of sentimentality.

<sup>93</sup> A recent exception is Dominic Mastrolanni, who suggests that Stowe’s “atmosphere” recalls “Emersonian moods, evoking both Emerson’s circle and Hawthorne’s atmosphere.” As Mastrolanni notes, Stowe’s assertion also “presupposes that individuals can change their moods, can ‘see to it’ that they alter the ‘atmosphere’ that ‘encircles’ them” (171). See Mastrolanni, *Politics and Skepticism in Antebellum American Literature* (2014). Paul Gilmore has cited this passage to argue that Stowe’s sentiment is “electric” (*Aesthetic Materialism* 116); however, as Stowe herself suggests, the transmission of sentiment is atmospheric. Finally, Aaron Ritzenberg has argued that “Stowe’s aesthetic...allows readers to acknowledge the supreme power of unmediated bodily communication” (41). As this chapter has attempted to illustrate, though, miasmatic theory shows us that “bodily communication” is in fact supremely mediated.

### CHAPTER THREE

#### The Body Hygienic: Political Economy, Public Health, and Slavery in the Antebellum South

“Take care of you!” repeated Brainard, scornfully; “are you not a man, and cannot you take care of yourself? Who takes care of us? Who takes care of me, I want to know, in the name of the God who made me?”

—Caroline Lee Hentz, *The Planter’s Northern Bride* (1854)

Well, *if* the slaves are unable to take care of themselves, no doubt they ought to be taken care of—common humanity requires it. The question is, *how* people, who are *supposed* to be unable to take care of themselves, should be taken care of.

—*The Anti-Slavery Record*, August 1836

In the 1856 case of *Anderson v. Poindexter et al.*, the Ohio Supreme Court debated the legal status of non-fugitive transient slaves. In a decision consistent with the ideology of “automatic emancipation,”<sup>1</sup> Justice Ozias Bowen proclaimed that a slave became a free man the moment he was “allowed by consent of his master to step upon the soil and breathe the atmosphere of Ohio”—though of course, he added, “[t]here is nothing in the physical properties of either the soil or the atmosphere of Ohio, which can have any such effect on the civil state and condition of the person. If any such result follows when a slave comes within the territory of Ohio,” he noted, “it is by the operation of law, and not that of the soil or the atmosphere” (“Recent American Decisions,” 95).<sup>2</sup>

---

<sup>1</sup> See Middleton, *The Black Laws: Race and Legal Process in Early Ohio* (2005).

<sup>2</sup> The Court ruled against Kentucky slaveholder John Anderson, who was suing his former slave, Henry Poindexter, for the value of the unhonored notes Poindexter had used to purchase his freedom; since Anderson had permitted Poindexter to pass in and out of Ohio during the period of his enslavement, in the eyes of the Court, Poindexter had,

Justice Bowen's hastiness to establish the metaphoricity of the soil and the atmosphere in this decision indicates the ways in which the physical environment of the free states had assumed a kind of preternatural agency in the antebellum period. The magical thinking of what we might call "atmospheric emancipation" was deeply engrained in the transatlantic abolitionist imagination. The *Anderson v. Poindexter* decision invoked (and cautiously reworked) a precept that had been employed in English legal proceedings as early as 1569, when it was ruled that "*England* was too pure an Air for Slaves to breathe in" (qtd. in Weiner 83).<sup>3</sup> For example, an infamous 1827 case presented to the English High Court of Admiralty—one highlighted by Louisiana senator Judah Philip Benjamin in an 1858 speech to the Senate regarding the contested admission of Kansas into the Union—legal counsel invoked Cowper's respiration-as-liberation trope to argue for the emancipation of an enslaved Antiguan woman named Grace James: "it was said...that, having once breathed English air, she was free; that the atmosphere of the favored kingdom was too pure to be breathed by a slave." The celebrated jurist Lord Stowell ruled in favor of the slaveholder, however, asserting that, "after painful and laborious research into historical records, he did not find anything touching the peculiar fitness of the English atmosphere for respiration during the ten centuries that slaves had lived in England" (Benjamin 9).<sup>4</sup>

Despite Stowell's decision, the politico-mystical operation of English "atmosphere" gained a firm foothold in abolitionist discourse of the 1840s and 50s, prompting one Washington jurist to disparage England's "pharisaical self-congratulation" in its tired proclamation "that its soil is too sacred and its atmosphere too pure to permit under any form and to any extent the simple existence of slavery; as soon as the wretched slave touches the hallowed soil, or breathes the atmosphere of

---

paradoxically, already been free at the time he sought to purchase himself. See Finkelman, *An Imperfect Union* (1981), 177-78.

<sup>3</sup> For further discussion of this phrase's continued history in the case of the enslaved man James Somers, brought before the lord chief justice Lord Mansfield in 1771-2, see Weiner, *Black Trials* (2004), 70-89.

<sup>4</sup> For more on the "slave Grace" case, see Davis, *The Problem of Slavery in the Age of Revolution* (1999).

England, his manacles disappear, the fetters fall from his limbs” (Coxe 516)<sup>5</sup>—an image that had been popularized by William Cowper’s poem “The Task” (1785): “Slaves cannot breathe in England: if their lungs / Receive our air; that moment they are free; / They touch our country, and their shackles fall” (II.40-42). William and Ellen Craft would use these lines as the epigraph for their narrative *Running a Thousand Miles for Freedom* (1860); Frederick Douglass would rework the allusion in an 1846 speech before a London audience: “Let the atmosphere of Britain be such that a slave holder may not be able to breathe it,” Douglass declared; “Let him feel his lungs oppressed the moment he steps on British soil” (*American Slavery* 18). If *soil* maintained an especial significance in antebellum political debates about the (de)territorialization of slavery in the United States, as notably exemplified by the platform of the erstwhile Free Soil party, *atmosphere* afforded abolitionist rhetoric particular force—for while *soil* served to demarcate the boundaries of slave and free states, *atmosphere* served to expose the impossibility of this kind of spatial containment.<sup>6</sup>

Appealing in particular to public understanding of miasmatic disease transmission, discussed at length in Chapter 2, many abolitionists employed metaphors of infection to unmoor the “peculiar institution” from its Southern environs, suggesting that the social ills of slavery could not be effectively sequestered by geopolitical quarantine. In her 1837 *Appeal to the Women of the Nominally Free States*, for example, Angelina Grimké likened slavery to “the miasma of some pestilential pool”

---

<sup>5</sup> Frustration with England’s self-congratulatory declaration of atmospheric emancipation was not contained to slavery apologists. In a series of 1853 debates about the constitution of Massachusetts, one legislator responded to “the doctrine that the atmosphere of Great Britain could not be breathed by a slave” with a vehement refutation: “England give us that doctrine? No, Sir. England gave us exactly the opposite doctrine. England gave us slavery, and fastened it upon us . . . . England gave us the institution of slavery, and for that, I do *not* thank her. Instead of an atmosphere in which a slave could not breathe, she poisoned the atmosphere of the colonies, by importing slaves, compelled to breathe it” (Massachusetts Constitutional Convention 191).

<sup>6</sup> “The crossing of boundaries is essential to the creation of panic,” as Margaret Humphreys observes. “When the edge of safety cannot be defined, people react in ways that are not necessarily rational—cordoning off suspect populations; creating artificial boundaries that create the illusion of safety; fleeing somewhere, anywhere” (847). Accordingly, Humphreys identifies yellow fever and cholera as paradigm nineteenth-century “panic diseases”—tellingly, both of which were most commonly attributed to miasmatic causes, and both of which inflected discourse surrounding slavery and race in the antebellum period.



that “spreads its desolating influence far beyond its own boundaries” (14). Similarly, in the wake of the defeat of the Wilmot Proviso, Unitarian reformer Reverend Theodore Parker invoked miasmatic etiology to point to the “subtle and unseen” influence of slavery in the ostensibly-immune North: “The evil increases with a rapid growth; with advancing flood it gains new territory, swells with larger volume; its deadly spray and miasma gradually invade all our institutions” (6). Parker’s mobilization of these dual temporalities—a pathology of “rapid growth” in the Western and Southern United States, poised to “gradually invade” the nation in its entirety—illustrates the way in which the crisis of slavery was imagined not only in terms of its spatial expansion, but by its more insidious effects to health.

Of course, many writers had likened the institution of slavery to a sort of civic disease. In an 1815 letter, Thomas Jefferson reflected on the gradual process by which “the slave is to be prepared by instruction and habit for self government, and for the honest pursuits of industry and social duty”: “Where the disease is most deeply seated,” wrote Jefferson, “there it will be slowest in eradication. In the northern States it was merely superficial, and easily corrected. In the southern it is incorporated with the whole system, and requires time, patience, and perseverance in the curative process” (456-7). Martin Delany proposed a more immediate and radical approach to “the great political disease with which we are affected,” offering emigration as “a sovereign remedy—a healing balm to a sorely diseased body—a wrecked but not entirely shattered system” (“Political Destiny” 229). For Delany, emigration was a kind of surgical remedy, a means “to remove the disease from the physical system of man, skillfully and properly applied, within the proper time, directed to operate on that part of the system whose greatest tendency shall be, to benefit the whole” (230). While both Jefferson and Delany employ disease as a metaphor for the institution of slavery, African American minister and activist Hosea Easton was more literal in his depiction of slavery as a “complicated disease” (26): “The slave system is an unnatural cause,” wrote Easton, “and has

produced its unnatural effects, as displayed in the deformity of two and a half millions of beings, who have been under its soul-and-body-destroying influence, lineally, for near three hundred years” (24).<sup>7</sup> All of these writers share a concern with depicting slavery as a *systemic* threat, a metastatic condition that threatened the general health of the American social body.

The discourse of miasmatic disease aptly captured this sense of systemic infectiousness. And although the association of immorality and miasma was a commonly employed in reformist discourse broadly writ,<sup>8</sup> it proved especially apropos when applied to slavery, given popular representations of the sickly, torrid, inhospitable climate of the American South: a pestilential environment, in the words of John Greenleaf Whittier, “Where the fever demon strews / Poison with the falling dews / Where the sickly sunbeams glare / Through the hot and misty air” (5-8). Yet if early national print discourse had depicted the plantation South as “disease-ridden, swampy, and inimical to animal and human development,” Jennifer Rae Greeson contends that, “[a]round 1831... the South was radically reimagined in U.S. print.” According to Greeson, print depictions of the plantation South summarily “threw aside” earlier climatic concerns, instead-figuring the South as “an internalized realm of hidden depravity and vice best approached in the mode of exposé, particularly exposé of sexual abuse and torture” (14) at this radical juncture.

On or about 1831, Greeson suggests, the preoccupation with climate-induced disease gave way to more dramatic unmaskings of violence, modeled on the proto-muckraking rhetoric of urban industrialization. It is significant, I suggest, that the date Greeson assigns to this sea-change concurs not only with the rise of American abolitionism, but with the Asiatic cholera epidemic, a public health crisis whose effects were principally felt in the North. If miasmatic disease transmission had

---

<sup>7</sup> For further discussion of Easton, see Bay, *The White Image in the Black Mind* (2000), 46-54, and Larson, *Imagining Equality in Nineteenth-Century American Literature* (2008), 32-36.

<sup>8</sup> The rhetoric of miasmatic disease was also appropriated by the temperance movement. Lyman Beecher, for instance, warned in an 1827 sermon that the continued production and distribution “ardent spirits” would be a “moral *miasma* spread over the nation” (72).

been imagined as a peculiarly Southern *bête noire*, the devastation wrought by Asiatic cholera brought the perils of miasma to the forefront of Northern consciousness. Northern abolitionists did not simply “throw aside” concerns about the deleterious climate in favor of the urban industrialist “mode of exposé.” Rather, by mobilizing the rhetoric of intensification and stealth invasion that had characterized public discourse on cholera, abolitionists reconstituted these long-established tropes of Southern insalubrity as metonyms for other species of “hidden depravity.”<sup>9</sup>

In the wake of the Compromise of 1850 and the passage of the Fugitive Slave Law—these, on the heels of a second devastating cholera epidemic, one that appeared almost simultaneously in New York and New Orleans—advocates of emancipation continued to proclaim that “[t]he moral miasma of this great national sin is spreading everywhere, and corrupting the life-blood of the whole country” (Hosmer 198-99), that “even in these States we behold the effects of a miasma wafted from the South” (Jay 376). But as this chapter aims to show, slavery was not only figured as a metaphorical public health crisis; instead, these metaphors arose concurrent with urgent concerns about disease transmission, immunity and susceptibility. In what follows, I argue that biopolitical discourses of health, and particularly health *care*, were integral to both anti- and pro-slavery politics, as both slavery and emancipation were understood as *literal* public health crises for the American republic. While the white abolitionists like William Leggett could claim the privilege of metaphor in asserting “[t]here are evils which affect the moral character, and poison the social relations, of those who breathe the atmosphere of slavery, more to be deplored than its paralyzing influence on their physical condition” (231), African American writers like William Wells Brown, Hannah Crafts, and

---

<sup>9</sup> Associations of Southern insalubrity would continue in the Reconstruction-era “sick South.” As Natalie Ring writes, “nationalist efforts to reunite the North and South in the post-Civil War era were hampered by a belief in the differences between a diseased agricultural South and a healthy industrialized North. Scientifically constructed knowledge about diseases, and in particular regionally specific illnesses, framed apprehension about the fate of the political economy in the New South and created a compulsion to pull it in line with the modern capitalist state. Further, the language of public health reform and the attempt to cure the sick South ultimately contributed to the nationalist agenda of reconciliation since a healthy part ensured a healthy whole” (72).

Sojourner Truth illustrate that the *literal* atmosphere and the diseases it engendered produced long-lasting consequences on the “physical condition” of enslaved people.

The antebellum investigation of biological differences between European and African races, as Todd Savitt points out his seminal study of Southern medical practices, “was of both practical and political importance: it involved not only the health care of an entire racial group in the South, but also the partial justification for enslaving them” (7). The miasmatic understanding of disease, in particular, contributed to eighteenth-century theories of racial variation, and, concomitantly, to rationalizations of white supremacy; in his *Essay on the Causes of Variety of Complexion and Figure in the Human Species* (1787), for instance, Samuel Stanhope Smith notably espoused the notion that “[t]he vapours of stagnant waters with which uncultivated regions abound” served “to augment the bile” that produced blackness, thus ensuring that “savages will always be discoloured” (57). Amending Smith’s proposition, Benjamin Rush hypothesized that “morbid blackness” was due to a species of leprosy inculcated by the West African climate—a malady whose effects proved mainly superficial; African Americans, he noted, tended to be “as healthy, and as long lived as the white people,” since “[l]ocal diseases of the skin seldom affect the general health of the body” (“Observations” 292, 295). Unlike many of his contemporaries, however, Rush explicitly resisted the conclusion that biological difference justified enslavement, asserting that “all claims of superiority of the whites over the blacks, on account of their colors, are founded alike in ignorance and inhumanity. If the color of the negroes be the effect of a disease,” he continued, “instead of inviting us to tyrannize over them, it should entitle them to a double portion of our humanity, for disease all over the world has always been the signal for immediate and universal compassion” (295).<sup>10</sup> Suggestions that the African race

---

<sup>10</sup> For more on these theories of skin color variation, see Stanton, *The Leopard’s Spots* (1960) and Dain, *A Hideous Monster of the Mind* (2002). According to Virginian physician John Mitchell, black bodies also *produced* miasma: the “perspirable matter of black or tawny people,” Mitchell argued, was “more acrid, penetrating, and offensive, in its effects” and “more apt to degenerate to a contagious *miasma*, than the milder *effluvia* of Whites” (946). For more on Mitchell, and for a comprehensive account of colonial “creolization” anxieties, see Parrish, *American Curiosity* (2006).

was by nature diseased, endangered, or otherwise inferior and dependent generated contentious debates about enslavement versus protection—or, according to the Southern paternalist view, enslavement *as* protection.

While scholars who have charted the rise of scientific racism in the antebellum United States have been wont to note the influence of ethnology—from the publication of Samuel George Morton’s *Crania Americana* in 1839 to the development of the “American School” of Josiah C. Nott and George Gliddon, whose polygenecist ideology would find an enthusiastic advocate in the Harvard zoologist Louis Agassiz<sup>11</sup>—this chapter considers the ways in which the operation of scientific racism was more trenchant and more pronounced within the realm of public health. Following the foundational scholarship of historians like Savitt, Kenneth Kiple, and Virginia Himmelsteib King, as well more recent work by scholars including Katherine Kemi Bankole, Sharla M. Fett, W. Michael Byrd and Linda A. Clayton, Jim Downs, Gretchen Long, and Harriet Washington, I illustrate the ways in which the construction and perpetuation of theories about racialized immunity and susceptibility—and the attitudes toward care these theories engendered—were harnessed as political fodder by both sides of the slavery debate. Pro-slavery and abolitionist writers were mutually preoccupied with matters of *proof* and *legitimacy*; while Southerners labored to produce scientific “proof” of racialized immunity (and concomitantly, racial inferiority), abolitionist writers simultaneously labored to demonstrate the ways in which African Americans were in fact eminently *susceptible* to the effects of slavery—that is, not only the effects of corporeal violence that were readily rendered legible in the widely-circulated ur-image of the scarred back, but the more systemic, cumulative effects that posed longstanding threats to their mental and physical health.

---

<sup>11</sup> For further discussion of the American School of Ethnology, see Fredrickson, *The Black Image in the White Mind* (1971); Dain, *A Hideous Monster of the Mind* (2002); Fabian, *Skull Collectors* (2010); and Schuller, “Taxonomies of Feeling” (2012).

This chapter begins with a brief examination of the medical theory of racialized immunity and its refutation in William Wells Brown's *Clotel* (1853). I argue that Brown's representation of yellow fever crucially reconstitutes the popular theory of black immunity to diseases of the Southern climate, a theory that worked to "naturalize" chattel slavery. In an 1851 report published in the *New Orleans Medical and Surgical Journal*, for instance, Louisiana physician Samuel A. Cartwright, a key proponent of this scientifically-racist medical theory, offered evidence as proof for what he considered the innate physical inferiority of the African race, which rendered its members "slave[s] by nature" (698). Outlining a compendium of racially-specific complaints—including the one he deemed "drapetomania, or the disease causing slaves to run away" (707)—Cartwright presented a series of bizarre arguments for the "debasement of mind, which has rendered the people of Africa unable to take care of themselves" (694).

African Americans' supposed incapacity for self-care was fundamental to pro-slavery ideology. Yet while scholars have analyzed the economic dimensions of this tenet, less attention has been paid to the ways in which this incapacity for care was also framed as a critical public health problem. As Southern medical theorists developed "scientific" justifications for slavery, Southern social theorists concomitantly drew from these medical arguments of racialized incapacity for self-care to situate the health of the black body as integral to their political economy. In response to abolitionist exposé, apologists for the "peculiar institution" argued that the greatest risks to African American health were posed not by slavery, but by emancipation. Pitting the paternalistic care of the slave economy against the cruelty of free-labor capitalism, these writers posited the Southern slave economy as a welfare state that ensured the protection and care of its sick, disabled, and aged members—and indeed, the institutional failure of the Bureau of Refugees, Freedmen and Abandoned Lands (Freedmen's Bureau) to provide adequate medical care for African Americans in

the wake of the Civil War seemed to usher in precisely the kind of public health emergency many Southerners had forecasted.

This chapter examines iterations of this “hygienic” argument for slavery in a trio of texts published in 1854—the sociological treatises of George Fitzhugh and Henry Hughes, and Caroline Lee Hentz’s pro-slavery plantation novel *The Planter’s Northern Bride*—before exploring the counter-argument to Southern claims of paternalistic care in Hannah Crafts’s *The Bondswoman’s Narrative*. A manuscript novel penned by a formerly-enslaved African American woman in the mid-1850s and recovered by Henry Louis Gates in 2002, *The Bondswoman’s Narrative* illustrates the ways in which the barbarity of slavery consists not only of overt corporeal violence, but of what Saidiya Hartman calls the “terror of the mundane and quotidian” (4). Crafts’s novel turns away from the primal scene of violence to illuminate the ways in which more invisible and incremental kinds of psychological and environmental violence also produce profound effects on the black body, arguing for a recognition of the “legitimacy” of risk in a culture of systemic neglect.

In short, then, I argue that *The Bondswoman’s Narrative* works to expose the biopolitical machinery of racism, which is, in Foucault’s definition, “the indispensable precondition that allows someone to be killed.” As Crafts’s novel illustrates, this “killing” does not only encompass “murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on” (*Society Must Be Defended*, 256). Ultimately, by investigating the immunological and public health discourses of enslavement and emancipation—reorienting attention from exceptionalized scenes of violence and death to the manifold forms of “indirect murder” that characterize antebellum biopolitics—this chapter seeks to contribute to a broader understanding of manifestations of the institutionalized racism, austerity politics, and disparities of care in the United States.

## **Burdens of Proof: Racialized Immunity and States'-Rights Medicine**

In the twenty-third chapter of William Wells Brown's *Clotel* (1853), "Truth Stranger than Fiction," a yellow fever epidemic sweeps through the city of New Orleans. By way of exposition, Brown situates his readers in the cyclical pathology of the South: "During certain seasons of the year, all tropical climates are subject to epidemics of a most destructive nature," Brown writes; "The inhabitants of New Orleans look with as much certainty for the appearance of the yellow-fever, small-pox, or cholera, in the hot season, as the Londoner does for fog in the month of November." Yet in this particular fever season—the year, Brown informs us, is 1831—the epidemic appears "in a form unusually repulsive and deadly. It seized persons who were in health, without any premonition" (172). The abruptness, rapidity, and virulence of the epidemic render it particularly terrifying as it unravels the social fabric of the city:

Soon the breath infected the air with a fetid odour, the lips were glazed, despair painted itself in the eyes, and sobs, with long intervals of silence, formed the only language. From each side of the mouth spread foam, tinged with black and burnt blood. Blue streaks mingled with the yellow all over the frame. All remedies were useless. This was the Yellow Fever. The disorder spread alarm and confusion throughout the city. On an average, more than 400 died daily. In the midst of disorder and confusion, death heaped victims on victims. Friend followed friend in quick succession. The sick were avoided from the fear of contagion, and for the same reason the dead were left unburied. Nearly 2000 dead bodies lay uncovered in the burial-ground, with only here and there a little lime thrown over them, to prevent the air becoming infected (173).

As scholars such as Lara Langer Cohen have noted, Brown's description of this fictional epidemic reproduces nearly verbatim the historical account of the 1802 yellow fever outbreak in Saint Domingue in John Rely Beard's *Life of Toussaint L'Ouverture* (1853). In employing this citation, Cohen argues, Brown not only paints Saint Domingue and New Orleans as similarly susceptible to diseases of "tropical climate," but transplants the "revolutionary climate" of Saint Domingue to the antebellum South: yellow fever supplies "an especially unsettling metaphor for insurrection," Cohen writes, "because it imagines the latter, as much as the former, as endemic to the plantation zone"



(174). Yet while Brown indeed aligns the disease landscape of the American South with that of the West Indies—an observation that falls in line with “the mainstream of a vigorous neo-Hippocratic environmentalism” (Cassedy, “Medical Men” 167) practiced by Southern medical topographers in the eighteenth and nineteenth centuries—it does not necessarily follow that Brown’s citation neatly performs the metaphorical work that Cohen supposes. Indeed, I suggest that what is most significant about Brown’s incorporation of this epidemic is not in the way in which he replicates Beard’s text, but the ways he departs from it.

Specifically, crucial to Beard’s account of the 1802 yellow fever epidemic is the presumed immunity of the black population. As Beard notes, the success of the Haitian rebellion is solidified because, while French troops fall victim to the fever, the native black population proves “proof against the pest” (218); accordingly, the epidemic functions on a “terrible punishment...on the predatory expedition” (218-19) of the colonizers. In *Clotel*, however, Brown explicitly counters this fiction of transmission, stating that the “[t]he Negro, whose home is in a hot climate, was not proof against the disease” (173). Rather than making space for black resistance, then, Brown’s imagined epidemic becomes an indiscriminate consumer of black and white flesh: a grotesque tableau of unburied bodies that renders the very air infectious. Strikingly, this putrefaction—a decay occasioned by neglect from fear of infection—radically reconstitutes these bodies, as they metamorphose from the objects to the agents of disease. In a version of what Russ Castronovo calls “necro citizenship,” death becomes the only condition of possibility by which the enslaved may be incorporated into an undifferentiated social body.<sup>12</sup> The magnitude of this morbidity is translated into starkly economic terms, as Brown notes that “[m]any plantations had to suspend their work for

---

<sup>12</sup> As Castronovo points out in his reading of *Clotel*’s suicide, “Death liberates the subject from the social meanings of race, granting her an unencumbered freedom.” However, Castronovo continues, “It must be recognized... that the desire to locate *Clotel* beyond the sociohistorical life is itself historical, fully participatory in a national logic of deathly citizenship” (42).

want of slaves to take the places of those carried off by the fever” (173). Employing an evocative rhetoric of captivity, Brown suggests that the effects of this epidemic upon the enslaved are only remarkable in terms of an interruption to the invisible architecture of plantation labor.

Brown’s invocation of yellow fever was a timely one; a particularly virulent epidemic had struck New Orleans in 1853, the year of *Clotel’s* publication; throughout the 1850s, nearly 20,000 people would die from yellow fever in the city, rendering it “the single most important stimulus for public health reform in the antebellum South” (Patterson 162).<sup>13</sup> In asserting the vulnerability of the black population, Brown explicitly confronts the issue of racialized immunity, a commonly-held “proof” of racial difference that circulated among the Southern medical community—and indeed, antebellum debates on slavery were preoccupied with the issue of “proof,” from American slave narrative’s “requisite act of authentication” (Step 12), as the veracity of the slave’s personal history was commonly affirmed by the paratextual material of white patrons, to the authenticating evidence of scientific racism, which deigned to supply “‘scientific’ proof of Negro inferiority” (Dain 225):<sup>14</sup> Nott and Gliddon, for instance, advertised their ethnological theories as offering “proof of the *permanence of human types*” (262). Yet rather than attending to these “positivistic standards” by exploring the *ethnological* imaginary in *Clotel*,<sup>15</sup> my analysis focuses on the novel’s *immunological* imaginary: a species of scientific “proof,” I suggest, productive of more immediate and pronounced effects for Southern biopolitics.

---

<sup>13</sup> For more on yellow fever epidemics in nineteenth-century New Orleans, see Duffy, *Sword of Pestilence* (1966) and Ellis, *Yellow Fever and Public Health in the New South* (1992). For primary accounts of the 1853 epidemic, see Fenner, *History of the Epidemic Yellow Fever at New Orleans, La. in 1853* (1854) and the *Report of the Sanitary Commission of New Orleans on the Epidemic Yellow Fever of 1853* (1854).

<sup>14</sup> During the mid-nineteenth-century, as Drew Gilpin Faust has observed, “[t]he accepted foundations for truth were changing in European and American thought, as intellectuals sought to apply the rigor of science to the study of society and morality, as well as the natural world”; proslavery ideologues thus attempted “to embrace the positivistic standards increasingly accepted for the assessment of all social problems” (11).

<sup>15</sup> Adélékè Adéèkó, for example, has examined the ways in which Brown employs “the symbolic linkage of blood and racial category” (117) as a refutation of the polygenetic theory expounded by ethnologists like Nott and Gliddon.

The theoretical musings of ethnologists, after all, were increasingly dismissed in the 1850s, even (and especially) by Southern Fundamentalists, whose could not reconcile the theory of polygenesis with the teachings of Genesis. Physicians, on the other hand, offered evidence of disease immunity in a way that seemingly naturalized not only the enslavement of African Americans, but conditions of brutality and systemic neglect on Southern plantations.<sup>16</sup> In the 1840s and 50s, Southern physicians such as Samuel Cartwright, Erasmus Darwin Fenner, and E.M. Pendleton waged a biopolitical campaign for “states’-rights medicine,” a distinctly Southern medical ideology that was, as Peter McCandless claims, “more rhetorical than real” (168)—but one that would nevertheless produce very real consequences for the health of African American populations in the antebellum period and beyond.<sup>17</sup> Merging scientific theory and the political interests of the Southern slave economy with “the crusading sense of a sociopolitical movement” (Warner 195), these physicians argued for the existence of racial differences in disease susceptibility, mortality, and treatment. Working from a neo-Hippocratic understanding of the relation of climate to disease etiology, they contended that people of African descent were innately suited to inhabit the American South, whose climate had long proved inimical to the European constitution.<sup>18</sup>

---

<sup>16</sup> While Southern physicians were not entirely mistaken in observing upon the existence of some racial differences in disease susceptibility— many persons of African descent, for instance, indeed had genetic immunity to certain strains of malaria— their extension of these observations into a comprehensive explanation for the inferiority of the African race would both fuel the argument for chattel slavery and perpetuate disparities in care. For more on racialized immunity to malaria, see Patterson, “Disease Environments in the Antebellum South” (1989).

<sup>17</sup> As Byrd and Clayton point out, states’-rights medicine would “lead to the establishment of a pattern of underdevelopment in public health as the norm for most of the United States” (108). See also Marshall, “Samuel A. Cartwright and States’ Rights Medicine” (1940); Breeden, “States-Rights Medicine in the Old South” (1976); Warner, “A Southern Medical Reform” (1983); Savitt and Young, eds., *Disease and Distinctiveness in the American South* (1988); and Duffy, “States’ Rights Medicine” (1989).

<sup>18</sup> For example, in an 1826 article published in the *Philadelphia Journal of the Medical and Physical Sciences*, South Carolinian physician Philip Tidyman reported to his Northern colleagues that enslaved African Americans in the South were “generally exempt from attack of intermittent and remittent bilious fevers, which prove so fatal to the white population, particularly Europeans.” Accordingly, Tidyman asserted, “[t]he negroes who reside on large rice plantations and other places in the vicinity of stagnant water, generally enjoy through the hot months as good health as they would do if placed in the mountains.”

Yellow fever, in particular, was popularly held as a primary example of African immunity, an observation that dated from South Carolinian physician John Lining’s account of the 1748 outbreak of yellow fever in Charleston. Despite the ample evidence that the 1793 yellow fever epidemic had supplied to the contrary—notably detailed by Absalom Jones and Richard Allen in their 1794 *Narrative*, discussed in Chapter 1—physicians in the antebellum period continued to espouse Lining’s position, placing African Americans in a state of immunological exception, citing this supposed racial difference as a justification for divinely-ordained enslavement. In his “Report on Diseases and Physical Peculiarities of the Negro Race,” for example, Cartwright concluded that while the black population was susceptible to certain varieties of disease, “they are not liable to the dreaded el vomito, or yellow fever. At least,” he qualified, “they have it so lightly, that I have never seen a negro die with black vomit, although I have witnessed a number of yellow fever epidemics” (701). Likewise, Josiah Nott—a physician as well as an aspiring ethnologist—supported his argument for racial difference with immunological evidence, arguing that while African Americans were more prone than their white counterparts to diseases like cholera and small pox, they were “infinitely less liable” (*Indigenous Races* 369) to yellow fever<sup>19</sup> (see fig. 3.1).

---

<sup>19</sup> In his 1844 *Lectures on the Natural History of the Caucasian and Negro Race*, Nott had similarly identified yellow fever as a disease to which “Negroes and mulattoes are exempt in a surprising degree” (32).

**TABLE SHOWING THE NUMBER OF DEATHS, FOR EACH YEAR, AMONG THE COLORED POPULATION OF CHARLESTON, WITH SOME OF THE CAUSES OF DEATH, AND THEIR LONGEVITY.**

YEAR.	No. of Deaths.	Diarrhoea, Dysentery, and Enteritis.	Intermittents and Remittents.	Typhus.	Yellow Fever.	Trismus, Nascutium and Tetanus.	Organs of Respiration.	AGE.			Whites died of yellow fever this year.
								80 to 90 years.	90 to 100.	Upwards of 100.	
1846.....	349	14	4	3	..	34	68	15	9	2	....
1847.....	330	1	4	5	..	32	70	21	6	2	....
1848.....	310	3	3	6	..	25	56	25	5	2	....
1849.....	369	17	7	10	1	29	75	20	9	4	124
1850.....	482	7	3	12	..	40	91	23	6	1	....
1851.....	533	33	3	13	..	44	118	26	10	10	....
1852.....	721	30	13	30	1	54	138	39	13	7	309
1853.....	688	20	3	18	..	53	138	25	12	3	....
1854.....	756	42	5	14	15	55	140	40	13	4	612
1855.....	686	41	4	10	..	56	118	34	18	3	....

Fig. 3.1. “Table Showing the Number of Deaths, for Each Year, Among the Colored Population of Charleston, with Some of the Causes of Death, and Their Longevity.” Josiah Nott, “Acclimation; Or the Comparative Influence of Climate, Endemic and Epidemic Disease, on the Races of Man.” Nott and Gliddon, eds., *Indigenous Races of the Earth. Indigenous Races of the Earth; or New Chapters of Ethnological Inquiry*. Philadelphia: J.B. Lippincott & CO., 1857

As Nott’s reproduction of Charleston death statistics shows, this immunological imaginary depended not only upon individual case studies, but upon identification of broad populational effects. Unlike the ethnological “science” developed by erstwhile skull-collectors, aspiring immunologists appealed to both individual anecdotal evidence and to demographic morbidity and mortality data. In his contribution to the 1849 volume of *Southern Medical Reports*, for example, E.M. Pendleton includes tables intended to “indicate the susceptibility of the different races, sexes and ages to different forms of disease” (337), as supported by reports of disease incidence of Georgia<sup>20</sup> (see fig. 3.2).

<sup>20</sup> For more examples of demographic data in Southern medical publications, see Savitt, *Medicine and Slavery* (1978).

TABLE

	White.		Black.		BOTH RACES.									
	Per cent.		Per cent.		Male.	Per cent.	Female.	Per cent.	Under 5 years.	Per cent.	Between 5 & 10	Per cent.	Over 20.	Per cent.
Digestive .....	303	28.7	120	21.2	158	25.2	219	23.7	105	55.9	90	31.8	126	19.2
Respiratory .....	156	13.8	163	28.0	86	13.7	125	12.4	42	22.3	43	15.2	136	20.8
Brain and Nervous	57	5.4	25	4.4	40	6.4	38	4.1	13	7.4	5	1.7	64	9.7
Rheumatism .....	21	2.0	17	3.0	11	1.9	26	2.8	0	.0	8	2.8	30	4.6
Idiopathic Fever...	153	14.5	69	10.4	129	20.6	89	9.6	8	4.2	75	26.6	144	22.0
Urinary.....	21	2.0	20	3.5	21	3.3	19	2.0	4	2.1	3	1.0	34	5.2
Visual.....	11	1.0	5	0.8	13	2.0	7	0.7	2	3.0	5	1.7	14	2.1
Teeth.....	62	5.9	46	8.1	37	5.9	67	7.2	0	1.0	34	12.0	71	10.8
Exanthemata .....	46	4.3	20	3.5	24	3.8	37	4.0	14	.0	19	6.7	35	5.3
Peculiar to women	111	10.5	87	15.2						7.4				
	941		572		519		627		188		282		654	

Fig. 3.2. "On the Susceptibility of the Caucasians and Africans to the Different Classes of Disease." E.M. Pendleton, *Southern Medical Reports* Vol. 1 (1849).

Like many of his contemporaries, Pendleton relies on demographic data to supply statistical support for the divergent rates of disease occurrence between black and white races and affirm widespread suspicions about immunological difference. "Although more exposed to the cold dews and hot sun of autumn, as well as having more filth about their habitations," Pendleton declares, the black race "seem[s] to be less liable to periodic fevers, and more readily recover than the white" (337-8). In avowing the resilience of the black constitution, Pendleton implicitly sanctions the conditions of neglect and degradation that abolitionists would cite as evidence of the inhumanity of the institution: grueling labor, prolonged exposure to the elements, squalid living quarters, etc.<sup>21</sup> African Americans' seeming exemption to yellow fever, adherents of states'-rights medicine insisted, could be explained not only by the fact that they enjoyed immunity as a result of their hereditary

<sup>21</sup> This, of course, stood in stark contrast to the understanding of the effects of these same conditions on white bodies: as the British traveler Robert Renny wrote in his 1807 *History of Jamaica*, it was precisely because white European sailors were "[e]xposed to the burning sun, and a sultry atmosphere by day; chilling dews, and unhealthful vapours by night" that they were "readily affected with those contagions, which prove so destructive to Europeans" (193).

association with the “torrid zone,” but could also *develop* additional resistance to disease through “seasoning” or “acclimation”: the process of habituation to the climate.<sup>22</sup> In turn, this popular understanding of acclimation carried distinct implications for the plantation economy: as E.D. Fenner noted in an 1858 essay, “[a]n acclimated negro, horse, or milch cow, commands a higher price than an unacclimated one” (459). Indeed, auctioneers advertised enslaved people’s “acclimated” status as an indication of their value (see figs. 3.3 & 3.4).

**A Valuable Family of Acclimated Negroes.**  
**BY J. J. CARMAN, Auctioneer—On SATURDAY, the 7th**  
 July, at 12 o'clock, will be sold at auction, at Banks's  
 Arcade, the following described family of slaves, to wit—  
 PETER—aged 34, a good house Carpenter.  
 FANNY—aged 34, an excellent cook, washer and ironer, and  
 their three children, viz—  
 PETER—aged 6 years;  
 EMANUEL—aged 4 years;  
 SOPHRONIA—aged 18 years.  
 They can be purchased at private sale previous to Friday, the  
 6th instant—are highly recommended as excellent servants, are  
 acclimated and fully guaranteed.  
 Acts of sale before J. R. Beard, notary public, at the expense  
 of the purchasers.  
 — Immediately after —  
 A Surveyor's Leveling Instrument, which can be seen previ-  
 ously to the sale at 196 St. Charles street.  
 J. J. Carman—Cash. jn30

Fig. 3.3 “A Valuable Family of Acclimated Negroes.” *Daily Picayune* (New Orleans), July 4, 1849.

**Slaves—Slaves.**  
 The subscribers have on hand and offer for sale  
 at Peterson's old stand, No. 248 Common street, the  
 largest lot of acclimated Negroes in the city, con-  
 sisting of House Servants, Field Hands, and Me-  
 chanics. They will be sold on reasonable terms for  
 cash, or good paper. Our titles are made before the most  
 respectable notaries public in the city. City references will  
 be given for our responsibility.  
 J. B. WOMACK & W. J. MARTIN.

Fig. 3.4. “[T]he largest lot of acclimated Negroes in the city.” *Daily Picayune* (New Orleans), May 9, 1852.

<sup>22</sup> Acclimation was widely understood as a process that equally affected white residents of the South. It was a truism, claimed E.M. Pendleton, that in Southern cities like New Orleans, “natives are exempt from endemics, where one night’s sleep of a stranger will often superinduce a fatal form of fever” (338); in the antebellum South, yellow fever earned the appellation “stranger’s fever” due to the locals’ confidence in their acquired immunity (Kiple and King 40). As Fenner explained, the human constitution was “capable, in the course of time, of habituating itself to the deleterious influence of deadly poisons” (455); thus even white Northerners who relocated to the South might eventually “become quite exempt” to the region’s “peculiarities of soil, climate and noxious effluvia” (459). While both white and black bodies could become acclimated to the Southern climate, physicians drew a sharp immunological distinction in insisting that white people could only *acquire*, but not *inherit*, immunity—a distinction that constituted “not only a form of racial boasting or a purely medical debate,” as McCandless claims, but “a matter of economics, politics, and ethics” (142).

In *Clotel*, Brown reproduces the discourse of demography that informed scientifically-racist estimations of immunity and susceptibility in order to offer a subtle and trenchant analysis of antebellum biopolitics. Although the majority of the critical discussion of Brown's novel has unsurprisingly focused on its eponymous heroine, the enslaved mulatta daughter of Thomas Jefferson, it is also worth directing our attention to the president's *other* daughter, Althesa, who dies in Brown's imagined 1831 epidemic along with her white husband, Henry Morton. Unlike *Clotel*, whose iconic leap from the Long Bridge is rendered the focus of sentimental affiliation in Brown's novel, Althesa's death is not exceptionalized; indeed, she is not even named in the scene of her death: "Henry Morton and wife," Brown writes, "were among the thirteen thousand swept away by the raging disorder that year" (173). The innominate wife of a white physician, Althesa is merely another anonymous body among the number desolated by the epidemic.

As a result of Henry and Althesa's deaths—but more pointedly, of course, as a result of the absence of legal protections for African Americans in the plantation South—their daughters are sold into slavery. Rather than performing a redemptive or revolutionary function, then, the presence of yellow fever in Brown's text serves to remind his readers of the tragic instability of freedom.<sup>23</sup> Like slavery itself—what Brown once deemed "the hydra-headed system that pollutes our moral atmosphere, and stigmatizes the national character, and proves ruinous to all that it touches" ("Letter" 907)—yellow fever is an atmospheric pollutant that proves ruinous to black and white

---

<sup>23</sup> This instability is illustrated in Brown's invocation of the famous case of Salome Muller/Sally Miller, the German girl sold who was into slavery in early nineteenth-century Louisiana and won her freedom in a widely publicized 1845 court case; in Brown's text, Salome is a servant in the Morton's household. Notably, Muller's sale had been facilitated by her father's death from yellow fever soon after their immigration to the American South. Brown incorporates the famous "white slavery" case not only to illustrate not only the ambiguity of racialization, as do William and Ellen Craft, but to assert the ways in which white bodies are "not proof against" the slave economy of the South any more than black bodies are "proof against" the diseases of its climate.



bodies. Far from intimating insurrection, the epidemic represents (another) kind of systemic injustice, perpetuating a climate of universal endangerment.<sup>24</sup>

While Brown launches a decisive critique of racialized immunity in *Clotel*, he was not alone in his opposition to states-rights' medicine. Despite its prevalence among physicians in the plantation South, theories of racialized immunity were not universally accepted in nineteenth-century epidemiological thought. In an 1845 article on "Diseases of the Negro Population," for instance, Cincinnati physician Daniel Drake asserted that the "colored population" of the South was "by no means exempt from a variety of formidable diseases"—insisting, specifically, that "[t]he colored people are not proof against the cause of yellow fever" (34).<sup>25</sup> In turn, if the claim of racial "exemption" had facilitated the justification for slavery, the claim of universal susceptibility afforded an argument for emancipation. For example, in his "Essay on the Character and Condition of the African Race" (1852), the African American Baptist pastor John W. Lewis argued that, although certain physical differences might be understood to exist among the races, "[a]ll human bodies are subject alike to the same disease, and the color of the body does not require any variation in medical treatment, that is, in the same locality" (195).

---

<sup>24</sup> Drawing from historians of tropical medicine, Kelly Wisecup has argued that Brown's presentation yellow fever works to unsettle Southern geographic and racial distinctions, connecting New Orleans to the West Indies as it intimates an "interracial and hemispheric citizenship" ("The Progress" 7). Wisecup reads Brown's revisionary assertion that the black population of New Orleans, unlike its Haitian counterpart, "was not proof against the disease" as a suggestion that this population "might not be purely black, thus literalizing anxieties about the racial and cultural hybridizing of southern populations. Accordingly, in *Clotel*," she continues, "the white planter Morton dies of yellow fever, while his mulatto wife and quadroon children, with their greater quantity of 'black blood,' survive" ("The Progress" 10). Of course, Wisecup's assertion is patently false: as noted above, Morton's "mulatto wife" Althesa *does* die in the epidemic, following the condition of her full-blooded black mother, Jefferson's onetime mistress Curren, who dies of the same disease in Natchez. The fact that Althesa's death is lost on Wisecup speaks to the very effect Brown's text produces, subsuming the individual subject into a mass grave of statistical anonymity in a strategy that invokes large-scale populational argument many Southern physicians employed in their defense of African immunity. While Wisecup's racial calculus understands Brown as affirming the theory of racialized immunity in order to play on contemporary miscegenation anxieties, I argue instead that Brown seeks to controvert the claims of states-rights' medicine.

<sup>25</sup> As Drake argued, the idea of black immunity was a fallacy arising from a misunderstanding of the import of urban and rural racial demography; because African Americans "are not numerous in the cities and towns, where only [the yellow fever] prevails," Drake explained, "the mortality from this disease is not great" (166).

Lewis's unwillingness to concede racial difference in the issue of disease susceptibility and treatment suggests the exigency of the argument for equitable medical care—one that might be extended from “locality” of region to what Priscilla Wald has more broadly identified as a “link between national identity and physical existence.” In what might be understood as “the inverse of herd immunity,” Wald explains, the “common susceptibility” can facilitate the claim to shared national identity (59). Similarly, in *Clotel*, Brown's depiction of “common susceptibility” not only offers a revisionary history of a disease whose victims were popularly imagined as primarily, if not exclusively, white, but heralds a call to African American citizenship. Like Jones and Allen, Brown writes black lives—and deaths—back into the Southern social body. In the following section, I will illustrate ways in which the politics of American chattel slavery were implicated in broader discourses of *health* insofar as they attended not only to the biomedical problem of immunity, but to the broader problem of *care*.

### **Burdens of Care: Pro-Slavery Ideology and *The Planter's Northern Bride***

Ubiquitous in pro-slavery discourse is the paternalist contention that people of African descent could not “take care of themselves,” and were thus effectively protected from extinction by their enslavement. Northern abolitionists in turn worked to dismantle the logic of this claim, asking, for instance, why the “protection” for racially-determined failures of care should differ from that afforded other vulnerable classes; the author of an 1836 article in *The Anti-Slavery Record*, for example, appeals to “the language of the law of the state of Mississippi in regard to ‘idiots, lunatics, and persons *non compos mentos*’—i.e., who have not mind enough to take care of their bodies” in order to argue that, *if* African Americans were, like “lunatics,” incapable of self-care, then the most ethical relation to such subjects was guardianship rather than enslavement (“Could They Take Care

of Themselves?” 85).<sup>26</sup> With a Swiftean satirical flair, another abolitionist writer refuted the idea that “slavery, like hospitals, alms-houses, poor-houses, and asylums, is a benevolent institution for taking care of those who ‘can’t take care of themselves’” by proposing that the logical social approach to “all idiots, the blind, the deaf and dumb, the insane, and all other descriptions of persons who ‘can’t take care of themselves’” should be to “turn them into property, set them on the auction table, knock them off to the highest bidder, make out a bill of sale for each—and overseers and DRIVERS will see that they are *taken care of!*” (“They Can’t Take Care of Themselves” 29).

Of course, the point that these writers labor to make is that African Americans *were* in fact capable of self-care, as evidenced by their ability to care for their masters, to cultivate their own land (see fig. 3.5), and to “increase by natural generation” even “under all their cruel disabilities” (“Could They Take Care of Themselves?” 93). But if self-care was a precondition of the rights of citizenship, so too were health and able-bodiedness: “the fact that those states which permit emancipation, prohibit the emancipation of the very young, the aged and the diseased, is their testimony that all who are neither very young, nor old, nor of unsound constitutions—*can* ‘take care of themselves,’” the above article concludes; thus, its author continues, “[t]o say that any class of persons in this country, in possession of their reason, not crippled in their bodily powers, and under the protection of the law, ‘can’t take care of themselves,’ is not only a slander upon human nature but upon the Creator” (“They Can’t Take Care of Themselves” 31-32). For both pro-slavery ideologues and abolitionists, the question of where to locate the burden of care consistently produces two possibilities: with the self, or with the slaveowner—never with the state.

---

<sup>26</sup> George Fitzhugh would address this particular line of critique with his assertion that the enslaved African “must be governed as a child, not as a lunatic or criminal” (*Sociology for the South* 83).



Fig. 3.5. “They Can’t Take Care of Themselves.” *Anti-Slavery Almanac, for 1840*. New York and Boston: American Anti-Slavery Society, 1840.

Another strain of abolitionist discourse sought to address the inhumanity of slavery by invoking precisely that vulnerable, liminal class that could *not* “take care of themselves”: “the aged and the diseased.” In the American Anti-Slavery Society’s bestselling 1839 volume *American Slavery as It Is: Testimony of a Thousand Witnesses*, for example—a key text for the kindling of abolitionist consciousness in the northeastern United States—co-authors Theodore Dwight Weld, Angelina Grimké Weld, and Sarah Grimké offer a collection of firsthand accounts bearing witness to the brutality and injustice of the institution. Garnered from oral testimony and the pages of Southern newspapers, these include reports of physical cruelty, punishment, and torture committed both by plantation masters and the Southern medical establishment.<sup>27</sup> However, the text also addresses more

<sup>27</sup> As Harriet Washington has demonstrated, the historical record reveals (and more often conceals) a long tradition of medical experimentation on African Americans; in the antebellum period, in particular, physicians depended upon “the enslaved ‘clinical material’ that fed American medical research” (26). See also Fisher, “Physicians and Slavery in the Antebellum Southern Medical Journal” (1968); Savitt, “The Use of Blacks for Medical Experimentation and Demonstration in the Old South” (1982); Blakely and Harrington, *Bones in the Basement* (1997). For the authors of *American Slavery as It Is*, this non-consensual clinical experimentation served as an apt illustration of the depths of inhumanity in the plantation South. Noting that “[p]ublic opinion’ would tolerate surgical experiments, operations,

quotidian forms of institutional injustice, beginning with illustrations of inequity and neglect in diet, labor, clothing, housing, and medical treatment. The combination of hard labor and poor living conditions, its authors suggest, are eminently conducive to sickness; in turn, they proclaim, “THE SLAVES SUFFER FROM INHUMAN NEGLECT WHEN SICK.”<sup>28</sup>

While *American Slavery as It Is* proposes that “the neglect of the *aged* and *sick*” constitutes “[a]nother dark side of slavery” (45)—one that illustrated slow and insidious institutional effects rather than more immediate kinds of violence—pro-slavery ideologues proffered precisely the opposite argument: the political economy of the plantation South, they claimed, ensured the care of its members in the ways that the capitalist free labor economy could not.<sup>29</sup> “Political economists have established as the natural standard of wages in a fully peopled country, the value of the laborer's existence,” the South Carolinian jurist and political theorist William Harper explained in his *Memoir on Slavery* (1838)—a claim, he noted, which “approximates the truth. Where competition is intense,” he continued, “men will labor for a bare subsistence, and less than a competent subsistence. The employer of free laborers obtains their services during the time of their health and

---

processes, performed upon [blacks], which it would execrate if performed upon their master or other whites” (170), they excoriate “[t]he absolute barbarism of a ‘public opinion’ which not only tolerates, but *produces* such advertisements”—including that of a Dr. T. Stillman, who infamously solicited readers of the *Charleston Mercury* in the 1830 with an offer to pay cash to “[a]ny person having sick Negroes, considered incurable by their respective physicians, and wishing to dispose of them” (171). Other abolitionists would seize on this example in order to expose the evils of slavery; Brown, for one, reproduces this advertisement in *Clotel*: Natchez planter John Peck must inform his puzzled Northern guest, Mr. Carlton, that the physician seeks not to cure these “sick Negroes,” but to kill them for the purposes of dissection. “They keep them on hand,” he explains, “and when they need one they bleed him to death.” When the shocked Carlton weakly protests the ethics of this practice, Peck replies with indifference: “Oh, the doctors are licensed to commit murder, you know” (102).

<sup>28</sup> For instance, the authors cite William Ellery Channing’s essay on slavery, in which he recalls witnessing a suffering woman lying on the floor of a plantation hospital: “If the *sick and dying female* slaves of such a master, suffer such barbarous neglect,” the authors assert in response, “whose heart does not fail him, at the thought of that inhumanity, exercised by the *majority* of slaveholders, towards their aged, sick, and dying victims” (44). In another anecdote, a man who had studied medicine in Virginia remarks on the horrifying treatment of sick slaves: “No provision was made against the *barbarity* or *neglect* of the physician,” he reports; “I have seen *fifteen or twenty* of these *helpless sufferers* crowded together in the true spirit of slaveholding inhumanity, like ‘brutes that perish,’ and driven from time to time *like* brutes into a common yard, where they had to suffer any and every operation and experiment, which interest, caprice, or professional curiosity might prompt,—unrestrained by law, public sentiment, or the claims of common humanity” (45).

<sup>29</sup> See Faust, *The Ideology of Slavery* (1981); Genovese, *The Political Economy of Slavery* (1989); and Fox-Genovese and Genovese, *The Mind of the Master Class* (2005).

vigor, without the charge of rearing them from infancy, or supporting them in sickness or old age,” while the slaveholder, by contrast, “cuts off the principal source of misery—the wants and sufferings of infancy, sickness, and old age” (18).<sup>30</sup> If a pervasive strain of Southern medical theory contended that African Americans’ propensity to illness was a result of inability to “take care of themselves,”<sup>31</sup> nascent Southern sociology proposed the system of slavery as a symbiotic solution.

Perhaps no Southern ideologue was as outspoken on this point than the Virginian social theorist George Fitzhugh, who appealed to the nascent discipline of sociology to rationalize the institution of slavery. As he argued in his *Sociology for the South* (1854), the “domestic affection” (43) that informed Southern slave economy had resulted in “a model of associated labor that Fourier might envy” (45); if Northern Socialists had dreamt of a civilization built upon an ideology of mutual care, pro-slavery polemicists like Fitzhugh pointed out that the free-labor system instituted no safeguards to ensure the aid of “the poor, aged, helpless, sick and unfortunate” (46). In this view, “neglect of the aged and sick” was a defining feature not of the Southern slave economy, as Northern abolitionists would have it, but of the capitalist free labor market. Extolling the “neverfailing protective, care-taking and supporting feature of slavery” (68), Fitzhugh insisted that, unlike the cutthroat (or, as he would later suggest, cannibalistic) capitalist system, the slave economy

---

<sup>30</sup> Harper goes on to acknowledge that “[t]he poor laws of England are an attempt—but an awkward and empirical attempt—to supply the place of that which we should suppose the feelings of every human heart would declare to be a natural obligation—that he who has received the benefit of the laborer’s services during his health and vigor, should maintain him when he becomes unable to provide for his own support. They answer their purpose, however, very imperfectly,” he argues, “and are unjustly and unequally imposed. There is no attempt to apportion the burden according to the benefit received—and perhaps there could be none. This is one of the evils of their condition” (18).

<sup>31</sup> In an 1837 article on cholera published in the *Southern Botanic Journal*, for example, D.F. Nardin, a Thomsonian physician from Charleston, refuted the theory that racial differences in the disease’s mortality rate could be attributed to “a peculiarity in the miasma” that disproportionately affected the black race, instead arguing that “the fatal effects of Cholera among the blacks” were “owing to their indolence and manner of living.” When white people who were threatened with cholera, Nardin claimed, they took care “to avert the calamity,” while black people did not; thus for Nardin, African American mortality was an effect of the “indolence and carelessness characteristic of the African,” which, he insisted, “constitutes the great mark of the diminutive intellect of that race” (25). In his *History of South Carolina* (1858), David Ramsay took a similar tack, asserting that African Americans were partially to blame for their vulnerability to respiratory disorders, as they were “incorrigibly careless” in matters of health (qtd. in McCandless 138).

ostensibly offered what amounted to health insurance benefits and social security, as it sought to “provide for each slave, in old age and in infancy, in sickness and in health, not according to his labor, but according to his wants” (245).<sup>32</sup>

In his *Treatise on Sociology*, published the same year as Fitzhugh’s *Sociology for the South*, the lawyer and future Mississippi senator Henry Hughes went further to enumerate the ways in which Southern slave society achieved this “care-taking” function. In what Hughes referred to as the “warrantee system” of slavery, “warrantors” (masters) were bound by both interest and duty to support the interests of “warrantees” (slaves) —a system, Hughes noted, that “is not political and economic only. It is hygienic” (284). According to Hughes, it was the duty of the warrantor “to act for the health of his warranty, as becomes the prudent head of a household” (215). These “hygienic duties,” he continued, could be subdivided into two heads: “(1), Preventive, and, (2), Curative, or sanitary and therapeutical.” Under the first fell the responsibility to “provide all sanitary necessities for the prevention of disease,” to “provide wholesome food and raiment,” to “regulate the construction of all habitations in the warranty; enforce cleanliness and ventilation; and provide for purification in cases of pestilence, infection or contagion” (215); under the second fell care of the sick, for whom the warrantor was bound “to provide all therapeutic necessities,” including “due medical skill, medical materials, nursing and all proper care and attention” (216). In this way, Southern warranteeism worked toward the collective betterment of the “sovereign body hygienic” (59). The “free-labor hygienic system,” by contrast, did not guarantee “[m]edicine, medical attendance, nursing, and therapeutical necessities,” and was thus, in Hughes terms, “not hygienically

---

<sup>32</sup> As Kerry Larson explains in his discussion of Fitzhugh’s later essay *Cannibals All*, “[b]ecause vindicating slavery in the abstract means vindicating it for all, the question of engaging the particular needs of a particular race must be bracketed as tangential to the conversation. If the white workers of the North needed significantly less assistance, care or protection than the black workers of the South — if they were, regardless of circumstance, more independent and self-reliant by some significant margin—then Fitzhugh’s thesis would fall apart. Slavery would not be superior to capitalism because the cases of the two workers would not be commensurable. It is only because the two types of workers may be treated as equals that the defense of inequality can go forward (41).

syntagonistic”—in other words, he explained, the laborer’s sickness “is not a direct economic injury to the capitalist” (290). For Hughes, the only “care” under capitalism is economic interest: “The capitalists take care of the capital,” he wrote, “and the capital takes care of the capitalists” (191).

The understanding of Southern slavery as a system in which slaveholders acted not simply from “domestic affection,” but from their own economic self-interest, was similarly acknowledged by many states-rights’ physicians, who advised the hygienic care of slaves as insurance against financial loss: “If Southern planters would guard against the most serious losses in the sickness and death of their slaves,” advised Georgia physician John Stainbach Wilson,<sup>33</sup> “they should strictly regard the defective heat-generating, and cold-resisting powers of the negro, and they should diligently endeavor to compensate for these by providing him with comfortable houses, and proper food and climate” (46). Indeed, formerly-enslaved people who discussed the medical care they had received on Southern plantations when they were interviewed in the 1930s by the Works Progress Administration’s Federal Writers’ Project expressed an understanding of their health as capital.<sup>34</sup> “If I got sick old miss would give me plenty of medicine,” reported Sarah Douglas, “because she wanted me to stay well in order to work.” Charles Hayes similarly asserted that “[i]t was always to de owner's interest...to have de niggers in a good, healthy condition.” What might have been read as a testament to the slaveholder’s humanity was in reality a testament to enslaved people’s inhuman status not only as producers, but also as property: “Massa, he look after us slaves when us sick,” noted Elige Davison, “cause us worth too much money to let die jus' like you do a mule” (Federal Writers’ Project).

---

<sup>33</sup> Wilson had advertised his intention to write a book on the diseases of African Americans, but his project was interrupted by Civil War. The first book on diseases particular to the African American population would be published in 1975. See Savitt, *Medicine and Slavery*, 16.

<sup>34</sup> As scholars such as Hartman have pointed out, it behooves us to be remain mindful of matters of power and authority when approaching the WPA slave narratives rather than assert “imagined access to subaltern” (11). I appeal to these oral histories not as testimony of the experience of enslavement, but in order to analyze patterns in the ways in which interviewees responded to a prompt.



As slaveholding Southerners sought to respond to the charges of neglect leveled by abolitionist exposés like *American Slavery as It Is* with political, economic, and “hygienic” rationalizations, they also strove to counter the sentimental depiction of slavery in abolitionist fiction. Following the sensational success of Stowe’s *Uncle Tom’s Cabin* (1852), slavery apologists hastily authored a rash of novels in response, heeding the call George Frederick Holmes had sounded in the *Southern Literary Messenger* for a “native and domestic literature” (qtd. in Meer 75); as the author of an 1853 *Putnam’s* article remarked, no sooner had *Uncle Tom* appeared than “dozens of steel pens were set at work to prove him an impostor, and his author an ignoramus” (“Uncle Tomitudes” 100).<sup>35</sup> These “anti-Tom” novels attempt to expose abolitionist hypocrisy through cautionary tales of emancipated African Americans who are rendered helpless when left at the mercy of the free labor market. In W.L.G. Smith’s *Life at the South; or “Uncle Tom’s Cabin” As It Is* (1852), for instance, the “Tom” character arrives at the disappointed conclusion that he simply cannot achieve the status of white men: “These gemmen inherit their property,” he decides, “or else white men must have bigger brains, and know how to take care of themselves better than us slaves” (406). Even the abolitionist schoolteacher who lures Tom away from slavery ultimately betrays his frustration: “Blast the slaves!” he exclaims; “If they are mind to come here and live, why let them take care of themselves, like other people” (497).

Published the same year as Fitzhugh’s and Hughes’s polemics, one anti-Tom novel that has received particular attention from literary historians for its articulation of pro-slavery ideology,<sup>36</sup> Caroline Lee Hentz’s *The Planter’s Northern Bride* (1854), similarly calls attention to the hypocrisy of abolitionism’s emancipatory rhetoric but concomitant refusal of care. The story of an abolitionist’s

---

<sup>35</sup> For more on the “anti-Tom” genre, see Meer, *Uncle Tom Mania* (2005), and Reynolds, *Mightier Than the Sword* (2011).

<sup>36</sup> “If there were ever a literary work that confirms the presence of a political unconscious,” Larson asserts, “*The Planter’s Northern Bride* would have to be it” (60). See also Moss, *Domestic Novelists in the Old South* (1992), and Weinstein, *Family, Sympathy, and Kinship* (2008).

daughter who shakes off the fetters of fanaticism to become the mistress of a Georgia plantation, *The Planter's Northern Bride* launches its defense of slavery and attendant critique of capitalism by implications of African Americans' supposed inability to "take care of themselves" were not only economic, as writers like Hughes suggested, but also hygienic. Hentz presents Southern slavery as a symbiotic system that promotes the health and well-being of the collective "body hygienic," while illuminating the biopolitical catastrophe of capitalism.

In Hentz's novel, sickness becomes the limit case to test the respective ethics of slave and free-labor societies—exemplified, for instance, by the impoverished white Northerner, Nancy, who quite literally works herself to death in an effort support herself and her ailing mother. While the Southern planter Moreland offers charity to the unfortunate girl, he rues that she cannot simply relocate to the South, "where the balmy air would restore [her] to health"—and where she might witness "sickness tenderly nursed, and helplessness amply provided for." Wistfully, Nancy considers the "exemption" the slave economy offers from both economic anxiety and illness; she ruminates upon "the soft, mild atmosphere that flowed around those children of toil" and "wishe[s] she could breathe its balm" (52). Here, Hentz reverses the popular abolitionist rhetoric that conflated the physical and moral "atmosphere" of the South, positing both as contaminated.

Wresting Southern "atmosphere" from the miasmatic associations it had long maintained in the Northern imagination is crucial to the plot of Hentz's novel: the ardent abolitionist Mr. Hastings finally consents to Moreland's marriage to his proto-consumptive Eulalia out of concern for her "fading health" (149), having been assured that "[t]he frail and delicate from other regions are safe when they breathe our genial atmosphere" (146-7). If the "genial atmosphere" of the Southern clime is a cure for (rather than source of) disease, Hentz suggests, so too is the social atmosphere of

Southern paternalism a panacea for the ills of the free-labor economy.<sup>37</sup> Of course, while the climate of the plantation South may be conducive to the health of delicate white housewives, Moreland contends that it is still unfit for white men. “You think, perhaps, it must be a curse to work under the burning sun of our sultry clime,” he remarks to Eulalia; “It would be for me; it would be for the white man; but the negro, native of a tropic zone, and constitutionally adapted to its beat, luxuriates in the beams which would parch us with fever.” Having “studied [the African] physiologically as well as mentally and morally” (303-4), Moreland makes recourse to the theories of racialized immunity and acclimation, offering a familiar medico-scientific justification for the continued enslavement of “helpless, ignorant, reckless beings” and the slaveowner’s “duty to take care of them...to nurse them in sickness, provide for them in old age, and save them from the horrors and miseries of want” (83). This sense of what Hughes calls “hygienic duty” contrasts sharply with capitalism’s brutal indifference toward laborers like Nancy, and indeed like the Hastings’ own house servant, whose wages are consumed by “physician’s fees,” but who must toil nonetheless—for, the novel asks, “[i]f she didn’t take care of herself, who would?” (66).

The problematic of care is most explicitly dramatized in Hentz’s subplot of the fugitive Crissy, whose Northern-born master suffers from that scourge of the Northern clime, “hereditary consumption”—a disease that, unlike Eulalia’s expediently-detected complaint, proves “too deeply seated to admit of remedy or cure” (210). When Crissy agrees to accompany her master and mistress to Cincinnati to consult a physician, she assures her mistress that she will not attempt to flee in the free state, duty-bound as she is to “take care of [her]” (222). Besides, she claims, “Don’t know how to take care of myself, no how” (250). This, indeed, is, a familiar refrain for Hentz; in Cincinnati, Crissy meets a free black woman, Judy, who is eager to return to slavery, because, she asserts, “den

---

<sup>37</sup> Conversely, as Long points out, the novel *Step by Step; or, Tidy’s Way to Freedom*, published by the American Tract Society in 1862, “suggest[s] a powerful link between free-wage labor and healthy bodies” as it “speculates that free-wage labor would cure [slaves’] ailments, real and imagined” (39).

I'd have somebody to take care of me. Don't know how to take care of myself' (267). Seduced by the false economic promises of freedom, Crissy ultimately abandons her dying master and grief-sickened mistress, renegeing on her promise to care for them. Unfortunately, however, during her flight across the river, Crissy catches a cold that renders her perilously ill, thus "making her a burden on the strangers, who had received her for the benefit of her labour." The head of her new household, "who estimated every one according to their capacity for labour" and considers sickness "an unpardonable sin," is "exceedingly angry at Crissy for being sick" (388), and turns her out as soon as she recovers. Abashed, Crissy rushes "to return to her forsaken mistress, and throw herself upon her forgiving love" (389). Her position has been filled by Judy.

Invoking the familiar rhetoric of "atmospheric emancipation," Hentz notes that Crissy had "expected to breathe a different atmosphere" (250) in Ohio: to quite literally feel the physiological effects of freedom. Perversely, Crissy feels these effects in the form of a debilitating sickness, one that diminishes her value in the free labor marketplace. For Hentz, Crissy's misguided, abortive escape is a kind of case study that illustrates the bad faith of abolitionists, whose valorization of "freedom" in the abstract masks capitalism's lack of social, legal, and indeed affective infrastructure to ensure the protection of its most vulnerable subjects. While Crissy is fortunate, Hentz suggests, to have been "thrown on the kindness of Christian people, who administered to her necessities," she must suffer "the humiliation of being the recipient of favours to which she had no legitimate right" (392). Reduced to dependence upon charity, Crissy has forfeited her "legitimate right" to medical care: one of the "bare necessities of life" that the novel's Northerners, both black and white, are tragically denied. Hentz thus seeks to direct her readers' sympathies toward the "forsaken mistress," who "look[s] wildly round for Crissy" (284) as she ministers to her hemorrhaging husband on his deathbed. In Hughes's terms, Crissy has violated the "syntagonistic" domestic compact that binds the slaveholder and the enslaved in a corporation of reciprocal care.

Employing a combination of scientific racism and sociological critique, Hentz's novel augurs a biopolitical crisis resulting from emancipation. Northerners were blind to this impending crisis, ideologues like Fitzhugh argued, since their faculties of reason had been damaged from "living in the midst of the isms": in their desperate search for "some system of Free Love, Communism, or Socialism," Fitzhugh wrote, "*they* have become familiarized and inattentive to the infected social atmosphere they continually inhale" (*Cannibals All!* xvi). Reversing the charge of corrupted "atmosphere" regularly leveled at the South, Fitzhugh decries the influence of Northern "isms" as infinitely more toxic than the social atmosphere of slavery; in the South, he asserts, "[y]ou feel at once that you have exchanged the keen air of selfishness, for the mild atmosphere of benevolence" (*Cannibals All!* 300). In her conclusion to *The Planter's Northern Bride*, Hentz, too, performs this rhetorical reversal: "Shall we breathe its bland, delicious climate," her narrator asks of the South, "and know that the noxious miasma is rising and spreading, without endeavouring to disperse its exhalations, or trying to counteract its deadly influence?" (578-9). Confronting the "noxious miasma" of abolitionist fanaticism, Hentz's novel seeks to dramatize the ways in which the effects of free labor are not simply metaphorically mephitic, but quite literally inimical to the "body hygienic."

### **Biopolitics in *The Bondwoman's Narrative***

Henry Louis Gates's purchase, authentication, and 2002 publication of *The Bondwoman's Narrative*—a previously-unpublished manuscript dating from the mid-1850s, now widely considered to be the first extant novel by an African American woman, and the only known work of fiction by a formerly-enslaved woman—has afforded literary historians the opportunity for renewed investigation into nineteenth-century African American literary production, and the transatlantic world of nineteenth-century fiction more broadly. While preliminary scholarship made creative use of textual analysis and limited historical clues to speculate on the identity of its author, Hannah

Crafts,<sup>38</sup> in 2013, Gregg Hecimovich drew upon new archival evidence to argue that the novel had most probably been authored by Hannah Bond, who escaped from enslavement on the plantation of North Carolina politician John Hill Wheeler and later settled as a schoolteacher in New Jersey. Hecimovich's work in situating Crafts's novel as indeed the production of a formerly-enslaved African American woman—rather than, as some early critics proposed, a free Northern black author or a white abolitionist sympathizer—has helped to quell the anxiety of authenticity surrounding this text, one that has historically attended African American authored narratives, re-opening Crafts's narrative for a new wave of critical engagement. In what follows, I explore the biopolitical dimensions of *The Bondwoman's Narrative*, analyzing the ways in which Crafts turns away from the Gothic trope of corporeal violence and brutality, and instead unveils the subtle, insidious, and systemic effects of enslavement on mental and physical health.

As literary historians have noted, Crafts's fictional autobiography draws upon the conventions of genres like the slave narrative, the Gothic, and the sentimental novel, establishing a complex network of intertextual connections while engaging in sustained conversation with a few texts in particular, most obviously Hawthorne's *The House of the Seven Gables* (1851) and Dickens's *Bleak House* (1852-3).<sup>39</sup> Importantly, both of these interlocutors are preoccupied with the mechanics of transmission: of property, of hereditary qualities, and of disease. As Chapter 2 illustrates, Hawthorne's romance examines the intersection of hereditary and infectious (miasmatic) pathology, drawing on discourses of domestic hygiene to illustrate the exigencies of atmospheric putrefaction and purification. Dickens's novel, too, appeals to the overlapping logics of heredity and infection as it "links illegitimacy to disease through the notion of the unchecked reproduction of moral stain" by

---

<sup>38</sup> See Gates and Robbins, eds, *In Search of Hannah Crafts* (2005).

<sup>39</sup> For discussions of Crafts's engagement with Dickens, see Robbins, "Blackening *Bleak House*" (2005); Hack, "Close Reading at a Distance" (2008); Teukolsky, "Pictures in Bleak Houses" (2009); and Soares, "Literary Graftings" (2011). On Crafts's engagement with Hawthorne, see Levine, "Trappe(d)" (2005) and *Dislocating Race and Nation* (2008).

“translat[ing] the abstract dictum of the sins of the fathers being visited on the child” into the actual disease of smallpox: instigating a chain of infection that ultimately connects the unfortunate Nemo to his illegitimate daughter Esther by way of the poor orphan Jo (Morgentaler 96).<sup>40</sup> In the following pages, I will focus in particular on Crafts’s engagement with *Bleak House*, a novel that explicitly engages nineteenth-century public health debates. Translating Dickens’s degenerate aristocracy and disenfranchised urban poor to the Gothic milieu of the plantation South, Crafts reworks *Bleak House*’s trope of sexual “illegitimacy” and its mode of urban exposé to illustrate (and validate) what she calls the “legitimate effects” of institutionalized racism and systemic neglect.

In a particularly overt re-purposing of Dickens, Crafts rewrites the iconic “Fog everywhere” passage from the opening paragraphs of *Bleak House* to describe the environs of Washington, D.C.:

Gloom everywhere. Gloom up the Potomac; where it rolls among meadows no longer green, and by splendid country seats. Gloom down the Potomac where it washes the sides of huge war-ships. Gloom on the marshes, the fields, and heights. Gloom settling steadily down over the sumptuous habitations of the rich, and creeping through the cellars of the poor. Gloom arresting the steps of chance office-seekers, and bewildering the heads of grave and reverend Senators; for with fog, and drizzle, and a sleety driving mist the night has come at least two hours before its time (162).

Echoing Brown’s assertion that inhabitants of the South “look with as much certainty for the appearance of the yellow-fever, small-pox, or cholera...as the Londoner does for fog,” Crafts intimates the inevitable and universal reach of slavery’s contaminating influence. Re-imagining London fog as Washington “gloom,” Crafts employs an atmospheric trope that, as readers of *Bleak House* have noted, suggests a connection between social and physical pathology, reminding nineteenth-century readers of the “infectious effluvia” that “spreads disease wherever it is inhaled—

---

<sup>40</sup> In her discussion of *Bleak House*, Deborah Epstein Nord argues that in depicting Tom-All-Along’s as a medium that “propagates infection and contagion,” Dickens not only “collapses the distinction between real infection...and all the invisible corruptions for which disease ordinarily figures as metaphor,” but also “collapses the distinction between the contagion of disease and the transmission of sexual taint” (98).

which is to say, as the novel insists, *everywhere*” (Schwarzbach 95). Crafts’s “gloom” similarly recalls pestilential miasma, indiscriminately insinuating itself into all strata of society.

By substituting environmental “fog” with affective “gloom”—in nineteenth-century medical discourse, a word associated in particular with melancholy, insanity, and other species of mental disease<sup>41</sup>— Crafts points in particular to the psychological effects of enslavement. Indeed, this is the word that Dickens himself had used describe the South in his *American Notes* (1842); to Dickens, Richmond was a portrait of “gloom and dejection” (17); as in other places “where slavery sits brooding,” Dickens wrote, there appeared “an air of ruin and decay, which is inseparable from the system” (16). The systemic infectiousness of Southern “gloom” accordingly counters the vision of social symbiosis presented by pro-slavery polemicists; in his account of the plantation South, for instance, Union Army Chaplain George Hughes Hepworth dismissed the trope of “the light-hearted, merry slave” as “all rhetoric,” observing instead the “universal gloom of the negro character” (159). But if Crafts’s “gloom” promotes pessimism as a political position, it also intimates a pathology of both psychological and physical degradation, one whose source is deeply and systemically seated.<sup>42</sup>

*The Bondswoman’s Narrative* most fully explores the psychological effects of slavery in a plot borrowed from *Bleak House*’s narrative of illegitimacy, suspicion, and sexual shame. Its narrator,

---

<sup>41</sup> As James Cowles Prichard asserted in his *Treatise on Insanity and Other Disorders Affecting the Mind* (1835), the condition of “moral insanity” was primarily characterized by “a tendency to gloom or sorrow” (24)— a conclusion echoed by other prominent medical authorities like English physician James Copland, whose *Dictionary of Practical Medicine* was published in multiple American editions in the mid-nineteenth century; as Copland warned, “[a] state of gloom” might “give way to a state of morbid excitement” (515).

<sup>42</sup> Writing in a special issue of *American Literary History* on “Contagion and Culture”—published, ironically, in 2002, the same year as Crafts’s recovered text— Mary Burgan declares: “There is nothing like *Bleak House* in nineteenth-century American literature.” This, she continues, “may well mark some of the differences between ways that Americanists and Victorianists approach the representations of contagion in texts—medical, social, or literary” (837). For Burgan, nineteenth-century American literature is preoccupied with “the Gothic romance of the threat of the racial other,” while Victorians like Dickens harness the “clinical gaze” to produce “broad indictments of systemic social as well as physical corruption” which prove “fruitful for the social scientist as well as the medical historian” (839). Here, Burgan seems to take nineteenth-century American literature as specifically a white canon. Crafts’s reformulation of *Bleak House*, I suggest, does not simply supply an “Americanization” of Dickens’s biosocial contagion, but draws out the connection between environmental causes and “legitimate effects,” illustrating the ways in which health, disease, and risk are racialized.



Hannah, begins the novel enslaved in the home of Mr. De Vincent, a Virginia planter “of aristocratic name and connexions” whose “estate had descended to him through many generations” (13). When Mr. De Vincent takes a wife, Hannah learns that her new mistress is in fact the daughter of a slave. Threatened with exposure by the sinister and aptly-named Trappe, who has made something of a career out of blackmailing mixed-race women, Mrs. De Vincent is “tortured by a suspense more horrible than the worst reality” (51), and decides to flee her husband’s estate. Hannah accompanies Mrs. DeVincent in her escape, retreating into “the free air” where the pair may “breathe freer” (65). But Mrs. De Vincent does not fare well in the austere conditions the women must suffer: “Want, fatigue, exposure, and the long agonies of mental torture, had deeply wrought on her physical constitution, and impaired her intellect,” until she is at last rendered “decidedly insane” (69). The two are eventually imprisoned, whereupon the anguished Mrs. De Vincent, threatened with capture by Trappe, ruptures a blood vessel. Accordingly, Trappe must report to the slave trader, Saddler, that his prospective chattel “did not die of disease,” but effectively of psychological turmoil. “How unfortunate,” Saddler responds; “But these wenches will die” (107).

In the tale of this mulatta mistress, Crafts renders visible the psychological torment attending the definition and detection of race—even, or perhaps especially, for those fair-complexioned women like in whom “the obnoxious descent could not be readily traced” (6). As Crafts shows, these “long agonies of mental torture” operate in concert with the physical agonies of “[w]ant, fatigue, [and] exposure” to wreak havoc upon both body and mind; ultimately, though, it is mental agitation that pulls the trigger on Mrs. De Vincent. “True, the wants of our nature were all supplied,” Hannah reflects on her imprisonment; thus, “so far as outward appearances were concerned,” she notes, “we might have been happy. But those who think the greatest evils of slavery are connected with physical suffering possess no just or rational idea of human nature,” she continues, citing “the fear, the apprehension, the dread, and deep anxiety attending that condition

[slavery] in a greater or less degree” (97).<sup>43</sup> Indeed, Hannah later reiterates this claim, insisting that “those that view slavery only as it related to physical sufferings or the wants of nature, can have no conception of its greatest evils” (134); having witnessed the psychological torture wrought by perpetual dread, she declares that “the worst reality is always preferable to suspense” (137). Critics have highlighted assertions like these in order to illustrate how Crafts’s critique of slavery largely focuses on its sustained psychic violence, rather than spectacles of physical brutality.<sup>44</sup> However, as we shall see, Hannah has not yet been party to what she finds to be “the worst reality.”

Following the death of Mrs. De Vincent, Hannah is eventually sold to the Wheeler family, who transport her from Washington, D.C. to their plantation in North Carolina. It is here that Hannah witnesses, to her mind, unprecedented conditions of degradation:

There was not that division of families I had been accustomed to see, but they all lived promiscuously anyhow and every how; at least they did not die, which was a wonder. It is a stretch of the imagination to say that by night they contained a swarm of misery, that crowds of foul existence crawled in out of gaps in walls or boards, or coiled themselves to sleep on nauseous heaps of straw fetid with human perspiration and where the rain drips in, and the damp airs of midnight fatch [fetch] and carry malignant fevers (204-5).

Here, Crafts rewrites Dickens’s description of the squalid London neighborhood of Tom-All-Alone’s, where the orphan boy Jo lives—or rather, as Dickens quickly qualifies, the place where “Jo

---

<sup>43</sup> Crafts’s description of the psychological anguish of slavery—particularly as the delirious Mrs. De Vincent believes herself “pursued by an invisible being” (79)—perhaps puts us in mind of a well-known passage of Douglass’s *Narrative*, in which he imagines this torment turned back onto the slaveholder: “I would leave him to imagine himself surrounded by myriads of invisible tormentors, ever ready to snatch from his infernal grasp his trembling prey. Let him be left to feel his way in the dark; let darkness commensurate with his crime hover over him; and let him feel that at every step he takes, in pursuit of the flying bondman, he is running the frightful risk of having his hot brains dashed out by an invisible agency” (91). As Chapter 1 of this dissertation discusses, this “invisible agency” has been employed to signify both supernatural forces and mechanisms of disease causation.

<sup>44</sup> Lawrence Buell, for instance, notes that Crafts “clearly emphasizes slavery’s psychological effects over its physical effects” (22), while Christopher Castiglia reads Crafts’s examination of the “psychic turmoil of slavery” as “anticipating Fanon’s important work on the psychodynamics of race and colonialism” (252). Indeed, explicit physical violence in Crafts’s narrative is contained to her early account of the horrifying torture the slave Rose at the hands of the patriarch Sir Clifford De Vincent. Yet unlike the beating of Douglass’s Aunt Hester, for instance—commonly invoked as a kind of primal scene of the American slave narrative—Rose’s torture retains an apocryphal quality, insofar as Hannah has not witnessed it, but received it secondhand as an oral narrative transmitted by generations of enslaved people.

has not yet died.”<sup>45</sup> In so doing, she illustrates the ways in which environmental conditions of systemic neglect reduce the idea of “life” to its most basic biological functions: “bare life,” to borrow Giorgio Agamben’s term.<sup>46</sup> As both Dickens and Crafts suggest, it is the porosity of the dwellings in particular—their inability to withstand the influence of the miasmatic atmosphere—that imperils the health of the disenfranchised subjects who inhabit them; indeed, in her revisions to Dickens’s passage, Crafts makes clear that these “malignant fevers” are the result of insidious “damp airs.”<sup>47</sup> These poorly-constructed structures allow the “foul existence” of disease causation to insinuate itself invisibly into domestic space, instigating a kind of slow violence that ultimately manifests in disease, degradation, and death.<sup>48</sup> Yet while slave huts, “ruinous with decay,” ultimately topple and fall, “all goes on as before. Since if a head gets bruised or a limb broken, heads and limbs

---

<sup>45</sup> Here is Dickens’s rendering of that “ruinous place”: “It is a black, dilapidated street, avoided by all decent people, where the crazy houses were seized upon, when their decay was far advanced, by some bold vagrants who after establishing their own possession took to letting them out in lodgings. Now, these tumbling tenements contain, by night, a swarm of misery. As on the ruined human wretch vermin parasites appear, so these ruined shelters have bred a crowd of foul existence that crawls in and out of gaps in walls and boards; and coils itself to sleep, in maggot numbers, where the rain drips in; and comes and goes, fetching and carrying fever” (235).

<sup>46</sup> Agamben borrows the Roman juridical concept of *homo sacer* (sacred man), who exists outside the realm of the law and thus may be killed without impunity, as the exemplar “bare life.” Taking the Nazi concentration camp as the primary illustration of his point, Agamben amends Foucauldian biopolitics to argue that, “together with the process by which the exception everywhere becomes the rule, the realm of bare life—which is originally situated at the margins of the political order—gradually begins to coincide with the political realm, and exclusion and inclusion, inside and outside *bios* and *zoe*, right and fact, enter into a zone of irreducible indistinction” (9).

<sup>47</sup> In his “Essay on Some of the Distinctive Peculiarities of the Negro Race” (1856), A.P. Merrill had stressed the importance of keeping slave quarters warm; the admittance of too much night air, Merrill warned, “induces [the slave] to sleep with his head covered, to avoid the painful constrictions caused by cold inhalations, and thus subjecting himself to the injury resulting from breathing impure air; indeed, breathing “air which has been respired before,” Merrill argued, “lay the foundation of a large portion of those diseases which prove fatal to slaves” (29). Cartwright had managed to eke out an argument about racial inferiority from this very understanding of atmospheric injury: “one of the heaviest chains that binds the negro to slavery,” he insisted, was “imperfect atmospherization of the blood.” Like infants, Cartwright explained, Africans “instinctively cover their heads and faces, as if to insure the inhalation of warm, impure air, loaded with carbonic acid and aqueous vapor”; in turn, he explained the “defective vitalization of the blood distributed to the brain” contributed to their intellectual inferiority (“Report on Diseases” 700, 695).

<sup>48</sup> Similarly, in her opening chapters on the intergenerational curse of the De Vincent family, Crafts mobilizes the invisible operation of the air on material objects to represent the historical scope of slavery’s corrupting influence. As the movement of air through the linden tree vocalizes the dying malediction of the tortured slave Rose, so too do the effects of air facilitate the symbolic fall of Sir Clifford’s portrait from the walls of the estate, as “[t]he invisible hand of Time had been there and silently and stealthily spread corrupting canker over the polished surface of the metal that supported it, and crumbled the wall against which it hung.” Here, the slow degeneration of oxidation reveals that not only time, but *air* functions as a “great leveler” that “touches the lowly hut or the lordly palace with the like decay” (30).

are so plentiful that they seem of small account. So true it is that if a great man sneezes the world rings with it,” writes Crafts, “but if a poor man dies no one notices or cares” (205): in the slave economy, human collateral is eminently expendable. Thus, while ideologues like Hughes insisted that slaveholder’s “hygienic duties” were not only therapeutic, but also prophylactic—that they were sworn to “prevent by all due care and prudence, any violent or unforeseen [sic] privation of life or bodily member” (216)—Crafts illustrates the ways in which failures of care occasion, in Foucault’s terms, the “indirect murder” of the disenfranchised.

In her reading of this passage, Hollis Robbins suggests that Crafts employs this extended citation of *Bleak House* in order to suggest a transatlantic “kinship of suffering, of squalor, of subjugation, of servitude” (81). Indeed, the condition of the English working class was commonly deployed in both anti- and pro-slavery rhetoric as a foil for or counter to the condition of enslaved African Americans, and Crafts herself extends her critique of this inhuman neglect to note that the “false system which bestows on position, wealth, or power the consideration only due to a man” is “not confined to any one place, or country, or condition” (205). However, reading Crafts in the context of antebellum medical theory, we can perceive an important difference between Dickens’s and Crafts’s depictions of their vulnerable subjects: Crafts writes against a discourse of racialized immunity that sought to justify institutional neglect precisely by construing black bodies as *invulnerable* to the environmental causes of disease. In other words, in transplanting Dickens’s “swarm of misery” to the plantation South, Crafts not only establishes parallels between the infectious environments of urban London and rural North Carolina, but importantly situates black bodies as imperiled in their exposure to those environments. If Crafts proposes a “kinship of suffering” among white working-class Londoners and enslaved African Americans who “toil beneath the burning sun, scarcely conscious that any link exists between themselves and other

portions of the human race” (206), this is not merely a “kinship” of social circumstance, but of susceptibility, one that serves to connect them to “other portions of the human race.”

Hannah’s professed repulsion at both the squalid huts and their inhabitants establishes what many critics have identified as an uneasy taxonomy, distinguishing the narrator, a self-educated house slave, from the field hands whose “mental condition is briefly summed up in the phrase that they know nothing” (206). Following Robert Levine, who has predicted that this tension “will no doubt become one of the critical cruxes of *The Bondswoman’s Narrative*” (290), I argue that Hannah’s abhorrence here indeed serves a crucial function, crystallizing the novel’s arguments for a social-environmental view of what might otherwise be imagined as “racial” difference: the “mental condition” of the field hands, Crafts suggests, is not a function of race, but of enslavement and field labor.

Tellingly, Hannah’s horror at the threat of her forced marriage to the field hand Bill—which provides the impetus for her final flight to freedom—is mainly directed toward his cabin, which is “reeking with filth and impurity of every kind,” situated beside “a large pool of black mud and corrupt water, around which myriads of flies and insects were whirling and buzzing” (215). For Hannah, her prospective husband is less a subject than a symptom; like Dickens’s Jo, likened to “a growth of fungus or any unwholesome excrescence produced there in neglect and impurity” (660), Bill is evocatively figured as the pathological outgrowth of his environment. Thus, it is not enough to say that Crafts’s narrator establishes a fraught distinction between conditions (knowledge/ignorance, dirtiness/cleanliness, etc); rather, she exposes the ways in which those conditions are socially produced. If cleaning, in Robert Reid-Pharr’s terms, figures as “a primary technology in the production of self and other” (66), the problems Crafts captures transcend mere cleanliness, exposing those manifestations of environmental violence for field laborers that lie outside the scope of self-care.

In her representation of the Wheeler plantation, Crafts illustrates the ways in which the violence of slavery might be represented in terms other than exceptional and grotesque scenes of corporeal suffering—scenes that, as Hartman explains, promote sympathetic identification “at the risk of fixing and naturalizing this condition of pained embodiment,” which in turn “increases the difficulty of beholding black suffering, since the endeavor to bring pain close exploits the spectacle of the body in pain and oddly confirms the spectral character of suffering and the inability to witness the captive’s pain” (20). In *The Bondswoman’s Narrative*, readers’ “inability to witness” the suffering of the enslaved person is due instead to the fact that the mechanism of this violence is both invisible and gradual. As Hannah considers these abject conditions, then, she imaginatively projects the perpetuation of this abjection over a period of generations: “The greatest curse of slavery,” she notes, “is it’s [sic] hereditary character. The father leaves to his son an inheritance of toil and misery, and his place on the fetid straw in the miserable corner, with no hope or possibility of anything better. And the son in turn transmits the same to his offspring and thus forever” (205). Repurposing Dickens’s assertion that “[t]here is not a drop of Tom’s corrupted blood but propagates infection and contagion somewhere” (654), Crafts consolidates the logic of hereditary and infectious transmission, suggesting that the transhistorical reach of slavery’s abasement consists not only in the reproduction of bodies— of children who “follow the condition of the mother”—but in the infinite reproduction of the conditions of misery, whose consequences are clearly evidenced on the bodies and minds of the field hands: “Degradation, neglect, and ill treatment had wrought on them its legitimate effects” (205).

Like Brown’s loaded rhetoric of “proof,” Crafts’s characterization of slavery’s mental and physical effects as “legitimate” evokes a nexus of associations—legal, sexual, scientific and narrative—reinforcing the authorization imperative that informs much of the antebellum discourse on American chattel slavery. If slaveholders had become so inured to “the degraded condition, both

bodily and mental” of enslaved people as to consider them “as legitimate subjects of property as their horses and cattle” (416), as Thomas Jefferson remarked in an 1814 letter (one later cited in *American Slavery as It Is*), abolitionist discourse offered a kind of counter-legitimation, exposing and authenticating the consequences of degradation. In Dr. Charles Grandison Parsons’s *Inside View of Slavery* (1855), for example—a volume contained in the library of John Hill Wheeler<sup>49</sup>—the author, a physician relating his tour of the plantation South, contends that the “legitimate effects of slavery” are less pronounced in urban areas, where masters tend to “care for the condition of their servants” (although, he concedes, “the slaves probably experience great sufferings in the best condition, which the stranger cannot perceive, not even the master know”). It is rather in the rural plantation South, Parsons asserts, that one may “see slavery as it is. No where else are its legitimate results and real influences so fully disclosed” (19). Parsons’s account—prefaced by an enthusiastic endorsement from Harriet Beecher Stowe—accordingly demarcates the plantation as the site of “legitimate” and “real” degradation: that is, a degradation clearly and indisputably visible to the white “stranger.”

*The Bondwoman’s Narrative* follows the path Parsons prescribes when Hannah is transported from the protean psychosocial “gloom” of Washington, D.C. to the more visceral “swarm of misery” that is rural North Carolina. Having illustrated the ways in which the torment of enslaved people exceeds physical pain, engendering psychic repercussions that indeed tend to fall below the white gaze’s threshold of perception, Crafts doubles back to address more mundane “wants of nature.” As she suggests, the effects of “[d]egradation, neglect, and ill treatment” may be deemed “legitimate” insofar as they are both demonstrable and genuine—an assertion that counters a widespread anxiety about feigned illness and malingering among enslaved people on Southern

---

<sup>49</sup> Wheeler’s library was sold at auction in 1882; scholars have accordingly used the accompanying catalogue to make claims about the books to which the author of *The Bondwoman’s Narrative* may have had access.

plantations, particularly women.<sup>50</sup> Moreover, though, these effects are “legitimate” insofar as they are lawful, sanctioned, and regularized by the institutions that perpetuate them. Daniel Hack has accordingly argued that one of Crafts’s crucial revisions to Dickens’s novel is her erasure of the “rhetoric of misdirected attention”: that is, Hack explains, Crafts critiques “institutions and attitudes—and institutions more than attitudes—that promote subordination and exploitation rather than disorder and neglect, as in *Bleak House*.” For Hack, Crafts presents the suffering of the enslaved not as “the result of inattention, the way it is for Dickens’s lumpenproletariat,” but rather as “a matter of policy on the part of their owner” (748).

Adapting Hack’s claim, I argue that the disciplinary function Crafts illustrates here is not subordination *instead of* neglect, but subordination *by* neglect. Indeed, Crafts explicitly identifies “neglect” as a function productive of “legitimate effects.” Yet unlike the class indifference in Dickens, the neglect of the slaveholder is intentional, deliberate, and exactingly rationalized. “Mr. Wheeler had neglected his plantation as well as his slaves for several reasons,” Hannah explains; “In the first place he didn’t think it worth while to take pains with such brutalised specimens of humanity. They could work just as well, and it might be even better to leave them alone in their degradation” (207). Mr. Wheeler’s presumption that enslaved blacks “could work just as well”

---

<sup>50</sup> “The negro is prone to dissemble and feign disease,” asserted Georgia physician H.A. Ramsay in his volume *The Necrological Appearance of Southern Typhoid Fever in the Negro* (1852); “probably no race of human beings feign themselves ill so frequently, and are so incapable of concealing their duplicity” (qtd. in Savitt 163). The unverifiable nature of many gynecological complaints, in particular, was a source of anxiety among slaveholders; as Frederick Law Olmsted noted in his *Journey in the Seaboard Slave States* (1856), “The liability of women, especially, to disorders and irregularities which cannot be detected by exterior symptoms, but which may be easily aggravated into serious complaints, renders many of them nearly valueless for work, because of the ease with which they can impose upon their owners” (190). In turn, historians like Sharla Fett have identified the practice of feigning illness (“playing possum”) as a “strategy of resistance” among enslaved African Americans (182). Hartman, too, includes “feigned illness” as one of the “small-scale and everyday forms of resistance” that “interrupted, relaborated, and defied the constraints of everyday life under slavery and exploited openings in the system for the use of the enslaved” (51). At the same time, however, slaveholders’ preconceptions about African American duplicity could also render them unwilling to recognize and treat illness among slaves. As one of Weld’s witnesses, a former Georgia resident, reported: “Many when sick, are suspected by their masters of *feigning* sickness, and are therefore whipped out to work after disease has got fast hold of them; when the masters learn, that they are really sick, they are in many instances left along in their cabins during work hours; not a few of the slaves are left to die without having one friend to wipe off the sweat of death.” Accordingly, he noted, “[s]laves complain very little when sick” (45).



regardless of the “pains” taken for their preservation typifies the logic of states-rights’ medicine: Southern physicians countenanced such a lack of care by touting African Americans’ immunity to diseases of climate and their resistance to the enervating effects of labor, rationalizing and justifying neglect on the grounds of racial difference: in other words, by denying that it *was* neglect. By demonstrating the ways in which these shoddily-constructed structures expose their inhabitants to “malignant fevers,” Crafts affirms not only “legitimate effects” but legitimate(d) neglect; what Crafts calls “neglect,” then, might be otherwise understood as criminal negligence.<sup>51</sup>

While considering *The Bondswoman’s Narrative* in conversation with *Bleak House* offers insight into the ways in which African American authors deliberately engaged a transatlantic imaginary in service of abolitionist reform, demonstrating what Hack calls the “ideological malleability” of texts like Dickens’s (731), it is also worth examining not only how Crafts’s novel transfigures and re-imagines Victorian concerns of class, urbanization, and public health, but also how it voices an investment in exposing the long-term psychological and physiological effects of enslavement elsewhere articulated in American slave narratives. To illustrate this claim, I would like to briefly point to the evocative resonances Crafts’s text shares with the *Narrative of Sojourner Truth*, which begins with a description of the cellar in which Truth (then Isabella) slept during her enslavement:

She carries in her mind, to this day, a vivid picture of this dismal chamber; its only lights consisting of a few panes of glass, through which she thinks the sun never shone, but with thrice reflected rays; and the space between the loose boards of the floor, and the uneven earth below, was often filled with mud and water, the uncomfortable splashings of which were as annoying as its noxious vapors must have been chilling and fatal to health. She shudders, even now, as she goes back in memory, and revisits this cellar, and sees its inmates, of both sexes and all ages, sleeping on those damp boards, like the horse, with a little straw and a blanket; and she wonders not at the rheumatisms, and fever-sores, and palsies, that distorted the limbs and racked the bodies of those fellow-slaves in after-life. Still, she does not

---

<sup>51</sup> As Hannah continues, Mr. Wheeler’s neglect is furthered by the fact that he is more interested in holding a Washington office than in maintaining a plantation, as “[h]e preferred to live at the public expense” (207). A prominent anxiety of pro-slavery discourse was the insupportable “public expense” of freedom: of protections, specifically medical care, to which they have no “legitimate right,” in Hentz’s words. Here, Crafts locates another questionable “public expense” in the American political system.

attribute this cruelty—for cruelty it certainly is, to be so unmindful of the health and comfort of any being, leaving entirely out of sight his more important part, his everlasting interests,— so much to any innate or constitutional cruelty of the master, as to that gigantic inconsistency, that inherited habit among slaveholders, of expecting a willing and intelligent obedience from the slave, because he is a Man—at the same time every thing belonging to the soul-harrowing system does its best to crush the last vestige of a man within him; and when it is crushed, and often before, he is denied the comforts of life, on the plea that he knows neither the want nor the use of them, and because he is considered to be little more or little less than a beast (14-15).

Explicitly identifying a causal link between these contemptible living conditions—in particular, prolonged exposure to “noxious vapors”—and the production of disease and disability, Truth’s narrative proposes a distinct etiology as it elucidates the embodied effects of enslavement. With its temporal cues—“to this day” and “even now”— Truth’s narrative points to the ways in which she continues to bear the psychological burden of past violence inasmuch as the bodies of her sick and disabled contemporaries continue to bear witness to the slow violence of environmental even in their emancipated “after-life.” Like Crafts, Truth suggests that the subordination of African Americans via the mechanism of neglect is due not simply to the idiosyncratic “cruelty” of the slave master, but to the “inherited habit” of institutional racism that renders white Southerners “unmindful of the health” of African Americans: in other words, this subordination is not only “a matter of policy on the part of [the] owner,” as Hack puts it, but a matter of policy on the part of antebellum biopolitics more broadly, via the “power of regularization” that Foucault famously expresses in terms of the edict “making live and letting die” (“*Society Must Be Defended*” 247)

For many abolitionist writers, the discourse of miasmatic disease transmission offered an apt way to conceptualize this peculiar psychopathology of the slaveholder, attributing the ills of the institution not to “innate and constitutional cruelty,” but to the social “atmosphere” in which Southerners lived and breathed. Slavery, wrote English physiologist and abolitionist Marshall Hall,

“extends its influence to the planter’s family like a dire miasma” (59).<sup>52</sup> If writers like Crafts aimed to show that mental and physical degradation of enslaved people was attributable not to innate, heritable racial traits, but to the pathological environment in which they were enslaved, a similar logic in much abolitionist discourse suggests that racism is not endemic to the Southern constitution, but an acquired ill that had been “inhaled” or “imbibed” from an invisible but virulent atmosphere.<sup>53</sup> “The Southerner is brought up in the atmosphere of slavery,” a writer for the *Church Missionary Intelligencer* explained; “from earliest infancy he has inhaled it: it has become a portion of his being, and has intermingled itself with his very life-blood. His feelings, habits, are all tinged with it”—and thus, the author concluded, was the Southerner “a coloured man in one sense” (272). Similarly, another Christian abolitionist declared that “no one can breathe the atmosphere of slavery, or live on its foulness without being discoloured by it, vitiated in their character, and covered with moral leprosy” (Balme 12).<sup>54</sup>

These moral diseases were not unique to born and bred Southerners, however. As Harriet Jacobs illustrates in her *Incidents in the Life of a Slave Girl* (1861), all persons were equally susceptible to the “contaminating atmosphere” of slavery (176). Employing the hygienist rhetoric popular among her abolitionist audience, Jacobs suggests that “[t]he slaveholder's sons are, of course, vitiated, even while boys, by the unclean influences every where around them” (80)—but so too did Northern

---

<sup>52</sup> At the first meeting of American Anti-Slavery Society, one Southerner attested to this social contamination: “I breathed my first breath in the atmosphere of slavery; I was sucked at its breast and dandled on its knee.” Accordingly, he admitted, he had become desensitized to African American suffering by “repeated scenes of cruelty, and oft taught lessons of the colored man's inferiority” (American Anti-Slavery Society 6-7).

<sup>53</sup> The same charge, of course, was also leveled against the Northern atmosphere of abolitionist fanaticism. For example, in Julia Collins’s *The Curse of Caste*, a recovered novel by an African American woman initially serialized in *The Christian Recorder* in 1865, the slaveholder Colonel Tracy rebukes his son Richard for having “imbibed the pernicious sentiments of the northern demagogues” (39).

<sup>54</sup> For many Northerners, the proposed remedy for this poisoned atmosphere was a kind of moral purification. In an 1859 religious tract, for instance, Reverend Henry T. Cheever acknowledged Southerners’ acculturation to the evils of slavery from “inhaling at every breath the noxious gases and exhalations that have become so natural to them that they like them...But are we of the North to concede for a moment that the air of Slavery is as good as that of Freedom?” he asked; “By no means. Rather let us keep pumping into the exhausted and feculent atmosphere of the South and its apostate Church, the vital oxygen of moral truth, by our continued act and testimony against slavery” (22).

transplants to the plantation South “imbibe the sentiments and disposition of their neighbors” (69). Affirming mutual susceptibility, Jacobs shows that even native Northerners were, in Hazel Carby’s words, “not immune to the effects of the slave system or to the influence of being able to wield a racist power” (55)—that these “sentiments” were not transmitted in Southern blood, but in the air.<sup>55</sup>

Carby’s appeal to the concept of immunity is especially apt. As this chapter has illustrated, pro-slavery discourse promoted an understanding of African Americans’ immunity to diseases of the Southern climate and their incapacity for self-care (or, put another way, their *susceptibility* to exploitation and debasement under capitalism) as they united the interests of political economy with the concerns of public health. If Southerners foreboded the dangers of emancipation to the “body hygienic,” abolitionist writers invoked a hygienist logic memorably dramatized during the cholera epidemics of 1832 and 1849 in order to propose the universal endangerment of slavery. Like the social hygienists of the Northern abolitionist movement, Crafts seeks to demonstrate the ways in which slavery “blights the happiness of the white as well as the black race” (4). Crafts’s suggestion that all Americans are alike impressible by the affective “blight” of slavery calls upon an understanding of mutual susceptibility in order recognize the “legitimate effects” of the racist technologies of antebellum biopolitics.

### **Coda: “What Becomes of the Free Colored People?”**

In the abrupt conclusion of *The Bondswoman’s Narrative*, Hannah flees from the Wheeler plantation and eventually reaches freedom in New Jersey, where she establishes herself as a schoolteacher. However, Crafts reminds her readers that not all fugitives share her protagonist’s fate. During her escape, Hannah crosses paths with a fellow fugitive, Jacob, and his sister, who is

---

<sup>55</sup> Indeed, in the weeks after Lincoln’s assassination, an article in *The Spectator* would go so far as to cite John Wilkes Booth’s English ancestry as lamentable proof “that it took but a single generation of breeding in a slave atmosphere to make a man of Anglo-Saxon blood an assassin” (“Mr. Lincoln’s Assassination,” 52).

suffering from a “dreadful fever” (221) from which she soon dies. When Hannah and Jacob close the corpse’s eyes, they discover “the unmistakable signs of an infectious disease, at once malignant and dangerous.” While Crafts does not name this “infectious disease” outright, both the “unmistakable signs” of its symptomatology and its hypothesized mechanism of transmission—Jacob suspects his sister “caught it in an old deserted house where they had remained a day or two, and in which they discovered and appropriated a bundle of old garments” (227)—indicate smallpox, the (similarly-unnamed) disease in *Bleak House* that infects Nemo, Jo, and Esther, claiming the lives of the former two and leaving the latter permanently scarred. Perversely, this unfortunate fugitive’s attempts to procure necessities for survival—shelter and clothing—directly contribute to her death.

As *The Bondwoman’s Narrative* illustrates, nominal freedom was no panacea for the abject suffering of enslaved people. Indeed, as Jim Downs has recently illustrated, the Civil War ushered in “the largest biological crisis of the nineteenth century” (4), as African Americans—both those who escaped Southern plantations and those who were emancipated—faced threats of exposure, starvation, sickness, and death. While the federal government had considered emancipation’s “economic, legal, political, and social consequences,” writes Downs, it almost universally ignored its “human consequences” (22)—including, of course, its effects on public health. For example, a major smallpox epidemic—one that Crafts’s narrative, ostensibly penned in the mid-1850s, seems to uncannily anticipate—plagued the South from 1862 to 1868. The federal government did little to intervene in the crisis. As the epidemic dragged on, “federal officials, Southern planters, and both the Northern and Southern press began to interpret the high mortality rates among freedpeople as signs of the extinction of the black race,” thus “turning a biological crisis into a discourse about racial survival” (Downs 15). In January 1866, for example, a correspondent for the *New York Times* reported that the “inordinate mortality” among African Americans was due to “dirt, debauchery, [and] idleness” (qtd. in Downs 100-1): in short, by failures of self-care.

In March 1865, the U.S. federal government had established the Bureau of Refugees, Freedmen and Abandoned Lands (Freedmen's Bureau) under the auspices of the War Department in an attempt to address the circumstances of formerly-enslaved African Americans in the postwar South. The institution of the Bureau's Medical Division, in particular, constituted what Downs deems "a watershed in the history of federal power," as it "placed federal officials for the first time in U.S. history in direct and intimate contact with the bodies of ordinary people" (12).<sup>56</sup> Yet while the Medical Division was ostensibly a public welfare agency, its principal if tacit aim was the creation of a healthy labor force; indeed, Downs notes, anxieties about African Americans' dependence on government assistance "shaped every decision that federal authorities made about the construction, organization, and the management of medical care in the Reconstruction South" (9, 72). As the head of the Freedman's Bureau, Major General O.O. Howard, declared in a circular: "The negro should understand that he is really free, but on no account, if able to work, should he harbor the thought that the Government will support him in idleness" (qtd. in Downs 73).

Both slaveholders and enslaved people had recognized that health care was crucial to the progress of the plantation economy: "As long as we were their property," John F. Van Hook explained in a WPA interview, "our masters were mighty careful to have us doctored up right when there was the least sign of sickness" (Federal Writers' Project). Once African Americans were no longer legally property, the government's impetus to see them "doctored up right" similarly took its cues from the economic interests of the market. At the level of policy, as Savitt notes in his analysis of health care under the Georgia Freedman's Bureau, the government "encouraged white public

---

<sup>56</sup> The Medical Division of the Freedman's Bureau was established on June 16, 1865, in response to the rising mortality rate of freedman, and placed under the direction of Surgeon-in-Chief Caleb W. Homer. For more on the Freedman's Bureau and medical policy in the Reconstruction South, see Gerteis, *From Contraband to Freedman* (1973); Legan, "Disease and the Freedmen in Mississippi During Reconstruction" (1973); May, "A Nineteenth-Century Medical Care Program for Blacks" (1973); Rabinowitz, "From Exclusion to Segregation" (1974); Hasson, "Health and Welfare of Freedmen in Reconstruction Alabama" (1982); Finley, "In War's Wake" (1992); Pearson, "There are Many Sick, Feeble, and Suffering Freedman" (1992); Cimbala, *Under the Guardianship of the Nation* (1997); and Farmer-Kaiser, *Freedwomen and the Freedman's Bureau* (2010).

officials to care for blacks only in compliance with Bureau demands or in their own self-interest when smallpox or cholera threatened the entire population.” At the level of practice, some white officials and physicians complained that African Americans were resisting white medical intervention in the name of autonomy: an “unrealistic medical ‘self-help’ attitude” that was, Savitt suggests, not as prevalent as may have been imagined (“Politics in Medicine” 64, 57). Still, this subversion of white medical authority had its political consequences, as Bureau officials “portrayed African American rejection of white medical supervision as the symptom of a disordered society” (Fett ix). Freedpeople’s will to self-help and self-care was thus presented both as pathologically lacking and pathologically exaggerated.

As this chapter has demonstrated, the biopolitics of slavery relied upon paradoxical claims: on the one hand, a theory of racialized immunity, which implicitly legitimated neglect; on the other hand, a theory of African Americans’ incapacity for self-care, which implicitly legitimated a paternalistic politics of care. Framing African American illness as the effect of freedpeople’s failure to exert appropriate responsibility over their own lives and bodies, rather than as the failure of the state to ensure and protect the rights to life and health, Reconstruction-era discourse effectively fulfilled the prophecy of antebellum pro-slavery ideologues, who grimly forecasted the decay of American civilization in the event of emancipation. The demographic data regarding the physical and mental health of free blacks supplied by 1840 census, in particular, had ostensibly granted statistical support to the racist argument regarding the degenerative propensity of the African American population. A report published in the *Southern Literary Messenger* in 1843 held the census data revealed that “the mortality of the free people of color in the United States is more than 100% greater than that of slaves,” and offered proof that “[t]he free colored race, in the free States, have been for many years deteriorating” (345) — a deterioration especially evidenced, they noted, by the

proportion of those designated “insane and idiots”<sup>57</sup> (see fig. 3.6). Lambasting the “many different *isms*” (348) that had promulgated in the North, the *Messenger* reasoned that “the vices of free blacks have increased in proportion to the time which has elapsed since their emancipation,” and thus “general emancipation would be attended with the most injurious consequences to the country where it took place, and eventually prove fatal the emancipated race” (351).

	White population.	Insane and Idiots.	Proportion to population.	Free colored.	Slaves.	Insane and Idiots.	Proportion to population.
Maine	500,438	537	1 in 931	1,355		94	1 in 14
New Hampshire	284,036	486	1 in 584	537	1	19	1 in 28
Massachusetts	729,030	1,071	1 in 680	8,669		200	1 in 43
Rhode Island	105,587	203	1 in 520	3,238	5	13	1 in 249
Connecticut	301,856	498	1 in 606	8,105	17	44	1 in 184
Vermont	291,218	398	1 in 731	730		13	1 in 56
New York	2,378,890	2,146	1 in 1,108	50,027	4	194	1 in 257
New Jersey	351,588	369	1 in 952	21,044	674	73	1 in 297
Pennsylvania	1,676,115	1,946	1 in 861	47,854	64	187	1 in 256
Delaware	58,561	52	1 in 1,126	16,919	2,605	28	1 in 696
Maryland	318,204	387	1 in 822	62,078	89,737	141	1 in 1,076
Virginia	740,968	1,048	1 in 707	49,872	448,987	384	1 in 1,299
North Carolina	484,870	580	1 in 836	22,732	245,817	221	1 in 1,210
South Carolina	259,084	376	1 in 689	8,276	327,038	137	1 in 2,477
Georgia	407,695	293	1 in 1,391	2,753	280,944	134	1 in 2,117
Alabama	335,185	232	1 in 1,444	2,039	337,224	125	1 in 2,714
Mississippi	179,074	116	1 in 1,543	1,366	195,215	82	1 in 2,397
Louisiana	158,457	55	1 in 2,881	25,502	168,452	45	1 in 4,310
Tennessee	640,627	699	1 in 916	5,524	183,059	152	1 in 1,240
Kentucky	590,253	795	1 in 742	7,317	182,258	180	1 in 1,053
Ohio	1,502,122	1,195	1 in 1,257	17,342	3	165	1 in 105
Indiana	678,702	487	1 in 1,393	7,165		75	1 in 95
Illinois	472,254	213	1 in 2,216	3,598		79	1 in 45
Missouri	323,888	202	1 in 1,603	1,574	58,240	68	1 in 879
Arkansas	77,174	45	1 in 1,715	465	19,935	21	1 in 970
Michigan	211,560	39	1 in 5,424	707		26	1 in 27
Florida	27,943	10	1 in 2,794	817	28,767	12	1 in 2,143
Wisconsin	30,749	8	1 in 3,843	185	11	3	1 in 65
Iowa	42,924	7	1 in 6,132	172	16	4	1 in 47
District of Columbia	30,657	14	1 in 2,189	8,361	4,694	7	1 in 1,865

Fig. 3.6. “Reflections on the Census of 1840.” *Southern Literary Messenger* 9 (June 1843).

<sup>57</sup> For further discussion of the significance of the 1840 census in particular, see Litwack, *North of Slavery* (1961); Cohen, *A Calculating People* (1999); Brown, *Until Darwin* (2010); and Nielsen, *A Disability History of the United States* (2012). For more on the use of census data to support the theory of African American degeneration, particularly the census of 1870, see Haller, *Outcasts from Evolution* (1970), and Fredrickson, *The Black Image in the White Mind* (1971).



African American writers had attempted to counter such bleak forebodings not only through rhetoric, but through this same modality of vital statistics. For example, James McCune Smith—the first African American to earn a medical degree—would attack the racist conclusions drawn in 1839 by the *Physicians Report* on the Colored Orphans Asylum in New York, which proposed that the poor health of free blacks in the North was a function of their innate unfitness both for its cold weather and its free labor economy. In an editorial published in the *Colored American* newspaper that year, Smith appealed to the *Report's* own data to refute its conclusions (Long 33). Still, both pro-slavery and abolitionist writers would continue to debate the fate of emancipated African Americans, asking, along with the author of an 1854 article in *Frederick Douglass' Paper*, “What Becomes of the Free Colored People?” Countering the “gloomy philosophy” that held “that Slavery is the only condition in which the negro thrives, and that to liberate him is to annihilate him,” the author contended “that it has no foundation to rest on, but the unjust prejudices which have been engendered in the atmosphere of Slavery.”

As the condition of freedpeople in the Reconstruction-era United States attests, the “unjust prejudices” of scientific racism that had been “engendered in the atmosphere of Slavery” continued to persist in the postbellum American atmosphere, resulting in a catastrophic failure of care at a federal level. Indeed, as Massachusetts Representative Thomas D. Eliot had warned when he first brought an Emancipation bill to Congress in January 1863, “[t]he liberation of millions of slaves without federal protection” was nothing less than “a crime against humanity” (qtd. in Downs 61). Following the Civil War, millions of nominally-emancipated African Americans would experience this acutely, faced with the disappointed promises of freedom. As Elizabeth Keckley reflected in her memoir of the years she worked in the White House as a seamstress to Mary Todd Lincoln, freedman who arrived in Washington in 1862 had been quickly disillusioned: “there was something repelling in the atmosphere,” wrote Keckley, “and the bright joyous dreams of freedom to the slave

faded—were sadly altered, in the presence of that stern, practical mother, reality” (112). The pure and healing atmosphere of freedom so often touted by abolitionists was, like so many nineteenth-century miracle cures, merely an invented remedy for desperate times, disguising a far more deeply-seated systemic ill. In reality, as Ohio’s Justice Bowen suggested, immunity from enslavement must be enforced “by the operation of law,” and not the intercession of the “atmosphere.” At the same time, as writers like Brown, Crafts, and Truth illustrate, the vitiating influence of *literal* atmospheres, both physical and social, produced profound and “legitimate” risks to the health of the African American population.

## CHAPTER FOUR

### Hygienic Sentimentality: Degeneration and the American Marriage Experiment

I have only to say here that marriage, if discordant, unsuited, unhappy, or even indifferent, is of necessity the source of those idiosyncrasies, physical and mental, which produce disease and crime; as the union of the two sexes under the happy impulse of mutual love, tends to produce a healthy, harmoniously developed offspring. Consequently, the perpetuation of indifferent, or discordant unions, by indissoluble marriage, is one of the greatest social evils, and tends more than any other to hinder the progress of the race.

—Thomas Low Nichols and Mary Sargeant Gove Nichols, *Marriage: Its History, Character, and Results* (1854)

Unhappy marriages are the tragedies of our day, and will be, till we learn that there are truer laws to be obeyed than those custom sanctions, other obstacles than inequalities of fortune, rank, and age. Because two persons love, it is not always safe or wise for them to marry, nor need it necessarily wreck their peace to live apart.

—Louisa May Alcott, *Moods* (1864)

The April 1888 issue of John Harvey Kellogg's *Good Health* magazine contains an obituary of sorts for the recently-deceased Louisa May Alcott. Nested amid reflections on subjects such as "Domestic Sources of Air-Poisoning" and "Murderous Fashions," a recurring column entitled "Famous Women Interested in Hygiene and Temperance" memorializes the beloved American children's author for her membership among these ranks—noting, for instance, that she had been "reared a vegetarian," that "[h]er father's cousin, Dr. Alcott, was one of the first to espouse the cause of hygiene and sanitary reform in this country," and that "her writings abound with hygienic sentiments" (138). Widely recognized as the daughter of Transcendentalist philosopher and erstwhile

educational reformer Bronson Alcott—whose failed utopian community of the 1840s advocated such practices as vegetarianism and cold-water bathing, which antebellum health reformers valorized (and which his daughter would satirize)<sup>1</sup>—Louisa May Alcott had long been interested in health and hygiene; her didactic writings for girls, in particular, stress the salubrious effects of natural diet, physical activity, and homoeopathic remedies.<sup>2</sup> Yet her “hygienic sentiments” also found frequent, and forceful expression in her trenchant critiques of marriage: an institution, she suggested, that was not the exclusive province of the domestic sphere, but rather a critical domain for public health.

Seven months before her death, Alcott published an essay entitled “Early Marriages” in the *Ladies Home Journal*, in which she cautioned her readership against matrimonial recklessness.<sup>3</sup> Presenting marriage as inextricably bound up with “the high duty of continuing the race,” Alcott situates partner selection both as a form of self-care and as a civic responsibility. Urging her audience to heed its responsibilities as “the fathers and mothers of the coming generation,” she counsels them to “remember that self-knowledge, self-control, self-help are all important” in preventing those lamentable products of unconscious couplings: “invalid” wives, “indifferent or tyrannical” husbands, and “puny” children. The power to manufacture a “stronger, wise, happier” generation, Alcott suggests, lies with the individual—though popular opinion too often attributed the preponderance of “invalid” women and their “puny” progeny to irremediable causes: “people console themselves by talking of the deterioration of the race, and the mysterious dispensations of Providence,” Alcott writes; “So the costly experiment goes on” (3).<sup>4</sup>

---

<sup>1</sup> See Alcott’s satire of the Fruitlands experiment, “Transcendental Wild Oats” (1873). For more on the Fruitlands experiment, see Sears, *Bronson Alcott’s Fruitlands* (1915) and Francis, *Fruitlands* (2010).

<sup>2</sup> Alcott’s novel *Eight Cousins* (1875) offers one of the most comprehensive illustrations of her philosophy of girls’ health. See Eiselein and Phillips, *The Louisa May Alcott Encyclopedia*, 133-34.

<sup>3</sup> An abbreviated version of this essay was also reprinted in the November 1888 issue of *Good Health*.

<sup>4</sup> Alcott makes a similar assertion in her fragment “Diana and Persis,” in which the eponymous Diana warns a friend seeking artistic inspiration: “Don’t look for it in marriage, that is too costly an experiment for us” (386).

Recriminating a cohort who would complacently “console themselves by talking of the deterioration of the race,” Alcott alludes to certain adherents of degenerationism, the influential nineteenth-century bio-social theory that held that the “human” (but implicitly Anglo-American) race was marred by the progressive declension of physical and mental capacities, as evidenced by the preponderance of “idiocy,” criminality, and hereditary disease.<sup>5</sup> Throughout the nineteenth century, as J. Edward Chamberlin and Sander L. Gilman observe, degeneration “seemed to develop a particular sort of conceptual autonomy,” as “the questions about its relationship to reality or its status as an idea became less important than its authority as an organizational scheme or discursive mode” (xi). Following these observations, this chapter approaches degeneration as “an organizational scheme or discursive mode” that structured both nineteenth-century biopolitics and the sentimental novel. In the antebellum United States, the rise of degenerationist thought was ineluctably bound up with contemporary miscegenation anxieties and theories regarding the enervation and eventual extinction of Native American and African American races.<sup>6</sup> While acknowledging the ways in which nineteenth-century degenerationism remains largely inextricable from attendant logics of white supremacy, this chapter aims to illustrate how figurations of disease and disability (or, to borrow ambiguous nineteenth-century diagnostic terminology, “general debility”) informed the biopolitics of middle-class marriage.

---

<sup>5</sup> While many antebellum American writings express the anxiety of degeneration, the theory was most notably articulated by French psychiatrist Bénédict Morel in his *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine et des causes qui produisent ces variétés maladives* (1857), and later by the German doctor Eduard Reich in his volume *Ueber die Entartung des Menschen: Ihre Ursachen und Verhütung* (1868). In his 1892 work *Degeneration (Entartung)*, Max Nordau would famously reflect upon the degenerative effects of urbanization in modernity.

<sup>6</sup> Martin Delany would refute popular charges of African American degeneration in his 1854 address, “Political Destiny of the Colored Race on the American Continent.” “Is it not worthy of a notice here,” Delany asked, “that while the ingress of foreign whites to this continent has been voluntary and constant, and that of blacks involuntary and occasional, yet the whites in the southern part have *decreased* in numbers, *degenerated* in character, and become mentally and physically *enervated* and imbecile; while the blacks and colored people have studiously *increased* in numbered, *regenerated* in character, and have grown mentally and physically vigorous and active, deploying every function of their manhood, and are now, in their elementary character, decidedly superior to the white race?” (234). For further discussion of theories of racial degeneration, particularly with regard to emancipated African Americans, see Stepan, “Biology and Degeneration” (1985).

Antebellum American health reformers primarily posited humanity's degenerative bent not as an inevitable and inescapable condition of modernity, but, in accordance with a Lamarckian understanding of the inheritance of acquired characteristics, as a self-inflicted condition produced by refusal to adhere to the physiological "laws of life."<sup>7</sup> Framing degeneration as the populational effect of successive failures of self-care, influential Christian physiologists such as Elizabeth Blackwell, Sylvester Graham, and William Alcott—Louisa May Alcott's celebrated second cousin—suggested that instituting reform at the level of the body could produce improvement at the level of population.<sup>8</sup> Women, in particular, were imagined as both indexes and agents of degeneration, as evidenced by anxieties surrounding the seeming epidemic of "female diseases."<sup>9</sup> In her popular 1852 treatise *The Laws of Life*, for example, Blackwell pointed to the correlation between "the rapid spread of the diseases of women" and "the degeneracy of the race, which is taking place, and which must inevitably be the result of a weakened and diseased state of the mothers of our land" (32). Accordingly, these reformers aligned of the health of American female body with prospective vitality and virility—or, alternatively, morbidity and sterility—of the nation.

---

<sup>7</sup> For an overview of the antebellum discipline of physiology and health reform movements, particularly among middle-class women, see Morantz-Sanchez, *Sympathy and Science* (1985).

<sup>8</sup> For example, anticipating Alcott's critique of the ways in which "deterioration" was routinely pawned off on "the mysterious dispensations of Providence," the Seventh-Day Adventist health reformer Ellen G. White suggested that those who would "charge their sufferings upon Providence" were "asleep as to [degeneration's] real causes": "it is intemperance," she insisted, "that lies at the foundation of all of this suffering" (51).

<sup>9</sup> Alcott's exhortation in "Early Marriages" echoes Ira Warren's assertion in *The Household Physician* (1859) that these diseases of the female reproductive system were "fast unfitting woman for the high duty of continuing the race" (43). Edward Hammond Clarke would famously extend this anxiety into an argument against women's education in his infamous antifeminist tract *Sex in Education* (187). Clarke contended that women's pursuit of education had occasioned the "neglect" of the all-important function of menstruation, and thus "each succeeding generation, obedient to the law of hereditary transmission, has become feebler than its predecessor. Our great-grandmothers are pointed at as types of female physical excellence; their great-grand-daughters as illustrations of female physical degeneracy" (27-28). The following year, a collection of essays edited by Julia Ward Howe entitled *Sex and Education* refuted Clarke's "pet theory of the incompatibility of health with intellectual activity, for women only" (24). As Howe noted, "[t]he periodical function peculiar to women is point upon which Dr. Clarke dwells with persistent iteration. Its neglect he considers the principal source of disease among the women of our land" (16). This was no physiological fact, Howe argued but rather a "fable out of which Dr. Clarke draws the moral that women must not go to college with men" (20).

In order to combat degenerative tendencies of the American “race,” reformers proposed a program of agentive, preventive care that began with the self and the home. For example, in his essay “Physical Decline of American Women,” published in *The Knickerbocker* in January 1860 and later expanded as a treatise entitled *Conjugal Sins Against the Laws of Life and Health and Their Effects Upon the Father, Mother, and Child* (1870), Dr. Augustus K. Gardner argued that women were not inherently inferior to men, but had been damned by “self-degeneracy”—namely, by their “slavery to forms, and customs, and observances, from being tied down by fashion and folly” (52). With characteristic antebellum optimism in the efficacy of self-reform as a counter-measure to “self-degeneracy,” Gardner advocated for a reform grounded in an ethic of prophylaxis: “If the sins of the past can only be alleviated,” he writes, “in the future they may be prevented” (50).

By the end of the century, degenerationist anxieties would reach a discomfiting crescendo in the advent of eugenics.<sup>10</sup> While pioneering historians such as Carroll Smith-Rosenberg and Cynthia Eagle Russett illustrated the ways in which the concurrent development of evolutionary and eugenic theory in the late nineteenth century sought to affirm female inferiority and thereby justify women’s social and political subordination,<sup>11</sup> more recently, scholars have attended to the ways in which these new sciences did not only supply “fuel to the antifeminist fire,” but also informed the strategies of women’s rights activists who approached science as “an ally, rather than as an enemy, to their aims” (Hayden 5). In particular, discourses of self-conscious population “improvement” offered a scientific basis to arguments for reproductive autonomy advanced by late nineteenth-century

---

<sup>10</sup> A term coined by Galton in his 1883 *Inquiries into Human Faculty and Development*, eugenics, as Alexandra Stern affirms, “was sown in the soil of degenerationism.” This theory, Stern continues, was importantly informed by neo-Lamarckian theories of inheritance: “On the one hand, neo-Lamarckism promoted optimism in reformers who hoped that cleaning up urban decay and instituting public and personal hygiene could produce more vigorous ‘stock.’ On the other hand, it also made reformers skeptical about their ability to impede the likely and natural regression of humans back down the evolutionary scale” (14).

<sup>11</sup> See Smith-Rosenberg *Disorderly Conduct* (1985), and Russett, *Sexual Science* (1989).

activists like Victoria Woodhull and Juliet Severance,<sup>12</sup> and, later, by Margaret Sanger. This *fin de siècle* “eugenic feminism”<sup>13</sup> has often been understood as a kind of watershed for the politicization of reproduction, one that in turn invested white feminism with ideological ties to white supremacy.<sup>14</sup> However, this chapter examines the ways in which feminist arguments incorporated and reformulated degenerationist arguments in the decades prior to the rise of evolutionary and eugenic theory. While it engages with the fraught relationship of nineteenth-century women’s rights movements to racist and ableist ideologies, it also resists reading antebellum degeneration discourse as an inevitable anticipation of twentieth-century eugenic practice or “racial hygiene.” Instead, this chapter shows how writers like Alcott strategically (and strangely) marshalled the widespread cultural anxiety concerning degeneration in the service of feminist—and, I argue, queer—critique.

This chapter begins with an examination of the ways in which antebellum medico-political discourses implicated American women as key agents in the physical regeneration of the nation. In the 1840s and 50s, scientific inquiries into hereditary transmission facilitated an extension of republican motherhood ideology into the realm of biology, affording contiguity between the regulation of sexuality and racial progress. Degenerated mothers, they warned, produced degenerated children: a truism, Blackwell insisted, that “should arrest the attention of a conscientious being, of a tender parent—*voluntarily* to injure our children, to degrade humanity” (32):

---

<sup>12</sup> Woodhull ascribed in particular to the proto-eugenic theory of sexual selection known as “stirpiculture,” initially advanced by John Humphrey Noyes (deriving from the Latin *stirpes*, or “root”). See Woodhull, *Stirpiculture; or, The Scientific Propagation of the Human Race* (1888), and Severance, *Marriage* (1893).

<sup>13</sup> For more on the uneasy pairing some authors have called “eugenic feminism,” see Bland, *Banishing the Beast* (1995); Richardson, *Love and Eugenics in the Late Nineteenth Century* (2002); Nadkarni, *Eugenic Feminism* (2006); Seitler, *Atavistic Tendencies* (2008); Hayden, *Evolutionary Rhetoric* (2013). For further discussion on feminist alliance with, rather than resistance to, Darwinian theory, see Hamlin, *From Eve to Evolution* (2014). During the Progressive Era, as Charlotte J. Rich points out, the widely-circulated “attractive mass-culture image of the New Woman suggests that, despite the forward-looking optimism of Progressivism that this figure echoed, she largely represented an affirmation of the American status quo, content with her privileged position within economic and racial hierarchies” (27). For further discussion of the New Woman as a response to the “threatened mongrelization of the ‘pure’ Anglo-Saxon race” (73), see Rudnick, “The New Woman” (1991).

<sup>14</sup> This critique, of course, has long been foundational to black feminist scholars and intersectional feminists. For further discussion of white supremacy and the American eugenics movement, see Roberts, *Killing the Black Body* (1997).



“voluntarily,” Blackwell reasoned, because such diseases were “directly within our own power radically to cure” (33).<sup>15</sup> Accordingly, Blackwell echoed many of her contemporaries by appealing to the American mother as a regenerative force: “Think of this, oh mothers!” she implored; “when you see your young daughters growing up around you, remember that it is in your power to render them healthy and strong in body, and the mothers, in their turn, of a stronger race than ours, or to subject them to the disease and suffering which enfeebles the present generation” (33).<sup>16</sup>

Fear of the “enfeebling” mother in turn proved a crucial tool for mid-century free love feminism, a mid-century social movement that argued for partnerships based upon mutual affinity and consent rather than social prescription and economic necessity, eschewing state interference in the marriage institution.<sup>17</sup> On the one hand, the orientation of the mid-century free love movement was metaphysical, deriving its theory of “elective affinities” from antebellum spiritualists like Charles

---

<sup>15</sup> In her *Letters to the People on Health and Happiness* (1855), Catharine Beecher similarly complained that “the American people are pursuing a course, in their own habits and practices, which is destroying health and happiness to an extent that is perfectly appalling”—that in fact, “the majority of parents in this nation are systematically educating the rising generation to be feeble, deformed, homely, sickly, and miserable; as much so as if it were their express aim to commit so monstrous a folly” (7). This “dreadful neglect and mismanagement” on the part of American parents—evidenced, Beecher argued, by the fact that American children were “every year becoming less and less healthful and good-looking” (8)—could be corrected, she suggested, by the guidance of advice manuals like her own. “Nothing is needed,” she insisted, “but a *full knowledge* of the case, and then the *application of that practical common-sense and efficacy to this object*” (10).

<sup>16</sup> While beyond the scope of this chapter, it is worth noting that the discourse of degeneration shares much in common with the discourse of venereal disease. Both degeneration and venereal diseases were understood as insidious transmissions that infected the domestic sphere and inflicted their ravages upon innocent women and children; both were understood as remediable through sexual hygiene. For example, in her 1867 *Sexology as the Philosophy of Life: Implying Social Organization and Government* (1867), Elizabeth Osgood Goodrich Willard declared that the “sexual abuses” perpetrated in brothels “are diffused into families and transmitted to children. To curse one’s self is bad enough, but this is a light sin compared with the crime that entails misery upon innocent babes, and curses future generations” (311-12). Understandings of the transmission of diseases like syphilis were indeed folded into a degenerationist paradigm by way of Lamarckian thought; see Lomax, “Infantile Syphilis as an Example of Nineteenth Century Belief in the Inheritance of Acquired Characteristics” (1979).

<sup>17</sup> An early influence on the American free love movement was Scottish reformer Robert Dale Owen, whose *Moral Physiology* (1830/1) advocated for birth control practices. Yet as Taylor Stoehr has noted, “free love” did not necessarily imply a concrete, coherent agenda, but rather became “the rallying cry for ultra-reformers who...demanded remedies for all the sexual evils they saw in society, whether marital unhappiness or adultery, jealousy or impotence and frigidity, kitchen drudgery or unwanted pregnancy, prudery or prostitution” (5). For a history of the free love movement, see Sears, *The Sex Radicals* (1977); Stoehr, ed., *Free Love in America* (1979); Spurlock, *Free Love* (1988); Perkin, *Women and Marriage in Nineteenth-Century England* (2002); and Passet, *Sex Radicals and the Quest for Women’s Equality* (2003).

Fourier and Andrew Jackson Davis.<sup>18</sup> On the other hand, its orientation was also physiological, deriving its impetus for the production of vital progeny from scientific and pseudo-scientific theories of hereditary degeneration.<sup>19</sup> As we shall see, treatises like *Marriage: Its History, Character, and Results* (1854), co-authored by the hydropathic physician Mary Sargeant Gove Nichols and her (second) husband, fellow health reformer Thomas Low Nichols,<sup>20</sup> appealed to cultural anxieties of degeneration to illuminate marriage's biopolitical stakes, concomitantly arguing that women's conjugal autonomy was necessarily connected with the improvement of the "race."

This rhetorical strategy relied not only on the logos of scientific rhetoric, but upon the pathos implicit in scenes of suffering: the image of the sickly child, in particular, constituted an enduring trope for both degenerationist discourse and the nineteenth-century sentimental novel. Accordingly, this chapter explores the formulation of the discursive mode I am calling "hygienic sentimentality." An iteration of what Nikolas Rose terms "biological ethopolitics"—"the politics of how we should conduct ourselves appropriately in relation to ourselves, and in the responsibilities

---

<sup>18</sup> As Davis, the so-called "seer of Poughkeepsie," explained in the first volume of his opus *The Great Harmonia* (1850), "the innumerable particles of what might be termed unparticled matter, which constitute man's Spiritual principle, were constitutionally endowed with certain elective affinities, analogous to an immortal friendship" (166-67). Fourier alternately referred to these affinities as "passional attraction"; as he argued in his *Theory of Social Organization* (1876), attraction was a "perfect agent or motor in social mechanics" that "will impel and direct Humanity rightly in the path of its social Destiny" (111). For more on the influence of Fourier's philosophy in the nineteenth-century United States, see Guarneri, *The Utopian Alternative* (1994).

<sup>19</sup> The union of spiritualism and eugenicism is clearly evident mid-century social experiments such as the Oneida Community. Founded in 1848 by John Humphrey Noyes, the Oneida Community extended its system of "complex marriage" to a program of "stirpiculture" (selective breeding) in 1869. For further discussion of the Oneida Community and other nineteenth-century American communal living experiments, see Foster, *Women, Family, and Utopia* (1991); Spencer, *Without Sin* (1993); Carden, *Oneida* (1998); and Kern, *An Ordered Love* (2014).

<sup>20</sup> Hydropathy was formulated in the 1820s by the Austrian alternative healer Vincenz Priessnitz, whose theories were popularized in England by Captain R.T. Claridge in the 1840s. Joel Shew and Russell Thacher Trall instituted water cure facilities in the United States; Harriet Beecher Stowe received treatment at Dr. Robert Wesselhoeft's water cure establishment in Brattleboro, Vermont. Other notable American water cure practitioners included James Caleb Jackson, who offered the treatment at the "Our Home Hygienic Institute" in Dansville, New York; and John Harvey Kellogg, who later adopted the technique at his Battle Creek Sanitarium. Mary Sargeant Gove and Thomas Low Nichols were frequent contributors to the *Water-Cure Journal*, edited by Trall. For more on the nineteenth-century water cure movement, see Weiss and Kemble, *The Great American Water-Cure Craze* (1967); Donegan, "Hydropathic Highway to Health" (1986); and Marland and Adams, "Hydropathy at Home" (2009). For more on Nichols's life and career, see Blake, "Mary Gove Nichols, Prophetess of Health" (1962); Danielson, "Healing Women's Wrongs" (1992); and Silver-Isenstadt, *Shameless* (2002).

for the future,” which “forms the milieu within which novel forms of authority are taking shape” (27)—hygienic sentimentality illustrates the strategic importance of *affect* for antebellum health reform. The sentimental novel, I suggest, is one such “novel form of authority.”

The latter part of this chapter turns to a reading of Alcott’s little-read and under-theorized first novel, *Moods* (1864), whose two editions—published in 1864 and 1882—offer, respectively, a continuation and critique of “hygienic sentimentality.” A cautionary tale about the havoc that capricious marriages can wreak, *Moods* was widely dismissed upon its initial publication as a tedious illustration of what one reviewer deemed “matrimonial metaphysics.” Exploring Alcott’s engagement with contemporary discourses of physiology, phrenology, and hygiene, I demonstrate how Alcott’s “metaphysics” are in fact grounded in physiology. While Alcott may have located an audience especially receptive to her argument for the “high duty” of population improvement in 1887, her recommendations in “Early Marriages”—firstly, that “[f]ew girls of eighteen are ready, either physically or mentally, to become wives and mothers,” and secondly, that prospective spouses’ “[t]emperaments should harmonize” (3)<sup>21</sup>—aptly articulate the “hygienic sentiments” of her first novel. Indeed, the “wise man” she invokes as the utterer of her essay’s opening aphorism—“Unhappy marriages are the tragedies of our day”—is no *fin de siècle* sociologist or social reformer, but Adam Warwick, the unlikely Transcendentalist love interest of *Moods*.

Ultimately, this chapter seeks to assess the ways in which Alcott’s “hygienic sentiments”—an anticipation of what later health reformers like Russell Trall and John Harvey Kellogg would call “sexual hygiene,” as well as the broader movement toward “social hygiene” in the Progressive Era—occasion not only a feminist critique of the marriage institution, but a queer critique of

---

<sup>21</sup> Importantly, “temperament” was understood as an inherited tendency that might be managed by self-management and self-restraint. In an 1850 lecture on “The Temperaments,” for instance, Dr. Harriot K. Hunt discussed “the wrong management of mothers & others having charge of youth, & pointed out the responsibility resting on those, who have been enlightened on the subject of Physiology, to counteract the tendencies of present customs at variance with the laws which govern our bodies and minds” (qtd. in Verbrugge 74).

heteronormative kinship structures more broadly. According to nineteenth-century degenerationist discourse, resistance to marriage and reproduction was not only the right, but the moral and civic imperative of those who suffered from hereditary disease and disability. While this was an undoubtedly ableist and arguably proto-eugenic position, as Alcott illustrates in *Moods* and—more successfully, I suggest—in her later novel *Work* (1873), it could also be a strategic one. Queered by their heredity, the “tainted” could ostensibly refuse heteronormative kinship structures out of civic-mindedness, leaving to others “the high duty of continuing the race.”

### **“The Sins of the Mothers”: Republican Reproduction and 1850s Free Love Feminism**

In his 1856 manual *The Physiology of Marriage*, William Alcott reflected upon the “mighty work of declension” that had begun, presumably, with the disobedience of Eve. If the human race had been thus degenerated—through the actions of an individual—it might, he suggested, be thus redeemed: “every young head of a family, for whom I write, may one day have been the progenitor of more millions than Eve yet has. And is this not a solemn thought?” Alcott asked; “Whose heart does not beat high at the bare possibility of becoming the progenitor of a world, as it were, of pure, holy, healthy, and greatly elevated beings—a race worthy of emerging from the fall—and of enstamping on it a species of immortality?” (96).

While Alcott addresses himself in particular to young men, warning his testosterone-addled audience against “the evils of sexual indulgence” as a means to curb “the tendencies to degeneration, by hereditary transmission” (74), his allusion to Eve illustrates the ways in which degenerationist anxieties centered on the role of women in “enstamping” future generations. Scholars have noted the ways in which discourses of degenerationism performed frequent and often overt continuities with theological doctrine; “[i]n the post-Darwinian years especially,” Charles Rosenberg observes, “a surprising variety of articulate Americans found in heredity a plausible mechanism with which to

restate in appropriately secular form a lingering commitment to ‘original sin’ (*No Other Gods* 39).<sup>22</sup> The mythology of Eve’s seminal transgression, in particular, functioned as an organizing fiction of transmission, positing the female body as an object of suspicion and discipline.<sup>23</sup> At the same time, American reformers like Alcott strove to re-signify Genesis, figuring the reproductive female body not only as a site of degeneration, but as a site of potential progress. Rather than reinforce the determinist logic of the Calvinist doctrine of total depravity by positing the human race as ineluctably susceptible to decay, Christian physiologists like Alcott, Graham, and Blackwell promoted the notion that abstinence from the temptations of artificial civilization would facilitate a return to the salutary state of nature apotheosized in Eden.<sup>24</sup>

Many antebellum domestic conduct and medical manuals were marketed specifically to women, valorizing the role of the mother in the manufacture of future citizens. In fact, the first popular American scientific text on the topic of hereditary transmission, *Facts and Arguments on the Transmission of Intellectual and Moral Qualities from Parents to Offspring* (1843) by the health reformer and

---

<sup>22</sup> One of these “articulate Americans” was Dr. Oliver Wendell Holmes, Sr., whose 1864 novel *Elsie Venner*—which he referred to a “physiological romance,” and, later, as one of his “medicated novels”—purportedly seeks to explore “the doctrine of ‘original sin’ and human responsibility for the disordered volition coming under that technical denomination” (ix-x). For discussions of *Elsie Venner*, see Davis, *Bodily and Narrative Forms*, and Thraikill, *Affecting Fictions* (2007).

<sup>23</sup> As Nancy Isenberg has noted, the story of Genesis “played a continuing, vital part in antebellum political discourse,” supplying “a seemingly endless variety of political paradigms for defining sexual difference” (71); the story of Eve’s origin in Adam’s rib and its implications, in particular, had been challenged by nineteenth-century American feminists including Judith Sargent Murray, Sarah Grimke, and Elizabeth Cady Stanton. Building upon Isenberg’s observations, Kimberly Hamlin adds that “during periods of heightened publicity or success of the women’s rights movement” — the 1840s and 50s, and 1880s and 90s — “[r]eferences to Eve reached a fevered pitch” (29).

<sup>24</sup> “Who ever imagined Adam suffering from dyspepsia, or Eve in a fit of hysterics?” Blackwell asked; “The thought shocks us—our Eden becomes a hospital” (16). For Blackwell, the discrepancy between prelapsarian paradise and the dyspeptic, hysteric modernity nineteenth century was also evident in the general unsightliness of the populous: “When we walk down our crowded Broadway, we cannot but observe how unbeautiful, ungraceful, unattractive the human race has grown—what plain, mean features—what jaded, ignoble, vacant expressions—what shuffling, awkward, unstable gait—pretty faces are rare—grandly beautiful faces are not to be seen; and could we view the figure unconcealed by art, what shrunken limbs, crooked spines, weak joints, and disproportioned bodies, would greet our eyes, we should assuredly take the spectacle for a caricature of humanity; we could not believe that such a fatal distance existed between us and our Adam and Eve” (28-9). Graham similarly noted that the present ugliness of the human race indicated its degeneration from this ideal state, since “God created our first parents perfectly beautiful” (*Lectures* 161).

phrenology enthusiast<sup>25</sup> Hester Pendleton, is dedicated to “the INTELLIGENT MOTHER; Anxious for the IMPROVEMENT OF HER OFFSPRING.”<sup>26</sup> Echoing the rhetorical appeals of earlier domestic advice manuals such as Lydia Maria Child’s *The Mother’s Book* (1831)—dedicated “To American Mothers, on Whose Intelligence and Discretion the Safety and Prosperity of our Republic so much Depends”—Pendleton presents her text a compendium of physiological “truths which, acted upon, would become the golden key to many a mother’s happiness, and many a nation’s prosperity” (iv). Accordingly, Pendleton situates the responsibility “to promote the happiness and well-being of future generations...by transmitting to them sound constitutions and virtuous inclinations” as “a power and a duty that devolves principally upon the mother, for the due performance of which she ought to be held responsible, at least by public opinion” (viii).

Invoking that particularly efficacious mode of political discipline, “public opinion,” Pendleton endeavors to extend the politics of reproduction beyond the domestic sphere, considering its implications at a national scale. In so doing, she appeals to the pervasive contemporary ideology of “republican motherhood,” a theory of early American women’s political agency that drew upon Enlightenment philosophies of the eminent educability of children in order to position mothers as instruments in the cultivation of “civic virtue.”<sup>27</sup> For example, in her *Treatise on Domestic Economy* (1841), Catharine Beecher reminded her readership that women directed “for good or for evil the

---

<sup>25</sup> The “the principal objects of interest in the present century,” Pendleton declared, had been “[t]he power and application of steam in physics, and the discovery and confirmation of phrenology in metaphysics”—yet while “[t]he former has multiplied power to an incalculable extent, and almost annihilated time and space,” the latter, she suggested, remained in a rather more embryonic state: “to what great and important results this science is destined to lead,” Pendleton noted, “time can only unfold.” Still, phrenological “science” had afforded insights into “the means of perpetuating talent and virtue from parent”: a subject, she predicted, that “possibly, will occupy the attention of the twentieth century”—though of course, she concedes, “so general is the belief in the omnipotence of education, that it may require a whole century to apply its truths to the practical elevation of the race” (10).

<sup>26</sup> Charles Rosenberg credits Pendleton as the “author of the first widely read American book on hereditary improvement” (*No Other Gods* 254, n44). Pendleton’s *Facts and Arguments* was republished by Fowlers and Wells in 1876 as *The Parents’ Guide for the Transmission of Desired Qualities to Offspring*.

<sup>27</sup> See Kerber, “The Republican Mother” (1976) and *Women of the Republic* (1980). For other foundational discussions of the republican motherhood, see Mary Beth Norton, *Liberty’s Daughters* (1980); Jan Lewis, “The Republican Wife” (1987); and Rosemarie Zagari, “Morals, Manners, and the Republican Mother” (1992).

destinies of a nation” through their roles as sisters, wives, and, especially, mothers: “[t]he mother forms the character of the future man” (37).<sup>28</sup> Yet if writers like Child and Beecher conceptualize mothering as a strategy of citizen-cultivation, Pendleton goes further, implicating American women in “the great cause of humanity—the improvement of the human race” (vi). For Pendleton, the mother not only shapes the “character of the future man,” but his very *constitution*.<sup>29</sup> Mapping the logic of republican motherhood onto the reproductive body, Pendleton posits mothering not simply as an act of nurture, but as an act of nature, invoking hazy figurations of hypothetical children to posit women’s reproductive bodies as biopolitical media for a reconstituted future.<sup>30</sup>

Imagined as the precarious channels through which future citizens must (literally) pass, American women were thus incorporated as part of the biological machinery of national destiny: “God punishes as well as rewards mankind through woman,” the water-cure physician James C. Jackson wrote in 1858; “through her does God visit the iniquities of the father on the children to the third and fourth generations” (“To Allopathic Physicians”).<sup>31</sup> Of course, if for physicians like

---

<sup>28</sup> For further discussion of the position of motherhood in nineteenth-century domestic advice literature by writers such as Lydia Sigourney and Sarah Josepha Hale, see Theriot, *Mothers and Daughters in Nineteenth-Century America* (1996), 17-39.

<sup>29</sup> Anxieties about women’s influence upon developing children had long crystallized in maternal impressions theory: a folkloric notion of “marking” that attributed the existence of “monstrous” children to the pathological influence of a pregnant woman’s imagination. While the theory of maternal impressions has been understood to occupy a central place in Enlightenment-era embryology, it nevertheless continued to inform American etiological imagination throughout the nineteenth century. Mid-century domestic medical manuals gestured toward the hazily-understood influence of the mother’s emotional state upon the developing fetus, recommending efforts to shield pregnant women from “the effects of frightful appearances, alarming accidents, and agitating and impassioned tales and narratives” (Caldwell 33). Oliver Wendell Holmes would notably draw on this idea in his “physiological romance,” *Elsie Venner* (1861). For more on maternal impressions theory in the eighteenth and nineteenth centuries, see Wilson, “Eighteenth-Century ‘Monsters’ and Nineteenth-Century ‘Freaks’” (2002).

<sup>30</sup> Hayden contends that it was in *fin de siècle* eugenic feminism that the ideology of republican motherhood “received a scientific basis” (157). Similarly, Angelique Richardson explains what she calls the “maternalist agenda” of the New Woman: “The central goal of eugenic feminists was the construction of civic motherhood which sought political recognition for reproductive labor; in the wake of new biological knowledge they argued that their contribution to nation and empire might be expanded if they assumed responsibility for the rational selection of reproductive partners” (9). As Pendleton’s text illustrates, though, republican motherhood and scientific theory intersected earlier in the century.

<sup>31</sup> In an 1864 lecture Lydia Folger Fowler—the second woman, after Blackwell, to earn a medical degree in the United States—traced this influence somewhat further, asserting that “woman may transmit mental and physical qualities to the fifth and sixth generations” (3). The implications of maternal influence were clear, as Lydia Folger Fowler noted: “The more perfect the mother,” Fowler asserted, “the more perfect the race will be” (2).

Jackson, woman figured less as an actor in this drama of divine intentionality than as an apparatus—a surrogate or circuit through which the operations of power are preternaturally dispatched—for others, the meting-out of physiological reward and punishment was a more resolutely agentic act. In her 1873 essay collection *Woman in American Society*, for example, Abba Goold Woolson would reiterate the degenerationist anxieties of the 1840s and 50s, insisting that women’s unhygienic habits inflicted misery on their future children: “It is not the sins of the fathers alone that are visited upon the third and fourth generation,” Woolson warned; “the sins of the mothers entail a far surer and more enduring heritage of woe. If women of the present are weak-bodied and weak-minded, the men of the future must inevitably be weak-bodied and weak-minded also” (220).<sup>32</sup>

In its unflinching orientation toward “men of the future,” degenerationist discourse demonstrated an investment in women’s health only insofar as the female body constituted an impressive force that shaped the physical vigor of hypothetical children; thus the oft-invoked fear that “ere long, there will be no healthy women in the country” (Beecher, *Letters* 9) was more pointedly a fear that there would be no healthy *men*. Adapting what Lauren Berlant has termed “juxtapolitical citizenship”—a formulation of women’s culture as existing to the side of the political—we might thus say that the ideology of republican reproduction necessitates a sort of “antepolitical citizenship”: an anticipatory relation to political participation, since the mother’s efforts to fabricate properly-principled and properly-embodied citizens can only be fully realized once her adult children are incorporated into American civic life.<sup>33</sup> Of course, as we shall see, the long reach of women’s influence began not only with motherhood, but with marriage.

---

<sup>32</sup> Woolson’s most well-known essay in this collection, “Invalidism as a Pursuit,” also rehashes concerns about chronic invalidism of American women that had been articulated in the 1840s and 50s by reformers like Beecher, Blackwell, and Nichols. For more on nineteenth-century American invalidism, see Herndl, *Invalid Women* (2000).

<sup>33</sup> Berlant analyzes the ways in which women’s culture is imagined to exist *beside* or “in proximity to” the realm of the political (*The Female Complaint* 2). Moreover, as Berlant has written elsewhere, American citizenship parables have consistently employed tropes in which “the nation’s value is figured not on behalf of an actually existing and laboring adult, but of a future American, both incipient and pre-historical: especially invested with this hope are the American fetus and the American child.” The “supericonicity” of this figure, Berlant continues, lies in the fact that the fetal or



In the mid-nineteenth century, a burgeoning body of medico-scientific literature on the mechanics of hereditary transmission increasingly prompted writers to urge prospective spouses to consider the hypothetical products of their reproductive pairings.<sup>34</sup> “If society be not affected by hereditary influences, and if the next step after marriage were not parentage,” the phrenologist Lorenzo Fowler reasoned in 1846, “then it would be less important to think of, or care for the future, in those particulars. But as things now exist,” he continued, “it is not sufficient for those who intend marriage, to consult their own individual happiness, but they should also consult that of posterity” (136).<sup>35</sup> Accordingly, Fowler decreed that “parents should recognize their obligations to understand [the] sources of hereditary influences better than they do; and mothers in particular”—a measure, he continued, that “would do far more towards perfecting the human race...than all the benevolent and moral reform societies in existence” (190). For antebellum Americans, acquiring knowledge of the physiological laws of hereditary transmission indeed constituted an acute kind of civic responsibility—one, as we have seen, that placed the burden of “care for the future” upon “mothers in particular.”

The conceptual inextricability of marriage and reproduction in turn afforded a compelling opportunity for critique of the marriage institution itself. The 1850s witnessed a spate of American polemics on marriage, including *Love vs. Marriage* (1852) by the anarchist Marx Edgeworth Lazarus,<sup>36</sup>

---

child subject has “not yet bruised by history” (*The Queen of America* 6). For antebellum degenerationists, though, the incipient American subject was always-already “bruised by history.”

<sup>34</sup> Phrenologists, in particular, advocated for what Ruth Clifford Engs anachronistically calls “eugenic marriages” (74).

<sup>35</sup> Fowler was the husband of Lydia Folger Fowler and the brother of fellow phrenologist Orson Squire Fowler. The Fowler brothers founded the *American Phrenological Journal* in 1838, followed five years later with their firm Fowlers & Wells, which published a number of nineteenth-century medical, scientific, and pseudo-scientific texts in the nineteenth-century United States. Orson Squire Fowler had briefly “allude[d]...to the impropriety of choosing companions who have any hereditary tendency to mental or physical diseases” in his own 1841 essay on marriage; however, the subject of parentage did not explicitly “come within the design of this essay,” he noted, because he was already at work on a volume on the topic, soon to be published as *Hereditary Descent* (*Fowler on Marriage* 26).

<sup>36</sup> Following the publication of Lazarus’s incendiary text, Henry James, Sr., Stephen Pearl Andrews, and Horace Greeley began a series of debates on the subject in Greeley’s New York *Tribune*, later collected as the volume *Love, Marriage, and Divorce* (1889). In 1852, Lazarus also published a treatise entitled *Passional Hygiene and Natural Medicine*, which, like Alcott’s *Moods*, begins by invoking Emerson’s “Experience,” and frames health not as “book knowledge” but rather “the entire

the Nicholsons' 1854 free love manifesto, and *Marriage and Parentage: Or, the Reproductive Element in Man, as a Means to His Elevation and Happiness* by the abolitionist Henry Clarke Wright, also published in 1854. Wrested from the private sphere, marriage became a critical biopolitical arena in which to debate the contentious future of the "race": "There is no tyranny on earth," Wright declared, "so fearfully disastrous in its results to the physical, mental, and spiritual improvement of the race, as that often exercised by man over woman, in legal marriage" (247).

For the Nicholsons, legal marriage indeed constituted one of the greatest public health threats of the nineteenth century. Like Wright's *Marriage and Parentage*, their treatise relies on the rhetoric of sexual sustainability to argue for more conscientious partnerships: "the perpetuation of indifferent, or discordant unions, by indissoluble marriages," Thomas Low Nichols asserts in his contribution to the volume, "is one of the greatest social evils, and tends more than any other to hinder the progress of the race" (105).<sup>37</sup> The host of "hereditary evils" such unions had engendered—"sensuality, sickness, suffering, weakness, imbecility, [and] outrageous crime"—were, he warned, already "everywhere visible" (223) in nineteenth-century society. Projecting the effects of this degeneracy, their text betokens a dystopic vision of an American social body composed of "thieves, drunkards, prostitutes, and murderers" (206), as well as invalids, imbeciles, and "incurable masturbators" (223). Foreboding the descent of degenerated generations into a future of disease, criminality, and self-abuse, the Nicholsons articulate one of the most pressing and pervasive questions of American hand-wringing rhetoric: "What will become of the Children?" (306).

---

harmony of man with his planet and his universe" (iv). The intersection of health and metaphysics similarly informs my analysis of what I call "hygienic sentimentality."

<sup>37</sup> The volume is divided into three sections: the first and third, "Historical and Critical" and "Theoretical and Scientific," are attributed to T.L. Nichols; the second, "Narrative and Illustrative," is attributed to Mary S. Gove Nichols. As Patricia Cline Cohen explains, the Nicholsons philosophy depended, principally, on three tenets: the distinction between love and lust, women's ability in sexual partners, and the absence of state regulation from conjugal affairs. See Cohen, "The 'Anti-Marriage Theory' of Thomas and Mary Gove Nichols" (2014).

In casting the political crisis of marriage as the domain of hypothetical future children, the Nicholsons might be understood to appeal to what Lee Edelman, in his foundational discussion of queer negativity,<sup>38</sup> has provocatively called “reproductive futurism”: a heteronormative ideology in which “the fantasy subtending the image of the Child invariably shapes the logic within which the political itself must be thought.” The rhetoric of reproductive futurism, Edelman notes, “impose[s] an ideological limit on political discourse as such, preserving in the process the absolute privilege of heteronormativity by rendering unthinkable, by casting outside the political domain, the possibility of a queer resistance to this organizing principle of communal relation” (2). While for Edelman, the imperative of heteronormative reproduction is figural and discursive, antebellum free love feminism offered an iteration of “reproductive futurism” that was quite literal: marriage, as a matter of course, entailed heterosexual reproduction—and reproduction, in Wright’s words, was “the Heaven-appointed means, not only to perpetuate, but to refine, to elevate and perfect the race” (v).

The radical rallying cry of Edelman’s *No Future* has importantly prompted resistance from those who seek a viable politics beyond this polemic. José Muñoz, for instance, has pointed to the ways in which Edelman’s articulation of reproductive futurism “accepts and reproduces this monolithic figure of the child that is indeed always already white” (95). Extending Muñoz’s critique into the realm of disability studies, Alison Kafer has noted that Edelman’s incitement to queer resistance “takes on a different valence for those who are *not* supported in their desire to project themselves (and their children) into the future in the first place” (31). Resisting Edelman’s pat rejection of the seemingly self-evident “presupposition that the body politic must survive” (3), these theorists advocate not for a refusal of futurity, but for the radical imagination of differently-

---

<sup>38</sup> For further discussion of queer negativity, see Dean, *Beyond Sexuality* (2000); Bersani, *Is the Rectum a Grave?: and Other Essays* (2009); Halberstam, *The Queer Art of Failure* (2011); and Berlant and Edelman, *Sex, Or the Unbearable* (2013).

embodied futures.<sup>39</sup> The recognition that the symbolic “Child” for whom the future is supposedly constituted is by default white and able-bodied aptly illustrates the unseemly undercurrent of the degenerationist discourse, which would later become the overt agenda of eugenics: the elimination of racialized, sick, and disabled subjects from the project of national futurity. Yet if queer negativity was (and remains) politically suspect, for some antebellum writers, degeneration exposed limit cases in which the refusal of the heterosexual reproduction was not only a possibility, but an ethico-political imperative.

Thus, while free love feminists of the 1850s strove for American women’s immediate liberation from the legal fetters of the marriage institution, they did so by citing an obligation to futurity that strategically drew on degenerationist anxieties of unlivable futures: “We live for the race, in all coming time,” wrote Wright, “We cannot live only for ourselves, or for the present state, nation, or age” (12). Working under the reigning presupposition that the American body politic must not only *survive*, but *progress*, they valorized the conscientious and well-paired marriage as an urgent form of feminist politics. For reformers like the Nicholsons, the suffering of actual or imagined children served as a potent articulation of the social ills that cumulatively produced this declension. But of course, political and public health treatises were not the only nineteenth-century genres to make strategic use of “the perverse invocation of the Child as the emblem of futurity’s unquestioned value” (Edelman 2); as the following section will show, this particular trope is fundamental to the biopolitical agenda of the nineteenth-century sentimental novel.

---

<sup>39</sup> Rather than “hand over futurity to normative white reproductive futurity” (95), Muñoz’s proposes the utopian project of imagining “queer futurity.”

### “Short-gevity”: Degeneration’s Sentimental Mode

In the mid-nineteenth-century United States, perhaps no scientific writer was more outspoken on the dangers of hereditary degeneration than the phrenologist Orson Squire Fowler, who, along with his brother Lorenzo, lectured and published prolifically on the subject for over half a century. In his treatise *Hereditary Descent: Its Laws and Facts Applied to Human Improvement* (1843), Fowler employed the “the principles of Phrenology and Physiology” as an “analytical crucible” (6) to advance the anti-Lockean postulate “[t]hat the physical and mental capabilities of mankind are INNATE, not created by education” (5). Offering his scientific “proof” in the form of phrenological case studies—such as the case of “idiot” siblings whose “narrow and retiring foreheads, and coarse temperaments, show that the causes of their idiocy were hereditary conditions” (146) (see fig. 4.1)—Fowler strove to demonstrate the ways in which the laws of hereditary transmission dictated everything from mental disease to “Physical Qualities of Nations and Races,” though frequently casting his conclusions as “too obvious to require comment” (26) or “too palpable to require proof by detailed facts” (83).

In later tracts like *Creative and Sexual Science* (1870), Fowler attempted not only to illuminate the “obvious” mechanisms of heredity, but to impress upon his audience the practical applications and ethical implications of reproduction, “this only *rationale* of marriage” (v). Defining marriage as “a mutual contract to have children only together,” Fowler vilified supporters of “women’s rights,” who would break this contract and “thereby rob their husbands of their very dearest earthly right—legal and honorable children” (168). Although free love feminists had explicitly framed their agenda as working in service of racial “progress,” Fowler instead saw “women’s rights” as a hindrance to this end; the movement’s “chief agitators,” he wrote, were “[d]issatisfied conjugal or unmarried grumblers” whose “looks and whole aspect indicate affectional disappointment, and a consequent fault-finding mood. ‘Public scolds’ is their label” (169) (see fig. 4.2).

THE OFFSPRING OF TWO SLUGGISH  
PARENTS.



FIG. 561.—EMERSON THE IDIOT.

Fig. 4.1. "Emerson the Idiot." Orson Squire Fowler, *Creative and Sexual Science*. Cincinnati: Jones Brothers & Co., 1870.



FIG. 545.—MISS WOMAN'S RIGHTS.

Fig. 4.2. "Miss Woman's Rights." Orson Squire Fowler, *Creative and Sexual Science*. Cincinnati: Jones Brothers & Co., 1870.

Of course, the contract to produce “honorable children” applied only to white couples, as Fowler declared in no uncertain terms: “Mixing races, forbidden by Nature,” he asserted, “should not be perpetrated by man.” Echoing scientific racism that had been espoused by Southern physicians like Josiah C. Nott,<sup>40</sup> Fowler argued that proof of this “natural” prohibition against racial admixture could be gleaned from the observation that “[m]ulattoes are weakly in constitution, and soon ‘run out’; each generation growing weaker the more white blood they receive” (111).<sup>41</sup> Similarly, the conjugal contract also applied only to those couples untainted by hereditary disease. With approbations that chimed with his miscegenation anxieties, Fowler railed against the indiscriminate pairings of sickly parents that were daily endangering the quality and endurance of the American population. Diseases like consumption, scrofula, and insanity, he noted, were “so obviously hereditary...as not to need any more than a mere mention”—and yet despite this conspicuous heritability, impaired parents continued to produce chronically infirm offspring: “Shortevity,” he complained, “is even oftener transmitted than longevity, yet less noticed” (71).<sup>42</sup>

---

<sup>40</sup> In his 1844 *Lectures on the Natural History of the Caucasian and Negro Race*, Nott declared that “mulattoes are shorter lived, and...more liable to be diseased and are less capable of endurance than either whites or blacks of the same rank and condition” (34). Hypothesizing that this “faulty stock” would “become more and more degenerate in each succeeding generation,” Nott reasoned that if “insanity, gout, scrofula, consumption, &c.” could be transmitted from one generation to another, so too could “that defective internal organization which leads to ultimate destruction.” Accordingly, Nott predicted “that if a hundred white men and one hundred black women were put together on an Island, and cut off from all intercourse with the rest of the world, they would in time become extinct” (34).

<sup>41</sup> “Many of them are remarkably intelligent,” Fowler conceded; “Fred Douglass’ in his prime had few equals as a speaker for clearness, force, fervor, sarcasm, argument, and long-headed sagacity, his enemies even being judges; yet all his distinguishing specialties are masculine traits,” Fowler continued, “showing that they are *paternal*. Similar remarks apply to other colored celebrities” (111).

<sup>42</sup> Like many other traits, nineteenth-century physicians understood life expectancy as heritable, yet contingent upon habits of life: “there are strong reasons for believing, that longevity is, in a great measure, hereditary; and that healthy long-lived parents would very generally transmit the same to their offspring,” noted an 1829 article in the *Journal of Health*, “were it not for the common neglect of the rules of health, which so evidently tends to the abbreviation of human life” (“Longevity” 111). As Thomas Low Nichols would explain in his later treatise *Esoteric Anthropology* (1873), “There are causes which operate upon the individual in both cases, to modify the effects of hereditary predisposition. A man, gifted with a good constitution from his ancestry, may destroy the principle of longevity in his offspring, though he may live to a good age himself. So a man may transmit to his children a vigorous life-principle, which he may afterwards undermine in himself by his own bad habits. He may die early, in spite of a good constitution; while his children, inheriting his healthy organisation, may be more fortunate in preserving it” (147).

For nineteenth-century Americans, “short-gevity” was indeed a biopolitical crisis. Christian physiologists like Graham interpreted waning life expectancy as the symptom of a sort of aggregate depravity, indexing “all the deteriorations of six thousand years accumulated in the vital energies of man.” As Graham noted, “it is no marvel that the antediluvians...should average several centuries of life,” since these ancestors had been “unblighted with hereditary taint, with constitutions little enervated by ancestral sensuality,” while the infirm Americans of the nineteenth century could no longer hope to achieve this “primitive longevity” (*Lectures* 84). Free-love feminists like the Nicholsons went further, arguing that it was not merely postlapsarian atrophy, but *marriage* that was to blame for a veritable epidemic of American “short-gevity”: “Our graveyards are filled with the corpses of women who have died at from thirty to thirty-five years of age, victims of the marriage institution,” they lamented; “The children are, from the laws of hereditary descent, ill-tempered, sick, and often shortlived” (84).

To judge by degenerationist discourse, nineteenth-century American life was troubling not only because it was solitary, poor, nasty, or brutish, but because it was *short*. Short-lived white women and their debilitated children were affecting indexes of the state of the nation, as well as grim harbingers of its future. It is perhaps unsurprising, then, that the nineteenth-century sentimental novel is famously preoccupied with untimely deaths of white women and children; the precipitous wasting fate of Little Eva in Harriet Beecher Stowe’s *Uncle Tom’s Cabin* (1852), in particular, has been understood to constitute “the archetypical and archetypically satisfying scene in this domestic gene,” as Ann Douglas points out in her seminal study *The Feminization of American Culture* (1977). While the death of Little Eva famously strives to expose the social contagion of slavery by mapping its ills onto the hyper-sympathetic white body, I suggest that the death of the female child is a particularly forceful trope for Stowe because it serves as a pivotal articulation of degenerationist anxieties.



For Douglas, who famously engendered a wide-ranging critical debate regarding the political functions of sentimental fiction, Little Eva's death is "essentially decorative" (4)—a patronizing and manipulative concession to the demands of Protestant culture. For Jane Tompkins and her host of second-wave followers, on the other hand, Eva's tubercular sympathy operates as a strategy of resistance, signaling "an access of power, not a loss of it" (127). Helpfully, Lora Romero offers another position: reading *Uncle Tom's Cabin* through the lens of Foucauldian bio-power, she notes, "renders irrelevant the power/resistance binarism" (717) central to this critical schism. Analyzing *Uncle Tom's Cabin* as an articulation of Stowe's hygienist ideology,<sup>43</sup> Romero argues that Eva's illness can be read as a "bio-political critique of patriarchal power" (723) as it traces the operations of power on the bodies of both enslaved black men and "nervous" white women.

Building upon Romero's assertion that Stowe's novel "encodes...a feminist-abolitionist critique within hygienist norms" (716), I argue that Stowe's "hygienist norms" evoke not only the hysterization, but the degeneration of the gendered body. While Romero situates Marie St. Clair's "hysterical outbursts" and her daughter's Eva's "slow decline" (722-23) as mutually illustrative of Stowe's biopolitical critique, she does not suggest what a degenerationist reading might: that these conditions are critically connected; that the hysterical mother has enervated her daughter's constitution.<sup>44</sup> Conflating the "short-gevity" of the pre-reproductive white female body with the dissolution of national futurity, Stowe crafts an exercise in "hygienic sentimentality": a mode whose affecting scenes of corporeal suffering are in a sense doubly tragic because the ills to which they

---

<sup>43</sup> For an analysis of Stowe's later engagement with hygienic discourses regarding the health of New England women, see Adams, "A Word or Two on the Other Side" (2014).

<sup>44</sup> In her discussion of what she calls the "chronobiopolitical" aspects of antebellum fiction, Dana Luciano argues that scenes of grief and suffering "*make time appear*" (21). For example, she examines the ways in which the "much-mourned mother...signals at the same time timelessness and anachronism, the latter immanent within intimations or revelations about the mother's prematernal history...and within the difficulties that haunt the daughter's negotiation of generational repetition" (123). According to Luciano, the "challenge of the daughterly trajectory" lies in the "seemingly contradictory developmental imperatives of repetition and growth" (134). Here, I suggest that the death of the child *instead of* the mother, presents a radical rupture to the sentimental novel's sense of history, suggesting not only "generational repetition" but an *acceleration* of misery: not repetition and growth, but repetition and degeneration.

appeal are imagined as preventable.<sup>45</sup> If “the death of a beautiful woman” was, as Poe famously declared, “the most poetical topic in the world” (“The Philosophy of Composition” 19), the death of the *young* woman—and worse, the female child—was the most sentimental topic in the world, eliciting the kind of feeling that Stowe famously envisaged as an antecedent to political action.

As health reformers realized, “feeling right” was crucial not only in advancing the aims of abolitionism, but in stimulating reforms of all kinds. In the introduction to his treatise *Woman and Her Diseases* (1847), for instance, Edward H. Dixon made a strategic appeal to feeling in addressing the “many causes of physical degeneration” prevalent among American women:

Who that has a heart to feel, or a judgment to weigh the consequences of those great and acknowledged errors of [woman’s] physical training, can forbear to wish her enlightened on those immutable laws upon which her happiness so entirely depends? Who can suppress the sigh that involuntarily arises, on beholding a family of attenuated offspring, too feeble to resist the encroachments of infantile disease, bending and withering beneath the slightest vicissitudes of atmospheric change, and constantly exciting the fears of an invalid mother for their very existence, whilst she herself, the unconscious cause of most of their ills, is scarce able, from exhaustion, to exert her position as their natural protection? (5-6).

Here, *feeling* stands coequal to “judgment” as a technology for the promotion of public health. As Dixon suggests, we ought to respond to the spectacle of the degenerated family in much the same way that we read the sentimental novel: with spontaneous and “involuntary” sympathy that does not simply produce inactionable pity, but rouses us to ameliorate injustices. “I envy not the heart of that man who can witness without emotions deep-felt and sincere,” Dixon writes, “and an instant conviction of his duty to the sufferer” (6). If the production of emotion is instantaneous, so too, he suggests, should be the realization of “duty.”

---

<sup>45</sup> Romero examines the “domesticity” of *Uncle Tom’s Cabin*, but eschews any mention of sentimentality. While nineteenth-century hygiene was indeed a domestic ideology, as Chapter 2 of this dissertation illustrates, I suggest here that reform-minded novelists like Stowe also rendered it a sentimental one. Rosemarie Garland-Thomson makes a related point in her analysis of the sentimentalization of disability in later nineteenth-century American women’s writing, noting the ways in which “[t]he disabled body was deployed to witness suffering so that disability came to visibly mark the anguish that characters and readers themselves were then to witness.” However, while Garland-Thomson addresses a view of disability as an “essential property of the body” (142), my analysis of the hygienic aspects of sentimentality addresses those aspects of degeneration that were understood as remediable.

For hygienic sentimentalists like Mary Sargeant Gove Nichols, the trope of sentimental “short-gevity” proved useful in advocating for the interrelated interests of women’s rights and women’s health. In her 1855 autobiographical novel *Mary Lyndon: Or, Revelations of a Life*, Nichols employs sentimentalized scenes of (preventable) suffering as she lambastes the tyrannical marriages and hygienic neglect that, to her mind, jointly inhibited women’s physiological and political flourishing.<sup>46</sup> Her eponymous protagonist initially suffers ill health as a result of her mother’s lack of care: “I was born in sickness—amidst almost death-pangs,” Mary explains; “My mother, at the time of my birth, was struck with a sort of plague, that had smitten many about us. It was the reward of ignorance, and consequent wrong-doing” (14).<sup>47</sup> However, in the dark days before health reform, Mary explains, her mother had known no better: “No one asked why my mother had the plague of ‘spotted fever;’ or said, ‘What right have parents to give weak, puny, miserable children to the state?’ or ever reflected that such offspring can do no more for the commonwealth, than the commonwealth in its blindness can do for them” (15).

Framing the fruits of reproduction as the property of “the state,” Nichols advocates for women’s health education as a measure to curtail the perpetuation of “weak, puny, miserable children,” and improve the health of the commonwealth. More than a mediation on private experience, then, *Mary Lyndon* strategically argues for women’s health by positing the body in a wider network of biosocial relations. As Dawn Keetley has observed, Nichols’s novel illustrates the ways in

---

<sup>46</sup> For a summary and brief analysis of Nichols’s novel, see Myerson, “Mary Gove Nichols’ *Mary Lyndon*: A Forgotten Reform Novel” (1986). The novel had previously been serialized in 1854 in *Nichols’ Journal*, the couple’s water cure publication.

<sup>47</sup> Nichols herself had suffered from chronic sickness in her youth, and had turned to homeopathic practice after studying the works of Sylvester Graham, eventually founding a New York water-cure clinic. In her *Lectures to Ladies on Anatomy and Physiology* (1842), she attempted to illuminate the path to health for other American women, asserting that “an incalculable amount of suffering is the result of ignorance, not willful error; consequently to remove this ignorance, is to strike at the root.” Of course, Nichols admits that this project of hygienic education may not necessarily “save the present generation,” since “many have been born with feeble constitutions, in consequence of the errors of their parents” (11)—and the errors of their mothers in particular: “When a mother’s whole system is diseased, and under a vitiating influence, we cannot expect that she will give health to her child,” Nichols concludes; “In no case do the effects of physiological ignorance appear more lamentable, or more fatal, than in children” (12).

which “the female body is always already public” (119)—not the exclusive object of the domestic sphere, but rather “the repository of oppressive power relations and also the potential site of social transformation” (118). Key to achieving this transformation, as Nichols suggests, was the elimination of the “woful want of wisdom on the part of those who care for us”: failures of care whose effects had begun to appear with “a vengeance that is educating people surely, though expensively” (66-67). Casting women’s ill health as symptom of an invidious miseducation sanctioned by patriarchy, *Mary Lyndon* examines the causes and effects of “physiological ignorance” and interrogates where the burden of care—and, concomitantly, where blame—ought to be placed.

If Nichols’s protagonist supplies an exemplary model of self-care—not only for preaching the gospel of homeopathy, but, like Nichols, for divorcing her abusive husband—Mary’s short-lived sister Emma supplies a cautionary tale of self-neglect. In a manifestation of hygienic “vengeance,” the adolescent Emma dies from self-inflicted physiological damage, having succumbed to that bugbear of nineteenth-century women’s health reform: tight lacing.<sup>48</sup> Detailing the pre-reproductive girl’s beautiful and cheerfully-accepted death—this, while coughing up blood as the result of the continual compression of her lungs—Nichols presents what seems like the primal scene of a nineteenth-century sentimental novel. Yet while other adolescent sentimental heroines—Stowe’s Eva, Alcott’s Beth—die from an excess of sympathy (symbolically, in Stowe’s case; literally, in Alcott’s),<sup>49</sup> Emma instead perishes from an excess of ignorance. On her deathbed, she is visited by a

---

<sup>48</sup> Health reformers like Beecher had warned that “mischievous fashions in dress” (*Letters* 181), specifically corseting, produced irreparable damage to the ribs, lungs, and other internal organs; in *Woman and American Society*, Woolson would warn that such “subserviency to wicked fashions” (227) not only impaired the wearer, but her future children. Even Orson Fowler weighed in; in a pamphlet entitled *Intemperance and Tight-lacing, Considered in Relation to the Laws of Life* (1852), he asserted that “[t]ight-lacing has already been shown to produce partial insanity, and also to excite impure desires” (35). Temperance among men and modest dress among women were prerequisites of marriage, as his motto suggests: “‘Total abstinence, or no husbands’—‘Natural waists, or no wives.’” For more on the nineteenth-century dress reform movement, see Verbrugge, *Able-bodied Womanhood* (1998) and Cunningham, *Reforming Women’s Fashion* (2003).

<sup>49</sup> In *Little Women*, Beth March contracts scarlet fever after nursing an immigrant family. Beth’s excessive sympathy parallels Jo’s paucity of care; Beth tends to the Hummels in the first place only because Jo refuses to go in her stead, citing the desire to work on her writing.

minister who “ask[s] if she repented of her sins,” but “did not ask her if she repented having committed suicide by the torture of corsets” (36). For Nichols, willful ignorance of physiological “laws” is as damnable as any sin; death by preventable ills is nothing short of “suicide.” Her novel both employs the trope of sentimental “short-gevity” and complicates it: where readers direct their sympathies depends upon where they direct their reprobation.

Upon its publication in 1855, *Mary Lyndon* received a scathing review in the *New York Daily Times*, which suggested that the author had penned her fictional autobiography “for the sake of a public crying-spell, garnished with spasms and hysterical shrieks, over the wrongs she has suffered and the wretchedness she has endured.” It was, the reviewer asserted, “one of a class of books which have recently been spawned upon the public in great profusion, and which are designed to push the doctrines of a school of Reformers, whose creed consists chiefly in hatred to Christianity.” The heretical novel’s “fundamental idea,” he continued, was “the Fourierite dogma of *Passional Attraction*”: a philosophy that sought to subjugate “[r]eason and conscience” to “mere animal passion.” Declaring *Mary Lyndon* “a book of very bad tendencies,” the review frames Nichols’s novel itself as a degenerated specimen—one that had been “spawned upon the public,” tainted by the sensual “tendencies” of “Socialists and Passionists” (“A Bad Book” 2).

In dismissing *Mary Lyndon* as the “public crying-spell” of a hysterical female, this review seemingly suggests that Nichols’s book belongs not only to a burgeoning genre of raving reform novels intent on the destruction of Christian principles, but also to the maligned gendered genre of sentimental tear-jerkers that were no less oriented toward social and political reform. Yet this particular “crying-spell” generates no sympathy here, since marriage, the reviewer insists, is “a *voluntary* relation.” Any consequent failings are therefore “traceable to some fault or neglect of duty” in the consenting parties, “and they must bear it, —just as they must bear the consequences of their

own mistakes and other relations of life. It may be hard to do it: —but so is any uncongenial relation, —so is sickness, deception or disappointment of any kind” (“A Bad Book” 2).

Likening marriage to a sickness that ought to be endured without protest, the reviewer (like Fowler) casts aspersion on women who would “voluntarily” enter a conjugal contract and then have the audacity to complain. Yet Nichols’s novel challenges the very notion of volition on which this critique hinges. Women, Nichols suggests, had long been coerced into the supposedly “voluntary” institution by social prescription and economic necessity, inasmuch as the reigning ignorance of physiological laws had coerced them into ill health. True volition, she shows, is impossible without knowledge; when Blackwell inveighs against those who “*voluntarily*...injure our children,” she implicates those who *ought to know better*. As *Mary Lyndon* shows, the question of what one ought to *know* dictates who should bear the burden of *care*—and consequently, for whom readers should *feel*. As we shall see, Alcott similarly explores the issues of volition in her short-lived heroine Sylvia Yule. But if Nichols engages degenerationist anxieties to argue for women’s autonomy within heterosexual social structures, Alcott employs these same anxieties to intimate possibilities of queer resistance.

### **“Morbid Tendencies”: Alcott’s *Moods***

Louisa May Alcott passed the month of February 1861 tirelessly revising *Moods*, the novel she had composed over the course of four frenzied weeks the previous year. Singularly focused, she found the feverish experience of near-constant creative labor “very pleasant and queer,” though she subsequently suffered from exhaustion, which she treated with characteristic nineteenth-century hygienic remedies, “long walks [and] cold baths.” Once she had sufficiently recovered from her artistic exertion, Alcott read her manuscript aloud to her family, who expressed their unflagging admiration of “Lu’s first novel.” Her father, apparently, was particularly pleased. “Emerson must see this,” he proclaimed; “Where did you get your metaphysics?” (*Journals* 104).

The origin of Alcott's metaphysics may seem self-evident: born and bred amid what she called the "metaphysical mists and philanthropic pyrotechnics" of antebellum utopianism ("Transcendental Wild Oats" 370), Alcott had been bequeathed an inheritance of anti-materialist thought from her philosopher-father and the Concord luminaries with whom he notably associated.<sup>50</sup> *Moods* clearly reflects this influence, deriving its title and its epigraph from Emerson's essay "Experience" (1844): "Life is a train of moods like a string of beads, and as we pass through them they prove to be many colored lenses, which paint the world their own hue, and each shows us only what lies in its own focus." Yet as Alcott suggests, her protagonist's "moodiness" is more than adolescent fitfulness; rather, having inherited the "adverse temperaments" of her poorly-matched parents has rendered her "an enigma to herself and her life a train of moods" (84). Indeed, as Emerson notes in "Experience," while this "train of moods" is transient and variable, it is nevertheless grounded in the embodied constitution: as his analogy above continues, "[t]emperament is the iron wire on which the beads are strung" (244).

A concept deriving from Hippocratic medicine, "temperament" was broadly employed in nineteenth-century medical discourse to refer to an inherited condition "often connected with peculiarities of constitution which predispose to particular diseases" (49), as Cleveland physician John Ellis explained in his treatise *The Avoidable Causes of Disease, Insanity, and Deformity* (1870). An understanding of temperament was particularly foundational to phrenology;<sup>51</sup> according to Johann

---

<sup>50</sup> Indeed, "to live almost thirty years under Bronson Alcott's roof without acquiring any metaphysics," as John Matteson observes, "would have required fierce determination" (262). While the Concord School of American Transcendentalism "had no official metaphysics," as Arthur Versluis observes, "its primary mover, Alcott, nonetheless had developed a metaphysics perhaps best expressible as the relationship between eternity and time" (54): a neo-Platonic (and anti-Darwinian) alternative to the model of linear, progressive, selective development suggested by evolutionist view of history.

<sup>51</sup> Phrenology was established in the early nineteenth century by the German physiologist Franz Josef Gall and later popularized by Spurzheim and his Scottish counterpart, George Combe. As Robert A. Nye notes, while Gall and Spurzheim viewed personality traits as heritable, they also believed these traits were subject to modification, thus emphasizing the role of environment and the "exercise" of the faculties. In turn, Nye continues, "The optimistic aspects of the doctrine exercised an irresistible appeal on social and medical reformers in both England and France in the 1830s and 40s" (51). For more on the rise and fall of phrenology, see Cooter, *The Cultural Meaning of Popular Science* (1984);

Gaspar Spurzheim, the German physician who helped to advance the rise of this branch of pseudo-scientific inquiry in the United States, “the first step in phrenology” was “the study of temperaments” (31). As Spurzheim and his contemporaries suggested, the four temperaments—sanguine, lymphatic, bilious, and nervous (see fig. 4.3)—manifested both physically and psychologically, revealing individual inclinations and potentially predicting future behavior.<sup>52</sup> Phrenological analysis thus became a way to trace the transmission of both hereditary pathologies and genius; indeed, many nineteenth-century public figures were submitted the analysis in the pages of the *Phrenological Journal*: a profile of Louisa May Alcott published in its April 1881 issue, for instance, deems her “a woman of unusual force” (187), as it observes the “[m]otive temperament of her father...impressed upon the bodily contours, and conspicuously influencing her mental organism” (188) (see fig. 4.4).<sup>53</sup>

---

Colbert, *A Measure of Perfection* (1997); Tomlinson, *Head Masters* (2005); Smith, *The New Measures* (2007); and Castiglia, *Interior States* (2008).

<sup>52</sup> “These four temperaments are seldom to be observed pure and unmixed,” Spurzheim noted, but “are mostly found conjoined, and occur as lymphatic-sanguine, lymphatic-bilious, sanguine-lymphatic, sanguine-bilious, sanguine-nervous, bilious-lymphatic, bilious-sanguine, bilious-nervous, &c.” (17). Understood by the terms of Spurzheim’s system, Alcott’s Sylvia Yule might be understood to possess a “bilious-sanguine” temperament, as she claims to be “passionate and restless by nature,” but “also very sensitive to all influences” (113).

<sup>53</sup> Many nineteenth-century texts on hereditary transmission, including Pendleton’s, appeal to case studies example famous figures and their relatives as evidence for an argument for the hereditary transmission of characteristics. Galton would famously employ this strategy in his 1875 essay *Hereditary Genius*.





Fig. 4.3. The four temperaments: sanguine, lymphatic, bilious, and nervous. Johann Gaspar Spurzheim, *Phrenology, in Connexion with the Study of Physiognomy, Part 1*. London: Treuttel, Wurtz, and Richter, 1826: 16.



Fig. 4.4. Louisa May Alcott. *The Phrenological Journal and Life Illustrated* (April 1881): 187.

Although Transcendentalists like Emerson rejected claims to a purely empirical science,<sup>54</sup> they tentatively explored pseudo-sciences like phrenology, which seemingly offered a marriage of the material and metaphysical in its purported insights into human behavior and development. Emerson's early interest in the theories of George Combe<sup>55</sup> later gave way to skepticism and ambivalence, however, as his essay "Experience" illustrates. Temperament, Emerson claims, is complicit in the "system of illusions" that "shuts us in a prison of glass which we cannot see" (244), obviating unimagined contingencies in its obstinate fixedness. "I know the mental proclivity of physicians. I hear the chuckle of the phrenologists," he writes: these "[t]heoretic kidnappers and slave-drivers" would deign "by such cheap signboards as the color of his beard, or the slope of his occiput" to "read...the inventory of [a man's] fortunes and character. The grossest ignorance does not disgust like this impudent knowingness. The physicians say, they are not materialists," he warns, "but they are" (245).

For Emerson, this materialist, determinist understanding of temperament troublingly precluded the exercise of agency:<sup>56</sup> "I see not, if one be once caught in this trap of so-called sciences, any escape for the man from the links of the chain of physical necessity. Given such an embryo, such a history must follow. On this platform," he declared, "one lives in a sty of sensualism,

---

<sup>54</sup> Bronson Alcott announced his unqualified rejection of "[a]ny faith declaring a divorce from the supernatural, and seeking to prop itself upon Nature alone" (qtd. in Versluis 60); similarly, Emerson considered science "sensual, and therefore superficial," and accordingly insisted upon the primacy of the metaphysical: "science always goes abreast with the just elevation of the man, keeping step with religion and metaphysics"—in other words, he continued, "the state of science is an index of our self-knowledge" ("The Poet" 223).

<sup>55</sup> Combe founded the Phrenological Society of Edinburgh in 1820, and toured throughout the United Kingdom, Europe, and the United States lecturing on the topic over the following decades. In an 1830 letter, Emerson declared Combe's widely-read treatise *The Constitution of Man* (1828) "the best sermon I have read for some time" (*Letters* 291).

<sup>56</sup> In a later essay, "Fate" (1860), Emerson would again discuss phrenology in considering the distasteful notion of "organization tyrannizing over character": "Who likes to have a dapper phrenologist pronouncing his fortunes? Who likes to believe that he has hidden in his skull, spine, and pelvis, all the vices of a Saxon or Celtic race, which will be sure to pull him down, — with what grandeur of hope and resolve he is fired, — into a selfish, huckstering, servile, dodging animal?" Emerson asks (29). "Ask Spurzheim, ask the doctors, ask Quetelet, if temperaments decide nothing? or if there be any-thing they do not decide? Read the description in medical books of the four temperaments, and you will think you are reading your own thoughts which you had not yet told" (7). Revolting against the "tyranny" of determinism, Emerson argues that the individual must attempt to "offset the drag of temperament and race" (40).

and would soon come to suicide” (246). Thus, while acknowledging temperament to be “the veto or limitation-power in the constitution,” Emerson defends ambiguity and uncertainty as epistemological positions infinitely preferable to the “impudent knowingness” of the “so-called sciences.”

In *Moods*, Alcott tests the “chain of physical necessity” with a temperamentally-tainted heroine whose paucity of self-knowledge limits her capacity for self-care. The novel relates the coming-of-age tribulations of Sylvia Yule, a willful eighteen-year-old at the mercy of her emotional vicissitudes. Herself product of a “loveless marriage” (82), Sylvia has inherited a tendency to impulsivity that leads, in turn, to an unhappy marriage of her own: she weds the well-meaning but tiresome man next door, Geoffrey Moor, despite harboring desire for the brooding revolutionary, Adam Warwick—characters modeled, respectively, on Alcott’s Concord contemporaries Ralph Waldo Emerson and Henry David Thoreau. Tortured by the gravity of her error, and unable to consummate her marriage, Sylvia soon suffers a swift and convenient illness, fatally undone by her “too early womanhood” (161).

While Alcott purported to have envisaged *Moods* as a kind of character study, in the wake of its 1864 publication, she discovered that her readership had received it rather differently: “I find myself accused of Spiritualism, Free Love, Affinities & all sorts of horrors that I know very little about & don’t believe in,” she lamented in an 1865 letter (*Letters* 108). The following month, she responded to one reader who had written to her suggesting as much: “if there is any thing I heartily detest,” she informed him, “it is the theory of Affinities, also Spiritualism & Free Love, though I am grieved to find myself accused of all three.” The novel’s purpose, she insisted, had been “to show the effect of a moody person’s mood upon their life,” and had not intended “to settle or unsettle any question,” nor “to convince or convert any one to any theory whatever” (*Letters* 109-110).

Without deigning to declare that she protests too much here, it is worth noting that, regardless of whether or not Alcott envisaged herself as espousing the philosophy of free love, her public certainly believed that she had. Many contemporary reviews posited *Moods* as symptomatic of a broader cultural phenomenon: “matrimonial metaphysics,” a review in the *Independent* observed, was seemingly a subject “of which it is the fashion to write a great deal nowadays” (Clark 31). Another reviewer remarked that *Moods* “propound[ed] a theory with regard to marriage which appears to be gaining ground; according to the new philosophy,” this reviewer explained, “marriage is an experiment” (Clark 27).<sup>57</sup> In particular, several reviewers pointed to *Moods*’ uncanny parallels to *Emily Chester*, a tale of disappointed marriage that had been published earlier that year by Baltimore author Anne Moncure Crane (later Seemüller); indeed, these similarities that would prove so striking as to later prompt Mark Twain to cite the near-simultaneous appearance of these publications as evidence of “mental telegraphy.”<sup>58</sup> But the co-production of these two novels was more than mere coincidence, the *Boston Evening Transcript* suggested; instead, they indexed the development of a critical consciousness among young middle-class white women.<sup>59</sup> Both novels, the reviewer noted, “are expressive of the state of feeling among the women of America” that had “reached a climax in transcendentalism,” intriguing “our young people, who have a tendency for metaphysics.” But *Moods*, this same reviewer predicted, would primarily appeal to “[m]inds with morbid tendencies” (Clark 31).<sup>60</sup>

---

<sup>57</sup> As a primary example of this “new philosophy,” this reviewer cites *A New Atmosphere* by Gail Hamilton, discussed in the conclusion to Chapter 2.

<sup>58</sup> See Twain, “Mental Telegraphy” (1891). Upon reading Crane’s novel in 1867, Alcott pronounced it “an unnatural story, yet just enough like ‘Moods’ in a few things to make me sorry that it came out now” (*Journals* 132).

<sup>59</sup> By the end of the Civil War, the vogue for unhappy and ill-matched marriages in American women’s fiction; something of a zenith; something, it seemed, was in the air. As Alfred Habegger points out, Adeline Whitney’s *The Gayworthys* and Elizabeth Stoddard’s *Two Men*, both published in 1865, also share similar plots—though it was Crane, he contends, who “came closer to writing a New World *Madame Bovary* than anyone else before Kate Chopin” (104).

<sup>60</sup> A review in *Harper’s Weekly* offered a contrasting assessment: “‘Moods’ is neither sentimental nor morbid nor extravagant,” it asserted; “It has freshness and self-reliance” (Clark 29). Caroline Healey Dall had declared *Moods* “a far healthier story” than *Emily Chester* (qtd. in Deese 448, n15); “It doubtless is,” the *Boston Evening Transcript* conceded, “but it has far less power” (Clark 30). While some reviews of *Moods* took issue with its stance on marriage while praising the

But in *Moods*, “morbid tendencies” are precisely the point; as Alcott shows, her heroine’s own “morbid tendencies” are not only the *cause* of loveless marriages, but the *effect*. While many reviewers remarked that both *Moods* and *Emily Chester* seemed indebted Goethe’s 1809 novel *Elective Affinities* (*Die Wahlverwandtschaften*), in which he presented romantic attraction as governed similarly to the law of chemical affinity, Alcott’s novel suggests that what she would later call the “costly experiment” of marriage was directed not by chemical laws, but rather by the “laws of life.” In other words, marriage was only “costly” insofar as it *was* an “experiment.” Experiments, after all, seek to test unproven hypotheses; for antebellum health reformers, “laws of life” were more than mere hypotheses, but rather unyielding injunctions that determined the regulation of sexual praxes; the effects of these laws’ transgressions of were clearly evident in the state of the population. *Moods*, then, is not only a meditation on “matrimonial metaphysics,” but on matrimonial physiology.

In order to grasp the perplexity that is Sylvia Yule, as Alcott suggests in a chapter wryly entitled “Dull But Necessary,” readers need look no further than her heredity. Professing to offer the “key” to the heroine’s character here (82), the narrator explains that, in submitting to a “loveless marriage,” Sylvia’s father had “mar[red] the integrity of his own soul by transgressing the great laws of life,” thereby “entail[ing] upon himself and heirs the inevitable retribution.” The punishment for his “self-inflicted wrong” manifests as a “direful stamp of imperfection” in each of his three children, who become “visible illustrations of the great law broken in his youth” (82). His youngest, Sylvia, is especially affected, becoming a kind of an overdetermined text on which her father’s transgressions may be read:

---

style and humor of its execution, others were less generous. A particularly patronizing reviewer for the *North American Review*, for instance, seized the opportunity to declare himself “utterly weary of stories about precocious little girls.” This same reviewer—a precocious young Henry James, who would go on to make something of a career for himself out of “stories about precocious little girls”—had been both intrigued and repelled by *Emily Chester*; in his lengthy review of Crane’s novel, James took particular exception to its “would-be psychological mode”: that is, its focus “upon the temperament, nature, constitution, instincts, of her characters; upon their physical rather than their moral sense” (279-80).

As if indignant Nature rebelled against the outrage done her holiest ties, adverse temperaments gifted the child with the good and ill of each. From her father she received pride, intellect, and will; from her mother passion, imagination, and the fateful melancholy of a woman defrauded of her dearest hope. These conflicting temperaments, with all their aspirations, attributes, and inconsistencies, were woven into a nature fair and faulty; ambitious, yet not self-reliant; sensitive, yet not keen-sighted (84).

Sylvia's hereditary deficiencies in self-reliance and keen-sightedness prime her to repeat her parents' crime against nature; her hasty decision to marry Moor seemingly indexes a kind of ingrained conjugal repetition-compulsion: "as if the father's atonement was to be wrought out through his dearest child," Alcott writes, "the daughter also made the fatal false step of her life" (106).

Alcott's novel first broaches the matter of marriage and divorce from an ethical perspective only after Sylvia's "fatal false step," as her sister, Prue, gossips about a woman who has left her husband. When Sylvia and would-be lover Warwick, defend the woman's decision to extricate herself from an unhappy marriage, Prue is "scandalized to the last degree," for she considers marriage "a law which ordained that a pair once yoked should abide by their bargain, be it good or ill." Echoing Thomas Low Nichols—who, in a chapter of his treatise rather dramatically titled "The Murders of Marriage," condemned "fidelity to an arbitrary law" to insist that "fidelity to a higher law is needed" (241)—Warwick advocates for a kind of civil disobedience to the social scripts that regulate the nineteenth-century marriage institution: "there are truer laws to be obeyed than those custom sanctions." Yet Warwick does not advocate for the sexual free-for-all Prue fears. Echoing the dominant methodology of antebellum health reform,<sup>61</sup> Warwick recommends "prevention rather than a dangerous cure" in matrimonial matters: "Because two persons love," reasons, "it is not always safe or wise for them to marry" (146).

---

<sup>61</sup> The constitution of American Physiological Society, founded by Sylvester Graham and William Alcott in 1837, asserted "prevention is better than cure,' is our favorite motto" (qtd. in Whorton, *Crusaders for Fitness* 110). In 1871, Elizabeth Blackwell founded the National Health Society in London, which similarly adopted this motto.

Flailing in the attempt to explain her neglect of preventive measures to Warwick, Sylvia defers to the tautology of temperament: “I am what I am, too easily led by circumstances” (158). But if Sylvia “is what she is”—not a blank slate, but a kind of temperamental template—then she is unfit to marry, according to eighteenth- and nineteenth-century medical advice manuals, which are rife with supplications to those “tainted” by disease and disability to practice prophylactic abstinence: “No person who labours under any incurable malady ought to marry,” William Buchan asserted in his seminal domestic medical manual. He thereby not only shortens his own life,” Buchan warned, “but transmits misery to others” (8). As Warwick’s impulse to assess the “safety” of sexual partnership suggests, ill-matched marriages produced distinct physical risks.

Physiologists and phrenologists in the antebellum United States, wary of degeneration of the race, sought to curtail the threat of transmitted misery by bringing these scientific laws to bear on marriage. In seeking to delimit degenerative tendencies, these discourses stressed the individual subject’s moral obligation to the wider social body. Those who suffered from any “hereditary taint, such as consumption, epilepsy, insanity, or other chronic disease whatsoever, even sick or nervous headache,” were, as Lorenzo Fowler intoned, “culpable in a high degree” (161). Blackwell, too, declared that “the hereditary transmission of many and fearful maladies” was “a fact so well established” that to ignore is constituted “a criminal neglect of duty.” But if prospective spouses ought to attend to their physical health, she continued, they should no less consider the “relation of their temperaments” (145).<sup>62</sup> Indeed, some phrenological lecturers specifically united the interests of phrenology and matrimony, marketing their science as a guide to partner selection (see fig. 4.5).

---

<sup>62</sup> According to many physiologists and phrenologists, one’s sexual partner ought to possess a temperament that was neither radically dissimilar nor identical (as in the case of near relatives). In his 1866 guide *Sexual Physiology*, for instance, water-cure physician Russell Thatcher Trall asserted that “[p]hrenologists teach that temperaments which are extremely alike, or extremely unlike, are not the best adapted for the conjugal relation.” Deeming this position “a ‘fiction grounded on fact,’” Trall notes that the phrenological “doctrine of Temperaments” refers only to “abnormal conditions,” insofar as it “implies unbalanced organization” (*Sexual Physiology* 277-278). Trall’s primary concern, then, was the *balance* of temperaments. As Orson Squire Fowler similarly argued in his guide *Practical Phrenology* (1848), “the best temperament,



Fig. 4.5. “Lecture on Matrimony & Phrenology.” Exeter: C.E. Clark’s Press, 1849. *American Broadsides and Ephemera*. Web.

In *Moods*, Sylvia becomes cognizant of these matrimonial biopolitics through a sobering consultation with her friend Faith Dane, a wise and kindly spinster in possession of that enviable Transcendentalist commodity, “a self-reliant soul” (144). Faith counsels Sylvia to choose neither Moor *nor* Warwick, but to instead become “a law to [her]self” (182). If Warwick’s rhetoric of prevention over cure is primarily metaphorical, Faith goes further to situate Sylvia’s predicament as a crisis of sexual hygiene: “If you were blind, a cripple, or cursed with some incurable infirmity of body,” she challenges Sylvia, “would not you hesitate to bind yourself and your affliction to

---

the one most favourable for true greatness and a general genius, for balance and consistency of character, and for perfection of every thing, is that in which each is strongly marked, and all about equally balanced” (21).



another?" When Sylvia agrees that she "should not only hesitate, but utterly refuse," Faith serves her some "seeming harsh advice":

There are diseases more subtle and dangerous than any that vex our flesh; diseases that should be as carefully cured if curable, as inexorably prevented from spreading as any malady we dread. A paralyzed will, a morbid mind, a mad temper, a tainted heart, a blind soul, are afflictions to be as much regarded as bodily infirmities. Nay, more, inasmuch as souls are of greater value than perishable flesh (179).

With this unsettling rhetoric, Faith declares Sylvia "one of the innocent unfortunates, who have no right to marry till they be healed, perhaps never." Abstinence, Faith suggests, is Sylvia's moral imperative, and a chastened Sylvia quickly agrees: "thank God that I have no child to reproach me hereafter," she exclaims, "for bequeathing it the mental ills I have not yet outlived" (179).<sup>63</sup>

Characteristic of nineteenth-century health reform discourse, Faith's diagnosis does not entirely foreclose the prospect of cure. Decreeing that Sylvia's ethical obligation to celibacy extends "till [she] be healed" (though this hypothetical time, of course, is "perhaps never"), Faith leaves open the possibility that Sylvia might yet "outlive" her temperamental taint, and, with a neo-Lamarckian logic, overcome the "mental ills" she would otherwise transmit. Accordingly, Faith advises Sylvia to "remember that for every affliction there are two helpers, who can heal or end the heaviest we know—Time and Death. The first we may invoke and wait for," she continues; "the last God alone can send when it is better not to live" (184). However, the novel only briefly entertains these two paths of action before the latter strategy is employed as a panacea for Sylvia's "affliction." Soon after her conversation with Faith, Sylvia falls ill, consults a physician, and is pronounced "past

---

<sup>63</sup> Sylvia has no child, of course, because she has not consummated her marriage with Moor: she is unable to offer him "a woman's love," but only "a girl's" (136). The newlyweds perform their sexual innocence in one of the novel's stranger scenes, as they "play at being children" (133); here, the pigtailed Sylvia becomes a kind of grotesque literalization of the searing claim Fuller had made in *Woman in the Nineteenth Century* (1845): "Now there is no woman, only an overgrown child" (103). Decrying "the contemptuous phrase 'women and children'" (20), Fuller had argued that the infantilization of women by the marriage institution, in particular, hampered their effectiveness as parents. Yet Sylvia readily acquiesces to her own infantilization throughout the novel, and especially in this scene of performative pre-adolescence, precisely, I would suggest, in order to resist sex and, implicitly, motherhood. Of course, this kind of compromise—heterosexuality without sex, marriage without motherhood—ultimately proves unsustainable.

help.” For her particular set of ills—she “had been born with a strong nature in a feeble frame, had lived too fast, [and] wasted health ignorantly”—he supplies a discomfiting prescription: “go home and prepare to die” (212). Like a good patient, Sylvia dutifully complies, suddenly invested with the requisite skill set of the nineteenth-century sentimental heroine: “Sylvia had not known how to live,” Alcott writes, “but now proved that she did know how to die”—and is, in death, “strengthened, purified, and perfected by the hard past, the solemn present” (213).

This sudden rush of sentimentality affords Alcott’s heroine absolution from the moral taint of adultery or divorce only in the disembodiment of death. At the same time, Alcott’s rhetoric of purification and perfection simultaneously harks to the project of nineteenth-century hygiene in the face of degeneration: Sylvia’s sentimental death is precipitated, apparently, by having “wasted health ignorantly.”<sup>64</sup> On the one hand, Sylvia’s sentimental “short-gevity” might be understood as an act of resistance—even an iteration of queer negativity, if, as Sharon Holland suggests, “what makes a subject queer is his his/her relationship, both performatively and literally with death” (391).<sup>65</sup>

---

<sup>64</sup> This statement might be taken with a heavy dose of irony on Alcott’s part. Tellingly, Alcott’s readers are first introduced to Sylvia Yule as she flings a bottle of chamomilla out of her bedroom window: a petulant reply to her sister Prue’s attempt to remedy “one of these perverse fits” that are apparently characteristic of her peculiar humor. While Sylvia professes that she “tired of everybody and everything, and see[s] nothing worth getting up for”—expressing sentiments contemporary psychiatric analysis might see as indicative of a mood disorder, if not simply the vicissitudes of adolescence—Prue encourages her sister to behave “like a civilized being” (15), namely by sedating her. When Prue threatens to send for a physician, she receives a querulous retort: “Dr. Baum will follow the chamomilla, if you bring him here,” Sylvia snaps; “What does he know about health, a fat German, looking lager beer and talking sauer-kraut? Bring me *bona fide* sugar-plums and I’ll take them,” she remarks, “but arsenic, mercury, and nightshade are not to my taste” (17). Her stubborn refusal of therapeutic intervention, resisting medical frameworks that would deign to explain and modify her “moods,” humorously indexes the widespread skepticism of “regular” or allopathic medicine in the nineteenth-century United States. Proponents of the botanic, homoeopathic, and Thomsonian medical movements offered a provocation to proto-professional physicians: one that resonates in Sylvia’s skepticism of her German doctor. The proposed curative, chamomilla, is perhaps particularly unpalatable to Sylvia, as it was a common nineteenth-century treatment for the gendered infirmity of “nervousness.”

<sup>65</sup> Here, Holland responds to the briefly-addressed specter of death in Lauren Berlant and Elizabeth Freeman’s important essay “Queer Nationality” (1992). Holly Jackson has recently latched on to this suggestion in order to claim that the “tragic mulatta” plots in antebellum African-American authored novels are, in Edelman’s terms, “no-future narratives, foretelling, and even embracing, a crisis of reproduction in the white national family.” Countering commonly accepted readings that see characters like William Wells Brown’s *Clotel* as “utopian figures for an integrated future American society”—an interpretation that “tacitly relies on a eugenic solution to sociopolitical problems”—Jackson suggests that the suicidal mulatta might alternatively be understood “as an antagonistic force against white national reproduction” (49). Yet if the sentimental death was also employed as an “act of biopolitical subterfuge” (63), as the coda to this chapter suggests, it is, for Alcott, ultimately unsatisfying. What Jackson anachronistically calls the “eugenic

However, the fate of *Moods's* Sylvia Yule, as Alcott explained in an 1864 letter to the feminist writer and reformer Caroline Healey Dall, had mainly been motivated by a different kind of death drive: "I intended to have [Sylvia] spend the rest of her life alone, busy & happy," Alcott confessed; "But people said I'd better have her die, for she had had enough to wear her out." If public opinion dictated that Sylvia could not live out this original vision, this editorially-induced death sentence, Alcott continued, was at the very least preferable to a third alternative: "my idea is not carried out," she flatly declared, "if S[ylvia] & Moor settle down into a happy pair"—in which case, she insisted, "Moods' will be an entire failure" (qtd. in Deese 452).

In 1882, *Moods* was republished with significant revisions: namely, it concludes with scenario Alcott had dismissed as "an entire failure." As Alcott writes in her preface to the revised version, initially, "death seemed the only solution for Sylvia's perplexities"—but, she continues, "having learned the possibility of finding happiness after disappointment, and making love and duty go hand in hand, my heroine meets a wiser if less romantic fate than in the former edition" (vi). Healed through sheer force of will, Sylvia returns to Moor, asserting her newly-won "right" to marry, and, presumably, to reproduce without risk of transmitting her temperamental taint: "to live, not dream, a long and happy life, unmarred by the moods that nearly wrecked her youth" (359).<sup>66</sup> Alcott's new edition, then, is concerned not only with the "hard past" and "solemn present," but with the promise of reproductive futurity.

---

solution" to the problem of white national reproduction more accurately relies on a strategic mobilization of mid-century degeneration and miscegenation anxieties. As Alcott suggests, the degenerationist "solution" is also, perhaps, a queer future.

<sup>66</sup> In the 1882 edition, Alcott imbues Faith's cautionary rhetoric with more specific degenerationist implications: in 1864, Faith declares that "subtle and dangerous" mental diseases should be "inexorably prevented from spreading"—a phrase that is amended to "inexorably prevented from increasing" in 1882. While the word "spreading" suggests a kind of nonspecific contagion, the word "increasing" suggests perpetuation in the population via unconscious reproduction. In the first version, Sylvia's question, "Faith, what comes next?" is met merely with a "motherly embrace" (181); in the second, her more specific question, "Faith, what must I do?" and is met with more specific response: "Your duty" (312). And as Alcott would assert in her *Ladies Home Journal* essay five years later, the "duty" of the nineteenth-century middle-class marriage experiment was nothing less "the high duty of continuing the race."

Unsurprisingly, this revision ultimately met with considerable disappointment from Alcott's later feminist critics, who rued her seeming capitulation to the demands of the nineteenth-century literary marketplace; indeed, the little extant critical discussion of *Moods* has tended to ignore the 1882 edition almost entirely.<sup>67</sup> Yet rather than dismiss the 1882 edition out of hand, discounting her revision as a kind of unfortunate antifeminist concession, I suggest we might take seriously Alcott's claim to have crafted a "wiser" conclusion: read this way, Alcott's revised ending does not only demonstrate her growing resignation to public opinion in the face of financial necessity, but also a shift in her "hygienic sentiments." Specifically, in scrubbing her text clean of its sentimental ending, she also excised its deterministic implications—ideation that had grown increasingly suspect among the "American School" of evolutionary theory, which opposed the Darwinian theory of natural selection, instead promoting a neo-Lamarckian model of agentive change.<sup>68</sup>

When Alcott resurrected Sylvia Yule in 1882, she re-imagined an "afflicted" woman who was no longer "past help."<sup>69</sup> This anti-determinism is palpable in postbellum sexual hygiene guides like John Cowan's *The Science of a New Life* (1870), which challenges the emphasis on "temperament" as a determinate of health: "If the causes of sterility, blindness, deafness, monstrosities, consumption, imbecility, etc., usually ascribed to mis-mated temperaments, would be thoroughly investigated,"

---

<sup>67</sup> For instance, Rutgers *American Women Writers* series edition of the *Moods* (1991) presents the text of the 1864 version, gesturing toward Alcott's 1882 revisions only in its introduction and appendix; editor Sarah Elbert argues that "it is the first version... which moves readers deeply, presaging all the themes and characters that were to make *Little Women* and its sequels classics of American fiction" (xv). Helen Deese, who brought Alcott's archival letter to Dall to light in 2003, presumes that Alcott's 1882 revision was primarily financially-motivated, an acquiescence to the "taste and convenience" of the public in the service of supporting her family (450).

<sup>68</sup> Founded by American paleontologist Edward Drinker Cope, neo-Lamarckism included paleontologists, geologists, and zoologists who sought to use the fossil record to refute Darwinian evolutionary theory. For more on neo-Lamarckism in late-nineteenth-century America, see Bowler, *Evolution* (1983), 257-268; Cotkin, *Reluctant Modernism* (1992); and Webb, *The Evolution Controversy in America* (1994). For an analysis of the American School's investment in sentiment, see Schuller, "Taxonomies of Feeling" (2012).

<sup>69</sup> The two versions of Faith's advice to Sylvia aptly reflect this refashioning: in the 1864 edition, Faith says, "Could you have loved Geoffrey, it might have been safe and well with you" (176); in 1882, she offers Sylvia a slightly but significantly amended proposition: "Could you love Geoffrey, it would be safe and well with you" (306). This shift from the conditional perfect aspect (*could have loved, might have been*) to the present conditional (*could love, would be*) re-imagines Sylvia's "safety" as a contingency of care, rather than an already-forfeited impossibility.

Cowan asserted, “it would be found that the causes lay entirely outside of the temperamental conditions, and would be found in the wrong habits of life observed by the husband and wife.”

Cowan’s insistence that the causes of disease and debility frequently attributed to hereditary factors (“temperamental conditions”) were more appropriately attributed to behavioral ones (“wrong habits of life”) suggests a hygienic (rather than prescriptively eugenic) solution; here, degenerative tendencies might be remediated by “continent and hygienic habits of life” (57).

While Sylvia’s new emplotment in a heteronormative narrative<sup>70</sup> may read as a “failure” of Alcott’s original vision, in its renewed emphasis on agency, it also challenges the social use value of “know[ing] how to die”—a suspect epistemology, indeed, for an author who had since established a reputation as the purveyor of didactic tales for youth. With the “wiser if less romantic fate” of compromise rather than resistance, Alcott suggests that death is not the “only solution” to the problem of the unruly body and “morbid mind.” In other words, the 1882 edition emphasizes a kind self-care—or what she would more particularly refer to in her 1887 essay “Early Marriages” as the nexus of “self-knowledge, self-control, self-help”—as a strategy for survival.<sup>71</sup> After all, to grant the new Sylvia Yule that which women in nineteenth-century novels are so often denied—“a long and happy life”—might be imagined as a radical act in its own right.

---

<sup>70</sup> Michael Warner offers the neologism “repro-narrativity,” the formal expression of the ideology he terms “reprosexuality,” which “involves more than reproducing, even more than compulsory heterosexuality: it involves a relation to self that finds its proper temporality and fulfillment in generational transmission.” The attendant impetus for “repro-narrativity” accordingly suggests “our lives are somehow made more meaningful by being embedded in a narrative of generational succession” (“Fear of a Queer Planet” 9). However, as Alcott suggest, being embedded in a narrative of *degenerative* generational succession allows space for queer critique. For a related discussion of queer temporality and nineteenth-century bachelorhood, see Warner, “Irving’s Posterity” (2000).

<sup>71</sup> This decision met with a generally favorable response. “We cannot all die when death would be the easiest relief from our tragedies,” one reviewer noted, “but we may live and make them considerably less tragic if we will. Miss Alcott does well to enforce this change of moral, and we commend the confession and correction of a literary and moral mistake” (Clark 44).

### Coda: “It should end with us”

In the midst of *Moods*'s two versions, readers are left with the specter of Alcott's unwritten Sylvia: a born-again spinster, “alone, busy & happy” in spite of—even *because* of—the degenerationist prohibition against her “right” to a reproductive future. Public resistance to this vision of the self-fulfilled single woman would famously resurface four years later, after Alcott had penned the first volume of *Little Women* (1868): “Girls write to ask who the little women marry, as if that was the only end and aim of a woman's life,” a frustrated Alcott wrote in her journal; “I *won't* marry Jo to Laurie to please anyone” (Journals 167). She technically kept her word, although the title of the novel's second volume—*Good Wives*—illustrates the ways in which she could not wrest free of the marriage imperative.<sup>72</sup> The following year, Alcott would express her chagrin, issuing a preemptive apology to a correspondent for the novel's forthcoming sequel: “publishers...insist on having people married on in a wholesale manner which much afflicts me,” Alcott complained. “Jo' should have remained a literary spinster but so many enthusiastic young ladies wrote to me clamorously demanding that she should marry Laurie, *or* somebody, that I didnt [sic] dare to refuse & out of perversity went & made a funny match for her” (*Letters* 124-25).<sup>73</sup>

Feminist readings of Alcott's novels have long grappled with how to approach the author's obvious negotiations between a desire to resist the generic demands of domestic fiction and a desire to sell books. In a recent essay, for instance, Ivy Schweitzer suggests that the most pleasurable way to read *Little Women* is to “ignore all the marriages”—that is, to imagine an alternative in which Jo is chronically the “literary spinster” Alcott intended. Like other feminist critics, Schweitzer muses on Jo's strange response when reality of marriage rears its head for the March sisters: “I just wish I

---

<sup>72</sup> For further discussion of the feminist dimensions and disappointments of *Little Women*, see Alberghene and Clark, eds., *Little Women and the Feminist Imagination* (1999).

<sup>73</sup> The “perversity” of Jo's pairing with the German immigrant Friedrich Bhaer perhaps lies not only in oddness of Jo's selection of a bumbling professor, but in its disruption to the nativist agenda of nineteenth-century reproductive politics.

could marry Meg myself,” Jo informs Marmee, “and keep her safe in the family.” Here, Schweitzer latches onto the rhetoric of “safety” in Jo’s suggestion to ask, “what is the “danger” that Jo senses in marriage?” (18). As Sylvia Yule’s resistance to cross the threshold of “woman’s love” (136) suggests, beyond the “dangers” of losing identity, property, and the freedom to pursue creative labor lurks the clear and present danger of heterosexual sex—and indeed, the perils inherent in nineteenth-century childbirth, from obstructed labor to obstetric hemorrhage to puerperal fever, should have been more than enough to give any eighteen-year-old pause.<sup>74</sup> Yet of course, as we have seen, the “dangers” of marriage were also implicit in the wider cultural discourse of degeneration.

If the omnipresent threat of degeneration had enabled free love feminists like Nichols to argue for women’s autonomy in marriage, it also allowed authors like Alcott to launch a critique of heteronormative kinship—a critique she attempted in *Moods*, but ultimately more successfully in her 1873 novel *Work: A Story of Experience*. Its protagonist, Christie Devon, is briefly employed as a paid companion to an “invalid girl” (74), whom she initially believes is suffering from consumption. However, Christie soon learns that her charge is prey to a hereditary malady of another kind: the Carrols are “all mad, or shall be; we come of a mad race,” Helen explains, “and for years we have gone recklessly on bequeathing this awful inheritance to our descendants. It should end with us, we are the last; none of us should marry” (86). Forced to sever ties with her lover on account of her hereditary taint, the despondent Helen awaits the fulfillment of her fate, anticipating the development of a latent pathology. Plagued not by madness itself, but by genealogical knowledge of her impending destiny, she eventually commits suicide. “Death,” she insists, “is the only cure for a mad Carrol” (90).

---

<sup>74</sup> In 1879, Alcott’s youngest sister, May, died shortly after giving birth at the age of thirty-nine. For the remaining few years of her life, Alcott raised her niece, Lulu, in her sister’s stead.

Alcott's subplot of hereditary insanity dramatizes the prophylactic imperative that characterizes much of the nineteenth-century medico-scientific writing on heredity,<sup>75</sup> placing exceptional pressure on women's reproductive prudence in particular. Although Helen has received her "awful inheritance" from her father, she unequivocally blames her mother, since to have knowingly married a man with madness in his family—one whose offspring "were sure to inherit the curse"—constitutes an unconscionable prophylactic failure: "ambition made her wicked," Helen asserts; "I have her to thank for all I suffer, and I cannot love her though she is my mother" (87). A character who professes to "hate [her] mother" (85) indeed disrupts the logic of maternal love that informs the nineteenth-century sentimental novel in general, and *Little Women* in particular. Here, Alcott cunningly shows how the requisite heteronormative plot of the nineteenth-century domestic novel can in fact become a Gothic tale of horror, replete with insanity and suicide.

Although mother and daughter eventually arrive at a deathbed détente, the Carrolls' tale illuminates "the awful responsibility that lies on every man and woman's soul forbidding them to entail upon the innocent the burden of their own infirmities" (87). With "awful inheritance," Alcott suggests, comes "awful responsibility": a refusal to reproduce "the burden of...infirmities." Yet what remains for the "innocent" who have *already* inherited this burden? In *Work*, Alcott explores available strategies of queer resistance, ultimately casting the "short-gevity" of hygienic sentimentality—the strategy she had previously employed in *Moods*—as an unsatisfactory solution. While for the suicidal Helen, death affords "the only cure," Alcott uses Helen's sister Bella to

---

<sup>75</sup> Physicians had long noted the tendency of mental illnesses such as insanity to run in families, as surely as physical maladies like consumption or gout. In the latter half of the nineteenth century, in particular, medical, anthropological, and sociological writings attended to the hereditary potential of mental illness and criminal behavior. On year after the publication of Alcott's *Work*, the British psychiatrist Henry Maudsley would publish his popular treatise *Responsibility in Mental Disease*, in which he proposed a program of "selective breeding" (23) to obviate "neurotic heritage" (41). Cautioning against the perpetuation of what he called "the insane temperament," Maudsley asserted, "we must acknowledge that the hereditary predisposition has assumed the character of deterioration of race, and that the individual represents the beginning of a degeneracy which, if not checked by favourable circumstances, will go on increasing from generation to generation and end finally in the extreme degeneracy of idiocy" (46-7).



imagine productive and ethical alternatives to the nineteenth-century marriage experiment. Helen Carrol's annihilative injunction—"It should end with us"—promotes not the end of the family per se, but a symbolic end to the ideologies and institutions that had hitherto limited the sphere of women's influence to their biological children.

Chastened by her sister's suicide, the formerly-frivolous, oblivious, and coquettish Bella acquiesces to celibacy. With Christie's guidance, however, Bella eventually comes to embrace the productive possibilities of spinsterhood. Having "read many books" and consulted a physician about "this sad affliction," Christie counsels Bella that she and her brother Harry "may escape it," since they "have self-control, strong wills, good nerves, and cheerful spirits." Through self-destructive behavior, Harry "is willfully spoiling all his chances," Christie warns; however, she suggests that Bella might "save" him, "and, in the endeavor, save [her]self." Thus, with "the haunting shadow of her race lurking in the background" (99), Bella recycles her sexual energy into Harry's salvation. If this reconfiguration of domestic sentiment "raises the threat of incest," as Glenn Hendler has observed (126),<sup>76</sup> importantly, Alcott illustrates that this sympathy is not limited to the confines of the family; instead, this reconstituted kinship becomes the basis for a more wide-reaching social care.

Although their heredity pathology prohibits/recuses them from heteronormative marriage experiment, Harry and Bella do not renounce futurity, but re-imagine both the method and scope of their influence: motivated by "the hope that he might spare other families from a curse like ours" (335), Harry becomes a physician. Bella, too, extends her sympathies beyond this fraternal affinity, becoming the consummate nineteenth-century social reformer who finds "something to do in in her

---

<sup>76</sup> Alcott's novels are rife with quasi-incestuous affinities: Jo wants to marry Meg; *Moods*'s Sylvia Yule, like Bella, re-directs the energy she might otherwise have expended on her husband into a different sort of domestic arrangement: "[i]ntent on making a blessing, not a reproach to her father," she "live[s] for him entirely" (190). However, the Carrols' domestic "experiment" has a broader social project, one that Hendler largely ignores in his reading of *Work*.

own sphere” (341).<sup>77</sup> At Christie’s insistence, Bella agrees to open her home as a kind of salon, encouraging people to engage in “the healthy stimulus of nobler pleasures” by “creating a purer atmosphere for them to breathe.” Bella’s task in this “social experiment,” as Christie explains it, is not “to try to reform society at large,” but rather “to quietly insinuate[e] a better state of things into one little circle” (339), much as her physician-brother works toward a healthier social body, one anatomical body at a time. As Christie analogizes, Bella too has “patients”: “get them out into the air; and cure their ills by the magnetism of more active, earnest lives” (341). If the Gothic subplot of hereditary insanity perverts the paradigm of republican reproduction, it tacitly enables the formation of alternative, nonbiological, and ultimately more ethical kinds of kinship.

As this chapter has shown, mid-century writings on marriage are plagued with the phantasm of the “tainted” child whose incipient inheritance of American futurity forebodes a biopolitical crisis. As Russell Thacher Trall declared in his 1866 manual *Sexual Physiology* (a text that would be targeted by Anthony Comstock in his crusade for moral purity in American print), “[a] vicious, malformed, diseased or perverted child can not exist in the family without ‘rendering evil for evil,’ any more than a vagrant or imbecile person can exist in society without, to some extent, contaminating the whole social atmosphere” (249). As Trall suggests, the deleterious effects of

---

<sup>77</sup> Here, Alcott perhaps puts us in mind of the critique of “the limits of woman’s sphere, and woman’s mission” (17) Margaret Fuller had launched in *Woman in the Nineteenth Century* (1844). “As every Man is of Woman born,” Fuller writes, “she has slow but sure means of redress; yet the sooner a general justness of thought makes smooth the path, the better” (27). Yet although American ideology had long championed mothering as the primary “slow but sure means of redress,” Fuller intimates the possibility of alternative methods. Indeed, as Wai Chee Dimock has argued, *Woman in the Nineteenth Century* disrupts the logic of biological reproduction, offering instead “a model of large-scale causation, based on remote agency, unforeseen effects, action at a distance” (53), one that envisages kinship as “a populational effect”: “The tyranny of biology, in other words,” Dimock explains, “has been upstaged by a mathematical law that performs the same reproductive function, doing so not through female anatomy but through the law of probability” (57). For Alcott, authorship itself afforded an alternative form of reproduction—this, at least, is what she seems to suggest in the final line of her preface to the 1882 edition of *Moods*, in which she seeks to “reintroduce my first-born to the public which has so kindly welcomed my later offspring.” Harkening to Anne Bradstreet’s metaphor for women’s literary production, Alcott expresses hope that her readership will “sympathize with the maternal instinct which makes unfortunate children the dearest” (vi). If humans, as Dimock reminds us in her discussion of Fuller, “are the only creatures on the planet who reproduce through archives” (58), then is perhaps not only with the unwritten Sylvia Yule that Alcott’s readers are left to envisage alternative kinship models; Alcott’s text itself manifests a queer future.

degeneration were perpetuated not only by hereditary transmission, but by a kind of miasmatic mediation, an infection threatening “the whole social atmosphere.” If degenerative tendencies contaminated the “social atmosphere,” Alcott’s *Work* proposes a remedy that relies not on the purification of bloodlines, but on the construction of a “purer atmosphere” through cultural work.

In Alcott’s ambivalent oeuvre, ambitious spinster-specters surface amid a population of imperfect Doppelgangers: the tragic Helen and the pragmatic Bella; the sentimentalized Sylvia of 1864 and the more “hygienic” Sylvia of 1882; the Jo she wrote and the Jo she never did. Alcott hints at this version of Jo, perhaps, in “Happy Women,” an 1865 sketch featuring four contented spinsters, including a writer who “has seen so much of what a wise man has called ‘the tragedy of modern married life’ that she is afraid to try it. Knowing that for one of a peculiar nature like herself such an experiment would be doubly hazardous,” Alcott notes, “she has obeyed instinct and become a chronic old maid” (xvii). Citing that preeminent philosopher of the nineteenth-century marriage experiment, the “wise man” Adam Warwick, Alcott claims chronic spinsterhood as a hygienic remedy; heteronormativity, she suggests, could be hazardous to health.

Alcott would take the same tack, somewhat more subtly, in her *Ladies’ Home Journal* essay two decades later. On the one hand, it might appear that the hygienic problem of (hetero)sexuality is a problem of temporality: these “early marriages,” like Sylvia Yule’s “too early womanhood,” are destructive in their prematurity. In this view, self-care is the particular imperative of the young, who, once properly developed and suitably enlightened, embark upon the project of marriage and parenthood in the service of population regeneration. And yet, at the same time, Alcott tentatively extends a different possibility: “Spinsters,” she reminds her readers, “are a very useful, happy, independent race” (3). Beyond the appeal to marriage as a method for racial progress in the face of its progressive declension, then, Alcott proposes membership in another “race” entirely, and in another temporality: one that is neither early nor late, but chronically queer.

## AFTERWORD

### Why Literature?

In the age of the neoliberal university, humanities scholars are pressed to justify their existence amid an ongoing discourse of crisis. Literary scholars, in particular, often seem plagued with an impulse for anxious rationalization, striving to answer the demand, implicit or explicit: *why literature?* Of course, the question is often more precisely *how literature*: how does it work in the world; how does it represent, imagine, and create this world; what is its function, its utility, its target? Sometimes we instinctively bristle at this line of interrogation, as it smacks uncomfortably of quantification. We go on as if the answer ought to be self-evident, or the question irrelevant. But humanists are not the only ones to have recognized the import of the humanities. Over the past several decades, humanistic inquiry has been integrated into medical education with increasing frequency: a number of American medical schools—including, as of recently, the University of Michigan—offer programs in the medical humanities, incorporating the study of literature, history, philosophy, and the visual and performing arts into traditional clinical curricula. Since 2000, the number of baccalaureate programs in the health humanities in the United States has expanded from fourteen to fifty-five;<sup>1</sup> researchers at the Mt. Sinai Medical School have demonstrated that medical students trained in the humanities excelled in clinical settings.<sup>2</sup> It is the interdisciplinary nature of

---

<sup>1</sup> See Berry, Lamb, and Jones, “Health Humanities Baccalaureate Programs in the United States” (2016).

<sup>2</sup> See Rifkin, et. al., “The Mount Sinai Humanities and Medicine Program” (2000).

fields like the medical or health humanities that enable us to demonstrate in concrete and convincing ways how literature lives in the world.<sup>3</sup>

This dissertation began as an attempt to contribute to an understanding of nineteenth-century literature: to illustrate and analyze the ways in which American authors engaged with the discursive, epistemological, and ethical dimensions of medicine. Like many academic projects, its primary mode has been critique: fundamentally, it casts suspicion on the ways in which the heralding of self-health as a democratic ideology has masked the abnegation or absence of state responsibility, the failure of therapeutic medicine, and the institutional neglect of disenfranchised subjects. The more I have pursued this argument, though, the more I have become concerned with how to think about “care” not only as an object of scholarly critique, but as a method.

In its orientation toward care, (some iterations of) medicine might just be more “human” than (some iterations of) the humanities, since a fundamental goal of medical science is to understand and alleviate human suffering. And it would embarrass me to admit how few living human beings I have interacted with during the two years of fellowship that enabled me to write this dissertation. Of course, this time has been invaluable, and I am profoundly grateful for it. But to repay this debt of gratitude, I think the next step must be to take seriously the *why* and *how* of literature: to translate scholarly “knowledge production” into an actionable politics of care. This, after all, is the ongoing project of the “public humanities,” a collaborative, engaged model of scholarship that can inform what we might call a (public) health humanities.

---

<sup>3</sup> John McGowan has similarly responded to “how truly difficult it is to provide evidence (or even arguments) about the value of the humanities that go beyond vague platitudes unlikely to satisfy the hostile or indifferent” by suggesting that “[t]he medical humanities are attractive in part because they do offer a path toward supporting claims about the beneficial results of the humanities in practice” (137). As McGowan suggests, the decline of “critique” indexes “a general, dare we call it ‘democratic,’ sensibility among those in the ‘helping professions’—education, health care, social work—toward deemphasizing expert hierarchies in favor of participatory or collaborative modes of interaction” (133).

By this I do not mean that the time has come to forfeit critical rigor for “relevance.” Indeed, I believe it is precisely the critical aspects of literary and cultural study that are most valuable to the future of fields like the health humanities as they seek to address complex biosocial problems like the racialized disparities of care in the United States. While early iterations of the medical humanities tended to approach literature primarily as a useful tool for the cultivation of empathy (an approach that tended to invoke the “human condition,” whatever that may be), the fetishization of literature and the humanities—the valorization of art as a way to save science from itself—risks forgetting the way the humanities themselves have historically imagined a “human” subjectivity that is white, male, heterosexual, and able-bodied. If interdisciplinary fields like gender studies and ethnic studies have helped to reorient the humanities by exposing the fiction of this supposedly-disembodied subject, the health humanities afford us a greater understanding of how bodies have been situated within (or excluded from) structures of care.

Inevitably, the question *why literature* gives rise to another: *why the nineteenth century?* To this, I can only say that I have not been able to escape the sense that we are still living out the “long nineteenth century” in the United States in our attitudes toward health care as in myriad other ways; as we are wont to say with a mix of despondency and genuine bafflement: *What year is it?* This is the question Hortense Spillers voiced at the Futures of American Studies Institute at Dartmouth College in the summer of 2015, one week after the mass shooting at Emanuel African Methodist Episcopal Church in Charleston. *1960? 1860?* “In any given year,” she said, “we are living in all the years.”

Writing this dissertation, I have felt this compendious and simultaneous temporality keenly. While I drafted chapters on epidemic discourse, American news media tracked the spread of Ebola across West Africa. I wrote on antebellum reproductive politics amid widespread public outcry for the defunding of Planned Parenthood. And while I was analyzing neglect and environmental injustice as nineteenth-century technologies of racism, a federal state of emergency was declared in

Flint, Michigan, as thousands of the city's predominantly African American residents faced environmental violence in a disastrous failure of care. *Living in all the years*, yes—and dying in them too.

When I first began pursuing a Ph.D. in English, my answer to the question *why literature* was thoroughly unsatisfactory. It was, I said, as good a way as any to spend the time before I died. And I was certain that this would be sooner rather than later, having spent what would have been my first year in the PhD program in treatment for invasive breast cancer. I spent that year poring over a syllabus of another sort—Susan Sontag, Audre Lorde—which showed me how literary analysis can be brought to bear on medical experience; it has been, perhaps not coincidentally, poets and literary critics who have most cogently probed the cultural meanings of illness. But it took me some time to come to terms with this, for I harbored a kind of superstition of affiliation: shortly after I had my first chemo treatment, Eve Sedgwick died of metastatic breast cancer. I worried, perversely, that to identify too closely with criticism was to somehow invite my own death. But of course, the question is never *whether*, it is only *when*; and so the problem is only ever what one does until then.

Productive work can come from what the threat of death engenders; change often finds its roots in indignation and grief. But as an inveterate pessimist, I find that as often as my own work is incited by either, it is hampered by despair. Ultimately, I find that the health humanities can offer something other than a politics of anger, a politics of loss, or a politics of fear; it can help us to pursue a politics of care.

## WORKS CITED

- Abbott, Martin. *The Freedman's Bureau in South Carolina, 1865-1872*. Chapel Hill: University of North Carolina Press, 1967.
- Abell, Mrs. L. G. *Woman in Her Various Relations: Containing Practical Rules for American Females, the Best Methods for Dinners and Social Parties, a Chapter for Young Ladies, Mothers, and Invalids, Hints on the Body, Mind, and Character*. New York: William Holdredge, 1851.
- Ackerknecht, Erwin. "Anticontagionism Between 1821 and 1867." *Bulletin of the History of Medicine* 22.1 (1948): 562-593.
- . "Diathesis: The Word and Concept in Medical History." *Bulletin of the History of Medicine* 56 (1982): 317-325.
- Adams, Bluford. "'A Word or Two on the Other Side': Harriet Beecher Stowe in the Debate Over Women's Health." *ESQ: A Journal of the American Renaissance* 60.4 (2014): 593-633.
- Adams, Joseph. *A Treatise on the Supposed Hereditary Properties of Diseases*. London: J. Callow, 1814.
- Adéèkó, Adélékè. "Signatures of Blood in William Wells Brown's *Clotel*." *Nineteenth-Century Contexts* 21.1 (1999): 115-134.
- Adler, Rich. *Cholera in Detroit: A History*. Jefferson, NC: McFarland & Company, 2013.
- Agamben, Giorgio. *Homo Sacer: Sovereign Power and Bare Life*. Palo Alto: Stanford University Press, 1998.
- "Air." *1828 Edition of Webster's American Dictionary of the English Language*. Web. 29 Mar. 2016.
- Alaimo, Stacy. *Bodily Natures: Science, Environment, and the Material Self*. Bloomington: Indiana University Press, 2010.
- Alcott, Louisa May. "Diana and Persis." *Alternative Alcott*. Ed. Elaine Showalter. New Brunswick: Rutgers University Press, 1997. 381-441.
- . "Early Marriages." *The Ladies Home Journal* Sept. 1887: 3.
- . "Happy Women." *Alternative Alcott*. Ed. Elaine Showalter. New Brunswick: Rutgers University Press, 1997. 203-206.
- . *The Journals of Louisa May Alcott*. Ed. Joel Myerson and Daniel Shealy. Athens: The University of Georgia Press, 1997.
- . *Moods*. 1864. Ed. Sarah Elbert. New Brunswick: Rutgers University Press, 1991.
- . *Moods*. 1882. Boston: Little, Brown, and Company, 1919.
- . *The Selected Letters of Louisa May Alcott*. Ed. Joel Myerson and Daniel Shealey. Athens: University of Georgia Press, 1995.
- . "Transcendental Wild Oats." 1873. *Alternative Alcott*. Ed. Elaine Showalter. New Brunswick: Rutgers University Press, 1997. 364-380.
- . *Work: A Story of Experience*. 1873. Ed. Joy S. Kasson. London: Penguin Books, 1994.



- Alcott, William Andrus. *Essay on the Construction of School-Houses, to Which Was Awarded the Prize Offered by the American Institute of Instruction, August, 1831*. Boston: Hilliard, Gray, Little and Wilkins, 1832.
- . *The House I Live In; Or The Human Body: For the Use of Families and Schools*. Boston: Light & Stearns, 1837.
- . *The Physiology of Marriage*. Boston: John P. Jewett & Co., 1856.
- . *The Young Man's Guide*. 1833. 2<sup>nd</sup> ed. Boston: Lilly, Wait, Colman, and Holden, 1834.
- . *The Young Wife: Or Duties of Woman in the Marriage Relation*. Boston: George W. Light, 1837.
- Alison, Somerville Scott. *An Inquiry into the Propagation of Contagious Poisons, by the Atmosphere*. Edinburgh: MacLachlan, Stewart & Co., 1839.
- Altschuler, Sari. *National Physiology: Literature, Medicine, and the Invention of the American Body, 1789-1860*. Diss. City University of New York, 2012.
- American Anti-Slavery Society. *First Annual Report of the American Anti-Slavery Society*. New York: Dorr & Butterfield, 1834.
- American Slavery: Report of a Public Meeting Held at Finsbury Chapel, Moorfields, to Receive Frederick Douglass, the American Slave, on Friday, May 22, 1846*. London: Christopher B. Christian and Co., 1846.
- Ancell, Henry. *A Treatise on Tuberculosis*. London: Longman, Brown, Green & Longmans, 1852.
- Andrews, Stephen Pearl, ed. *Love, Marriage, and Divorce, and the Sovereignty of the Individual: A Discussion Between Henry James, Horace Greeley, and Stephen Pearl Andrews. Including the Final Replies of Mr. Andrews, Rejected by the New York Tribune, and a Subsequent Discussion, Occurring Twenty Years Later, Between Mr. James and Mr. Andrews*. Boston: B.R. Tucker, 1889.
- Arbuthnot, John. *An Essay Concerning the Effects of Air On Human Bodies*. London: J. and R. Tonson and S. Draper, 1751.
- Atkinson, Sarah, et. al. "'The Medical' and 'Health' in a Critical Medical Humanities." *Journal of Medical Humanities* 36 (2015): 71-81.
- Axelrod, Alan. *Charles Brockden Brown: An American Tale*. Austin: University of Texas Press, 1983.
- "A Bad Book Gibbeted." *New-York Daily Times* 17 Aug. 1855: 2.
- Bailyn, Bernard. *The Ideological Origins of the American Revolution*. Cambridge: Belknap Press of Harvard University Press, 1967.
- Baldwin, Peter. *Contagion and the State in Europe, 1830-1930*. Port Chester, NY: Cambridge University Press, 1999.
- Bankole, Katherine Kemi. *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana*. New York: Garland, 1998.
- Barnes, David S. "Cargo, 'Infection,' and the Logic of Quarantine in the Nineteenth Century." *Bulletin of the History of Medicine* 88.1 (2014): 75-101.
- . *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France*. Berkeley: University of California Press, 1995.
- Barthes, Roland. "Semiology and Medicine." In *The Semiotic Challenge*. Trans. Richard Howard. New York: Hill and Wang, 1988. 202-216.
- Bayley, William. Letter to Magdalena Bayley. 23 Jul. 1832. Beekman Family Papers. Patricia D. Klingenstein Library, New York Historical Society, New York.
- Baym, Nina. *American Women of Letters and the Nineteenth-Century Sciences: Styles of Affiliation*. New Brunswick: Rutgers University Press, 2002.
- Beard, John Rely. *The Life of Toussaint L'Ouverture: The Negro Patriot of Hayti; Comprising an Account of the Struggle for Liberty in the Island, and a Sketch of Its History to the Present Period*. London: Ingram, Cooke, and Company, 1853.
- Beck, Lewis C.. "Report on Cholera, made to his Excellency Gov. Throop, August, 1832." *Transactions of the Medical Society of the State of New York*. Vol. 1. Albany: Webster and

- Skinner, 1833. 348-72.
- Beck, Ulrich. *Risk Society: Towards a New Modernity*. London: Sage Publications, 1992.
- Beddoes, Thomas. *Contributions to Physical and Moral Knowledge, Principally from the West of England, Collected by Thomas Beddoes, M.D.* Bristol: Biggs and Cottle, 1799.
- Beecher, Catharine Esther. *Letters to the People on Health and Happiness*. New York: Harper & Brothers, 1855.
- . *A Treatise on Domestic Economy: For the Use of Young Ladies at Home, and at School*. Boston: Thomas H. Webb & Company, 1843.
- , and Harriet Beecher Stowe. *The American Woman's Home: Or, Principles of Domestic Science; Being a Guide to the Formation and Maintenance of Economical, Healthful, Beautiful, and Christian Homes*. New York: J.B. Ford and Company, 1869.
- Beecher, Lyman. *Six Sermons on the Nature, Occasions, Signs, Evils, and Remedy of Intemperance*. New York: American Tract Society, 1827.
- Beer, Gillian. *Darwin's Plots: Evolutionary Narrative in Darwin, George Eliot and Nineteenth-Century Fiction*. London: Routledge, 1983.
- Bell, Michael Davitt. *The Development of American Romance: The Sacrifice of Relation*. Chicago: University of Chicago Press, 1980.
- Belling, Catherine Francis. *A Condition of Doubt: The Meanings of Hypochondria*. Oxford: Oxford University Press, 2012.
- Benezet, Anthony. *The Family Physician; Comprising Rules for the Prevention and Cure of Diseases: Calculated Particularly for the Inhabitants of the Western Country, and for Those Who Navigate Its Waters*. Cincinnati: W. Hill Woodward, 1826.
- Benjamin, Judah Philip. *Kansas Bill: Speech of the Hon. J.P. Benjamin, of La., Delivered in Senate of United States on Thursday, March 11, 1858*. Washington: G. S. Gideon, 1858.
- [Bentley, Joseph]. *Health Made Easy for the People: Or, Physical Training, To Make Their Lives, in This World, Long and Happy*. Philadelphia: J. L. Gihon, 1854.
- Berlant, Lauren. *The Female Complaint: The Unfinished Business of Sentimentality in American Culture*. Durham: Duke University Press, 2008.
- . *The Queen of America Goes to Washington City: Essays on Sex and Citizenship*. Durham: Duke University Press, 1997.
- , and Lee Edelman. *Sex, or the Unbearable*. Durham: Duke University Press, 2013.
- Berman, Alex, and Michael A Flannery. *America's Botanico-Medical Movements: Vox Populi*. New York: Pharmaceutical Products Press, 2001.
- Bernard, John. *Retrospections of America, 1797-1811*. New York: Harper & Brothers, 1887.
- Berry, Sarah L., Erin Gentry Lamb, and Therese Jones. *Health Humanities Baccalaureate Programs in the United States*. Hiram, OH: Center for Literature and Medicine, Hiram College, March 2016.
- Bersani, Leo. "Is the Rectum a Grave?" *And Other Essays*. Chicago: University of Chicago Press, 2010.
- Bewell, Alan. *Romanticism and Colonial Disease*. Baltimore: The Johns Hopkins University Press, 2003.
- Bezio, Kelly. "The Nineteenth-Century Quarantine Narrative." *Literature and Medicine* 31.1 (2013): 63-90.
- Bilson, Geoffrey. *A Darkened House: Cholera in Nineteenth-Century Canada*. Toronto: University of Toronto Press, 1980.
- Blackwell, Elizabeth. *How to Keep a Household in Health*. London: W.W. Head, 1870.
- . *The Laws of Life: With Special Reference to the Physical Education of Girls*. New York: G. P. Putnam, 1852.
- Blake, John B. "From Buchan to Fishbein: The Literature of Domestic Medicine." *Medicine Without Doctors: Home Health Care in American History*. Ed. Guenter B. Risse, Ronald L.

- Numbers, and Judith Walzer Leavitt. New York: Science History Publications, 1977. 11-30.
- . "Mary Gove Nichols, Prophetess of Health." *Proceedings of the American Philosophical Society* 106.3: 219-234.
- Bland, Lucy. *Banishing the Beast: Feminism, Sex and Morality*. London: Tauris Parke Paperbacks, 2002.
- Block, James E. *A Nation of Agents: The American Path to a Modern Self and Society*. Cambridge: Harvard University Press, 2002.
- "The Board of Health." *Salem Observer* [Massachusetts] 9 Jun. 1849: 2. *America's Historical Newspapers*. Web. 17 May 2016.
- Böhme, Gernot. "Atmosphere as the Fundamental Concept of a New Aesthetics." *Thesis Eleven* 36.1 (1993): 113–126.
- Book of the Atmosphere*. Boston: Lilly, Wait, and Company, 1833.
- Bowler, Peter J. *Evolution: The History of an Idea*. Berkeley: University of California Press, 1989.
- Bradshaw, Charles C. "The New England Illuminati: Conspiracy and Causality in Charles Brockden Brown's *Wieland*." *The New England Quarterly* 76.3 (2003): 356.
- Bray, R.S. *Armies of Pestilence: The Impact of Disease on History*. Cambridge: Lutterworth Press, 1996.
- Breeden, J. O. "States-Rights Medicine in the Old South." *Bulletin of the New York Academy of Medicine* 52.3 (1976): 348.
- Brigham, Amariah. *Treatise on Epidemic Cholera: Including a Historical Account of Its Origin and Progress, to the Present Period*. Hartford: H. and F.J. Huntington, 1832.
- Brockliss, L. W. B. *The Medical World of Early Modern France*. Oxford: Clarendon Press, 1987.
- Brooks, Joanna. *American Lazarus: Religion and the Rise of African-American and Native American Literatures*. Oxford: Oxford University Press, 2003.
- Brown, B. Ricardo. *Until Darwin: Science, Human Variety and the Origins of Race*. New York: Routledge, 2015.
- Brown, Charles Brockden. *Arthur Mervyn, or, Memoirs of the Year 1793, with Related Texts*. 1799. Ed. Philip Barnard and Stephen Shapiro. Indianapolis: Hackett, 2008.
- . "The Difference Between History and Romance." 1800. *Arthur Mervyn, or, Memoirs of the Year 1793, with Related Texts*. Ed. Philip Barnard and Stephen Shapiro. Indianapolis: Hackett, 2008. 340-343.
- . *Edgar Huntly: Or, Memoirs of a Sleep-Walker, with Related Texts*. 1799. Ed. Philip Barnard and Stephen Shapiro. Indianapolis: Hackett, 2008.
- . Letter to James Brown. 25 Oct. 1796. *Collected Writings of Charles Brockden Brown Volume 1: Letters and Epistolary Writings*. Ed. Philip Barnard, Elizabeth Hewitt, and Mark L. Kamrath. Lewisburg: Bucknell University Press, 2013. 371-73.
- . Letter to Joseph Bringhurst, Jr. 19 Aug. 1797. *Collected Writings of Charles Brockden Brown Volume 1: Letters and Epistolary Writings*. Ed. Philip Barnard, Elizabeth Hewitt, and Mark L. Kamrath. Lewisburg: Bucknell University Press, 2013. 388-89.
- . *Ormond: Or the Secret Witness, with Related Texts*. 1799. Ed. Philip Barnard and Stephen Shapiro. Indianapolis: Hackett, 2009.
- [---.] Rev. of *A Brief History of Pestilential Diseases* by Noah Webster. *The Monthly Magazine, and American Review* Jan. 1800: 30-36.
- . "Walstein's School of History." 1799. *Arthur Mervyn, or, Memoirs of the Year 1793, with Related Texts*. Ed. Philip Barnard and Stephen Shapiro. Indianapolis: Hackett, 2008. 331-9.
- . *Wieland; or The Transformation*. 1798. Ed. Emory Elliot. Oxford: Oxford University Press, 1994.
- Brown, Gillian. *Domestic Individualism: Imagining Self in Nineteenth-Century America*. Berkeley: University of California Press, 1992.
- Brown, John. *The Elements of Medicine*. Vol. 2. London: J. Johnson, 1795.
- Brown, Kathleen M. *Foul Bodies: Cleanliness in Early America*. New Haven: Yale University Press, 2009.

- Brown, William Wells. *Clotel: or, The President's Daughter*. 1853. Ed. M. Giulia Fabi. New York: Penguin, 2004.
- . "Letter from W.W. Brown." *Clotel and Other Writings*. Ed. Ezra Greenspan. New York: Library of America, 2014. 906-909.
- Buchan, William. *Domestic Medicine: Or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines: With an Appendix, Containing a Dispensatory for the Use of Private Practitioners*. 11<sup>th</sup> ed. London: A. Strahan, T. Cadell, J. Balfour, and W. Creech: 1790.
- Buell, Lawrence. "Bondwoman Unbound: Hannah Crafts's Art and Nineteenth-Century U. S. Literary Practice." *In Search Of Hannah Crafts: Critical Essays On The Bondwoman's Narrative*. Ed. Henry Louis Gates, Jr., and Hollis Robbins. New York: Basic Books, 2005. 16-29.
- Burbick, Joan. *Healing the Republic: The Language of Health and the Culture of Nationalism in Nineteenth-Century America*. Cambridge: Cambridge University Press, 1994.
- Burgan, Mary. "Contagion and Culture: A View from Victorian Studies." *American Literary History* 14.4 (2002): 837-844.
- Burnham, John C. *Health Care in America: A History*. Baltimore: The Johns Hopkins University Press, 2015.
- Bynum, W. F. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press, 1994.
- , E.J. Browne, and Roy Porter, eds. *Dictionary of the History of Science*. Princeton: Princeton University Press, 1981.
- , and Vivian Nutton, eds. *Theories of Fever from Antiquity to the Enlightenment*. London: Wellcome Institute for the History of Medicine, 1981.
- Byrd, W. Michael, and Linda A. Clayton. *An American Health Dilemma: Race, Medicine, and Health Care in the United States 1900-2000*. New York: Routledge, 2015.
- Byrne, Katherine. *Tuberculosis and the Victorian Literary Imagination*. Cambridge: Cambridge University Press, 2011.
- Cahill, Edward. *Liberty of the Imagination: Aesthetic Theory, Literary Form, and Politics in the Early United States*. University of Pennsylvania Press, 2012.
- Caldwell, Charles. *Thoughts on Physical Education: Being a Discourse Delivered to a Convention of Teachers in Lexington, Ky., on the 6th and 7th of Nov., 1833*. Boston: Marsh, Capen & Lyon, 1834.
- Cantor, David, ed. *Reinventing Hippocrates*. London: Ashgate, 2002.
- Carby, Hazel V. *Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist*. New York: Oxford University Press, 1987.
- Carden, Maren Lockwood. *Oneida: Utopian Community to Modern Corporation*. Syracuse: Syracuse University Press, 1998.
- Carey, Mathew. *A Short Account of the Malignant Fever, Lately Prevalent in Philadelphia: With a Statement of the Proceedings That Took Place on the Subject, in Different Parts of the United States: To Which Are Added, Accounts of the Plague in London and Marseilles*. 4<sup>th</sup> ed. Philadelphia: Mathew Carey, 1794.
- Cartwright, Samuel A. "How to Save the Republic, and the Position of the South in the Union." *De Bow's Review* Aug. 1851: 184-197.
- . "Report on Diseases and Physical Peculiarities of the Negro Race." *New Orleans Medical and Surgical Journal* 7 (1851): 691-715.
- Carus, Titus Lucretius. *On the Nature of Things*. London: Henry G. Bohn, 1851.
- Cassedy, James H. *American Medicine and Statistical Thinking, 1800-1860*. Cambridge: Harvard University Press, 1984.
- . "Medical Men and the Ecology of the Old South." In *Science and Medicine in the Old South*. Ed.

- Ronald L. Numbers and Todd L. Savitt. Baton Rouge: Louisiana State University Press, 1989. 166-78.
- . "Meteorology and Medicine in Colonial America: Beginnings of the Experimental Approach." *Journal of the History of Medicine and Allied Sciences* 24.2 (1969): 193–204.
- . "Why Self-Help? Americans Alone with Their Diseases, 1800-1850." *Medicine Without Doctors: Home Health Care in American History*. Ed. Guenter B. Risse, Ronald L. Numbers, and Judith Walzer Leavitt. New York: Science History Publications, 1977. 31-48.
- Castiglia, Christopher. "‘I found a life of freedom all my fancy had pictured it to be’: Hannah Crafts’s Visual Speculation and the Inner Life of Slavery." In *In Search Of Hannah Crafts: Critical Essays On The Bondswoman's Narrative*. Ed. Henry Louis Gates, Jr., and Hollis Robbins. New York: Basic Books, 2005. 231-53.
- . *Interior States: Institutional Consciousness and the Inner Life of Democracy in the Antebellum United States*. Durham: Duke University Press, 2008.
- Castronovo, Russ. *Negro Citizenship: Death, Eroticism, and the Public Sphere in the Nineteenth-Century United States*. Durham: Duke University Press, 2001.
- Chamberlin, J. Edward and Sander L. Gilman. "Introduction." In *Degeneration: The Dark Side of Progress*. Ed. J. Edward Chamberlin and Sander L. Gilman. New York: Columbia University Press, 1985. ix-xiv.
- Channing, William Ellery. *Slavery*. Boston: James Munroe and Company, 1836.
- Chaplin, Joyce E. *Subject Matter: Technology, the Body, and Science on the Anglo-American Frontier, 1500-1676*. Cambridge: Harvard University Press, 2001.
- Chaplin, Susan. "Contemporary Gothic and the Law." *The Cambridge Companion to the Modern Gothic*. Ed. Jerrold E. Hogle. Cambridge: Cambridge University Press, 2014. 37-54.
- Charon, Rita. *Narrative Medicine Honoring the Stories of Illness*. Oxford: Oxford University Press, 2006.
- Cheever, Henry T. *A Tract for the Times, on the Question, Is it Right to Withhold Fellowship from Churches or From Individuals that Tolerate or Practice Slavery? Read by Appointment, Before the Congregational Ministers' Meeting of New-London County, CT*. New York: John A. Gray, 1859.
- Chen, Mel Y. *Animacies: Biopolitics, Racial Mattering, and Queer Affect*. Durham: Duke University Press, 2012.
- Child, Lydia Maria. *The Family Nurse, Or, Companion of the Frugal Housewife*. London: Richard Bentley, 1837.
- . *The Mother's Book*. Boston: Carter, Hendee, and Babcock, 1831.
- Christophersen, Bill. *The Apparition in the Glass: Charles Brockden Brown's American Gothic*. Athens: University of Georgia Press, 1993.
- "The Cholera." *Commercial Advertiser* [New York]. 18 Jun. 1832: 2. *America's Historical Newspapers*. Web. 24 Mar. 2012.
- The Cholera Bulletin*. 1832. New York: Arno Press, 1972.
- Cimbala, Paul A. *Under the Guardianship of the Nation: The Freedmen's Bureau and the Reconstruction of Georgia, 1865-1870*. Athens: University of Georgia Press, 2003.
- Cislo, Amy Eisen. *Paracelsus's Theory of Embodiment: Conception and Gestation in Early Modern Europe*. Abingdon: Routledge, 2015.
- Clark, Beverly Lyon, ed. *Louisa May Alcott: The Contemporary Reviews*. Cambridge: Cambridge University Press, 2004.
- Clark, James. *A Treatise on Tubercular Phthisis, Or Pulmonary Consumption: Reprinted from the Cyclopaedia of Practical Medicine*. London: Marchant, 1834.
- Clarke, Edward. *Sex in Education: or, A Fair Chance for Girls*. Boston: James R. Osgood and Company, 1875.

- Claybaugh, Amanda. *The Novel of Purpose: Literature and Social Reform in the Anglo-American World*. Ithaca: Cornell University Press, 2007.
- Clemit, Pamela. *The Godwinian Novel: The Rational Fictions of Godwin, Brockden Brown, Mary Shelley*. New York: Oxford University Press, 1993.
- Cohen, Ed. *A Body Worth Defending: Immunity, Biopolitics, and the Apotheosis of the Modern Body*. Durham: Duke University Press, 2009.
- Cohen, Patricia Cline. "The 'Anti-Marriage Theory' of Thomas and Mary Gove Nichols: A Radical Critique of Monogamy in the 1850s." *Journal of the Early Republic* 34.1 (2014): 1–20.
- . *A Calculating People: The Spread of Numeracy in Early America*. New York: Routledge, 1999.
- Colacurcio, Michael J. *The Province of Piety: Moral History in Hawthorne's Early Tales*. Durham: Duke University Press, 1995.
- Colbert, Charles. *A Measure of Perfection: Phrenology and the Fine Arts in America*. Chapel Hill: University of North Carolina Press, 1997.
- Cole, Thomas R., Nathan S. Carlin, and Ronald A. Carson. *Medical Humanities: An Introduction*. New York: Cambridge University Press, 2015.
- Coleman, William. *Yellow Fever in the North: The Methods of Early Epidemiology*. Madison: University of Wisconsin Press, 1987.
- "Coleridge." *The North American Review* Apr. 1835: 299-351.
- Coleridge, Samuel Taylor. *Biographia Literaria: or, Biographical Sketches of My Literary Life and Opinions*. 1817. Ed. James Engell and W. Jackson Bate. Princeton: Princeton University Press, 1983.
- Collins, Julia C. *The Curse of Caste: or The Slave Bride*. 1865. Ed. William L. Andres and Mitch Kachun. Oxford: Oxford University Press, 2006.
- Connolly, Brian. *Domestic Intimacies: Incest and the Liberal Subject in Nineteenth-Century America*. Philadelphia: University of Pennsylvania Press, 2014.
- Cooke, John. *A Treatise on Nervous Diseases*. Vol. 1. London: Longman, Hurst, Rees, Orme, and Brown, 1820.
- Cooley, Thomas. *The Ivory Leg in the Ebony Cabinet: Madness, Race, and Gender in Victorian America*. Amherst: University of Massachusetts Press, 2001.
- Cooter, Roger. "Anticontagionism and History's Medical Record." In *The Problem of Medical Knowledge*. Ed. Peter Wright and Andrew Treacher. Edinburgh: Edinburgh University Press, 1983. 87-108.
- . *The Cultural Meaning of Popular Science: Phrenology and the Organization of Consent in Nineteenth-Century Britain*. Cambridge: Cambridge University Press, 1984.
- Copland, James. *A Dictionary of Practical Medicine*. New York: Harper & Brothers, 1859.
- . *Of the Causes, Nature, and Treatment of Palsy and Apoplexy: Of the Forms, Seats, Complications, and Morbid Relations of Paralytic and Apoplectic Diseases*. Philadelphia: Lea and Blanchard, 1850.
- Cotkin, George. *Reluctant Modernism: American Thought and Culture, 1880-1900*. Lanham, MD: Rowman & Littlefield, 2004.
- "Could They Take Care of Themselves?" *The Anti-Slavery Record* Aug. 1836: 85-96.
- Cowan, John. *The Science of a New Life*. New York: Cowan & Company, 1870.
- Cowper, William. *The Task: A Poem in Six Books*. Philadelphia: Bennett and Walton, 1811.
- Coxe, Richard S. "The African Slave Fleet and the Right of Search." *De Bow's Review* Nov. 1858. 512-545.
- Craft, William, and Ellen Craft. *Running a Thousand Miles for Freedom: The Escape of William and Ellen Craft from Slavery*. 1860. Athens: Brown Thrasher Books, 1999.
- Crafts, Hannah. *The Bondwoman's Narrative*. Ed. Henry Louis Gates, Jr. New York: Warner Books, 2002.
- Craig, Cairns. *Associationism and the Literary Imagination: From the Phantasmal Chaos*. Edinburgh:

- Edinburgh University Press, 2007.
- Crain, Caleb. *American Sympathy: Men, Friendship, and Literature in the New Nation*. New Haven: Yale University Press, 2001.
- Crawford, Robert. "Individual Responsibility and Health Politics in the 1970s." *Health Care in America: Essays in Social History*. Ed. Susan Reverby and David Rosner. Philadelphia: Temple University Press, 1979.
- Crosby, Molly Caldwell. *The American Plague: The Untold Story of Yellow Fever, the Epidemic That Shaped Our History*. New York: Berkley Books, 2006.
- "Cuba and Its Slave Traffic." *The Church Missionary Intelligencer* 7 (1856): 265-75.
- Cullen, William. *The Works of William Cullen: Containing His Physiology, Nosology, and First Lines of the Practice of Physic; with Numerous Extracts from His Manuscript Papers, and from His Treatise of the Materia Medica*. Vol. 1. London: Blackwood, 1827.
- Cunningham, Patricia A. *Reforming Women's Fashion, 1850-1920: Politics, Health, and Art*. Kent, OH: Kent State University Press, 2003.
- Currie, William. *Observations on the Causes and Cure of Remitting or Bilious Fevers*. Philadelphia: William T. Palmer, 1798.
- Dain, Bruce R. *A Hideous Monster of the Mind American Race Theory in the Early Republic*. Cambridge: Harvard University Press, 2002.
- Danielson, Susan Steinberg. "Healing Women's Wrongs: Water-Cure as (Fictional) Autobiography." *Studies in the American Renaissance* (1992): 247-260.
- Darwin, Erasmus. *The Temple of Nature, Or, The Origin of Society: A Poem, with Philosophical Notes*. Baltimore: John W. Butler, and Bonsal & Niles, 1804.
- . *Zoonomia; Or, The Laws of Organic Life: In Three Parts : Complete in Two Volumes*. Vol. 1. Boston: Thomas & Andrews, 1809.
- Davidson, Cathy. *Revolution and the Word: The Rise of the Novel in America*. Expanded Edition. Oxford: Oxford University Press, 2004.
- Davidson, Jenny. *Breeding: A Partial History of the Eighteenth Century*. New York: Columbia University Press, 2009.
- Davis, Andrew Jackson. *The Great Harmonia: A Philosophical Revelation of the Natural, Spiritual and Celestial Universe*. Boston: Benjamin B. Mussey & Co., 1850.
- Davis, Cynthia J. *Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845-1915*. Stanford: Stanford University Press, 2000.
- Davis, David Brion. *The Problem of Slavery in the Age of Revolution, 1770-1823*. Oxford: Oxford University Press, 1999.
- Davis, Robert Leigh. *Whitman and the Romance of Medicine*. Berkeley: University of California Press, 1997.
- Davis, Theo. *Formalism, Experience, and the Making of American Literature in the Nineteenth Century*. Cambridge: Cambridge University Press, 2007.
- De Boever, Arne. *Narrative Care: Biopolitics and the Novel*. New York: Bloomsbury Publishing, 2013.
- Dean, Tim. *Beyond Sexuality*. Chicago: University of Chicago Press, 2000.
- Deese, Helen R. "Louisa May Alcott's Moods: A New Archival Discovery." *The New England Quarterly* 76.3 (2003): 439-455.
- Defoe, Daniel. *A Journal of the Plague Year: Being Observations Or Memorials of the Most Remarkable Occurrences, as Well Publick as Private, Which Happened in London During the Last Great Visitation in 1665*. London: E. Nutt, 1722.
- Del Principe, David. "Introduction: The EcoGothic in the Long Nineteenth Century." *Gothic Studies* 16.1 (2014): 1-8.

- Delany, Martin. "Political Destiny of the Colored Race on the American Continent." 1854. *Pamphlets of Protest: An Anthology of Early African-American Protest Literature, 1790-1860*. Ed. Richard Newman, Patrick Rael, and Philip Lapsansky. New York and London: Routledge: 2001. 226-239.
- Delaporte, François. *Disease and Civilization: The Cholera in Paris, 1832*. Cambridge: MIT Press, 1986.
- Derrida, Jacques. "Autoimmunity: Real and Symbolic Suicides—A Dialogue with Jacques Derrida." *Philosophy in a Time of Terror: Dialogues with Jürgen Habermas and Jacques Derrida*. Chicago: University of Chicago Press, 2003. 85–136.
- "Deserving Attention." *Commercial Advertiser* [New York]. 6 Jul. 1832: 3. *America's Historical Newspapers*. Web. 17 May 2016.
- Devine, Shauna. *Learning from the Wounded: The Civil War and the Rise of American Medical Science*. Chapel Hill: The University of North Carolina Press, 2014.
- Dick, Thomas. *The Atmosphere and Atmospheric Phenomena*. London: The Religious Tract Society, 1799.
- . *On the Mental Illumination and Moral Improvement of Mankind*. Philadelphia: Edward C. Biddle, 1843.
- Dickens, Charles. *American Notes: For General Circulation*. Vol 2. London: Chapman and Hall, 1842.
- . *Bleak House*. 1853. Ed. Norman Page. London: Penguin Books, 1985.
- Dickinson, Emily. "I am afraid to own a body—." *The Poems of Emily Dickinson*. Ed. R.W. Franklin. Cambridge: The Belknap Press of Harvard University Press, 199. 429.
- Dimock, Wai Chee. *Through Other Continents: American Literature Across Deep Time*. Princeton: Princeton University Press, 2006.
- Dixon, Edward H. *Woman, and Her Diseases, from the Cradle to the Grave: Adapted Exclusively to Her Instruction in the Physiology of Her System, and All the Diseases of Her Critical Periods*. 6<sup>th</sup> Edition. New York: Charles H. Ring, 1847.
- "Don't Be Alarmed! A Transcript from the Diary of a 'Cholera Subject.'" *The Knickerbocker: Or New-York Monthly Magazine* Oct. 1834: 304-308.
- Donegan, Jane B. *Hydropathic Highway to Health: Women and Water-Cure in Antebellum America*. New York: Greenwood Press, 1986.
- Dormandy, Thomas. *The White Death: A History of Tuberculosis*. New York: New York University Press, 2000.
- Douglas, Ann. *The Feminization of American Culture*. New York: Knopf, 1977.
- Douglas, Mary, and Aaron Wildavsky. *Risk and Culture*. Berkeley: University of California Press, 1983.
- Douglass, Frederick. *Narrative of the Life of Frederick Douglass, an American Slave. Written by Himself*. 1845. London: H.G. Collins, 1851.
- Downs, Jim. *Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction*. Oxford: Oxford University Press, 2012.
- Drake, Daniel. "Diseases of the Negro Population." *The Southern Medical and Surgical Journal* 1 (1845): 341-343.
- Drinker, Elizabeth. *The Diary of Elizabeth Drinker*, Vol. 1. Ed. Elaine Forman Crane. Boston: Northeastern University Press, 1991.
- Dubos, René J, and Jean Dubos. *The White Plague: Tuberculosis, Man and Society*. Boston: Little, Brown, 1952.
- Duffy, John. *From Humors to Medical Science: A History of American Medicine*. Urbana: University of Illinois Press, 1993.
- . *A History of Public Health in New York City, 1625-1866*. New York: Russell Sage Foundation, 1968.
- . *The Sanitarians: A History of American Public Health*. Urbana: University of Illinois Press, 1990.



- . "States' Rights Medicine." *Encyclopedia of Southern Medical Culture*. Ed. Charles Reagan Wilson and William R. Ferris. Chapel Hill: University of North Carolina Press, 1989. 1355-1356.
- Dunlap, William. *The Life of Charles Brockden Brown: Together with Selections from the Rarest of His Printed Works, from His Original Letters, and from His Manuscripts Before Unpublished*. Vol. 2. Philadelphia: James P. Parke, 1815.
- Durey, Michael. *The Return of the Plague: British Society and the Cholera, 1831-2*. Dublin: Gill and Macmillan, 1979.
- Easton, Hosea. *A Treatise on the Intellectual Character, and Civil and Political Condition of the Colored People of the U. States; and the Prejudice Exercised Towards Them: With a Sermon on the Duty of the Church to Them*. Boston: Isaac Knapp, 1837.
- Edelman, Lee. *No Future*. Durham: Duke University Press, 2004.
- Edwards, Justin D. *Gothic Passages: Racial Ambiguity and the American Gothic*. Iowa City: University of Iowa Press, 2003.
- Eiselein, Gregory, and Anne K. Phillips. *The Louisa May Alcott Encyclopedia*. Westport, CT: Greenwood Publishing Group, 2001.
- Elbert, Sarah. Introduction. *Moods*. By Louisa May Alcott. 1864. New Brunswick: Rutgers University Press, 1991. xi-xl.
- Ellis, John. *The Avoidable Causes of Disease, Insanity, and Deformity*. New York: Boericke & Tafel, 1870.
- Ellis, John H. *Yellow Fever & Public Health in the New South*. Lexington: University Press of Kentucky, 1992.
- Ellison, Katherine E. *Fatal News: Reading and Information Overload in Early Eighteenth-Century Literature*. New York: Routledge, 2006.
- Emerson, Ralph Waldo. "Domestic Life." *The Dial* 1.10 (1860): 585-602.
- . "Experience." *Essays: First and Second Series*. Ed. Douglas Crane. New York: Library of America, 1991. 239-262.
- . "Fate." *The Conduct of Life*. Boston: Ticknor and Fields, 1860. 1-42.
- . Letter to William and Edward Emerson. 4 Jan 1830. *The Letters of Ralph Waldo Emerson*. Vol. 1. Ed. Ralph L. Rusk. New York: Columbia University Press, 1939. 291.
- . "The Poet." *Essays: First and Second Series*. Ed. Douglas Crane. New York: Library of America, 1991. 215-238.
- . "Self-Reliance." *Essays: First and Second Series*. Ed. Douglas Crane. New York: Library of America, 1991. 27-52.
- Empson, William. *Seven Types of Ambiguity*. 1936. New York: New Directions, 1947.
- Engs, Ruth C. *Clean Living Movements American Cycles of Health Reform*. Westport, CT: Praeger, 2001.
- . *The Progressive Era's Health Reform Movement: A Historical Dictionary*. Westport, CT: Praeger, 2003.
- Epstein, Steven. *Impure Science AIDS, Activism, and the Politics of Knowledge*. Berkeley: University of California Press, 1996.
- Erkkila, Betsy. "Franklin and the Revolutionary Body." *ELH* 67.3 (2000): 717-741.
- Estes, J. Worth, and Billy G Smith. *A Melancholy Scene of Devastation: The Public Response to the 1793 Philadelphia Yellow Fever Epidemic*. Canton, MA: Science History Publications for the College of Physicians of Philadelphia and the Library Company of Philadelphia, 1997.
- Estok, Simon. "Theorizing in a Space of Ambivalent Openness: Ecocriticism and Ecophobia." *Interdisciplinary Studies in Literature and Environment* 16.2 (2009): 203-225.
- Evans, Richard J. *Death in Hamburg: Society and Politics in the Cholera Years*. New York: Penguin Books, 2005.
- Evening Post* [New York] 16 Jun. 1832: 2. *America's Historical Newspapers*. Web. 17 May 2016.
- Ewell, James. *The Medical Companion: Or Family Physician; Treating of the Diseases of the United States, with Their Symptoms, Causes, Cure and Means of Prevention: Common Cases in Surgery, as Fractures,*

- Dislocations, &c. the Management and Diseases of Women and Children. A Dispensatory, for Preparing Family Medicine, and a Glossary Explaining Technical Terms.* Washington: Printed for the Proprietors, 1827.
- “Extract of a Letter from a Physician in New-York to his Friend in New Jersey.” *Federal Gazette* 21 Sept. 1793. *America’s Historical Newspapers*. Web. 4 Sept. 2014.
- “Famous Women Interested in Hygiene and Temperance: Louisa M. Alcott.” *Good Health* 23.4 (1888): 137-138.
- Farmbry, Kyle. *Crisis, Disaster, and Risk: Institutional Response and Emergence*. Armonk, NY: M.E. Sharpe, 2013.
- Farmer-Kaiser, Mary. *Freedwomen and the Freedmen’s Bureau: Race, Gender, and Public Policy in the Age of Emancipation*. New York: Fordham University Press, 2010.
- Faust, Drew Gilpin, ed. *The Ideology of Slavery: Proslavery Thought in the Antebellum South, 1830-1860*. Baton Rouge: Louisiana State University Press, 1981.
- Fenner, E.D. “Acclimation; and the Liability of Negroes to the Endemic Fevers of the South.” *Southern Medical and Surgical Journal* 14 (July 1858): 452-46.
- Federal Writers’ Project. *Slave Narratives: A Folk History of Slavery in the United States from Interviews with Former Slaves*. Project Gutenberg. Web. 25 May. 2016.
- . *History of the Epidemic Yellow Fever at New Orleans, in 1853*. New York: Hall, Clayton & Co., 1854.
- Fett, Sharla M. *Working Cures: Healing, Health, and Power on Southern Slave Plantations*. Chapel Hill: University of North Carolina Press, 2002.
- Fiedler, Leslie A. *Love and Death in the American Novel*. New York: Stein and Day, 1966.
- Figal, Sara Eigen. *Heredity, Race, and the Birth of the Modern*. New York: Routledge, 2008.
- Finger, Simon. *The Contagious City: The Politics of Public Health in Early Philadelphia*. Ithaca: Cornell University Press, 2012.
- Finkelman, Paul. *An Imperfect Union: Slavery, Federalism, and Comity*. Union, NJ: The Lawbook Exchange, Ltd., 1981.
- Finley, Randy. “In War’s Wake: Health Care and Arkansas Freedmen, 1863-1868.” *The Arkansas Historical Quarterly* 51.2 (1992): 135.
- Fisher, Walter. “Physicians and Slavery in the Antebellum Southern Medical Journal.” *Journal of the History of Medicine and Allied Sciences* 23.1 (1968): 36–49.
- Fitzhugh, George. *Cannibals All! Or, Slaves without Masters*. Richmond: A Morris, 1857.
- . *Sociology for the South, or the Failure of Free Society*. Richmond: A. Morris, 1854.
- Fliegelman, Jay. *Prodigals and Pilgrims: The American Revolution against Patriarchal Authority, 1750-1800*. Cambridge: Cambridge University Press, 1982.
- Ford, Thomas H. “Aura in the Anthropocene.” *sympleke* 21.1 (2013): 65–82.
- Forster, Thomas. *Illustrations of the Atmospheric Origin of Epidemic Disorders of Health: And of Its Relation to the Predisponent Constitutional Causes*. Chelmsford: Meggy & Chalk, 1829.
- Foster, Lawrence. *Women, Family, and Utopia: Communal Experiments of the Shakers, the Oneida Community, and the Mormons*. Syracuse: Syracuse University Press, 1991.
- Foucault, Michel. “The Birth of Biopolitics.” *Ethics: Subjectivity and Truth*. Ed. Paul Rabinow. Trans. Robert Hurley. New York: The New Press, 1994. 73-80.
- . *Discipline & Punish: The Birth of the Prison*. 1975. Trans. Alan Sheridan. New York: Vintage Books, 2005.
- . *The Hermeneutics of the Subject: Lectures at the Collège de France, 1981-1982*. Ed. Frédéric Gros. Trans. Graham Burchell. New York: Picador, 2001.
- . “Security, Territory, and Population.” *Ethics: Subjectivity and Truth*. Ed. Paul Rabinow. Trans. Robert Hurley. New York: The New Press, 1994. 67-72.
- . “Society Must Be Defended”: *Lectures at the Collège de France, 1975-76*. Ed. Arnold I. Davidson. Trans.

- David Macey. New York: Picador, 2003.
- Fourier, Charles. *Theory of Social Organization*. New York: C.P. Somerby, 1876.
- Fowler, Lorenzo Niles. *Marriage: Its History and Ceremonies; with a Pherenological and Physiological Exposition of the Functions and Qualifications for Happy Marriages*. New York: Fowlers and Wells, 1853.
- Fowler, Lydia F. *Woman, Her Destiny and Maternal Relations, Or, Hints to the Single and Married: A Lecture*. London: William Tweedie, 1864.
- Fowler, Orson Squire. *Creative and Sexual Science: Or Manhood, Womanhood, and Their Mutual Interrelation ; Love, Its Laws, Power, Etc*. New York: Fowlers & Wells, 1870.
- . *Fowler on Matrimony: Or, Phrenology and Physiology, Applied to the Selection of Suitable Companions for Life*. Philadelphia: O.S. Fowler, 1841.
- . *Hereditary Descent: Its Laws and Facts Applied to Human Improvement*. New York: Fowlers and Wells, 1857.
- . *Intemperance and Tight-Lacing, Considered in Relation to the Laws of Life*. London: J. Watson, 1852.
- Fox-Genovese, Elizabeth, and Eugene D. Genovese. *The Mind of the Master Class: History and Faith in the Southern Slaveholders' Worldview*. Cambridge: Cambridge University Press, 2005.
- Francis, John Wakefield. *Letter on the Cholera Asphyxia, Now Prevailing in the City of New York; Addressed to James Bond Read, M.D., Chairman of the Medical Board, Savannah*. New York: George P. Scott & Co., 1832.
- Frank, Jason A. *Constituent Moments: Enacting the People in Postrevolutionary America*. Durham: Duke University Press, 2010.
- Franklin, Benjamin. *Autobiography and Other Writings*. Ed. Ormond Seavey. Oxford: Oxford University Press, 1993.
- Fredrickson, George M. *The Black Image in the White Mind: The Debate on Afro-American Character and Destiny, 1817-1914*. New York: Harper & Row, 1971.
- Freedgood, Elaine. *Victorian Writing about Risk: Imagining a Safe England in a Dangerous World*. Cambridge: Cambridge University Press, 2000.
- "From the Daily Advertiser." *Evening Post* [New York]. 17 Aug. 1832: 2. *America's Historical Newspapers*. Web. 24 Mar. 2012.
- Fuller, Margaret. *Woman in the Nineteenth Century*. New York: Greeley & McElrath, 1845.
- Gardner, Augustus. "Physical Decline of American Women." *The Knickerbocker: Or, New-York Monthly Magazine* 55.1 (1860): 37-52.
- Garland-Thomson, Rosemarie. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press, 1997.
- . "Crippled Girls and Lame Old Women: Sentimental Spectacles of Sympathy in Nineteenth-Century American Women's Writing." *Nineteenth-Century American Women Writers: A Critical Reader*. Ed. Karen L. Kilcup. Malden, MA: Blackwell Publishers, 1998. 128-145.
- Gaudillère, Jean-Paul, and Ilana Löwy. "Horizontal and Vertical Transmission of Diseases: The Impossible Separation?" Introduction to *Heredity and Infection: The History of Disease Transmission*. Jean-Paul Gaudillère and Ilana Löwy, eds. London: Routledge, 2001. 1-18.
- Genette, Gérard. *Narrative Discourse: An Essay in Method*. Trans. Jane E. Lewin. Ithaca: Cornell University Press, 1980.
- Genovese, Eugene D. *The Political Economy of Slavery: Studies in the Economy and Society of the Slave South*. Middletown, CT: Wesleyan University Press, 2014.
- Gerteis, Louis S. *From Contraband to Freedman: Federal Policy Toward Southern Blacks, 1861-1865*. Westport, CT: Greenwood Press, 1973.
- Gevitz, Norman. "'But all those authors are foreigners': American Literary Nationalism and

- Domestic Medical Guides.” *The Popularization of Medicine 1650-1850*. Ed. Roy Porter. London and New York: Routledge, 2002. 232-251.
- . “The Devil Hath Laughed at the Physicians’: Witchcraft and Medical Practice in Seventeenth-Century New England.” *Journal of the History of Medicine and Allied Sciences* 55.1 (2000): 5–36.
- Gilbert, Olive, and Sojourner Truth. *Narrative of Sojourner Truth: A Northern Slave, Emancipated from Bodily Servitude by the State of New York, in 1828*. Boston: Printed for the Author, 1850.
- Gilbert, Pamela K. *Cholera and Nation: Doctoring the Social Body in Victorian England*. Albany: State University of New York Press, 2008.
- . *Mapping the Victorian Social Body*. Albany: State University of New York Press, 2004.
- Gilman, C.R. *Hints to the People on the Prevention and Early Treatment of Spasmodic Cholera*. New York: Charles S. Francis, 1832.
- Gilmore, Paul. *Aesthetic Materialism: Electricity and American Romanticism*. Stanford University Press, 2009.
- . *The Genuine Article: Race, Mass Culture, and American Literary Manhood*. Durham : Duke University Press, 2001.
- Ginzburg, Carlo. *Clues, Myths, and the Historical Method*. 1989. Trans. John and Anne C. Tedeschi. Baltimore: The Johns Hopkins University Press, 2013.
- Goddu, Teresa A. *Gothic America: Narrative, History, and Nation*. New York: Columbia University Press, 1997.
- Godwin, William. *An Enquiry Concerning Political Justice: And Its Influence on General Virtue and Happiness*. Vol. 1. London: G. G. J. and J. Robinson, 1793.
- Gould, Philip. “Race, Commerce, and the Literature of Yellow Fever in Early National Philadelphia.” *Early American Literature* (2000): 157–186.
- Graham, Sylvester. *A Lecture on Epidemic Diseases Generally and Particularly the Spasmodic Cholera*. New York: Day, 1833.
- . *Lectures on the Science of Human Life*. Battle Creek, MI: Office of the Health Reformer, 1849.
- Greeson, Jennifer Rae. *Our South: Geographic Fantasy and the Rise of National Literature*. Cambridge: Harvard University Press, 2010.
- [Grimké, Angelina]. *An Appeal to the Women of the Nominally Free States*. 2<sup>nd</sup> ed. Boston: Isaac Knapp, 1838.
- Griscom, John Hoskins. *The Sanitary Condition of the Laboring Population of New York: With Suggestions for Its Improvement*. New York: Harper & Brothers, 1845.
- . *The Uses and Abuses of Air: Showing its Influence in Sustaining Life, and Producing Disease; with Remarks on the Ventilation of Houses*. New York: J.S. Redfield, 1854.
- Gross, Louis S. *Redefining the American Gothic: From Wieland to Day of the Dead*. Ann Arbor: UMI Research Press, 1989.
- Grosz, Elisabeth. *Time Travels: Feminism, Nature, Power*. Durham: Duke University Press, 2005.
- Guarneri, Carl J. *The Utopian Alternative: Fourierism in Nineteenth-Century America*. Ithaca: Cornell University Press, 1994.
- Gumbrecht, Hans. *Atmosphere, Mood, Stimmung: On a Hidden Potential of Literature*. Trans. Erik Butler. Palo Alto: Stanford University Press, 2012.
- Gunn, John C. *Gunn’s Domestic Medicine; Or, Poor Man’s Friend in the Hours of Affliction, Pain, and Sickness: Intended Expressly for the Benefit of Families in the Western and Southern States*. 9<sup>th</sup> ed. Xenia, OH: J. Perry, 1837.
- Habegger, Alfred. *Henry James and the “Woman Business.”* Cambridge: Cambridge University Press, 1989.
- Hack, Daniel. “Close Reading at a Distance: The African Americanization of *Bleak House*.” *Critical Inquiry* 34.4 (2008): 729–753.

- Halberstam, Judith. *The Queer Art of Failure*. Durham: Duke University Press, 2011.
- Hale, Dorothy J. "Profits of Altruism: Caleb Williams and Arthur Mervyn." *Eighteenth-Century Studies* 22.1 (1988): 47-69.
- Hall, J.P. "Diathesis in its Relations to Epidemic Diseases." *The Western Journal of Medicine and Surgery* 4.3 (Sept 1855): 174.
- Hall, Marshall. *Commentaries, Principally on Some Diseases of Females Which Are in Their Nature and Origin Constitutional*. London: Sherwood, Gilbert, and Piper, 1830.
- . *The Two-Fold Slavery of the United States: With a Project of Self-Emancipation*. London: Adam Scott, 1854.
- Hallaran, William Saunders. *Practical Observations on the Causes and Cure of Insanity*. Cork: Edwards and Savage, 1818.
- Haller, John S. *The History of American Homeopathy: The Academic Years, 1820-1935*. Binghamton, NY: Pharmaceutical Products Press, 2005.
- . *Outcasts from Evolution: Scientific Attitudes of Racial Inferiority, 1859-1900*. Urbana: University of Illinois Press, 1971.
- Hamilton, Gail. *A New Atmosphere*. Boston: Ticknor and Fields, 1865.
- Hamlin, Christopher. *Cholera: the Biography*. Oxford: Oxford University Press, 2009.
- . "Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought." *Social History of Medicine* 5.1 (1992): 43-70.
- . *Public Health and Social Justice in the Age of Chadwick: Britain, 1800-1854*. Cambridge: Cambridge University Press, 1998.
- Hamlin, Kimberly A. *From Eve to Evolution: Darwin, Science, and Women's Rights in Gilded Age America*. Chicago: The University of Chicago Press, 2014.
- Hand, Wayland D., ed. *American Folk Medicine: A Symposium*. Berkeley: University of California Press, 1976.
- Hannaway, Caroline. "Environment and Miasmata." In *Companion Encyclopedia of the History of Medicine*. Vol 1. Ed. W.F. Bynum and Roy Porter. London: Routledge, 1993. 292-308.
- Haraway, Donna. "The Biopolitics of Postmodern Bodies: Constitutions of the Self in Immune System Discourse." *Simians, Cyborgs, and Women: The Reinvention of Nature*. New York: Routledge, 1991. 203-230.
- Harper, William. *Memoir on Slavery: Read Before the Society for the Advancement of Learning, of South Carolina, at its Annual Meeting at Columbia*. Charleston: James S. Burges, 1838.
- Harriot, Thomas. *A Briefe and True Report of the New Found Land of Virginia*. Ed. Henry Stevens. London: 1800.
- Hartman, Saidiya V. *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America*. New York: Oxford University Press, 1997.
- Hasson, Gail S. "Health and Welfare of Freedmen in Reconstruction Alabama." *Alabama Review* 35 (1982): 94-110.
- Hawthorne, Julian. *Nathaniel Hawthorne and His Wife: A Biography*. Vol. 1. Boston: Houghton, Mifflin, and Company, 1884.
- Hawthorne, Nathaniel. *The Blithedale Romance*. 1853. Ed. William E. Cain. Boston: Bedford/St. Martin's, 1996. New York: W.W. Norton & Company, 2005. 7-35.
- . "The Custom House." 1850. *The Scarlet Letter and Other Writings*. Ed. Leland S. Person
- . *The House of the Seven Gables*. 1851. Ed. Robert S. Levine. New York: W.W. Norton & Company, 2006.
- . "Lady Eleanore's Mantle." *Twice Told Tales*, Vol. 2. 1842. Boston: Ticknor and Fields, 1864. 42-63.
- . "Rappacini's Daughter." 1844. *Nathaniel Hawthorne's Tales*. Ed. James McIntosh. New York:

- W.W. Norton & Company, 2013. 228-53.
- . *Passages from the American Note-books of Nathaniel Hawthorne*. Vol. 1. London: Smith, Elder, & Co., 1868.
- Hayden, Wendy. *Evolutionary Rhetoric: Sex, Science, and Free Love in Nineteenth-Century Feminism*. Carbondale, IL: Southern Illinois University Press, 2013.
- Hays, J. N. *Epidemics and Pandemics: Their Impacts on Human History*. Santa Barbara, CA: ABC-CLIO, 2005.
- Heath, Deborah, Rayna Rapp, and Karen-Sue Taussig. "Genetic Citizenship." *A Companion to the Anthropology of Politics*. Ed. David Nugent and Joan Vincent. Malden, MA: Blackwell Publishing, 2004. 152-167.
- Heidegger, Martin. *Being and Time*. 1927. Trans. John Macquarrie and Edward Robinson. New York: Harper & Row, 1962.
- Heise, Ursula K. *Sense of Place and Sense of Planet: The Environmental Imagination of the Global*. Oxford: Oxford University Press, 2008.
- Hendler, Glenn. *Public Sentiments: Structures of Feeling in Nineteenth-Century American Literature*. Chapel Hill: University of North Carolina Press, 2001.
- Hentz, Caroline Lee. *The Planter's Northern Bride*. Philadelphia: T.B. Peterson and Brothers, 1854.
- Hepworth, George Hughes. *The Whip, Hoe, and Sword; Or, The Gulf-Department in '63*. Boston: Walker, Wise and Company, 1864.
- Herndl, Diane Price. *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940*. Chapel Hill: University of North Carolina Press, 2000.
- Hinds, Elizabeth Jane Wall. *Private Property: Charles Brockden Brown's Gendered Economics of Virtue*. Newark: University of Delaware Press, 1997.
- Hobbes, Thomas. *Leviathan, or The Matter, Forme, & Power of a Common-Wealth Ecclesiastical and Civil*. London: Andrew Crooke, 1651.
- Hoffman, Charles Fenno. Letter to George Hoffman, n.d. Fenno Hoffman Family Papers, 1824-1849. Clements Library, University of Michigan, Ann Arbor.
- Hofstadter, Richard. "The Paranoid Style in American Politics." In *The Paranoid Style in American Politics and Other Essays*. Cambridge: Harvard University Press, 1952. 3-40.
- Holland, Sharon P. "Bill T. Jones, Tupac Shakur and the (Queer) Art of Death." *Callaloo* 23.1 (2000): 384-393.
- Holmes, Oliver Wendell. *Elsie Venner: A Romance of Destiny*. Boston: Houghton, Mifflin and Company, 1891.
- . *Puerperal Fever as a Private Pestilence*. Boston: Ticknor and Fields, 1855.
- Home, Henry. *Essays and Observations, Physical and Literary*. Edinburgh: G. Hamilton and J. Balfour, 1754.
- Horrocks, Thomas A. *Popular Print and Popular Medicine: Almanacs and Health Advice in Early America*. Amherst: University of Massachusetts Press, 2008.
- Horsman, Reginald. *Race and Manifest Destiny: The Origins of American Racial Anglo-Saxonism*. Cambridge: Harvard University Press, 1981.
- Hosmer, William. *Slavery and the Church*. Auburn: William J. Moses, 1853.
- Howard-Jones, Norman. "Robert Koch and the Cholera Vibrio: a Centenary." *British Medical Journal* 288 (1984): 379-81.
- Howe, Julia Ward, ed. *Sex and Education: A Reply to Dr. E. H. Clarke's "Sex in Education"*. Boston: Roberts Brothers, 1874.
- Hughes, Henry. *Treatise on Sociology, Theoretical and Practical*. Philadelphia: Lippincott, Grambo & Co., 1854.
- Humphreys, Margaret. *Marrow of Tragedy: The Health Crisis of the American Civil War*. Baltimore: The

- Johns Hopkins University Press, 2013.
- . "No Safe Place: Disease and Panic in American History." *American Literary History* 14.4 (2002): 845–857.
- Hunter, John. *Hunterian Reminiscences, Being the Substance of a Course of Lectures on the Principles and Practice of Surgery Delivered by John Hunter in the Year 1785*. Ed. J.W.K. Parkinson. London: Sherwood, Gilbert, and Piper, 1833.
- "Interesting Narrative by Dr. Edwards." *Barre Patriot* [Massachusetts] 22 Jun. 1849: 2. *America's Historical Newspapers*. Web. 17 May 2016.
- Isenberg, Nancy. *Sex and Citizenship in Antebellum America*. Chapel Hill: University of North Carolina Press, 1998.
- Jackson, Holly. *American Blood: The Ends of the Family in American Literature, 1850-1900*. New York: Oxford University Press, 2014.
- Jackson, James C. "To Allopathic Physicians: The Women of the United States." *Water-Cure Journal* 26.1 (1858): 2.
- Jacobs, Harriet Ann. *Incidents in the Life of a Slave Girl*. Boston: Printed for the Author, 1861.
- Jameson, Horatio Gates. *The American Domestick Medicine, Or, Medical Admonisher Containing Some Account of Anatomy, the Senses, Diseases, Casualties: A Dispensatory, and Glossary: In Which the Observations, and Remedies, Are Adapted to the Diseases, &c. of the United States: Designed for the Use of Families*. Baltimore: F. Lucas, 1817.
- Janković, Vladimir. *Confronting the Climate: British Airs and the Making of Environmental Medicine*. New York: Palgrave Macmillan, 2010.
- . "Intimate Climates: From Skins to Streets, Soirees to Societies." *Intimate Universality: Local and Global Themes in the History of Weather and Climate*. Ed. James Rodger Fleming, Vladimir Janković, and Deborah R. Coen. Sagamore Beach, MA: Science History Publications, 2006: 1-33.
- . Introduction to *Intimate Universality: Local and Global Themes in the History of Weather and Climate*. Ed. James Rodger Fleming, Vladimir Janković, and Deborah R Coen. Sagamore Beach, MA: Science History Publications, 2006. ix-xx.
- Jarcho, Saul. "Yellow Fever, Cholera, and the Beginnings of Medical Cartography." *Journal of the History of Medicine and Allied Sciences* 25.2 (1970): 131–142.
- James, Henry. *Hawthorne*. London: Macmillan and Company, 1879.
- Jay, William. *Miscellaneous Writings on Slavery*. Boston: John P. Jewett & Company, 1853.
- Jefferson, Thomas. Letter to David Barrow. 1 May 1815. In *The Works of Thomas Jefferson, Published by Order of Congress from the Original Manuscripts Deposited in the Department of State*. Vol 6. Ed. H.A. Washington. New York: Townsend Mac Coun, 1884. 456-457.
- . Letter to Edward Coles. 25 Aug. 1814. In *The Works of Thomas Jefferson*. Vol. 11. Ed. Paul Leicester Ford. New York: G.P. Putnam's Sons, 1905. 416-420.
- Johnson, James. *Change of Air, or the Philosophy of Travelling: Being Autumnal Excursions through France, Switzerland, Italy, Germany, and Belgium; with Observations and Reflections on the Moral, Physical, and Medicinal Influence of Travelling-Exercise, Change of Scene, Foreign Skies, and Voluntary Expatriation*. New York: Samuel Wood and Sons, 1831.
- Johnson, Steven. *The Ghost Map: The Story of London's Most Terrifying Epidemic—and How It Changed Science, Cities, and the Modern World*. New York: Riverhead Books, 2006.
- . *The Invention of Air: A Story of Science, Faith, Revolution, and the Birth of America*. New York: Riverhead Books, 2008.
- Jones, Absalom and Richard Allen. *A Narrative of the Proceedings of the Black People During the Late Awful Calamity in Philadelphia, in the Year 1793: and a Refutation of Some Censures Thrown Upon Them in Some Late Publications*. Philadelphia: 1794.

- Jones, Therese, Delese Wear, and Lester D. Friedman. "Introduction: The Why, the What, and the How of the Medical/Health Humanities." *The Health Humanities Reader*. Ed. Therese Jones, Delese Wear, and Lester D. Friedman. New Brunswick: Rutgers University Press, 2014.
- Jortner, Adam. "Cholera, Christ, and Jackson: The Epidemic of 1832 and the Origins of Christian Politics in Antebellum America." *Journal of the Early Republic* 27.2 (2007): 233–264.
- Jouanna, Jacques. *Greek Medicine from Hippocrates to Galen: Selected Papers*. Leiden: Brill, 2012.
- Kafer, Alison. *Feminist, Queer, Crip*. Bloomington: Indiana University Press, 2013.
- Kafer, Peter. *Charles Brockden Brown's Revolution and the Birth of American Gothic*. Philadelphia: University of Pennsylvania Press, 2004.
- Keckley, Elizabeth. *Behind the Scenes: Or, Thirty Years a Slave, and Four Years in the White House*. New York: G.W. Carleton & Co., 1868.
- Keeney, Elizabeth Barnaby. "Unless Powerful Sick: Domestic Medicine in the Old South." *Science and Medicine in the Old South*. Ed. Ronald L. Numbers and Todd L. Savitt. Baton Rouge: Louisiana State University Press, 1989. 276-294.
- Keetley, Dawn. "The Ungendered Terrain of Good Health: Mary Gove Nichols's Rewriting of the Diseased Institution of Marriage." *Separate Spheres No More: Gender Convergence in American Literature, 1830-1930*. Ed. Monika M. Elbert. Tuscaloosa: University of Alabama Press, 2000. 117-42.
- Kerber, Linda. "The Republican Mother: Women and Enlightenment—An American Perspective." *American Quarterly* 28.2 (1976): 187-205.
- . *Women of the Republic: Intellect and Ideology in Revolutionary America*. Chapel Hill: University of North Carolina Press, 1980.
- Kern, Louis J. *An Ordered Love: Sex Roles and Sexuality in Victorian Utopias—The Shakers, the Mormons, and the Oneida Community*. Chapel Hill: University of North Carolina Press, 2014.
- Kern, Stephen. *A Cultural History of Causality: Science, Murder Novels, and Systems of Thought*. Princeton: Princeton University Press, 2009.
- Kett, Joseph F. *The Formation of the American Medical Profession; the Role of Institutions, 1780-1860*. New Haven: Yale University Press, 1968.
- Kilgour, Maggie. *The Rise of the Gothic Novel*. London: Routledge, 1995.
- Kinder, John M. *Paying with Their Bodies: American War and the Problem of the Disabled Veteran*. Chicago: University Of Chicago Press, 2015.
- Kiple, Kenneth F., and Virginia Himmelsteib King. *Another Dimension to the Black Diaspora: Diet, Disease and Racism*. Cambridge: Cambridge University Press, 2003.
- Kirk, James B. *Practical Observations on the Cholera Asphyxia, Communicated in a Report to the Greenock Board of Health, as the Result of a Mission to in Infected Districts*. New York: Peter Hill, 1832.
- Kirmayer, Laurence J. "Toward a Medicine of the Imagination." *New Literary History* 37.3 (2006): 583–601.
- Klaw, Spencer. *Without Sin: The Life and Death of the Oneida Community*. New York: Allen Lane, 1993.
- Knadler, Stephen. "Hawthorne's Genealogy of Madness: *The House of Seven Gables* and Disciplinary Individualism." *American Quarterly* 47.2 (1995): 280–308.
- Koch, Tom. *Cartographies of Disease: Maps, Mapping, and Medicine*. Redlands, CA: ESRI Press, 2005.
- Kornfeld, Eve. "Crisis in the Capital: The Cultural Significance of Philadelphia's Great Yellow Fever Epidemic." *Pennsylvania History: A Journal of Mid-Atlantic Studies* 51.3 (1984): 189-205.
- Korobkin, Laura H. "Murder by Madman: Criminal Responsibility, Law, and Judgment in *Wieland*." *American Literature* 72.4 (2000): 721-750.
- Krimsky, Sheldon, and Dominic Golding, eds. *Social Theories of Risk*. Westport, CT: Praeger, 1992.
- Larson, Kerry C. *Imagining Equality in Nineteenth-Century American Literature*. Cambridge: Cambridge



- University Press, 2008.
- Latour, Bruno. *The Pasteurization of France*. Cambridge: Harvard University Press, 1988.
- Lapsansky, Phillip. "Abigail, a Negress': The Role and Legacy of African Americans in the Yellow Fever Epidemic." *A Melancholy Scene of Devastation: The Public Response to the 1793 Yellow Fever Epidemic*. Ed. J. Worth Estes and Billy G. Smith. Philadelphia: College of Physicians of Philadelphia, 1997. 61-78.
- Lathrop, George Parsons. *A Study of Hawthorne*. Boston: James R. Osgood and Company, 1876.
- Lawlor, Clark. *Consumption and Literature: The Making of the Romantic Disease*. Basingstoke: Palgrave Macmillan, 2006.
- , and Akihito Suzuki. "The Disease of the Self: Representing Consumption, 1700-1830." *Bulletin of the History of Medicine* 74.3 (2000): 458-494.
- Lazurus, M. Edgeworth. *Passional Hygiene and Natural Medicine: Embracing the Harmonies of Man with His Planet*. New York: Fowlers & Wells, 1852.
- Lee, Debbie. *Slavery and the Romantic Imagination*. Philadelphia: University of Pennsylvania Press, 2004.
- Leggett, William. "The Blessings of Slavery." 1837. *A Collection of the Political Writings of William Leggett*. Ed. Theodore Sedgwick, Jr. New York: Taylor & Dodd, 1840. 227-232.
- Levine, Robert S. *Conspiracy and Romance: Studies in Brockden Brown, Cooper, Hawthorne, and Melville*. Cambridge: Cambridge University Press, 1989.
- . *Dislocating Race and Nation: Episodes in Nineteenth-Century American Literary Nationalism*. Chapel Hill: University of North Carolina Press, 2008.
- . "Trappe(d): Race and Genealogical Haunting in *The Bondswoman's Narrative*." *In Search Of Hannah Crafts: Critical Essays On The Bondswoman's Narrative*. Ed. Henry Louis Gates, Jr., and Hollis Robbins. New York: Basic Books, 2005. 276-94.
- Lewis, Jayne Elizabeth. *Air's Appearance: Literary Atmosphere in British Fiction, 1660-1794*. Chicago: The University of Chicago Press, 2012.
- Lewis, John W. "Essay on the Character and Condition of the African Race." 1852. *Pamphlets of Protest: An Anthology of Early African-American Protest Literature, 1790-1860*. Ed. Richard Newman, Patrick Rael, and Philip Lapsansky. New York and London: Routledge: 2001. 190-197.
- Limon, John. *The Place of Fiction in the Time of Science: A Disciplinary History of American Writing*. New York: Cambridge University Press, 1990.
- Linkton, Sherry Lee. "Gender and the Jeremiad: Gail Hamilton's Antisuffrage Prophecy." *In Her Own Voice: Nineteenth-Century American Women Essayists*. Ed. Sherry Lee Linkton. New York: Garland Publishing, 1997. 127-140.
- Litwack, Leon F. *North of Slavery: The Negro in the Free States*. Chicago: University of Chicago Press, 2009.
- Lomax, Elizabeth. "Infantile Syphilis as an Example of Nineteenth Century Belief in the Inheritance of Acquired Characteristics." *Journal of the History of Medicine and Allied Sciences* 34.1 (1979): 23-39.
- Long, Lisa A. *Rehabilitating Bodies: Health, History, and the American Civil War*. Philadelphia: University of Pennsylvania Press, 2013.
- "Longevity." *The Journal of Health* 1.7 (1829): 111-112.
- Longmate, Norman. *King Cholera: The Biography of a Disease*. London: Hamish Hamilton, 1966.
- Lopez, Russ. *Building American Public Health Urban Planning, Architecture, and the Quest for Better Health in the United States*. New York: Palgrave Macmillan, 2012.
- López-Beltrán, Carlos. "Forging Heredity: From Metaphor to Cause, a Reification." *Studies in History and Philosophy of Science* 25.2 (1994): 211-235.

- . "The Medical Origins of Heredity." *Heredity Produced: At the Crossroads of Biology, Politics, and Culture, 1500-1870*. Ed. Staffan Müller-Wille and Hans-Jörg Rheinberger. Cambridge: The MIT Press, 2007. 105-132.
- "Louisa May Alcott." *The Phrenological Journal and Life Illustrated* Apr. 1881: 186-188.
- Luciano, Dana. *Arranging Grief: Sacred Time and the Body in Nineteenth-Century America*. New York: New York University Press, 2007.
- Lynch, Deirdre Shauna. "Gothic Fiction." *The Cambridge Companion to Fiction in the Romantic Period*. Ed. Richard Maxwell and Katie Trumpener. Cambridge: Cambridge University Press, 2008. 47-63.
- Markel, Howard. *Quarantine!: East European Jewish Immigrants and the New York City Epidemics of 1892*. Baltimore: The Johns Hopkins University Press, 1999.
- Marland, Hilary, and Jane Adams. "Hydropathy at Home: The Water Cure and Domestic Healing in Mid-Nineteenth-Century Britain." *Bulletin of the History of Medicine* 83.3 (2009): 499-529.
- Marshall, Mary Louise. "Samuel A. Cartwright and States' Rights Medicine." *New Orleans Medical and Surgical Journal* (1940): 74-78.
- Martin, Benjamin. *The Young Gentleman and Lady's Philosophy: In a Continued Survey of the Works of Nature and Art by Way of Dialogue*. Vol. 3. London: W. Owen, 1781.
- Martin, Emily. *Flexible Bodies: Tracking Immunity in American Culture from the Days of Polio to the Age of AIDS*. Boston: Beacon Press, 1994.
- Massachusetts Constitutional Convention. *Official Report of the Debates and Proceedings in the State Convention, Assembled May 5<sup>th</sup>, 1853, to Revise and Amend the Constitution of the Commonwealth of Massachusetts*. Vol 1. Boston: White & Potter, 1853.
- Mastroianni, Dominic. *Politics and Skepticism in Antebellum American Literature*. Cambridge: Cambridge University Press, 2014.
- Mather, Cotton. *The Wonders of the Invisible World: Being an Account of the Tryals of Several Witches Lately Executed in New-England*. 1693. London: John Russell Smith, 1862.
- Maudsley, Henry. *Responsibility in Mental Disease*. New York: D. Appleton and Company, 1875.
- May, J. Thomas. "A Nineteenth-Century Medical Program for Blacks: The Case of the Freedman's Bureau." *Anthropological Quarterly* 56 (1973): 160-170.
- McCandless, Peter. *Slavery, Disease, and Suffering in the Southern Lowcountry*. Cambridge: Cambridge University Press, 2011.
- McGowan, John. "Can the Humanities Save Medicine, and Vice Versa?" *A New Deal for the Humanities*. Ed. Gordon Hutner and Feisal G. Mohamed. New Brunswick: Rutgers University Press, 2015.
- McHugh, Kathleen Anne. *American Domesticity: From How-to Manual to Hollywood Melodrama*. New York: Oxford University Press, 1999.
- McNeill, J. R. *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620-1914*. Cambridge University Press, 2010.
- McPherson, John. Letter to William McPherson. 7 Aug. 1832. American Science and Medicine Collection, Clements Library, University of Michigan, Ann Arbor.
- Meer, Sarah. *Uncle Tom Mania: Slavery, Minstrelsy, and Transatlantic Culture in the 1850s*. Athens: University of Georgia Press, 2005.
- Melosi, Martin V. *The Sanitary City: Urban Infrastructure in America from Colonial Times to the Present*. Baltimore: Johns Hopkins University Press, 2000.
- Melville, Herman. *Moby-Dick*. 1851. Ed. Harrison Hayford and Hershel Parker. New York: Norton, 1967.
- Menely, Tobias. "Anthropocene Air." *The Minnesota Review* 83 (2014): 93-101.

- Mercer, Alex. *Infections, Chronic Disease and the Epidemiological Transition: A New Perspective*. Rochester: University of Rochester Press, 2014.
- Merrill, A.P. "An Essay on Some of the Distinctive Peculiarities of the Negro Race." *Southern Medical and Surgical Journal* 12 (1856): 21-35.
- Metzl, Jonathan. "Introduction: Why 'Against Health?'" *Against Health*. Ed. Jonathan Metzl and Anna Kirkland. New York: New York University Press, 2010. 1-14.
- Michaels, Walter Benn. "Romance and Real Estate." *The American Renaissance Reconsidered*, ed. Walter Benn Michaels and Donald E. Pease. Baltimore: The Johns Hopkins University Press, 1985. 156-82.
- Miles, Eustace. *Self-Health as a Habit*. London: J.M. Dent and Sons, 1919.
- Middleton, Stephen. *The Black Laws: Race and the Legal Process in Early Ohio*. Athens: Ohio University Press, 2005.
- Mitchell, John. "An Essay upon the Causes of the Different Colours of People in Different Climates." *The Philosophical Transactions (From the Year 1743, to the Year 1750) Abridged, and Disposed Under General Heads*. Vol. 10. London: Lockyer Davis and Charles Reymers, 1756. 926-950.
- Mitman, Gregg, and Ronald L. Numbers, "From Miasma to Asthma: The Changing Fortunes of Medical Geography in America." *History and Philosophy of the Life Sciences* 25 (2003): 391-92.
- Mizruchi, Susan. *The Power of Historical Knowledge: Narrating the Past in Hawthorne, James, and Dreiser*. Princeton: Princeton University Press, 1988.
- Morantz-Sanchez, Regina Markell. *Sympathy and Science: Women Physicians in American Medicine*. New York: Oxford University Press, 1985.
- Morel, Bénédict Auguste. *Traité des dégénérescences physiques, intellectuelles, et morales de l'espèce humaine: et des causes qui produisent ces variétés malades*. Paris: J. B. Baillière, 1857.
- Morgentaler, Goldie. *Dickens and Heredity: When Like Begets Like*. Houndsmills: Macmillan, 2000.
- Morris, R.J. *Cholera 1832: The Social Response to an Epidemic*. New York: Holmes & Meier, 1976.
- Morton, Timothy. *Ecology Without Nature: Rethinking Environmental Aesthetics*. Cambridge: Harvard University Press, 2007.
- Moss, Elizabeth. *Domestic Novelists in the Old South: Defenders of Southern Culture*. Baton Rouge: Louisiana State University Press, 2002.
- "Mr. Lincoln's Assassination." *The Spectator* 13 May 1865: 521-23.
- Mukharji, Projit Bihari. "The 'Cholera Cloud' in the Nineteenth-Century 'British World': History of an Object-Without-an-Essence." *Bulletin of the History of Medicine* 86.3 (2012): 303-332.
- Mullan, Fitzhugh. *Plagues and Politics: The Story of the United States Public Health Service*. New York: Basic Books, 1989.
- Müller-Wille, Staffan, and Hans-Jörg Rheinberger. *A Cultural History of Heredity*. Chicago: University of Chicago Press, 2012.
- Muñoz, Jose Esteban. *Cruising Utopia: The Then and There of Queer Futurity*. New York: New York University Press, 2009.
- Murison, Justine. *The Politics of Anxiety in Nineteenth-Century American Literature*. Cambridge: Cambridge University Press, 2011.
- Murphy, Lamar Riley. *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860*. Tuscaloosa: University of Alabama Press, 1991.
- Myerson, Joel. "Mary Gove Nichols' *Mary Lyndon*: A Forgotten Reform Novel." *American Literature* 58.4 (1986): 523.
- Nadkarni, Asha. *Eugenic Feminism: Reproductive Nationalism in the United States and India*. Minneapolis: University of Minnesota Press, 2014.
- Nardin, D.F. "The Cholera—No II." *Southern Botanic Journal* 1.7 (1837): 97-100.

- Nash, Linda. *Inescapable Ecologies: A History of Environment, Disease, and Knowledge*. Berkeley: University of California Press, 2006.
- “A National Anti-Smoke Convention.” *The Lancet-Clinic: A Weekly Journal of Medicine and Surgery* 13 May 1905: 561-62.
- Neal, Daniel. *The History of New-England: Containing an Impartial Account of the Civil and Ecclesiastical Affairs of the Country, to the Year of Our Lord, 1700. To Which Is Added, the Present State of New-England. With a New and Accurate Map of the Country. And an Appendix Containing Their Present Charter, Their Ecclesiastical Discipline, and Their Municipal-Laws*. Vol. 2. London: J. Clark, R. Ford, and R. Cruttenden, 1720.
- Nissenbaum, Stephen. *Sex, Diet, and Debility in Jacksonian America: Sylvester Graham and Health Reform*. Westport, Conn.: Greenwood Press, 1980.
- New Orleans Sanitary Commission. *Report of the Sanitary Commission of New Orleans on the Epidemic Yellow Fever of 1853*. New Orleans: Printed at Picayune Office, 1854.
- Nichols, Mary Sargeant Gove. *Lectures to Ladies on Anatomy and Physiology*. Boston: Saxton & Peirce, 1842.
- . *Mary Lyndon, Or, Revelations of a Life an Autobiography*. New York: Stringer and Townsend, 1855.
- Nichols, Thomas Low. *Esoteric Anthropology, the Mysteries of Man. From the Amer.* Malvern: T.L. Nichols, 1873.
- , and Mary Sargeant Gove Nichols. *Marriage: Its History, Character, and Results*. New York: T.L. Nichols, 1854.
- Nielsen, Kim E. *A Disability History of the United States*. Boston: Beacon Press, 2012.
- Noble, Marianne. *The Masochistic Pleasures of Sentimental Literature*. Princeton University Press, 2000.
- Nord, David Paul. “Readership as Citizenship in Late-Eighteenth-Century Philadelphia.” In *A Melancholy Scene of Devastation: The Public Response to the 1793 Yellow Fever Epidemic*. Ed. J. Worth Estes and Billy G. Smith. Philadelphia: College of Physicians of Philadelphia, 1997. 19-44.
- Nord, Deborah Epstein. *Walking the Victorian Streets: Women, Representation, and the City*. Ithaca: Cornell University Press, 1995.
- Nordau, Max Simon. *Degeneration*. New York: D. Appleton, 1895.
- Norwood, Lisa West. “‘I May Be a Stranger to the Grounds of Your Belief’: Constructing Sense of Place in Wieland.” *Early American Literature* 38.1 (2003): 89–122.
- Nott, J.C. and George R. Gliddon, eds. *Indigenous Races of the Earth; or New Chapters of Ethnological Inquiry*. Philadelphia: J.B. Lippincott & CO., 1857.
- . *Two Lectures on the Natural History of the Caucasian and Negro Races*. Mobile: Dade and Thompson, 1844.
- Nutton, Vivian. “The Seeds of Disease: An Explanation of Contagion and Infection from the Greeks to the Renaissance.” *Medical History* 27.1 (1983): 1–34.
- Nye, Robert A. “Sociology and Degeneration: The Irony of Progress.” *Degeneration: The Dark Side of Progress*. Ed. J. Edward Chamberlin and Sander L. Gilman. New York: Columbia University Press, 1985. 97-120. 49-71.
- Ogden, Daryl. “Cold War Science and the Body Politic: An Immuno/virological Approach to *Angels in America*.” *Literature and Medicine* 19.2 (2000): 241–261.
- Olmsted, Frederick Law. *A Journey in the Seaboard Slave States, with Remarks on Their Economy*. New York: Dix & Edwards, 1856.
- Ostrowski, Carl. “‘Fated to Perish by Consumption’: The Political Economy of *Arthur Mervyn*.” *Studies in American Fiction* 32.1 (2004): 3-20.
- Otis, Laura. *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics*. Baltimore: Johns Hopkins University Press, 1999.
- Otter, Samuel. *Philadelphia Stories: America's Literature of Race and Freedom*. Oxford: Oxford University

- Press, 2010.
- Pagel, Walter. *Paracelsus: An Introduction to Philosophical Medicine in the Era of the Renaissance*. Basel: Karger Medical and Scientific Publishers, 1982.
- Paine, Thomas. *The Age of Reason: Being an Investigation of True and Fabulous Theology*. 1794. New York: Truth Seeker Company, 1898.
- Parker, Theodore. *A Letter to the People of the United States Touching the Matter of Slavery*. Boston: James Munroe and Company, 1848.
- Parrish, Susan Scott. *American Curiosity: Cultures of Natural History in the Colonial British Atlantic World*. Chapel Hill: University of North Carolina Press, 2006.
- Parsons, Charles Grandison. *Inside View of Slavery: Or A Tour among the Planters*. Boston: John P. Jewett and Company, 1855.
- Pasley, Jeffrey L. *"The Tyranny of Printers": Newspaper Politics in the Early American Republic*. Charlottesville: University Press of Virginia, 2001.
- Passet, Joanne Ellen. *Sex Radicals and the Quest for Women's Equality*. Urbana: University of Illinois Press, 2003.
- Patterson, Orlando. *Slavery and Social Death: A Comparative Study*. Cambridge: Harvard University Press, 1982.
- Patton, Cindy. "What Science Knows: Formations of AIDS Knowledges." *AIDS: Individual, Cultural, and Policy Dimensions*. Ed. Peter Aggleton, Peter Davies, and Graham Hart. London: Falmer Press, 1990.
- Pearson, Reggie L. "'There Are Many Sick, Feeble, and Suffering Freedmen': The Freedmen's Bureau's Health-Care Activities during Reconstruction in North Carolina, 1865-1868." *The North Carolina Historical Review* (2002): 141-181.
- Pelletier, Kevin. *Apocalyptic Sentimentalism: Love and Fear in U.S. Antebellum Literature*. Athens: University of Georgia Press, 2015.
- Pelling, Margaret. *Cholera, Fever and English Medicine, 1825-1865*. Oxford [England]; New York: Oxford University Press, 1978.
- Pendleton, E.M. "On the Susceptibility of the Caucasians and Africans to the Different Classes of Disease" *Southern Medical Reports* 1 (1849): 336-342.
- Pendleton, Hester. *Facts and Arguments on the Transmission of Intellectual and Moral Qualities from Parents to Offspring*. 2<sup>nd</sup> ed. New York: J. Winchester, 1844.
- Perkin, Joan. *Women and Marriage in Nineteenth-Century England*. London: Routledge, 2002.
- Pernick, Martin S. "Politics, Parties, and Pestilence: Epidemic Yellow Fever in Philadelphia and the Rise of the First Party System." *A Melancholy Scene of Devastation: The Public Response to the 1793 Yellow Fever Epidemic*. Ed. J. Worth Estes and Billy G. Smith. Philadelphia: College of Physicians of Philadelphia, 1997. 119-46.
- Peterson, Alan, and Deborah Lupton. *The New Public Health: Health and Self in the Age of Risk*. London: SAGE Publications, 1996.
- Pfister, Joel. *The Production of Personal Life: Class, Gender, and the Psychological in Hawthorne's Fiction*. Stanford: Stanford University Press, 1991.
- Poe, Edgar Allan. "The Fall of the House of Usher." 1839. *Edgar Allan Poe: Poetry and Tales*. Ed. Patrick F. Quinn. New York: Library of America, 1984. 317-336.
- . "The Philosophy of Composition." 1846. *Edgar Allan Poe: Essays and Reviews*. Ed. G.R. Thomson. New York: Library of America, 1984. 13-25.
- . Rev. of *Twice-Told Tales* by Nathaniel Hawthorne. *Edgar Allan Poe: Essays and Reviews*. Ed. G.R. Thomson. New York: Library of America, 1984. 577-588.
- . "Shadow—A Parable." *Edgar Allan Poe: Poetry and Tales*. Ed. Patrick F. Quinn. New York: Library of America, 1984. 218-220.

- . "The Sphinx." 1846. *Edgar Allan Poe: Poetry and Tales*. Ed. Patrick F. Quinn. New York: Library of America, 1984: 843-847.
- . "The Unparalleled Adventure of One Hans Pfaall." 1835. *Edgar Allan Poe: Poetry and Tales*. Ed. Patrick F. Quinn. New York: Library of America, 1984. 948-1002.
- Poovey, Mary. *Making a Social Body: British Cultural Formation, 1830-1864*. Chicago: University of Chicago Press, 1995.
- Porter, Dorothy. *Health Citizenship: Essays in Social Medicine and Biomedical Politics*. Berkeley: University of California Medical Humanities Press, 2011.
- Porter, Roy. *Flesh in the Age of Reason*. New York: W.W. Norton & Co., 2004.
- Powell, J. H. *Bring out Your Dead; the Great Plague of Yellow Fever in Philadelphia in 1793*. Philadelphia: Univ. of Pennsylvania Press, 1949.
- Prichard, James Cowles. *A Treatise on Insanity and Other Disorders Affecting the Mind*. Philadelphia: E.A. Carey & A. Hart, 1837.
- Priestley, Joseph. *Observations on Different Kinds of Air*. London: W. Bowyer and J. Nichols, 1772.
- "Prospectus." *The Journal of Health* 1.1 (1829): 1-3.
- Quinlan, Sean M. "Inheriting Vice, Acquiring Virtue: Hereditary Disease and Moral Hygiene in the Medicine of the French Enlightenment." *Bulletin of the History of Medicine* 80.4 (2006): 649-675.
- Rabinow, Paul. "Artificiality and Enlightenment: From Sociobiology to Biosociality." *Incorporations*. Ed. Jonathan Crary and Sanford Kwinter. New York: Zone, 1992. 234-252.
- Rabinowitz, Howard N. "From Exclusion to Segregation: Health and Welfare Services for Southern Blacks, 1865-1890." *The Social Service Review* (1974): 327-354.
- Rajan, Kaushik Sunder. *Biocapital: The Constitution of Postgenomic Life*. Durham: Duke University Press, 2006.
- Ramsay, Henry A. *The Necrological Appearances of Southern Typhoid Fever in the Negro*. Printed at the Office of the Constitutionalist: 1852.
- Rayner, Geof, and Tim Lang. *Ecological Public Health: Reshaping the Conditions for Good Health*. New York: Routledge, 2013.
- "Recent American Decisions in the Supreme Court of Ohio: Poindexter et. al. vs. Anderson, et. al." *The American Law Register*. Vol 6. Ed. Asa I. Fish and Henry Wharton. Philadelphia: Mansfield & Co., 1858. 78-122.
- Reese, D.M. "For the Commercial Advertiser." *Commercial Advertiser* [New York] 9 Jul. 1832: 2. *America's Historical Newspapers*. Web. 24 Mar. 2012.
- "Reflections on the Census of 1840." *Southern Literary Messenger* 9 (1843): 340-352.
- Reich, Eduard. *Ueber die Entartung des Menschen: Ihre Ursachen und Verhütung*. Erlangen: Ferdinand Enke, 1868.
- Reid-Pharr, Robert. *Conjugal Union: The Body, The House, and the Black American*. Oxford: Oxford University Press, 1999.
- "Report of the Committee on Cholera." *Commercial Advertiser* [New York]. 20 Jun. 1832: 1. *America's Historical Newspapers*. Web. 24 Mar. 2012.
- Report of the Council of Hygiene and Public Health of the Citizens' Association of New York upon the Sanitary Condition of the City*. New York: D. Appleton and Company, 1865.
- "Retreats to the Country." *Commercial Advertiser* [New York]. 12 Jul. 1832: 2.
- Renny, Robert. *An History of Jamaica*. London: J. Cawthorn, 1807.
- Reynolds, David S. *Mightier than the Sword: Uncle Tom's Cabin and the Battle for America*. New York: W. W. Norton & Company, 2011.
- Rhineland, J.R. "To the Public." *Commercial Advertiser* [New York]. 5 Jul. 1832: 2. *America's Historical Newspapers*. Web. 24 Mar. 2012.

- Rich, Charlotte J. *Transcending the new Woman: Multiethnic Narrative in the Progressive Era*. Columbia: University of Missouri Press, 2009.
- Rifkin, Mary R., et. al. "The Mount Sinai Humanities and Medicine Program: An Alternative Pathway to Medical School." *Academic Medicine* 75.10 (2000): S124-S126.
- Riley, James C. *The Eighteenth-Century Campaign to Avoid Disease*. New York: St. Martin's Press, 1987.
- Ring, Natalie J. *The Problem South: Region, Empire, and the New Liberal State, 1880-1930*. Athens: University of Georgia Press, 2012.
- Ritzenberg, Aaron. *The Sentimental Touch: The Language of Feeling in the Age of Managerialism: The Language of Feeling in the Age of Managerialism*. New York: Fordham University Press, 2013.
- Robbins, Hollis. "Blackening Bleak House: Hannah Crafts's *The Bondwoman's Narrative*." In *Search Of Hannah Crafts: Critical Essays On The Bondwoman's Narrative*. Ed. Henry Louis Gates, Jr., and Hollis Robbins. New York: Basic Books, 2005. 71-86.
- Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Pantheon Books, 1997.
- Roberts, Siân Silyn. *Gothic Subjects: The Transformation of Individualism in American Fiction, 1790-1861*. Philadelphia: The University of Pennsylvania Press, 2014.
- Romero, Lora. "Bio-Political Resistance in Domestic Ideology and *Uncle Tom's Cabin*." *American Literary History* 1.4 (1989): 715-734.
- Rose, Nikolas. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton and Oxford: Princeton University Press, 2007.
- , and Carlos Novas. "Biological Citizenship." *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*. Ed. Aihwa Ong and Stephen J. Collier. Malden, MA: Blackwell Publishing, 2005. 439-463.
- Rosen, George. "Cameralism and the Concept of the Medical Police." *Bulletin of the History of Medicine* 27 (1953): 21-42.
- . "The Evolution of Social Medicine." *Handbook of Medical Sociology*. 3<sup>rd</sup> ed. Ed. Howard Freeman, Sol Levine, and Leo G. Reeder. Englewood, NJ: Prentice Hall, 1979. 23-52.
- . *From Medical Police to Social Medicine: Essays on the History of Health Care*. New York: Science History Publications, 1974.
- . *A History of Public Health*. New York: MD Publications, 1958.
- Rosenberg, Charles. "The Bitter Fruit: Heredity, Disease, and Social Thought in Nineteenth-Century America." *Perspectives in American History* 3 (1974): 189-238.
- . *The Cholera Years; the United States in 1832, 1849, and 1866*. Chicago: University of Chicago Press, 1962.
- . *No Other Gods: On Science and American Social Thought*. Baltimore: Johns Hopkins University Press 1997.
- . Preface to *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*. Ed. Charles E. Rosenberg. Baltimore: The Johns Hopkins University Press, 2003. vii-x.
- , and Carroll S. Rosenberg. "Pietism and the Origins of the American Public Health Movement: A Note on John H. Griscom and Robert M. Hartley." *Journal of the History of Medicine and the Allied Science* 23.1 (1968): 16-35.
- Rosenkrantz, Barbara Gutmann. *Public Health and the State; Changing Views in Massachusetts, 1842-1936*. Cambridge: Harvard University Press, 1972.
- Rosner, David, ed. *Hives of Sickness: Public Health and Epidemics in New York City*. New Brunswick: Rutgers University Press, 1995.
- Rothfield, Lawrence. *Vital Signs Medical Realism in Nineteenth-Century Fiction*. Princeton: Princeton University Press, 1992.

- Rudnick, Lois. "The New Woman." *1915: The Cultural Moment: The New Politics, the New Woman, the New Psychology, the New Art and the New Theatre in America*. Ed. Adele Heller and Lois Rudnick. New Brunswick: Rutgers University Press. 69-81.
- Rush, Benjamin. *An Account of the Bilious Remitting Yellow Fever, as it Appeared in the City of Philadelphia, in the Year 1793*. Philadelphia: Thomas Dobson, 1794.
- . *An Inquiry into the Various Sources of the Usual Forms of Summer & Autumnal Diseases in the United States, and the Means of Preventing Them. To Which Are Added, Facts, Intended to Prove the Yellow Fever Not to Be Contagious*. Philadelphia: J. Conrad & Co., 1805.
- . *Medical Inquiries and Observations*. Vol. 4. 2<sup>nd</sup> ed. Philadelphia: J. Conrad & Co., 1805.
- . "Observations Intended to Favour a Supposition that the Black Colour (as It is Called) of the Negroes Is Derives from the Leprosy." *Transactions of the American Philosophical Society* 4 (1799): 289-297.
- Russell, Emily. *Reading Embodied Citizenship Disability, Narrative, and the Body Politic*. New Brunswick: Rutgers University Press, 2011.
- Russett, Cynthia Eagle. *Sexual Science: The Victorian Construction of Womanhood*. Cambridge: Harvard University Press, 2009.
- Samuels, Shirley, ed. *Culture of Sentiment: Race, Gender, and Sentimentality in 19th-Century America*. New York: Oxford University Press, 1992.
- . "Infidelity and Contagion: The Rhetoric of Revolution." *Early American Literature* (1987): 183–191.
- . *Romances of the Republic Women, the Family, and Violence in the Literature of the Early American Nation*. New York: Oxford University Press, 1996.
- Santer, Melvin. *Confronting Contagion: Our Evolving Understanding of Disease*. Oxford: Oxford University Press, 2015.
- Sappol, Michael. *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America*. Princeton, N.J.: Princeton University Press, 2002.
- Sargent, Frederick. *Hippocratic Heritage: A History of Ideas about Weather and Human Health*. New York: Pergamon Press, 1982.
- Savitt, Todd Lee, and James Harvey. Young. *Disease and Distinctiveness in the American South*. Knoxville: University of Tennessee Press, 1988.
- . *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. 1978. Urbana: University of Illinois Press, 2002.
- . "Politics in Medicine: The Georgia Freedmen's Bureau and the Organization of Health Care, 1865-1866." *Civil War History* 28.1 (1982): 45–64.
- . "The Use of Blacks for Medical Experimentation and Demonstration in the Old South." *The Journal of Southern History* 48.3 (1982): 331–348.
- Schuller, Kyla. *Sentimental Science and the Literary Cultures of Proto-Eugenics*. Diss. University of California, San Diego, 2009.
- . "Taxonomies of Feeling: The Epistemology of Sentimentalism in Late-Nineteenth-Century Racial and Sexual Science." *American Quarterly* 64.2 (2012): 277–299.
- Schwarzbach, F.S. "Bleak House: The Social Pathology of Urban Life." *Literature and Medicine* 9.1 (1990): 93–104.
- Schweitzer, Ivy. "Most Pleasurable Reading We're Not Doing: Louisa May Alcott's *Little Women*." *J19: The Journal of Nineteenth-Century Americanists* 2.1 (2014): 13-24.
- Sears, Hal D. *The Sex Radicals: Free Love in High Victorian America*. Lawrence: Regents Press of Kansas, 1977.
- Sedgwick, Catharine Maria. *Means and Ends, or Self-Training*. Boston: Marsh, Capen, Lyon, & Webb,



- 1839.
- Sedgwick, Eve Kosofsky. "The Character in the Veil: Imagery of the Surface in the Gothic Novel." *PMLA* 96.2 (1981): 255-270.
- . "Paranoid Reading and Reparative Reading, Or, You're So Paranoid, You Probably Think This Essay Is About You." *Touching Feeling: Affect, Pedagogy, Performativity*. Durham: Duke University Press, 2003. 123–51.
- Seitler, Dana. *Atavistic Tendencies: The Culture of Science in American Modernity*. Minneapolis: University of Minnesota Press, 2008.
- Seltzer, Mark. *Bodies and Machines*. New York: Routledge, 1992.
- Severance, Juliet H. *Marriage: An Address Delivered, at the International Congress of Free-Thinkers, in Chicago, October 4, 1893*. Chicago: M. Harman, 1901.
- Shapin, Steven and Simon Schaffer. *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life*. Princeton, N.J.: Princeton University Press, 1985.
- Shapiro, Stephen. *The Culture and Commerce of the Early American Novel: Reading the Atlantic World-System*. University Park: The Pennsylvania State University Press, 2008.
- [Shattuck, Lemuel]. *Report of a General Plan for the Promotion of Public and Personal Health*. Boston: Dutton & Wentworth, 1850.
- Sheehan, Bernard W. *Seeds of Extinction: Jeffersonian Philanthropy and the American Indian*. Chapel Hill: University of North Carolina Press, 2013.
- Silva, Cristobal. *Miraculous Plagues: An Epidemiology of Early New England Narrative*. Oxford: Oxford University Press, 2011.
- Silver-Isenstadt, Jean L. *Shameless: The Visionary Life of Mary Gove Nichols*. Baltimore: Johns Hopkins University Press, 2002.
- Silverstein, Arthur M. *A History of Immunology*. San Diego: Academic Press, Inc., 1989.
- Smiles, Samuel. *Self-Help: With Illustrations of Character and Conduct*. 1859. Boston: Ticknor and Fields, 1861.
- Smith, Andrew, and William Hughes, eds. *EcoGothic*. Manchester: Manchester University Press, 2013.
- Smith, Elihu Hubbard. *The Diary of Elihu Hubbard Smith, 1771-1798*. Philadelphia: American Philosophical Society, 1973.
- Smith, Samuel Stanhope. *An Essay on the Causes of the Variety of Complexion and Figure in the Human Species*. New Brunswick: J. Simpson and Company, 1810.
- Smith, Southwood. *A Treatise on Fever*. 1830. Philadelphia: Carey and Lea, 1831.
- Smith, Stephen. "On the Limitations and Modifying Conditions of Human Longevity, The Basis of Sanitary Work." 1873. *Public Health Reports and Papers Presented at the Meetings of the American Public Health Association in the Year 1873*. New York: Hurd and Houghton, 1875. 1-17.
- Smith, Ted A. *The New Measures: A Theological History of Democratic Practice*. Cambridge: Cambridge University Press, 2007.
- Smith, William L.G. *Life at the South, or, 'Uncle Tom's Cabin' as it is*. Buffalo: Geo. H. Derby and Co., 1852.
- Smith-Rosenberg, Carroll. *Disorderly Conduct: Visions of Gender in Victorian America*. New York: Oxford University Press, 1985.
- Soares, Rebecca. "Literary Graftings: Hannah Crafts's *The Bondswoman's Narrative* and the Nineteenth-Century Transatlantic Reader." *Victorian Periodicals Review* 44.1 (2011): 1–23.
- Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. London: Penguin, 1991.
- Spillers, Hotense. "Afro Pessimism and the Elders: Critical Transformations." Futures of American Studies Institute. Dartmouth College, Hanover, NH. 24 Jun 2015. Panel Presentation.
- Spitzer, Leo. "Milieu and Ambience." *Essays on Historical Semantics*. New York: S.F. Vanni, 1948.

- 199-225.
- Spurlock, John C. *Free Love*. New York: New York University Press, 1988.
- Spurzheim, Johann Gaspar. *Phrenology: Or, the Doctrine of the Mind*. London: Treuttel, Wurtz & Richter, 1825.
- St. George, Robert Blair. "Witchcraft, Bodily Affliction, and Domestic Space in Seventeenth-Century New England." *A Centre of Wonders: The Body in Early America*. Ed. Janet Moore Lindman and Michele Lise Tarter. Ithaca and London: Cornell University Press, 2001. 13-27.
- Stanton, William Ragan. *The Leopard's Spots: Scientific Attitudes toward Race in America, 1815-59*. Chicago: University of Chicago Press, 1960.
- Starr, Paul. *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform*. Revised Edition. New Haven: Yale University Press, 2013.
- . *The Social Transformation of American Medicine*. New York: Basic Books, 1982.
- Stepan, Nancy. "Biological Degeneration: Races and Proper Places." *Degeneration: The Dark Side of Progress*. Ed. J. Edward Chamberlin and Sander L. Gilman. New York: Columbia University Press, 1985. 97-120.
- Stepto, Robert B. *From Behind the Veil: A Study of Afro-American Narrative*. 2<sup>nd</sup> ed. Urbana: University of Illinois Press, 1991.
- Stern, Alexandra Minna. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. Berkeley: University of California Press, 2005.
- , and Howard Markel. "Commentary: Disease Etiology and Political Ideology: Revisiting Erwin H. Ackerknecht's Classic 1948 Essay, 'Anticontagionism Between 1821 and 1867.'" *International Journal of Epidemiology* 38 (2009): 31-3.
- Stern, Julia A. *The Plight of Feeling Sympathy and Dissent in the Early American Novel*. Chicago: University of Chicago Press, 1997.
- Stevens, Alex H. "Familiar Instructions for the Prevention of the Cholera: Prepared for a Family About Leaving the City." *Commercial Advertiser* [New York]. 11 Jul. 1832.
- Stevenson, Lloyd G. "Putting Disease on the Map: The Early Use of Spot Maps in the Study of Yellow Fever." *Journal of the History of Medicine and Allied Sciences* 20.3 (1965): 226-261.
- Stoehr, Taylor. *Free Love in America: A Documentary History*. New York: AMS Press, 1979.
- Stokes, Claudia. *The Altar at Home: Sentimental Literature and Nineteenth-Century American Religion*. Philadelphia: University of Pennsylvania Press, 2014.
- Stowe, Harriet Beecher. *Uncle Tom's Cabin: or, Life among the Lowly*. 1852. Ed. Ann Douglas. New York: Penguin, 1981.
- Sundquist, Eric J. *Home as Found: Authority and Genealogy in Nineteenth-Century American Literature*. Baltimore: Johns Hopkins University Press, 1979.
- Szczygiel, Bonj, and Robert Hewitt. "Nineteenth-Century Medical Landscapes: John H. Rauch, Frederick Law Olmsted, and the Search for Salubrity." *Bulletin of the History of Medicine* 74.4 (2000): 708-734.
- Sze, Julie. *Noxious New York: The Racial Politics of Urban Health and Environmental Justice*. Cambridge: The MIT Press, 2007.
- Taylor, P. Sean. "We Live in the Midst of Death": *Yellow Fever, Moral Economy, and Public Health in Philadelphia*. Diss. Northern Illinois University, 2001.
- Temkin, Owsei. *The Double Face of Janus and Other Essays in the History of Medicine*. Baltimore: Johns Hopkins University Press, 1977.
- Tennant, John. *Every Man His Own Doctor: Or, the Poor Planter's Physician*. 2<sup>nd</sup> ed. Williamsburg: William Parks, 1734.
- Tennenhouse, Leonard. *Importance of Feeling English: American Literature and the British Diaspora, 1750-*

1850. Princeton: Princeton University Press, 2007.
- Tesh, Sylvia Noble. *Hidden Arguments: Political Ideology and Disease Prevention Policy*. New Brunswick: Rutgers University Press, 1988.
- Teukolsky, Rachel. "Pictures in Bleak Houses: Slavery and the Aesthetics of Transatlantic Reform." *ELH* 76.2 (2009): 491–522.
- "They Can't Take Care of Themselves." *Anti-Slavery Almanac, for 1840*. New York and Boston: American Anti-Slavery Society, 1840. 29-32.
- Thomson, Samuel. *New Guide to Health*. Boston: J.Q. Adams, 1835.
- Thraillkill, Jane F. *Affecting Fictions: Mind, Body, and Emotion in American Literary Realism*. Cambridge: Harvard University Press, 2007.
- Tidyman, Philip. "A Sketch of the Most Remarkable Diseases of the Negroes of the Southern States." *Philadelphia Journal of the Medical and Physical Sciences* 12 (1826): 306.
- "To the Editors of the *Evening Post*." *Evening Post* [New York]. 26 Jun. 1832: 2. *America's Historical Newspapers*. Web. 17 May 2016.
- Tomes, Nancy. *The Gospel of Germs: Men, Women, and the Microbe in American Life*. Cambridge: Harvard University Press, 1999.
- Tomlinson, Niles. *Animal Crossings: Contagion and Immunologic in Gothic American Literature*. Diss. The George Washington University, 2008.
- Tomlinson, Stephen. *Head Masters: Phrenology, Secular Education, and Nineteenth-Century Social Thought*. Tuscaloosa: University of Alabama Press, 2005.
- Tompkins, Jane. *Sensational Designs: The Cultural Work of American Fiction, 1790-1860*. New York: Oxford University Press, 1985.
- Trall, R.T. *An Essay on Tobacco-Using: Being a Philosophical Exposition of the Effects of Tobacco on the Human System*. Battle Creek, MI: The Office of the Health Reformer, 1872.
- . *Sexual Physiology: A Scientific and Popular Exposition of the Fundamental Problems in Sociology*. New York: Wood & Holbrook, Hygienic Institute, 1866.
- Trotter, Thomas. *A View of the Nervous Temperament: Being a Practical Inquiry Into the Increasing Prevalence, Prevention, and Treatment of Those Diseases Commonly Called Nervous, Bilious, Stomach and Liver Complaints, Indigestion, Low Spirits, Gout, &c.* 3<sup>rd</sup> ed. Newcastle: Edw. Walker, 1812.
- Twain, Mark. "Mental Telegraphy: A Manuscript with a History." *Harper's New Monthly Magazine* Dec. 1871: 95-104.
- "Uncle Tomitudes." *Putnam's Magazine of American Literature Science and Art* Jan. 1853: 97-102.
- Valencius, Conevery Bolton. *The Health of the Country: How American Settlers Understood Themselves and Their Land*. New York: Basic Books, 2002.
- Valenti, Patricia Dunlavy. *Sophia Peabody Hawthorne: A Life*. Vol. 2. Columbia: University of Missouri Press, 2015.
- Verbrugge, Martha H. *Able-Bodied Womanhood: Personal Health and Social Change in Nineteenth-Century Boston*. New York: Oxford University Press, 1988.
- Versluis, Arthur. *American Gurus: From American Transcendentalism to New Age Religion*. Oxford: Oxford University Press, 2014.
- Voloshin, Beverly R. "Wieland: 'Accounting for Appearances.'" *The New England Quarterly* 59.3 (1986): 341-357.
- Wahrman, Dror. *Making of the Modern Self: Identity and Culture in Eighteenth-Century England*. New Haven: Yale University Press, 2004.
- Wald, Priscilla. *Contagions: Cultures, Carriers, and the Outbreak Narrative*. Durham: Duke University Press, 2008.
- Warner, John Harley. "A Southern Medical Reform: The Meaning of the Antebellum Argument for

- Southern Medical Education.” *Bulletin of the History of Medicine* 57.3 (1983): 364–381.
- . *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885*. Cambridge: Harvard University Press, 1986.
- Warner, Michael. “Introduction: Fear of a Queer Planet.” *Social Text* 29 (1991): 3-17.
- . “Irving’s Posterity.” *ELH* 67.3 (2000): 773-799.
- . *The Letters of the Republic: Publication and the Public Sphere in Eighteenth-Century America*. Cambridge: Harvard University Press, 1990.
- Warren, Ira. *The Household Physician; for the Use of Families, Planters, Seamen, and Travellers: Being a Brief Description, in Plain Language, of All the Diseases of Men, Women, and Children, with the Newest and Most Approved Methods of Curing Them*. Boston: Ira Bradley & Company, 1865.
- Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday, 2006.
- Waterman, Bryan. “Arthur Mervyn’s Medical Repository and the Early Republic’s Knowledge Industries.” *American Literary History* 15.2 (2003): 213-247.
- . *Republic of Intellect: The Friendly Club of New York City and the Making of American Literature*. Baltimore: Johns Hopkins University Press, 2007.
- Watts, Sheldon J. *Epidemics and History: Disease, Power and Imperialism*. New Haven: Yale University Press, 1999.
- Webb, George. *The Evolution Controversy in America*. Lexington: University Press of Kentucky, 2015.
- Webster, Noah. *A Brief History of Epidemic and Pestilential Diseases: With the Principal Phenomena of the Physical World, Which Precede and Accompany Them, and Observations Deduced from the Facts Stated*. 1799. Vol. 2. London : G.G. and J. Robinson, 1800.
- , ed. *A Collection of Papers on the Subject of Bilious Fevers: Prevalent in the United States for a Few Years Past*. New York: Hopkins, Webb and Company, 1796.
- Weiner, Dora B. *The Citizen-Patient in Revolutionary and Imperial Paris*. Baltimore: The Johns Hopkins University Press, 1993.
- Weinstein, Cindy. *Family, Kinship, and Sympathy in Nineteenth-Century American Literature*. Cambridge: Cambridge University Press, 2006.
- Weiss, Harry B, and Howard R Kemble. *The Great American Water-Cure Craze: A History of Hydropathy in the United States*, Trenton: The Past Times Press, 1967.
- [Weld, Theodore, et. al.] *American Slavery as It Is: Testimony of a Thousand Witnesses*. New York: American Anti-Slavery Society, 1839.
- Wesley, John. *Primitive Physick: Or, an Easy and Natural Method of Curing Most Diseases*. 10<sup>th</sup> ed. Bristol: William Pine, 1767.
- “What Becomes of the Free Colored People?” *Frederick Douglass’ Paper* 29 Sept. 1854: 1. *African-American Newspapers, 1827-1998*. Web. 25 Nov. 2015.
- White, Ed. “The Value of Conspiracy Theory.” *American Literary History* 14.1 (2002): 1-31.
- White, Ellen. “Disease and Its Causes.” *Health, or, How to Live*. No. 1. Ed. James White and Ellen Gould Harmon White. Battle Creek, MI: Steam Press of the Seventh-Day Adventist Publishing Association: 1865. 51-60.
- Whitney, Daniel H. *The Family Physician, and Guide to Health*. Penn-Yan, NY: H. Gilbert, 1833.
- Whittier, John Greenleaf. “The Farewell.” *The Complete Poetical Works of John Greenleaf Whittier*. Boston: Houghton, Mifflin, & Company, 1904. 346.
- Whooley, Owen. *Knowledge in the Time of Cholera: The Struggle over American Medicine in the Nineteenth Century*. Chicago: University of Chicago Press, 2013.
- Whorton, James C. “‘Christian Physiology’: William Alcott’s Prescription for the Millenium.” *Bulletin of the History of Medicine* 49.4 (1975): 466–481.

- . *Crusaders for Fitness: The History of American Health Reformers*. Princeton: Princeton University Press, 2014.
- . *Nature Cures: The History of Alternative Medicine in America*. Oxford: Oxford University Press, 2002.
- Willard, Elizabeth Osgood Goodrich. *Sexology as the Philosophy of Life: Implying Social Organization and Government*. Chicago: J. R. Walsh, 1867.
- Williams, Raymond. *Keywords: A Vocabulary of Culture and Society. Revised Edition*. New York: Oxford University Press, 1983.
- Wilson, John Stainbach. "The Peculiarities and Diseases of Negroes." *The American Cotton Planter and Soil of the South* 4 (1860): 46-47.
- Wilson, Philip K. "Eighteenth-Century 'Monsters' and Nineteenth-Century 'Freaks': Reading the Maternally Marked Child." *Literature and Medicine* 21.1 (2002): 1-25.
- . "Erasmus Darwin and the 'Noble' Disease (Gout): Conceptualizing Hereditary Disease in Enlightenment England." *Heredity Produced: At the Crossroads of Biology, Politics, and Culture, 1500-1870*. Ed. Staffan Müller-Wille and Hans-Jörg Rheinberger. Cambridge: The MIT Press, 2007. 133-154.
- Wisecup, Kelly. *Medical Encounters: Knowledge and Identity in Early American Literatures*. Amherst: University of Massachusetts Press, 2013.
- . "'The Progress of the Heat Within': The West Indies, Yellow Fever, and Citizenship in William Wells Brown's *Clotel*." *Southern Literary Journal* 41.1 (2008): 1-19.
- Wood, Gordon S. "Conspiracy and the Paranoid Style: Causality and Deceit in the Eighteenth Century." *The William and Mary Quarterly* 39.3 (1982): 402-441.
- Woodhull, Victoria. *Stirpiculture: Or, The Scientific Propagation of the Human Race*. London: 1888.
- Woolson, Abba Gould. *Woman in American Society*. Boston: Roberts Brothers, 1873.
- Wineapple, Brenda. *Hawthorne: A Life*. New York: Random House, 2003.
- Wright, Erika. *Reading for Health: Medical Narratives and the Nineteenth-Century Novel*. Athens, OH: Ohio University Press, 2016.
- Wright, Henry C. *Marriage and Parentage: Or, The Reproductive Element in Man, as a Means to His Elevation and Happiness*. Boston: B. Marsh, 1861.
- Yi, Dongshin. *A Genealogy of Cyborgothic: Aesthetics and Ethics in the Age of Posthumanism*. Surrey: Ashgate, 2010.
- Zenn, J. Michael. *The Self-Health Revolution*. New York: Free Press, 2012.