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MORE THAN DEATH:
FEAR OF ILLNESS IN AMERICAN LITERATURE 1775-1876

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy
in English the College of Arts and Sciences at the
University of Kentucky

By
Sarah Christine Schuetze

Lexington, Kentucky

Director: Dr. Marion Rust, Professor of English

Lexington, Kentucky

2015

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ABSTRACT OF DISSERTATION

MORE THAN DEATH: FEAR OF ILLNESS IN AMERICAN LITERATURE 1775-1876

This dissertation argues that eighteenth- and nineteenth-century narratives about personal and collective experiences with disease train American readers to fear illness while warning them against the dangers of being afraid. Such narratives depict the way illness ravages the physical body, disrupts interpersonal relationships, and threatens to dismantle social or municipal organization. In other words, the story of sickness is a story of terror-inducing dis-order. I study disease with a lens informed by cultural and disability studies to show that what makes disease historically and culturally significant is its power—through the body—to dis-order relationships, society, and knowledge. Anxieties about this dis-order did not go dormant when an epidemic faded; they continued to circulate in writing, their vigor magnifying with each new outbreak.

Through extensive archival research into representations of disease in ephemera, popular publications, and medical writing, my dissertation proffers a new reading of canonical works depicting sickness. Literary works gothicize disease by dramatizing its possible effects that make life unrecognizable, thus feeding fears as they portray them. My analysis shows that works like John and Abigail Adams's letters, Abigail Abbot Bailey's memoir, editorials from Nathaniel Parker Willis, novels like Harriet Beecher Stowe's *Uncle Tom's Cabin* and Harriet Wilson's *Our Nig* are as invested in the fear of illness as disease narratives by Charles Brockden Brown and Edgar Allan Poe that are traditionally read as gothic. While scholars may recognize the significance of disease-induced fear in any of these individual texts, they treat each example as unique whereas I show literary authors contribute to a broader cultural anxiety spawned on the pages of popular media and spread through belles-lettres.

To emphasize the relationship between the circulation of information and the circulation of disease, each chapter focuses on one disease and the written or print form that participated in sharing and shaping opinions about the disease as a terrifying event: smallpox and letters, yellow fever and pamphlets, cholera and periodicals, and tuberculosis and sentimental novels.

Keywords: AMERICAN LITERATURE, FEAR OF ILLNESS, DISEASE
NARRATIVE, DISEASE ARCHIVE, DISABILITY STUDIES

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April 12, 2015
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MORE THAN DEATH:
FEAR OF ILLNESS IN AMERICAN LITERATURE 1775-1876

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About eight months before I began my graduate work at the University of Kentucky, my mother Judy Flynn passed away. She never heard the stories about coursework, qualifying exams, research trips, life in Philadelphia, or the agony of the job market, but somehow she is foremost in my mind as I finalize this document. I wish to dedicate this project in loving memory to her.

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Chapter One Introduction

On January 24, 1766, Elizabeth Drinker wrote the following in the diary where she religiously recorded daily events: “My little Poll very much broke out like the small Pox—Sally better—Nancy broke out...[Dr. John] Redman, call’d this Morning—Received a Letter from Sammy Harper informing that Nanny had got the Small Pox; Becky James, and Sister when to Frankford to see her, found her bad: they return’d to Tea; snow this Afternoon, weather raw and cold” (1:126). Drinker was an upper class Quaker woman, wife to a successful merchant and mother of six children. In many ways, the quoted passage is typical of the thousands of diary entries Drinker made from 1758 to 1807 where she noted the weather, comings and goings of family members, and details about their health. The health and sickness of friends and families were prominent topics in the diaries; in fact, historians of disease and medicine in the eighteenth and nineteenth centuries have written about Drinker’s diary as a repository for first-hand experiences with sickness and care giving.¹ Her entry on January 24, recorded multiple cases of smallpox, one of many diseases—such as yellow fever, cholera, and tuberculosis—that terrified Americans in the eighteenth and nineteenth centuries. The progress of Polly’s pockmarks or “sores” and her recovery were the subject of several subsequent entries in Drinker’s diary.

¹ See Sarah Blank Dine, “Diaries and Doctors: Elizabeth Drinker and Philadelphia Medical Practice 1760-1810.” Other women’s diaries of the eighteenth and nineteenth centuries that have contributed to constructing a cultural history of disease and medicine in America include Martha Ballard, Martha Micah Moore, and Caroline Heeley Hall.

Over the course of her life, according to her diaries, Drinker also witnessed attacks of other frightening diseases, most famously, the 1793 yellow fever epidemic in Philadelphia.² For instance, on August 23rd, she wrote, “a fever prevails in the City, particularly in water-street, between race and arch streets of the malignant kind, numbers have died of it...’tis really an alarming and sereous time” (1: 495-496). At their country house, the Drinkers were removed from the immediate danger, but they were constantly hearing and reading disconcerting reports. Her journal from August 31st read, “The accounts this day from the City are many and various—some ‘tis said die of fear, one or more have died in the Street or on the rode, those reports are not asertain’d” (1:498). And on October 29, she wrote, “the newspaper says that the 11th of this month 2730 odd had dyed of the Yallow fever, on that day dy’d more than any preceding day, and great numbers since...The last 24 hours have been to me very distressing” (1:523). Distance did not help the Drinkers escape the fears that spread with stories and written accounts, including those about the sickness and death of friends and loved ones.

During the yellow fever epidemic, as with outbreaks of smallpox and other diseases, Drinker worried about her own and her family’s safety and suffering, often expressing alarm or fear as we see in the excerpted entries above. For Drinker and others in the eighteenth and nineteenth centuries, disease threatened one’s health, home, business, community, sense of security and understanding. Disease could dramatically transform the body and make oneself and one’s life unrecognizable, even grotesque.

² In *Not So Long Ago*, an edited edition of the journals that highlight the medical themes, Cecil Drinker concluded that Drinker’s son William suffered from tuberculosis for several years. William’s recurring fever, weakness, and cough that produced blood suggest tuberculosis even though Drinker does not use “tuberculosis” nor “consumption” (Cecil Drinker 67-90).

Theorists Mikhail Bakhtin and Wolfgang Kayser understand the grotesque as having the capacity to up-end the status quo, causing the horror of chaos that occurs in its literature.³ In Kayser's vision of the grotesque (which relates to literature of the late eighteenth and nineteenth centuries), death does not threaten and frighten the same way life in an unrecognizable world does. Kayser explains that readers "are so strongly affected and terrified [by the grotesque] because it is our world which ceases to be reliable" and we feel that we would be unable to live in this changed world (185). His argument refers to readers of literature, but it applies to the reading of popular and medical texts as well. In

³ According to Mikhail Bakhtin, the social phenomenon of carnival, the context for the grotesque in his analyses, incites a "degradation" of bodily topography, which privileges the head as a site of thought and spirituality; the body's "lower stratum" consists of organs and muscles connected to digestion ("the life of the belly"), elimination, and copulation, parts tying the body to the earth, thus the degraded body is the grotesque body (20-23). Joan Burbick uses Bakhtin's heuristic of body topography to organize her analysis but chooses to employ only the "higher order" body parts, the head, the eyes, the heart, the nerves, which I attribute to her interest in establishing control. Suzanne Hatty and James Hatty refer to Bakhtin's grotesque body as a feminine form because of its openness and "potential to pollute" (20). A collection of essays called *Seriously Weird* (Mills) includes various literary applications of the grotesque and the grotesque body to a broad spectrum of literary texts, and most essays reference Bakhtin and/or Wolfgang Kayser. Allan Conrad Christensen looks to Bakhtin's concept of the "symbolic reversal" to inform his inquiries on contagion in British Victorian literature. In *Colonial Pathologies*, Warwick Anderson cites Bakhtin's grotesque body, but diverges from him because class and not race informs Bakhtin's argument. In Anderson's article "Going through the Motions" in the *American Literary History* issue on contagion (2002), he racializes the inverted topography of the grotesque body by showing a colonial association of the higher order of body parts with white identity and lower order with a native identity (687).

Kayser is lesser known than Bakhtin, but his work precedes Bakhtin's, and most who know Kayser's work agree that the two authors compliment rather than contradict each other in their perspectives on the grotesque. Dieter Meindl's *American Fiction and the Metamorphosis of the Grotesque* (1996) finds the two authors useful in representing the grotesque as a "tense combination of attractive and repulsive elements" (14). My method of blending Kayser and Bakhtin can also be observed in Rosemarie Garland-Thomson's treatment of disabled bodies as grotesque bodies (based on Bakhtin) that signify alienation (which she culls from Kayser) and have political or social implications (Bakhtin).

addition, the fear of the grotesque relates to the reading of bodies—altered, diseased, grotesque bodies—that occurs during times of sickness. Thus, in this project, this focus is on fear not as a matter of cognition but of feeling, representation, and culture. For fear is learned, and for writers to communicate fear and for readers to feel fear from texts, there has to be a shared understanding of what triggers fear and how it is represented (Bourke 5, 7-8; Goddu 2-3; Tropp 5).⁴

As the title for this project *More Than Death* suggests disease could be even more frightening than death itself, especially during the eighteenth and nineteenth centuries.⁵ During these periods, growing international travel and commerce, population growth, technology, and increasing urbanization fostered the introduction and circulation of diseases amongst Americans (Burbick 1). And through the dramatic changes in the print industry, news about and representations of diseases circulated more and more widely (Nord 19-21). Innovations in medicine and the professionalization of doctors made this an important era in the history of medicine, which culminated with the confirmation of the germ theory in the latter quarter of the nineteenth century (Rothstein 263-281). This discovery proved that microorganisms cause sickness, thus refuting centuries' old

⁴ As Cathy Davidson has written, readers of eighteenth-century novels recognized the signs or “paraphernalia” of a genre that were meant to trigger an emotional response (105).

⁵ In terms of disease, 1775 marks the beginning of an American smallpox epidemic that lasts throughout the Revolution. The end date I've chosen, 1876, is the year Robert Koch proved that anthrax was caused by a specific bacterium, essentially proving the existence of germs. Koch's work was influential to Louis Pasteur, who built on his predecessor's discoveries to further the burgeoning field of microbiology with his refutation of the theory of spontaneously generated microorganisms (Duffin 81-83; Porter 433-434).

theories that miasmas or humoral imbalances were the source of disease.⁶ However, before the existence of germs was proven, doctors and nondoctors alike struggled to understand, treat, and prevent diseases like smallpox, yellow fever, cholera, and tuberculosis, the four diseases I highlight in this dissertation. The alarming effects of these diseases combined with the conflicting theories about their methods were documented in writing and circulated through print, making for a perfect laboratory of the fear of illness.

As I show, fear of illness in the eighteenth and nineteenth centuries was both physical and textual—expressed through writing, transmitted through reading, and

⁶The germ theory is typically attributed to both Louis Pasteur and Robert Koch because each contributed different yet essential aspects to the science of germs. The germ theory is said to have confirmed the belief that contagion is spread through microscopic organisms and disclaimed the miasma theory of disease, which states disease results from environmental factors like stagnant water. Doctors and scientists had suspected the existence of “animalcule” organisms as being responsible for sickness since the seventeenth century, so for many, Pasteur’s and Koch’s findings only reaffirmed what had been believed for generations. However, not everyone was so willing to believe or be convinced; due to adherence to traditional arguments, many medical professionals resisted adopting new principles and continued to doubt the validity of germs (Furst 9-13). While medicine is often seen as revolutionary and progressive, history shows that medical science is steeped in traditional knowledge, making it difficult for wide-spread acceptance and application of new developments. One need only consider the stronghold Galenic, humoral medicine had from the pre-modern period until the eighteenth century to understand how unwilling this field has been to change perspective (King 63; Furst 3-5). Some contemporary analyses of disease use the germ theory as a lens, such as Priscilla Wald’s *Contagious*. In 2002, *American Literary History* published an issue on contagion, which included articles by Wald (an earlier version of parts of *Contagious*) as well as Warwick Anderson, Mary Burgan, Cynthia Davis, Margaret Humphreys, Susan Lederer, Lisa Lynch, Martin Pernick, Heather Schell, Nancy Tomes, and Gregory Tomso. Germ theory runs throughout the articles as a connective critical scheme. However, the germ theory is an analytical lens that imposes restrictions, such as limiting the period of study to the last 130 years (after laboratory confirmation of germs’ existence). For instance, the texts in Wald’s analysis range from the 1880s to 2003. I look at earlier representations of disease that came before metaphors of contagion became culturally significant, showing a longer tradition of the “outbreak narrative” and the panic that erupted when the spread of illness threatened to transform a community in the eighteenth and nineteenth centuries.

experienced as an emotional yet physical or somatic phenomenon. Much recent scholarship on disease in literature and culture has emphasized contagion or the spread of an infection across spaces and among populations to examine issues of race, class, and national belonging. This emphasis on contagion and systemic issues has set a precedent in the scholarship on disease, a precedent which does not privilege the significance that living with sickness had on an individual and his or her groups in specific periods.⁷ As a result, scholars indirectly suggest that contracting the illness is a death sentence, which can oversimplify what happens in a sick body. The blurring of sickness with death can invalidate the experience of illness, making it “inexpressible” and, therefore, unavailable to critical inquiry.⁸ Understanding disease as not just death but more than death calls our

⁷ Scholarly works on disease that primarily treat disease as a metaphor include: Warwick Anderson *Colonial Pathologies* (2006); Philip Gould “Race, Commerce, and the Literature of Yellow Fever in Early National Philadelphia” (2000); Alan Kraut *Silent Travelers* (1995); Martin Pernick, “Politics, Parties, and Pestilence” (1972, 1997); Shirley Samuels *Romances of the Republic* (1996); Priscilla Wald, *Contagious* (2008). Writing about disease in Charles Brockden Brown’s *Arthur Mervyn*, Bryan Waterman also resisted the metaphorical treatment of disease and contagion because it “diminishes the experience of actual victims and those who care for them” (*Republic of Intellect* 198). One more recent text on general illness is Diane Price Herndl’s *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* (1993); however, the time frame along with Herndl’s emphasis on gender and particular interest in tuberculosis keep it from filling the gap in scholarship I see. The methods and argument in Herndl’s text have some resemblance to *More Than Death*. Herndl analyzes representations of sick women in nineteenth- and twentieth-century literature to argue that they contribute to and protest social constructions of women’s frailty. Cristobal Silva’s recent book *Miraculous Plagues*, applies the twentieth-century phenomenon of epidemiology to early American narratives about disease, whose form and subject, he argues, demonstrates the ideology of infection in the seventeenth and early nineteenth centuries.

⁸ In *Body in Pain*, Elaine Scarry discusses the political impact of pain’s inexpressibility because, despite its reality and certainty for sufferers, those who hear about others’ pain lack a referent since the pain is contained within another’s body. Without a referent, one can doubt the validity of a sufferer’s pain. Of course, many illnesses cause pain, which is always already inexpressible by Scarry’s logic; additionally, the critical conflation of sickness with death, in a sense, “contains” sickness within death or nonbeing, making sickness a nonstate and, therefore, inexpressible.

attention to the experience of sickness as a period of drastic transformation, instability, misrecognition, and fear. We also need to better understand that fear.

A goal of this project is to distinguish the fear of disease from the fear of death. They are often treated as the same experience in scholarship that toggles between the two phrases, treating the fear of illness as a synonym for the fear of death. The significance and singularity of fear of illness has not been addressed critically to any degree of specificity.⁹ Some studies interpret the terror an outbreak can provoke in individuals as anxiety over imminent death, rather than fear about the dis-order and transformation disease would cause.¹⁰ Also frightening was the uncertainty of how the body would change, especially in periods before the standardization and professionalization of medical knowledge and when diseases were being introduced to new populations in America. A body in the throes of illness experienced pain and transformation that seem to me to be much more about being alive than a nearness to death. By attending to the fear of illness as a distinct experience—as it was understood in the periods of this

⁹ Perhaps the most well-known discussion of fear during an epidemic is *Bring Out Your Dead* (1965) by J. H. Powell who observes its scope and effect, but does not theorize it. Samuel Otter's chapter on the fever in *Philadelphia Stories* (2010) also treats the panic of the yellow fever epidemic in 1793 as a historical fact, but it is not a prominent feature of his narrative of the fever; he focuses, instead, on the textual exchange between the white writer/publisher Mathew Carey and black ministers Absalom Jones and Richard Allen on the conduct of black nurses during the epidemic. In metaphorical assessments of disease, or contagion, sometimes panic is addressed, but it is understood to be anxiety about becoming racially tainted or having a region/body contaminated by otherness. In this argument (present in Nancy Tomes, Philip Gould, Teresa Goddu, Warwick Anderson, Wald), the stranger figure threatens the way citizens imagine the national community by breaching borders and introducing toxic elements. However, this perception of fear of disease, and its basis in the emergence of bacteriology, does not explain what it implies before the confirmation of germ theory.

¹⁰ Susan Sontag repeatedly relates anxiety about sickness to the closeness between disease and death, which is a feature of her perception of illness as a metaphor; Burbick sees the fear of death as a tool in health reform efforts (19).

study—we can access a powerful affective, physical, and textual aspect of the lived experience of disease. Through fear, the body can be permeated by print. Discussing the fear of disease offers a new approach to understanding disease in literary, cultural, and medical history.

Although Drinker’s diaries have taught us a great deal about sickness and medicine in the years it addresses, we have not studied the way her journals or other works documenting disease address the transmission of written content, the form it takes, and affect it provokes in readers.¹¹ This transmission of a material object between the bodies that use them mirrors the movement of diseases among and between bodies as well. This absence of attention to transmission has created a gap in the broader cultural and literary history of disease in America in the eighteenth and nineteenth centuries.¹² In

¹¹In “What is the History of Books?,” Richard Darton describes what he calls a “communication circuit” that connects authors, printers, compositors, suppliers of ink, paper, and type, book sellers, and reviewers. This circuit transmits the content of a book (or other form) and its material parts (30).

¹²Most scholarship published within the last thirty years (including re-issued texts) on medicine and illness in American history and literature has taken one or more of the following approaches: a historical narrative of one disease or outbreak, usually emphasizing the connection to public health; an overview of the medical profession or medical science and key developments; a cultural analysis of disease’s implications on national identity, emphasizing immigration and often considering illness or contagion as a metaphor. Examples of historical narratives of a specific outbreak and its relation to public health: Elizabeth Fenn, *Pox Americana* (2001); Judith Walzer Leavitt, *Typhoid Mary* (1997); Charles Rosenberg, *The Cholera Years* (1987). Examples of overviews of medical profession and medical science: Stephanie Browner, *Profound Science and Elegant Literature* (2005); Joan Burbick, *Healing the Republic* (1994); Sander Gilman, *Disease and Representation* (1988); Charles E. Rosenberg and Janet Golden, *Framing Disease* (1997); William Rothstein *American Physicians in the 19th Century* (1985); Paul Starr *The Social Transformation of American Medicine* (1982); Laurel Thatcher Ulrich, *A Midwife’s Tale* (1990). Examples of cultural analyses of disease/nation and immigration: Warwick Anderson *Colonial Pathologies* (2006); Philip Gould “Race, Commerce, and the Literature of Yellow Fever in Early National Philadelphia” (2000); Alan Kraut *Silent Travelers* (1995); William McNeil, *Plagues and People* (1998); Martin Pernick, “Politics, Parties, and Pestilence” (1972, 1997); Shirley Samuels *Romances of the*

this project, I want to begin to fill that gap by introducing a new significant site into our growing cultural history of medicine in America: the reader.

Focusing on the reader, reading and its effects and affects unmoors readings of disease and health from the domestic/popular, the medical, or the literary as readers engaged with all of them through reading. As we see from the 1766 entry cited above, Drinker learned of smallpox among her friends through a letter. And in 1793, she read reports of yellow fever in the newspaper. As she was recording sicknesses and treatments throughout her life, Drinker was reading accounts of disease. Her diaries also show that Drinker was an avid reader of popular medical treatises on health and sickness. She referenced reading Noah Webster's *A Brief History of Epidemic and Pestilential Diseases* and the section on disease in Erasmus Darwin's *Zoonomia*. She also owned a copy of William Buchan's *Domestic Medicine*, a home medical guide that she consulted and lent to family members. Most households had a copy of *Domestic Medicine* (or a similar medical guide for home care). As William Gilmore, David D. Hall, and Patricia Crain have shown in their respective studies, reading in the eighteenth and nineteenth centuries was a "necessity of life" (Gilmore 21). It was not restricted to upper class men and women like Drinker. Education reform, growth in the print market, and the increase circulation of material objects like reading material were catalysts to literacy among people of differing circumstances (Gilmore 53, 158-178).¹³

Republic (1996); Priscilla Wald, *Contagious* (2008). The latter—the threat of contagion to the nation—dominates the discussion on disease in the field.

¹³ As Richard Darton has written, "the late 18th century does seem to represent a turning point, a time when more reading matter became available to a wider readership than in the 19th century would grow to giant proportions with the development of machine-made paper, steam-powered presses, linotype, and, in the Western world, nearly universal literacy" ("Toward a History of Reading" 92).

Although first-hand accounts of disease are infrequent given the physical limitations extreme sickness places on the body, reading also offers us a picture of the experiences of living with disease and within a disease environment. Thinking of the way fear was conveyed to readers through reports, accounts, and literary portrayals of disease gives us insight into these lived experiences, especially given the connection between fear and health.

In addition to the letters, pamphlets, newspapers, and medical treatises about sickness, Drinker also read literary works depicting diseases such as Charles Brockden Brown's *Arthur Mervyn*. Thus, her reading was an integral part of her experiences with health and sickness, as it was for many Americans in the eighteenth and nineteenth centuries. Contemporary readers may recognize *Arthur Mervyn* as a gothic novel depicting the horrors of the yellow fever epidemic that Drinker documented in her journal. Brown vividly represented the frightening effects of yellow fever—its transformation of bodies, the city, and life for all those affected. Fear of yellow fever was the foundation of Brown's novel. And fear was also a topic of importance in the medical works Drinker read.

Central to this discussion is the fact that fear in the eighteenth and nineteenth centuries was considered physiological, even medical. For instance, Darwin's *Zoonomia* listed fear as the cause for diseases as various as diabetes, convulsions, vertigo, circulatory diseases, and fevers (194, 245-247, 288, 305). Likewise, Noah Webster's *A Brief History of Epidemic and Pestilential Diseases* showed fear as having a similar affect on the body as the change of seasons when it comes to vulnerability to disease (352). About fear and health, William Buchan wrote, "The influence of fear, both in

occasioning and aggravating the diseases, is very great. No man ought to be tamed for a decent concern about life; but too great a desire to preserve it, is often the cause of losing it. Fear and anxiety, by depressing the spirits, not only dispose us to disease, but often render those diseases fatal, which an undaunted mind would overcome” (Buchan 115). When Drinker wrote, “some tis said die of fear” about yellow fever in 1793, she would have been aware through her reading that this was understood to be a physical possibility in the context of disease. Even though Elizabeth Drinker’s experiences with and reading/writing about disease has been central to this introduction, we will leave her here for the time being, but I invite my readers to imagine her experiencing the physical and textual nature of disease and fear in each of the following chapters, even in the periods that extend past her lifetime.

In *Domestic Medicine*, Buchan often touched on the influence of fear on the course of specific diseases including those addressed in this dissertation. When describing the effects of smallpox, he noted, “When the first symptoms of the small-pox appear, people are ready to be alarmed...to the great danger of the patient’s life” (163). The signs of smallpox on the body triggered fear for those who witnessed it as well as the person infected. Regarding fevers like yellow fever and other “malignant” types, Buchan advised that “the mind as well as the body [of the sick person] should be kept easy. Company is seldom agreeable to the sick. Indeed every thing that disturbs the imagination increases the disease; for which reason every person in a fever ought to be kept perfectly quiet, and neither allowed to see nor hear anything that may in the least affect or discompose his mind” (105-106). A troubled or discomposed mind, made so from fears about fever’s affects, could jeopardize the already-compromised body. And

fear was even thought to trigger disease in some cases, as we see with Buchan's discussion of tuberculosis and cholera. Regarding tuberculosis, he wrote, "As this disease is seldom cured, we shall endeavor to point out its causes.... These are: Want of exercise.... Confined or unwholesome air.... Violent passions, exertions, or affections of the mind; as grief, disappointment, anxiety, or close application to the study of abstruse arts or sciences, &c." (130). And for Buchan, "There is hardly any disease that kills more quickly than [cholera], when proper means are not used in due time for removing it It is sometimes the effect of strong acrid purges or vomits; or of poisonous substances taken into the stomach. It may likewise proceed from violent passions or affections of the mind; as fear, anger, &c." (235). Therefore, as a reader turned to a section of Buchan for advice on caring for or preventing a case of any of these diseases, she would be reminded of the impact of fear on the body.

Interacting with texts that documented disease produced, provoked, and spread fear among readers in the eighteenth and nineteenth centuries. In other words, readers learned to fear disease from the medical, popular, and literary works they encountered. At the core of this claim is the connection between readers' bodies and the subject matter they read about. Thus, I argue that with an analysis of the fear of illness through the vector of the reader, we can access the cultural significance of disease as well as the physical experience of living amongst disease. Recent theories of reading have explored the interaction with written material as a form of physical interaction between bodies, which is evidenced in the scholarship by Gillian Silverman, Karin Littau, and Garrett Stewart. Stewart sees books as a "somatic surrogate," and Silverman says "[r]eaders have a voluptuous relation to books" that she relates to intimate physical touch (Stewart 433;

Silverman 7). Through their physical interaction with written material (i.e. reading, touching, holding, feeling the weight, etc.), readers experience an imagined, ecstatic contact with the author, characters, or other readers. Likewise, Littau argues for taking a materialist view that sees reading as an encounter between bodies—both the readers’ and the texts’ bodies—which has historic relevance in the eighteenth and nineteenth centuries.¹⁴ As Darton has written, “No one challenged the notion that there was a physical element in reading.... The physicality of the process sometimes shows on the pages” (“Toward a History of Reading” 95). Such a physical connection was also experienced through reading about fearsome accounts of disease.

We can broaden the archive of disability by studying the reading as well as the writing, production, and distribution of disease texts, which include popular, medical, and literary works that did not have discrete readerships in the eighteenth and nineteenth centuries (as Drinker’s diary demonstrates). This approach also shifts the focus of scholarship on disease in these periods by emphasizing lived experiences rather than the spread of disease across borders and communities. Ultimately, fear of illness provides a bridge between the physical body of the reader and the material artifact of a text.

Accessing the historically diseased or disabled body through text has been an ongoing endeavor in the field of disability studies, made all the more difficult by the often sparse representations of the physically disabled body. As Braddock and Parish have written, “people with disabilities have only infrequently recorded accounts of their experiences, so historians are left to interpret ‘lived experience’ vicariously through the filter of

¹⁴ Karin Littau also discusses a sickness called “bibliomania,” or reading-fever as a marker of the physical interaction between people and books (4). This is also the subject of Michael Millner’s book *Fever Reading*.

professionals who did leave extensive records” (12). Chris Mounsey has also written that “when looking for evidence of disability, we have largely to rely upon texts” (21).

Disability studies—a mode of scholarship that theorizes the representation and treatment of disabled people—proffers a framework for thinking about the embodiment and social circumstances of sick characters that avoids collapsing the sick with the dead or treating sick people as objects of the medical profession. I do not suggest disability should be read as a disease or a condition requiring correcting as the medical model of disability studies implies. Instead, I think our analysis of illness in literature could benefit from the ground made with the social model of disability studies that focuses on what Lennard Davis, Tobin Siebers, Simi Linton and others have called society’s ableist bias. The social model of disability studies “suggests that people are disabled by society and not by their bodies” (Shakespeare 200). Scholars agree that literary representations of disability and sickness reflect and contribute to the social understanding of different embodiments (Davis “Introduction” xvii). As critic Rosemarie Garland Thomson has argued, the sick and disabled inhabit extraordinary or non-normate bodies, typically receiving outsider status in culture and literature.¹⁵ Similarly, David Mitchell and Sharon Snyder recognize authors’ dependence upon disabled characters whose physical difference is classified as deviance, which causes “disabled populations [to] suffer the

¹⁵ Rosemarie Garland Thomson defines the normate as “the social figure through which people can represent themselves as definitive human beings. Normate, then, is the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them” (8). Thomson also identifies illness as a feature of the disabled or non-normate: “Disability is an over-arching and in some ways artificial category that encompasses congenital and acquired physical differences, mental illness and retardation, chronic and acute illnesses, fatal and progressive disease, temporary and permanent injuries, and a wide range of bodily characteristics considered disfiguring, such as scars, birth marks, unusual proportions, or obesity” (13).

consequences of representational association with deviance” (8). Using the disability studies paradigm to study sickness in literature permits us to address the social world of disease texts as well as the physical (or material) experiences of the author and the reader.¹⁶

The Bakhtinian grotesque body has been a feature of disability studies and its analysis of the body in literature and culture; as we will see throughout this dissertation, the sick body is also a grotesque body in the Bakhtinian sense. Bakhtin characterizes the grotesque body as “unfinished, outgrow[ing] itself, transgress[ing] its own limits” as it blurs together with the collection of bodies around it (21). It’s exaggerated, protruding and porous, fecund yet foul. In imagery of the grotesque body, “[t]he stress is laid on those parts through which the world enters the body or emerges from it” (21). The parts he means include the open mouth, the potbelly, the protruding nose, the anus, the genitals, and breasts, the body’s “convexities or apertures” (26). Interestingly, with the exception of the potbelly, these parts can also be the sites of disease transmission between an individual and those that surround him or her. Therefore, what makes a body grotesque and disabled—exaggerated, protruding and porous, fecund yet foul—can make a body sick and signify a sick body. Also like the sick body, Bakhtin’s grotesque body not only “reflects a phenomenon in transformation, an as yet unfinished metamorphosis,” but a period of change that lies between birth and death—not quite one or the other; it ruptures order because it is both “death and birth, growth and becoming [...] For in this image we find both poles of transformation, the old and the new, the dying and the

¹⁶ Tobin Siebers posits the “theory of complex embodiment” as a tool for theorizing the body-social relation as “mutually transformative” (*Disability Theory* 25). This model seeks to resolve the division between the medical and social models of disability studies that relegates analysis of embodiment to the problematic medical approach.

procreating, the beginning and the end of the metamorphosis” (24). And the ever-changing grotesque body of the sick fills the various archives of diseases discussed in this dissertation.

From its inception, *More Than Death* has been a recovery project. Like other recovery works, this project was forged in the archives. In particular, its origin points are the archives created by disease, which has always had an intimate relationship with writing and print, as I will show in each chapter. But I want to linger on this word “recovery.” In literary criticism, it refers to the unearthing of texts that had been obscured from general attention in the archives. Absent from this usage is the physical or bodily association of the word “recover,” which means to heal or restore. Therefore, in describing this dissertation as a recovery project, I call attention to the various disease archives of each chapter which include works not discussed or referenced elsewhere. And I also wish to offer this project as a way to restore the diseased body to our critical attention—to heal the dehumanizing effects of a critical trend that treats disease as a metaphor or collapses the sick with the dead. To emphasize the relationship between the circulation of information and the circulation of disease, each chapter focuses on one disease and the written or print form that participated in sharing and shaping opinions about the disease as a terrifying event: smallpox and letters, yellow fever and pamphlets, cholera and periodicals, and tuberculosis and sentimental novels.

The second chapter, “Carrying Home the Enemy: Smallpox and Revolution in American Love and Letters 1775-1776, explores the fear that smallpox could transform a marriage if a husband was to carry the disease home on his clothing or body when he returned from the Revolutionary War or sent it home on letters, as was the concern at the

time. Because many people feared smallpox could be transmitted on letters, the transmission of news about smallpox was dangerous for both the fearsome content as well as the medium. Using letters exchanged between husbands and wives during the Revolution, this chapter establishes the material link between disease and text that should also inform the subsequent chapters.

Chapter Three, “‘disastrous eloquence’: Producing Fear and Fever in 1793,” studies the yellow fever epidemic in Philadelphia in 1793 and the circulation of pamphlet treatises on the disease. This chapter shows that, despite the fact that the accepted narrative about this epidemic highlights the desolation and vacancy it produced, it actually was a time of great textual productivity. The fever and its companion fear inspired writing and publication even though neither was understood very well. The yellow fever archive, I argue, is an archive of disability for its portrayal of the disabling effects of the disease. This central claim, the active production of an archive of disability, also applies to subsequent discussions of cholera and tuberculosis, which is a legacy of the yellow fever archive, the first of its kind.

My fourth chapter “Cholera Carnival: The Fear of Illness in the Sensational Serial” looks at cholera as a popular register of horror in sensational writing, which includes popular, medical, and literary works. The authors and editors (among whom many were doctors) professed their intentions to disseminate reliable information to the public in the hopes of dispelling their growing fears; nonetheless, their texts employed language and imagery that shaped the public’s impression of cholera as a monstrous, supernatural creature. In other words, readers were warned against fear while being inundated by fear. Because fear was thought to mimic and possibly trigger cholera,

readers were putting their bodies at risk when they read accounts or reports of the disease, which were ubiquitous. This chapter also shows how fear and disease could be attractive and entertaining—a point that is also central to the final chapter.

Finally, “Insidious Taint: Race and Consumption in the Nineteenth Century Sentimental Novel,” analyzes depictions of tuberculosis and its relation to race in domestic or sentimental fiction in the 1850s and 60s. Because consumption (pulmonary tuberculosis) was romanticized to be a “white plague”—something that only affected white people—medical professionals in the nineteenth century thought African Americans could not catch it. As a result, they constructed a different disease—“Negro Consumption”—to diagnose tubercular individuals who also had the predisposition of blackness. Medical science is shaped by the fear that illness can cross racial divides and connect bodies that are ideologically separated. Thus, I argue in this chapter that the fear of disease in the context of tuberculosis is a fear of mutual vulnerability or bodily affinity among white and black races, making the romanticized discourse of tuberculosis a deeply racialized discourse.

Diseases move in two ways: between bodies and within bodies. Likewise, my method of analysis combines two ways of moving among and within texts: close-reading and distant reading (as modeled by Franco Moretti who argues that surveying a wide selection of works offers a better understanding of repeated tropes, themes, and images (49)). Therefore, the lens of each chapter contracts to study specific examples and retracts to look at the greater landscape of texts that also move within and between the bodies of readers.

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Chapter Two

Carrying Home the Enemy: Smallpox and Revolution in American Love and Letters 1775-1776

Philadelphia October 2nd 1775

My Dear wife & family

I Can now with pleasure inform you that I have been Inoculated for the Small Pox and am almost Got well of it. I had it very favorable not above 20 Pock or thereabout tho I was Confined by the fever to the House 5 or 6 Days.... You need be under no fear of the Small Pox by this Letter Tho it would be very Safe to hold all my Letters over the Smoke a Little before you handle them much as the Small Pox is very frequent in the City. I am &c. Josiah Bartlett

Smallpox seemed to spread from the skin to the page in the late eighteenth century as Americans read one another's bodies for evidence of the disease and wrote about its movement to friends, relations, colleagues, even officials. Because it was a highly contagious, painful, and disfiguring disease, smallpox created alarm in populations when a new outbreak became evident on the bodies of the sick. When outbreaks of smallpox, or variola, reoccurred during the early years of the American Revolution, it was treated as a more subtle and often more feared enemy than British soldiers. One could call the American Revolution and smallpox historical intimates as one influenced the course of the other, especially during two significant military campaigns between 1775 and 1776: the siege of Boston and the Battle of the Cedars in Quebec.¹⁷ From 1775

¹⁷ Smallpox is intimately connected with other historical events. Even Fields' Virology, the standard medical encyclopedia of viruses characterizes smallpox as "the most notorious member [of the poxviridae family], variola virus, caused smallpox and consequently had a profound impact on human history" (2637). In *Viruses, Plagues, and History*, Michael Oldstone has written, "The history of smallpox is interwoven with the history of human migrations and wars, dramatically favoring one population or army over

another” (27). As examples of migrations that facilitated the spread of smallpox, he references the Islamic expansions into Africa and Europe in the sixth through the eighth centuries, the Crusades during the eleventh to the thirteenth centuries, European exploration and colonization in the sixteenth century (29-31). In America, the introduction of smallpox in the sixteenth century eventually caused the destruction of ninety percent of the native population, making it a tool of colonization that informed relations between natives and whites for centuries (Robertson 97-129). The inoculation controversy in America in the 1720s has been addressed in Ola Winslow’s *A Destroying Angel* (1974), Tony Williams’ *The Pox and the Covenant* (2010), Robert Tindol’s “Getting the Pox off All Their Houses: Cotton Mather and the Rhetoric of Puritan Science” (2011), and Kelly Wisecup’s “African Medical Knowledge, the Plain, Style, and Satire in the 1721 Boston Inoculation Controversy” (2011). These works document the history of inoculation in Boston as well as the debates and protests that occurred both in print and in person. Until recently, very little scholarly work has been done on smallpox during the American Revolution. Brief articles have occurred in print summarizing the danger it imposed on the army’s success; these include James E. Gibson’s “Smallpox and the American Revolution” (1948), Terrence D. Davies’ “American Medicine during the Revolutionary Era” (1976), and Joseph M. Miller’s “Vignette of Medical History: George Washington and Smallpox” (1994). The most extensive analyses of military implications of smallpox in the Revolutionary War include Ann Becker’s article “Smallpox in Washington’s Army” (2004) and Elizabeth Fenn’s book *Pox Americana* (2000). Becker notes that “[m]any histories of the Revolution accept that the smallpox virus was a destructive force during the early years of the war; however, they do not examine its impact on military matters in a substantive way. The fact that smallpox was instrumental to the American defeat in Canada is merely mentioned in passing, with little attempt to analyze primary sources in detail to explain how or why the disease affected military strategy” (382). As Fenn discusses in *Pox Americana*, the events of the smallpox pandemic of 1775-1882 and the Revolutionary war are intertwined since the commencement, progress, and devastation of each corresponds with that of the other: “While colonial independence reshaped global politics forever, the contagion was the defining and determining event of the era for many residents of North America. With the exception of the war itself, epidemic smallpox was the greatest upheaval to afflict the continent in these years” (9). Several historical studies of smallpox attend to outbreaks in America as well as England, but Boston’s inoculation crisis in the 1720s rather than the Revolution outbreaks dominates these surveys. Among the book-length histories of army medicine, few include details about smallpox at the Canadian campaigns likely because the authors focus on medical personnel and policy, and part of the tragedy of this campaign was the absence of either. Smallpox during the Boston siege, however, is featured in profiles of Dr. John Morgan, Dr. James Warren, and Dr. William Shippen. There are six monographs on medicine in the American Army that mention smallpox in varying degrees, one of which about the siege of Boston, three about the Revolution: Joseph Toner *The Medical Men of the Revolution* (1876); Louis Duncan *Medical Men in the American Revolution* (1931, 1970); James Gibson *Dr. Bodo Otto and the Medical Background of the American Revolution* (1937); Stanhope Bayne-Jones *The Evolution of Preventative Medicine in the*

until the end of 1776, smallpox devastated the military and civilian populations and terrified people as it had for generations. In response to the outbreak in Boston, George Washington characterized the disease as “this most dangerous Enemy” in his official correspondence with Congress in 1775. And after the Quebec outbreak in 1776, John Adams wrote his wife Abigail, “The small-pox is ten times more terrible than Britons, Canadians, and Indians, together” (Shuffleton 188).

As letters sent home from the camps or State House during the Revolution show, in addition to its broad-scale impact, smallpox was also an issue in intimate relationships between spouses separated by war service. Writing like the letter from Congressman and doctor Josiah Bartlett to his wife Mary excerpted at the opening of this chapter demonstrates a common fear of catching and also of spreading the disease to loved ones. Like many husbands and wives separated by the Revolution, the Bartletts had to negotiate the distance or gap in their marriage that could be filled with disease, represented in their letters as a hostile interloper or invader that could reshape their family’s daily life. Many Americans feared it could be communicated through the letter paper itself or carried home on the body or clothing of the returning husband.

The expression “carried home” was commonly used in letters, diaries, and published announcements of outbreak to describe smallpox’s introduction to a vulnerable family by a contagious carrier whose ties to his family and the war conducted the dangerous disease to his doorstep, transforming or destroying the lives and relationships of loved ones. Through analysis of personal letters, I argue that the cultural narrative of smallpox as an evil force or enemy’s tool was adopted to articulate the balance or

United States Army 1607-1939 (1968); Philip Cash *Medical Men at the Siege of Boston* (1978); Mary Gillet *The Army Medical Department 1775-1818* (1981).

imbalance of power in an intimate relationship like marriage. This writing shows us that smallpox became characterized as something that can attach itself to a man and transform the loving, patriotic husband returning from war into the harbinger of death and disease—from head of house to unexpected villain.

Because of the war and its correspondence with smallpox, husbands of the Revolution were physically capable of destroying their families or being the lone survivor of a future attack, giving them a new kind of medicalized marital power over their wives. When men who served in the war returned home, their bodies had most certainly changed as a result of injury or disease, either of which could affect the family, but only disease could be directly transferred to the family. The most dangerous was smallpox because it lingered in the body and on clothing for weeks (Fenn 15). If a husband returning from the Revolution carried home smallpox to his wife/family, he ultimately wedged a network of infected relations into his intimate relationship. Even if returning husbands did not introduce the virus to their families, their acquired immunity made them unsusceptible, invulnerable to a disease that could ravage the bodies of their wives and children.¹⁸ Because of his own sickness and/or inoculation against smallpox, a returning husband was immune to the danger he introduced to the vulnerable people around him. Therefore, families could experience a kind of inadvertent biological warfare in their homes that had the potential to revolutionize domestic life and intimate relationships between spouses.

¹⁸ To carry smallpox home, someone would have to be recovering from a full-blown case of it or the mild attack that comes from inoculation. There are no “carriers” of smallpox in the epidemiological sense, that is someone who is an asymptomatic host to a virus and unwittingly distribute it to others (Ethne Barnes 222).

Correspondence between husbands and wives exchanged throughout their separation during the war demonstrated shifting power dynamics among couples with different means and relationships. For instance, Abigail and John Adams (who served as the Massachusetts representative to the Continental Congress) recognized one another as affectionate partners in their marriage. Similarly, Mary and Josiah Bartlett shared a mutual concern for one another's wellbeing and grief over Josiah's extended absence from home. Representing a less prosperous position, Joseph Hodgkins (a Massachusetts minuteman) and his wife Sarah both acknowledged the sacrifices and hardships Sarah reluctantly had to make to enable Joseph's voluntary commitment to the cause of liberty. The stories of these three marriages were told from both the husband's and the wife's point of view; the *exchange* of ideas, feelings, information mirrored their cooperative approaches to their marriages. We should not assume these were ideal partnerships, equally fulfilling for both parties, but in their letters, we do not see evidence of one spouse's outright oppression or dominance of the other. Each spouse had a voice in the letters. Contrarily, the stories of two others (both from New Hampshire)—the Moultons and the Baileys—exposed the dominance, even tyranny of a husband over a wife. Unlike the Adamses, Bartletts, and Hodgkinses, there was no exchange of discourse between those spouses. Our knowledge of them stems from incomplete personal records or other people's writings about them. Jonathan Moulton and Asa Bailey were represented in various texts as domineering husbands who succeeded in inflicting harm on their wives, cruelly (and perhaps intentionally) exposing them to the danger of smallpox. In fact, smallpox was integral to the narrative of their mistreatment of their wives.

This chapter uses the concept and practice of inoculation to complicate scholarship on gender and health in early America, particularly during the Revolution. I use inoculation as a model for thinking about effecting change and managing danger in the body, the home, and the nation. From its introduction in 1721, inoculation required people to perceive their bodies, health, and risk in a way that I believe revolutionized their lives. When inoculating a patient, the practitioner inserted pus from an infected person into a healthy person—creating a kind of intimacy between a vulnerable body and a repugnant disease.¹⁹ Inoculation intercepted any chance associations that could have caused someone to become dangerously ill. Through a willing exposure to harm directly and immediately, a potential threat to people’s health was mediated. Inoculation changed the association people had with smallpox. By initiating inoculation, one avoided being entrapped by smallpox and catching the virus “the natural way” (which could lead to a far more aggressive case than one could expect from any potential sickness that resulted from inoculation).²⁰ The question of whether an individual was inoculated or not also

¹⁹ A Massachusetts mariner, Ashely Bowen, recorded in his diary that General Israel Putnam, “Old Put,” wanted to be inoculated using the “matter” or pus taken from a young woman he was attracted to, suggesting the intimacy of inoculation could be dangerous as well as sentimentalized.

²⁰ The phrase “the natural way” was a common expression in the period that differentiated inoculation from indirect infection. The distinction of a so-called natural way of contracting a disease should remind us that inoculation was perceived as an unnatural and, therefore, risky practice. Ben Franklin preferred to use the phrase “common way” in his pamphlet *Plain Instructions for Inoculation in the Small-Pox* (1759), which professed to enable anyone to “perform the Operation, and conduct the Patient through the Distemper” (cover). The first publication on inoculation, the letter by Dr. Timonius published in *Philosophical Transactions* in 1714, used “common” and not “natural” to refer to catching smallpox. Zabdiel Boylston expounded on his choice of the term “natural” in a pamphlet published in 1726: “I have for Distinction sake, called the Small-Pox taken in the Air (only) natural; tho’ I know not any Reason why by Inoculation may not be call’d so too, for I think the distinct [sic] in either Way, to be the most genuine Effect of Nature; and the Difference between them seems only to be, as in that of

shaped his or her current and future relationships with others—from enemies to intimates and the strangers that bridge the two.

As a concept, inoculation has not been attended to critically outside of the realms of public health and medical history. The one exception is the adoption of inoculation by social psychologists to formulate what they call “inoculation theory.” Inoculation theory was introduced in the 1960s by William J. McGuire and revisited in the late 1990s; since then it has become considered a standard principle in the field. The basis for the theory is that an individual’s opinion can be safeguarded or *inoculated* through exposure to opposing points of view. Like a healthy body protected against infection through deliberate exposure, an endorsed opinion becomes concretized by weak counterarguments (Pfau and Szabo 265-269).

I suggest broadening the application of inoculation theory by applying it to actions and interactions between individuals and/or groups. For instance, I claim that an individual or group can “inoculate” or protect against being dominated or oppressed by another person or group by embracing something more powerful, perhaps even more dangerous, than the potential tyrant that threatens them. In the international relationship between the American colonies and England, the Revolutionary War was an act of inoculating Americans from further abuses of British Empire, but like literal inoculation, it required risk. In thinking of these kind of risky interventions through the lens of inoculation, we can enrich our understanding of rebellion as self-exposure and protection and see how they are conversant with the discourse of literal inoculation. As we see

improving Plants, the one is propagated by Nature accidentally, and the other by Nature with Industry, with Intent to make them better. The one is called wild, the other tame, or improv’d; and as the Ground is good or bad, so it will be in the Small-Pox transplanted” (viii).

through smallpox and inoculation in relationships, these themes are not just models for understanding power but that power and resistance dictate the story of disease and cure.

This chapter begins with a section called “The Enemy’s Sword,” which is an overview of smallpox and smallpox inoculation and the fear they inspired during the American Revolution. Then, in “Epistolary Pox,” we shift to a discussion of letters as material objects that represent intimacy and even touch in the eighteenth century. A close reading of letters exchanged between Josiah and Mary Bartlett, John and Abigail Adams and Joseph and Sarah Hodgkins in “Small Pox and Liberty is Accordingly Granted” shows how husbands and wives perceived inoculation and its effect on their marriages. The two final sections, “As Col. Moulton Did to His” and “a new occasion for alarm,” look at two marriages wherein a husband used smallpox as a weapon against his wife. Many of the section headings come from actual letters discussed here.

The Enemy’s Sword: Smallpox and Inoculation in the Revolution

A grisly disease that left survivors scared, often disfigured, and one that spread like wildfire, smallpox provided many reasons to fear it. Once described by Boston doctor Zabdiel Boylston as “a most loathsome, painful, and destructive Distemper” (45), smallpox has been identified by historians as the most feared disease in history.²¹ When individuals contracted smallpox, they first experienced head and muscular pain followed by the emergence of pustules on their skin; if the pustules converged, the risk of

²¹ Richard Harrison Shyrock called smallpox one of “the two most-feared diseases of the 1700’s” (94)—the other being yellow fever, the subject of the following chapter. In his study of urban colonial life in America from 1743-1776, Carl Bridenbaugh labels smallpox “[t]he most dreaded of all diseases” (326). Until the 1760s and 70s, smallpox primarily struck cities and coastal towns, so when people from more isolated regions convened to serve in the Revolutionary War, they were exposed for the first time to a virus that depends on new populations of hosts to thrive.

infection, permanent disfigurement, and death increased (Biddle 137-143). It spread widely and quickly, but what made smallpox an especially dangerous contagion was that it could spread from someone who seemed to be completely healed even if one scabbed pock mark remained on the body. Its long life cycle and ability to survive outside of a human body on textiles made it a possible weapon of biological warfare. In fact, during the French and Indian war, the British army, under the command of Jeffrey Amherst deliberately introduced smallpox to native populations to diminish their numbers (Riedel 21). Therefore, when the Americans worried that their British enemies would employ similar tactics in 1775, they had good reason to think so.

In April 1776, Dr. Hall Jackson of Portsmouth, New Hampshire expressed his concern about smallpox to his friend Elbridge Gerry, a Massachusetts Congressman. Jackson heard that “the officers [in Washington’s army] intend Inoculation This I fear will introduce the Disease in the natural way amongst the soldiers, who have such Ideas of the Small-Pox that one half will die with fear, and the other half run away, they dread this more than all the other horrors of war” (Jackson n.p.). Jackson’s acknowledgement of Americans’ fear of the disease and characterization of it as a “horror of war” were common themes in in the correspondence between official figures involved in the war. These records told an interesting history of smallpox during the Revolution, emphasizing the difficulty of managing the disease and the fear of the disease. It also reminds us that many feared it would spread throughout and beyond the army to the communities and homes of the soldiers.

During the Revolutionary War, the Americans’ susceptibility to smallpox and the British soldiers’ comparative resilience played a part in determining the outcome of

military successes (Fenn 75; Gillett 56-57). One could acquire a natural immunity to smallpox in a few different ways: extended mild exposure (but without actually contracting it), recovering from the virus after catching it from another person, or inoculation (and later, vaccination).²² The difference between American susceptibility and British immunity had to do with exposure to the disease and cultural attitudes toward inoculation:

Although smallpox was present in the British army throughout the war, the Continental Army and militia troops were more susceptible to the disease for a variety of reasons. As we have seen, inoculation was controversial in the colonies, in fact, prohibited by law in some areas, because the rapid, epidemic spread of the contagion was more common in America. The British army, however, routinely practiced inoculation, and the majority of the King's troops had been exposed to the disease from childhood, rendering immunity to smallpox much more likely. By the beginning of the American Revolution, smallpox rarely occurred in epidemic proportions among British troops, although the disease did cause problems for the army at various times during the war. (Becker 389)

Among the pre-war civilian population, inoculation troubled people because it defied sense that direct and deliberate exposure to the disease that could kill would actually prevent one from getting sick at all. Inoculation was effective, but it wasn't without risk, which fueled protests and even violence.

²² People who developed immunity through extended mild exposure usually lived in urban areas where the virus had been circulating for generations and inhabitants lost their vulnerability through natural immunity (Duffy 21). The difference between inoculation and vaccination lied in the source of the matter used to trigger immunity. An inoculated patient had been injected with matter from a smallpox pustule which contained the live smallpox virus. However, a vaccinated patient is injected with the cowpox virus, a much less dangerous disease to humans and one that usually only affected the hands of people who milk cows. Because it came from the same family of organisms, cowpox could promote immunity to smallpox without making a person sick (Winslow 99-100) Smallpox vaccination was developed in 1796 by English doctor Edward Jenner; Benjamin Waterhouse promoted the practice in the US in 1800, and by 1840, vaccination had replaced inoculation (Riedel 24)

Inoculation evolved from the principle of immunity through direct exposure and survival; rather than waiting to become exposed and eventually immune, people learned to intentionally expose themselves by inserting the pus or a thread dipped in pus from someone in the throes of eruptive smallpox (the phase when the pox appear) into an incision on the arm of someone who had never had it. After this initial procedure, the patient was usually isolated for two weeks (on average) to prevent them from spreading the disease to others. They could expect fever symptoms and a mild case of smallpox. They would subsist on a mild diet, be bled and administered purgatives and calomel, a medicine that contained mercury (Fitz 110-112). Since inoculation required one to be deliberately inoculated with a disease generally feared, it too was met with terror.²³ Because so many people found it difficult to suspend their fear of exposure, to suspend the idea that risk can be a productive intervention, many protested the practice in print, through riots, and vandalism in some cases.²⁴

According to historian Ann Becker, the fear of smallpox evidenced in American discourse was more extreme among Americans than Europeans because some had never encountered it in America, while it was commonplace in England, for instance: “In North America, smallpox appeared periodically in epidemics and was universally feared,

²³ The risk of inoculation differentiated it from vaccination, introduced in 1796 by the British doctor Edward Jenner; in vaccination, the body’s immunity to smallpox was triggered by the introduction of cowpox, a virus similar to smallpox but far less dangerous to humans. Whereas inoculation was something of a gamble, hoping that one risk would prevent another, vaccination reduced the riskiness of the intervention. Therefore, the eighteenth century had a unique perspective on the value of risk, at least in the sense of health. As the population was disrupted by the American Revolution and the movement of army from region to region, smallpox and other diseases traveled more even more widely.

²⁴ For example, William Wagstaffe and William Douglass in print, riots and vandalism in Marblehead, Massachusetts, discussed by both Ola Winslow and Tony Williams.

whereas in Europe it was primarily an endemic disease generally suffered in childhood, particularly in urban areas” (383). Various reports implied that the British hoped to benefit from the amplified fear and lack of immunity among Americans by using the virus as a weapon against them. Becker explains that “[I]n a book published in 1777, a British officer named Robert Donkin suggested the following strategy to defeat the Americans: ‘Dip arrows in matter of smallpox, and twang them at the American rebels....This would...disband these stubborn, ignorant, enthusiastic savages....Such is their dread and fear of that disorder’” (400). Washington continued to hear rumors of this threat, but refused to permit inoculation until the beginning of 1777.

On January 6, 1777, after two years of prohibiting inoculation, Washington wrote to Dr. William Shippen, the Army Medical Director, saying he had finally concluded that inoculating the army was the best course for coping with smallpox:

Finding the smallpox to be spreading much and fearing that no precaution can prevent it from running thro’ the whole of our Army, I have determined that the Troops shall be inoculated....[S]hould the disorder infect the Army, in the natural way, and rage with its usual Virulence, we should have more to dread from it, than from the sword of the enemy....[W]e shall have an Army not subject to this, the greatest of all calamities that can befall it, when taken in the natural way.” (qtd. in Becker 423)

We might call his decision a meta-inoculation since it was a risky strategy to implement, but it was the only way to prevent a greater loss. Washington rightly recognized the need for taking a more aggressive route to keep the troops safe.²⁵ Before this decision, during

²⁵Within a month, Washington had changed his mind twice about mass-inoculation. Fearful that the process would endanger his troops, he lost his nerve momentarily, but by February 5, 1777, he made the following statement to Congress and soon after inoculation was an established procedure in the army: “The smallpox has made such Headway in every quarter that I find it impossible to keep it from spreading throughout the Army, in the natural way. I have therefore, determined not only to inoculate all the

the years 1775 and 1776, Washington had a firm stance against inoculating the army for fear of what such a massive exposure to the disease could do to the war effort. As his letters show, Washington worried that inoculation would incapacitate too many necessary troops at once, and if the British discovered this fact, he was worried that they would take full advantage of a weakened army to attack (Becker 394, 397). He felt they had successfully isolated the disease and kept the soldiers safe from it during the siege of Boston, but when the Northern Army was decimated by the disease in Quebec, forcing their withdrawal, Washington realized a worse thing for the army than general inoculation was general infection of smallpox caught naturally. He wrote to General Gates that smallpox could turn the army into a “hospital”—therefore, useless in the fight—if it infiltrated the ranks despite efforts to isolate it (7:72).

From April 1775 through March 1776, the American army enacted a military siege to prevent British soldiers from moving beyond the city of Boston and keeping supplies from reaching them. A siege was a slow, drawn-out military tactic that choked an enemy rather than struck it down. Part of the logic behind this siege was to avoid exposing the susceptible Americans to the disease that lingered in Boston. The siege of Boston lasted nearly a year, during which time American troops camped in the surrounding areas, close enough to keep a hold on the British but, hopefully, far enough to avoid smallpox as it was teeming in the city. As head of the British army, General Gage arranged for immediate inoculation for his soldiers who might be susceptible though most were already protected, but Washington forbade inoculation amongst the American soldiers despite the recommendations of Army doctors Hall Jackson and John

troops now here, that have not had it, but shall order Doctor Shippen to inoculate the Recruits as fast as they come into Philadelphia” (qtd. in Becker 424).

Morgan. In his diary, Ezekial Price documented his interactions with travelers carrying reports from the city or the camps; in December 1775, he recorded seeing “some persons who came out of Boston last night. They say, in general, that matters and things have a gloomy aspect there; that the small-pox was prevailing” (221). From the camps outside of Boston, Samuel Bixby recorded news from Boston that arrived with deserters reporting “that it is sickly in Boston” (295). When the siege was over after the British retreated to Nova Scotia, the Continental Army reentered Boston, but only immune men were permitted to enter the city until it could be deemed safe for the susceptible to enter. Even though the foe had left, the enemy still lingered.

When units comprising the Northern Army (a large percentage of which were New Hampshire militia men) marched to Quebec to secure the northern border against a British invasion, they were devastated by smallpox. Three-quarters of the men had not been exposed to smallpox because they lived in regions where it had not broken out in recent years (Becker 417). Again, inoculation was forbidden, but men took to inoculating themselves nonetheless. Between September 1775 and January 1777, thousands became sick and died in Quebec, significantly reducing the number of soldiers fit for battle. Many troops’ enlistments expired at the end of the year and the fear of getting smallpox kept them from re-enlisting. Governor Trumbull of Connecticut expressed his concern in a letter to Washington dated July 4, 1776: “The Retreat of the Northern Army and its present Situation, have spread a general Alarm.... The prevalence of the small pox among them [the troops] is every way unhappy; our people in general have not had that Distemper. Fear of the Infection operates strongly to prevent Soldiers from engaging in the Service General” (qtd. in Fitzpatrick 5:252). Additionally, General Gates wrote to

Washington about the horrible state of the Northern Army later that same month: “Every thing about this army is infected with the pestilence; the cloathes, the blankets, the air, and the ground they walk upon. To put this evil from us, a general hospital is established at Fort George, where there are now between two and three thousand sick, and where every infected person is immediately sent. But this care and caution have not effectually destroyed the disease here; it is notwithstanding continually breaking out” (qtd. in Fitzpatrick 5:303). Gates’s desperation in the face of the “evil” that they could not destroy was shared by all ranks of men at the battle. Many of them recorded their experiences in similar language.

Washington did not perceive quarantine as a passive effort. In the General Orders statement dated March 26, 1776, he reminded the regiments that “Every possible precaution will be taken to destroy the Infection of the small-pox” (411). However, at this time, that did not include inoculation. In fact, Washington’s General Orders of May 20, 1776 state “No Person whatever, belonging to the Army, is to be innoculated for the Small-Pox—those who have already undergone that operation, or who may be seized with Symptoms of that disorder, are immediately to be removed to the Hospital provided for that purpose on Montessor Island. Any disobedience to this order, will be most severely punished—As it is at present of the utmost importance, that the spreading of that distemper, in the Army and City, should be prevented” (Fitzpatrick 5: 63). It was not uncommon for towns to punish inoculation when practiced without permits or outside a designated space; thus, the severity of Washington’s edict was something troops could

have encountered in their home communities before the war.²⁶ However, after General Israel Putnam discovered that Dr. Azor Betts had secretly inoculated Lieutenant Colonel Johnson Moulton, Captain Warham Parks, Dr. John Heart, and Lieutenant Brown, Washington announced that future violators could expect to be treated as traitors to the country. The General Orders of May 26, 1776 included minutes from the committee meeting where the illicit inoculators were censured and a statement warning future violators about the severity of their crime to the well-being of the army and the country: “Any officer in the Continental Army, who shall suffer himself to be inoculated, will be cashiered and turned out of the army, and have his name published in the News papers throughout the Continent, as an Enemy and Traitor to his Country” (Fitzpatrick 5: 83).²⁷ In the language in this statement and the rest of Washington’s correspondence with his generals, congress, and doctors smallpox was characterized as an evil or enemy.²⁸ The

²⁶Historian Ann Becker has explained that “[t]o maintain control of the procedure, most colonies established restrictive laws to prevent epidemics, with quarantine and notification both requirements” (387). The kinds of restrictions include limited designated practitioners, restricted and controlled access to and from the facility, inspection, quarantine, and disinfection of objects sent in or out of the facility where the inoculated were convalescing. At various times and in various towns, “[c]oncern about the possibility of inoculated individuals transmitting the disease resulted in the outright prohibition or strict control of the procedure in New York, New Hampshire, Connecticut, Virginia, and Maryland” (Becker 387-388). In Marblehead, Massachusetts, the community reacted to their fears that inoculation would spread smallpox by burning the hospital to the ground (Glover n.p.)

²⁷ Washington’s anxiety about inoculation in the army was not reflective of his personal opinions of inoculation. At about the same time as the Azor Butts controversy, Martha Washington was recuperating from inoculation in Philadelphia, which her husband seemed to encourage. He also reported her “favourabl[e]” case of smallpox in a letter to his brother dated May 31, 1776 (5:93).

²⁸For instance, in a letter addressed to the President of Congress dated July 20, 1775, Washington urged the continuation of “Vigilance against this most dangerous Enemy” (3: 351). Additionally, in a letter addressed to Joseph Reed, dated December 15, 1775, he wrote: “If we escape the smallpox in this camp, and the country around about, it will be miraculous. Every precaution that can be is taken, to guard against this evil” (4:168).

letters also revealed an acknowledgement of the troops' fear of the disease as something that needed to be managed; otherwise, they could expect to lose enlistments from men who wished to protect themselves from such a killer.

While the threat of smallpox running rampant throughout the army caused alarm, no one thought it would stop with the army. Washington feared that smallpox would travel even further: "notwithstanding all the precaution, which I have endeavoured to use, to restrain and limit the Intercourse between the Town and Army and Country for a few days, I greatly fear that the Small Pox will be communicated to both" (4:417).²⁹ The risk that smallpox could be "communicated" or transmitted through "intercourse" between the army and the communities that surrounded them led Washington to enforce strict regulations about quarantine and inoculation discussed above. When he finally did adopt an army-wide inoculation policy, he told Brigadier General William Maxwell to assure his men that "their Families will be under not the smallest danger of catching the smallpox. I have taken every possible care of them and have Guards placed over every house of inoculation to prevent the Infection's spreading" (7:158). Washington knew that men believed and feared they would carry smallpox home to their families on their bodies, in their clothing, or in the letters they sent.

²⁹ The precaution he referred to did not include inoculation; instead, it involved separation and guarded isolation of any soldier who showed signs that he had the disease. Washington was also well aware of the soldiers' fear of infection, as he noted in a letter to Congress and dated July 11, 1776. As desertion increased and recruitment declined, Washington realized that the "[f]ear of Infection operates strongly to prevent Soldiers from engaging in the Service" (5: 252). Though he may not have witnessed the Northern Army's fear of smallpox in Quebec, he corresponded with enough men who documented the problem to realize its significance.

Epistolary Pox: Transmitting Sentiment and Bodily Traces

Historic circumstances unique to the eighteenth century, according to historian Sarah Pearsall, separated loved ones. “Families had long endured separations for a variety of reasons, but the eighteenth century accelerated this trend. There were many reasons for such separations, including colonial growth, migration, slavery, war, and revolution. These all broke apart families and caused concerns” (24). A dispersed family or separated couple depended on letters to stay informed on activities at home and to maintain affectionate bonds across distances.

In a letter to John Warren dated August 9, 1776, Susannah Grafton tried to impress on the prominent doctor the importance of writing to maintain their friendship despite their separation. She reminded him that “it gives me and all the family pleasure to heare from you and I beg you to continue to write by all Opportunity—don’t let the Distance we are at be the means of breaking up the Friendshipe betweene us and sence we cannot see one another let us heare from each other often as oppportunity permits—and let us hope for better times when the Sword[s] shall be beate into plowshears and the Spears into pr[un]ing h[oo]ks and the Nation carr[y] War no more” (Grafton n.p.).

In revolutionary America, the movement of letters like Grafton’s to Warren wove patterns of connection between colonies, often through regions infected by smallpox, to carry battles, comfort, promises, love as well as news of sickness or recovery. But they were also believed to carry diseases; thus letters comprise a significant portion of the archive on the circulation and fear of disease during the American Revolution. The epistolary record is a particularly useful body of texts for the analysis of disease and relationships, yet because of their circulation, interception and publication during the war,

letters could hardly be called solely private records.³⁰ Like disease, letters traversed personal or intimate and public spaces connecting individuals through indirect touch and bodily presence. If the letter-writer expressed “a true picture of [his] heart,” as the author of *The Familiar Letter Writing* advised, “[his] thoughts themselves should appear naked, and not dressed in the robes of rhetoric” (v), giving the reader intimate access to penetrate his heart and mind. Familiar or personal letters were artifacts of separation that traversed a physical divide between people, bringing the addresser and addressee into quasi-physical contact through news and quotidian details.³¹

As a scholar of eighteenth- and nineteenth-century epistolarity, Konstantin Dierks has argued that the American Revolution was a war begun and fought with letters (189,

³⁰Elizabeth Hewitt has written that “[h]istorically, literary scholars have attended to familiar letters...as biographical source material—as texts through which to discover information about intimate relationships” (“The Authentic Fictional” 81). Nonetheless, historians agree that letters were often shared with others beyond the sender and receiver. Letters were often read aloud to family members and others; a popular eighteenth-century letter-writing manual, *The Complete Letter-Writer*, gives detailed directions in its “Rules for Reading” for pronouncing and emphasizing words effectively and using an appropriate volume when reading a letter. It assumes a letter will be read aloud. A recipient might also circulate letters among family members, friends and neighbors, even colleagues, drawing more individuals into the discourse than the names written on the envelope. En route from the sender, letters could be lost or “intercepted” by the opposition letters helped both the British and the Continental armies discover information about their opponents’ movements, and they even revealed traitors. In more than one case, an intercepted letter between a man and his mistress or intimate companion was used to prove he was a traitorous spy. Perhaps the best example is Benedict Arnold; the British alliance of Dr. Benjamin Church, medical director of the Continental Army, came to light thanks to a letter to his mistress. Letters exchanged between John and Abigail Adams were “captured” and printed in the *British Chronicle and Lloyd’s Evening Post* (Willard 187-188).

³¹The emotional core of the familiar letter contrasts it from another prominent form of letter in the eighteenth century: the business letter. With the rise of transatlantic commerce, some business arrangements between the colonies and the metropole were carried out solely through letters between people who would never meet or step foot in the other’s country (Dierks 50-51).

206).³² The same could be said for the inoculation revolution in Boston during the 1720s when inoculation was introduced in print in America and England. Perhaps best known is the correspondence between women of the British elite, Lady Mary Wortley Montagu and Sarah Chisholm. In a letter from Turkey, Lady Mary described the inoculation process, which she referred to as “engrafting.”³³ Although her letters and her advocacy of inoculation had been credited for the British adoption of the practice, Lady Mary was not the first to write about it.³⁴ Just a few years prior, letters from Dr. Emanuel Timonius (1713), Giacomo Pylarini (1716), and Cotton Mather (1716) addressed to the Royal Society’s Dr. John Woodward described the revolutionary procedure. The Royal Society published extracts from Timonius’s letter, translated by Woodward, in the *Philosophical Transactions* in 1714 (Winslow 33-34) with the subheading “Being the Extract of a Letter” (Timonius 72). Mather and other advocates of inoculation in Boston read Timonius’s account, and it became the standard authority on inoculation’s efficacy.

³² Colonists’ daily life, which depended on correspondence, was hindered by imperial postal system, the Stamp Act followed by the Townsend Acts; these intolerable impediments fueled the desire for separation from England. Through exchange of letters during the war, Congress and the Continental Army negotiated strategy and shared news. Requests for supplies or the transfer of troops were common topics of correspondence, especially from the Northern Army in Canada, which suffered greatly from the dearth of both. See Leon Jackson *The Business of Letters*.

³³ The term “inoculate” predates the medical use; it applied to the act of inserting something into another or propagating through joining in the horticultural sense (OED).

³⁴ When Lady Mary Wortley Montagu was twenty-six, she and her brother were stricken with smallpox, which killed her brother and left her permanently scarred (Oldstone 36). She eagerly embraced the chance to protect her children from the disease and had her six-year-old son inoculated while they were living in Constantinople. Because of her popularity and social class, Lady Mary influenced people’s attitudes toward the radical practice. Her friend Catherine of Anspach, the Duchess of Wales shared Lady Mary’s advocacy and orchestrated the experimental inoculation of six Newgate prisoners in 1721. The prisoners were promised freedom in recompense for undergoing the procedure. The successful procedure was witnessed by members of the Royal Society and reported in newspapers (Oldstone 36; Winslow 62-63).

Pamphlets and articles taking up the inoculation debate flooded the Boston print sphere in the 1720s and 1730s, and like many of the political pamphlets that comprised what has been called the republic of letters in America, they were often framed as letters. Many of their titles offered the text as a letter to a specific figure in the debate (i.e. Cotton Mather, Zabdiel Boylston, William Douglass, etc.), to a “friend,” or to the community at large.³⁵ The letters comprising the anthology of inoculation were written to be published, but they may perform a more intimate correspondence between the author and the addressee, which was not uncommon in other forms of print media, including epistolary novels.³⁶

Even if the relationship between the sender and receiver was not intimate, perhaps it was even official, the contents of the letter could convey information in a private or more intimate means than sending information through a printed notice, for example. “Against the swarm of public print forms that proliferated in the early decades of the [eighteenth] century,” many of which used the epistolary form, “the letter became an emblem of the private...intimately identified with the body, especially a female body, and the somatic terrain of the emotions, as well as with the thematic material of love,

³⁵ Some of these titles include “A Pastoral Letter, to the Families Visited with Sickness” (Cotton Mather, 1721), “A Letter Addressed to Alexander Stuart” (Douglass, 1722), “A Letter to Doctor Zabdiel Boylston” (Samuel Mather, 1730), “A Letter to a Friend in the Country, Attempting a Solution of the Scruples and Objections of Conscientious or Religious Nature, Commonly Made against the New Way of Receiving the Small-Pox” (Cotton Mather, 1721), “A Letter from one in the Country, to his Friend in the City” (Francis Archibald, 1721), “A Letter to Dr. Freind: Shewing the Danger and Uncertainty of Inoculating the Small Pox” (William Wagstaffe, 1722), “An Account of the method and Success of Inoculating the Small-Pox, in Boston in New-England: In a Letter from a Gentleman There, to his Friend in London” (Cotton Mather, 1722). A number of responses to these texts are published under the titles “Reply” or “Response to” named text or author.

³⁶ In *Epistolary Bodies*, Elizabeth Heckendorn Cook has argued that the fictive editorial framework in epistolary novels implies that the printed page signifies a transcription of personal documents, the “handwritten letters, bearing traces of the body that produced them in inkblots, teardrops, erasures, revisions, a scriptive tremulousness” (2).

marriage, and the family” (Cook 6). Confidential correspondence suggested a shared intimacy between addresser and addressee; establishing that intimacy could be a bold, risky move for the addresser during the time of war as it was with figures like Dr. Benjamin Church, Benedict Arnold, even General Gates; all sent letters confiding secrets to the intended recipient but the contents were shared when the letter was intercepted, exposing the letter-writer’s schemes.

Numerous “familiar” letters exchanged between officials or soldiers with their friends and loved ones documented the war’s impact on relationships and domestic life. Often, these addressed issues of health, anything from sore joints to smallpox. For instance, in another letter to his wife from Philadelphia in October of 1775, Josiah Bartlett urged Mary to “take good Care of your & your family’s health....nothing will give me greater pain than to know any of you were Dangerously sick in my absence. I am by the Goodness of GOD in a Good State of health” (24). When Mary learned Josiah was sick in Philadelphia, she sent comforting and instructive words to help him recuperate: “Pray Don’t be Discouraged tho you are at a great Distance from home yet I hope and trust you will be Strengthened and Supported & Enabled to Return home...to your native Climate again.” She advised he make himself a “cordial” to restore his health, but upon hearing he was even sicker than she thought, Mary apparently prepared it for him, “I have & sent you a Cordial made only of Cori[n]th, Cinnamon & Saffron Sweetened with Loaf Shugar & a little West Indian Rum in it to take If you think Proper[.] Dr. Gale recommends it as a good thing to send to you. I have also sent your [night]Gowne which I thought would be Convenient for you” (Mary Bartlett n.p.). Mary’s letter reminds us that letters also delivered healing remedies, sometimes even

items meant to facilitate recovery like medicine or clothing. The home was a place of comfort and convalescence for them, and when distance prevented Bartlett from retreating there, loving words, medicine prepared by his wife, and pajamas could be had through the mail.

The importance of letters as material texts has been as undervalued as their importance as literary texts.³⁷ In addition to writing and reading letters exchanged with friends and professional associates, British and American consumers of print culture were bombarded with the letter form in newspapers and magazines, epistolary fiction and epistolary novels, and many popular editions of letter writing manuals. From the establishment of a postal system infrastructure to the marketing of products like quills, sealing wafers, writing desks, and stationary, letter writing influenced many layers of people's lives (Dierks 1-12).³⁸

Letters and contagion connected bodies, and during the smallpox epidemic, letters were even believed to convey the virus from the contaminated sender to the vulnerable recipient. Without implementing inoculation, the Continental Army's only safeguard against smallpox was quarantine. But separating the sick was hardly enough; like a letter secreted into a pocket of a traveler, the virus was conveyed across the distance. In fact, the belief that letters could transmit disease was commonplace among letter senders and

³⁷ The dearth of scholarship on letters as literary texts has been addressed in the recent criticism by Theresa Strouth Gaul and Sharon M. Harris, Elizabeth Hewitt, Sarah Pearsall, and Marie Cross and Caroline Bland. William Merrill Decker discusses the materiality of original letters while Elizabeth Heckendorn Cook in *Epistolary Bodies* addresses the materiality of epistolary fiction and the letters as indicators of the body behind the letter.

³⁸ Konstantin Dierks has credited Samuel Richardson's novel *Pamela* and his collection of model letters, *Letters Written to and for Particular Friends*, for transforming letter writing in the eighteenth century.

recipients during the late eighteenth century.³⁹ For instance, when he was inoculated for smallpox in 1764, John Adams closed his letter to Abigail (then, Abigail Smith) reassuring her he had smoked the letter to protect her, but he also encouraged her to take the extra precaution by smoking it herself: “I fear the Air of this House will be too much infected, soon, to be absolutely without Danger, and I would not you should take the Distemper, by Letter from me, for Millions. I write at a Desk far removed from any sick Room, and shall use all the Care I can, but too much cannot be used” (Butterfield 31). When George Washington’s wife Martha was inoculated, she avoided writing to family members for fear of spreading the disease, which Washington explained to his brother: “Mrs. Washington is now under Innoculation in this City; and will, I expect, have the Small pox favourably, this is the 13th day, and she has very few Pustules; she would have wrote to my Sister but thought it prudent not to do so, notwithstanding there could be but little danger in conveying the Infection in this manner” (5:93). Even though Washington saw “little danger” of spreading the disease through mail, the army-wide practice of disinfecting letters suggested even a “little danger” was taken seriously. Letters were smoked or treated with vinegar to prevent the spread of any illness that may be transmitted on the surface of the paper. In a letter from December 1776, General Horatio Gates explained to Major General Artemus Ward that Washington directed “all the Letters sent out of Boston, to be dipt in Vinegar before they are delivered to the promised” (Gates n.p.). Records from 1775-1776 indicate that letters were conveyed by

³⁹ William Decker, in his interest in letters’ materiality, reports that a letter poet John Keats wrote to his wife from quarantine bore the signs of fumigation in its yellowing paper (42). Fumigating or smoking letters or dipping them in vinegar to disinfect them was a common practice during a variety of outbreaks, but I have not come across other references to visible signs of disinfection on the letter sheets.

someone known to have had smallpox; he could carry a “flag of truce” to permit his safe travel to and from camp.⁴⁰

By imagining letters as conduits for smallpox, writers and readers perceived the virus as a remnant of the sender’s body or what William Merrill Decker, Cook and others call a bodily trace, like a tearstain or shaky hand.⁴¹ “In eras when letters were always

⁴⁰ In addition to the Gates letter to Ward, the journals of Ezekiel Price and Samuel Bixby note days when they could see a letter of truce pass by, which indicated to them that letters were being sent from Boston (Bixby 289, 290, 291, 294; Price 201, 236, 241)

⁴¹ Scholarship on letters in the eighteenth and nineteenth centuries has grown in the last two decades, building on the foundational work of Bruce Redford’s *The Converse of the Pen* (1986), which treats letters not just as sources for biographical information but as a speech-act/performance. Significant contributions to the field of holography have been made by Elizabeth Heckendorn Cook *Epistolary Bodies* (1996), William Merrill Decker’s *Epistolary Practices* (1998), Elizabeth Hewitt *Correspondence and American Literature, 1770-1865* (2004), Eve Tavor Bannet’s *Empire of Letters* (2005), Leon Jackson’s *The Business of Letters* (2008), Sarah Pearsall’s *Atlantic Families* (2008), Konstanin Dierks’ *In My Power* (2009), and the collection *Letters and Cultural Transformations in the United States, 1760-1860* (2009) edited by Theresa Strouth Gaul and Sharon M. Harris. Although the arguments about and uses of letters varies, historians and literary scholars agree that letters have been an under-studied resource. Some choose to treat epistolary novels and familiar correspondence with a related lens, which others find problematic. I agree with Bannet who says that although the forms differ significantly, the prominence of the epistolary novel and letter-writing manuals in circulation in the transatlantic eighteenth and nineteenth centuries reflect a significant interest in epistolary correspondence. Therefore, this correspondence should receive similar critical attention as the cultural artifacts that result from them. Positioning letter-writing in the context of the scholarship on the print public sphere and articulations of a self, Hewitt, Dierks, Gaul and Harris see letters as contributing features of this paradigm that allow authors of all levels and capabilities to fashion themselves in writing that circulates in formal and informal channels. Despite their various points of views on the form, scholars agree that letters provide many layers of analysis including the contents, the material production and circulation, the relationship between the authors, and the context of the authors’ on-going correspondence. The correspondence between spouses or lovers remains a favorite theme, and the tropes of absence and reunion figures heavy in both the letters and the discussions of them. The fear that one of the correspondents will die before they can be reunited overshadows the exchange and shapes much of the discourse, according to Decker. Thus, these scholars tend to characterize references to disease as harbingers of death. In these analyses, the correspondents do express fear that relates to illness and health, though they read it as fear of death or fear of separation. I think we need to add to that concern a fear of change or transformation upon reunion.

handwritten, the bodily trace of a correspondent stood before one on the sheet, so that the state of a partner's health might be read in the steadiness of his or her inscription" (Decker 40). As Decker argued, "The letter's materiality affords many opportunities for exporting the bodily trace" (38). His phrase "exporting the bodily trace" indicates the comfort a letter can provide by extending the body and creating a form of contact or touch between separated loved ones. In this way, letter exchange became a kind of welcomed bodily contact.

However, the reality of contagious disease reminds us that bodily traces could also be dangerous. A letter could be read as a metonym for the body, making reading an act of near physical intimacy. The paper and ink bear signs of the body that produced them in ways printed text could not; handwriting, fingerprints, tear marks, smudges, water marks, strands of hair bear the imprint of the author's body. Given the eighteenth-century perception that letter exchange emulated face-to-face interaction and the extension of bodily traces and that the contents of letters were seen as an intimate expression providing access to the author's authentic interior, it should not surprise us that they would be deemed capable of transmitting diseases from one body to another. Although the existence of germs would not be scientifically proven for another hundred years, observation had taught eighteenth-century medical and lay people that some diseases could be conveyed through inanimate objects. Clothing and bedding used by someone with smallpox in the eruptive phase would become infected with the virus through the contents of the pustules; if these materials were then handled, the virus could be released into the air, breathed in, and introduced to the blood stream unless the body's immune system defeats it. Therefore, inanimate objects that conveyed the virus (fomites)

had direct contact with an infected body. Letters would be less likely conduits than bedding (Barnes 222-223). Pockmarks erupted with the most aggression on the face, feet and hands, and the pustules were painful; it was hard to imagine many people writing letters with sore hands covered in pustules. The impact smallpox had on an individual's eyesight would also prohibit reading and writing while one was sick. In fact, the archive of smallpox writing offered little by way of moment-to-moment records of an individual's sickness (Fenn 35). More frequently, smallpox was written about by survivors, those with the potential to get sick, the caregivers of the sick, and those who were undergoing inoculation.⁴²

“Small Pox and Liberty is Accordingly Granted”: Revolutionary Letters

In 1775-1776, letters from Philadelphia, Braintree, Ipswich, Prospect Camp, Boston were exchanged between spouses separated by the Revolution. Wives reported what ailments plagued children, neighbors and extended families; husbands reported what diseases afflicted their superiors and colleagues. In a postscript to a letter dated July 13, 1776, Mary Bartlett wrote the following to her husband Josiah: “I fear the Small Pox will Spread universally as boston is Shut up with it & People flocking in for innoculation; the Select men of Portsmouth have Petitiond to the Committee of Safty now Setting in Exerter; for leave to fix an innoculating hospital in their metropolis for the Small Pox and

⁴² John Adams' letters to Abigail during his inoculation detailed the physical effects and social annoyances of staying quarantined for the duration. The journal of twelve-year-old Peter Thacher briefly described the day-by-day progress of the mild form of smallpox that erupted after he was inoculated with the virus in 1764 (see Fitz 318-319). He noted the development of the pocks that broke out, the medicines he took, and his general well-being. He ended with the following reflection on Wednesday, May 2, “through the Mercy of God, I have been preserved through the Distemper of the Small Pox which formally was so fatal to many Thousands. The Distemper is very mortal the natural Way. I should have a thankful Heart for so great a Favor. I confess I was undeserving of it. Many and heinous have been my Sins but I hope they will be washed away” (Fitz 319).

liberty is according granted and the inhabitation of Exeter intend to Petition for the Same liberty” (Josiah Bartlett 93). In describing events in the war, Mary Bartlett connected smallpox to liberty, or, as it is more accurate to say, inoculation and liberty. Without getting inoculated herself, Mary lacked the kind of freedom her husband acquired and she remained susceptible.

Inoculation figured in the correspondence of John and Abigail Adams and Joseph and Sarah Hodgkins as well. Of course, Joseph Hodgkins and John Adams had very different roles in the Revolution: the latter’s administrative service to the Continental Congress spared him the hardships and danger of battle that the former suffered through from one month to the next. This difference between them also meant a difference between their immunity to smallpox. Like other members of Congress (including Josiah Bartlett), John Adams had access to inoculation without needing to rely on secrecy or risking punishment; however, Joseph, as a soldier, was denied the protection against smallpox that inoculation could provide (Butterfield 21-23). Both John and Joseph struggled with being separated from their wives and children for extended periods and with irregular correspondence. In addition to expressing their common wishes of reuniting with their spouses, the Adamses’ and the Hodgkinses’ letters resemble one another in their concerns about their spouse’s health. As I’ll discuss in this section, several letters by both pairs indicated that they shared an association between their reunions and smallpox via inoculation. While this may be surprising or at least unexpected at first sight, the disease and their relationships overlap in the areas of correspondence (transmitting the virus, transmitting news) and contact (reunion, exposure).

In 1775, the Continental Congress met in Philadelphia; with her husband gone, Abigail and the Adams children relocated to Braintree, leaving behind their house in Boston, the location of a raging smallpox outbreak and the site of a military standoff between the British and the American armies (the siege of Boston). Until 1776, Abigail's letters to John were sent from Braintree, Massachusetts where she and the children hoped to avoid smallpox. Near to family but in the thick of military camps, her residence in Braintree gave Abigail an on-the-ground perspective on the war that John lacked. They discussed the war and the political decisions John was involved in, about all of which Abigail had an opinion she shared with her husband. The Adamses referred to one another as "my friend" or "my partner," and the letters demonstrated a reciprocated respect for the other's mind and heart—their esteem and affection conveyed their sense of marital partnership. John sometimes waxed on about strolling through meadows with Abigail and the children. They did not shy away from disagreement about matters of government, war, family, or health. In fact, they differed in their opinions on inoculation: John was an adamant supporter of the practice, but Abigail was less certain. The topic of Abigail's potential inoculation recurred in the letters from 1775 to 1776 when smallpox raged in Boston and at the Cedars garrison in Quebec where smallpox depleted the American militia's manpower, leading to a bleak surrender.

Having been inoculated for smallpox in 1764, John Adams was already protected against the disease by the time he went to Philadelphia for the Continental Congress, but Abigail and the children did not undergo the procedure until 1776. In his letters to his wife dating from 1775 to 1776, Adams reported that several of his fellow congressmen (and their attendants/servants) inaugurated their service to Congress by getting

inoculated. For example, on May 29, 1775, he wrote, “My friend Joseph Bass very cleverly caught the smallpox, in about two days after we arrived here, by inoculation and has walked about the streets every day since, and has got quite over it and quite well. He had about a dozen pimples upon the whole. Let his father and friends know this” (55).

Although the American soldiers were prohibited from getting inoculated, their congressional representatives had no such restrictions. They even seemed to be excused from their duties while they recuperated and their wounds healed. When Josiah Bartlett began his term in Philadelphia as a New Hampshire delegate to the Continental Congress in 1776, he noted in a letter to his wife Mary that “The Small Pox is in the City. Some of the members of the Congress are now under Innoculation & some have taken [mercury] as hitherto to Escape it. Which I Shall Do I am not fully [break] Determined, altho all agree there is no Danger in Innoculation, yet it will hinder me at least a fortnight from my Duty at Congress” (Josiah Bartlett 18-19). Adams also expressed the general acceptance of inoculation among members of Congress; it was actually a commonplace so when Samuel Ward of Rhode Island refused it, his peers implored him to reconsider. This case ended sadly, as John explained in a letter to Abigail on March 29, 1776:

We have this week lost a very valuable friend of the colonies in Governor [Samuel] Ward, of Rhode Island, but he small-pox in the natural way. He never would hearken to his friends, who have been constantly advising him to be inoculated, ever since the first Congress began. But he would not be persuaded.

Numbers, who have been inoculated, have gone through this distemper without any danger, or even confinement, but nothing would do. He must take it the natural way and die. He was an amiable and a sensible man, a steadfast friend to his country upon very pure principles. (Adams 146-147)

This story appeared in a letter from 1776 and may have been intended as a device to convince Abigail to agree to inoculation.

In John's perspective, Abigail's susceptibility to smallpox kept them apart. In October of 1775, John responded to a letter of Abigail's where she wished for news of his return and expressed her grief at being without her husband during a trying time for the family and neighborhood. A terrible attack of dysentery carried home from the army camps caused many friends and loved ones to suffer; it even claimed numerous lives, including Abigail's mother.

Really, it is very painful to be four hundred miles from one's family and friends, when we know they are in affliction. It seems as if it would be a joy to me to fly home, even to share with you your burdens and misfortunes. Surely, if I were with you, it would be my study to allay your griefs, to mitigate your pains, and to divert your melancholy thoughts. When I shall come home, I know not. We have so much to do, and it is so difficult to do it right, that we must learn patience. Upon my word, I think, if ever I were to come here again, I must bring you with me. I could live here pleasantly, if I had you with me. Will you come and have the small-pox here? I wish I could remove all the family, our little daughter and sons, and all go through the distemper here. What if we should? Let me please myself with the thought, however. (108)

A reader of the Adamses' letters, like this one, would recognize the love they shared for one another that made their separation difficult to endure, especially in a time of grief and affliction. John toyed with the idea of Abigail coming to Philadelphia to be with him, which apparently would have required her "hav[ing] the small-pox," or getting inoculated.

The war prevented John from leaving Philadelphia and smallpox prevented Abigail from going to Philadelphia to be with him; they had to accommodate the disease as a part of their relationship. John's mention of smallpox in the passage above was such a specific, practical concern in the midst of an emotional letter, showing the prominence it had in Adams' mind when he contemplated their reunion. The fact of his inoculation and her lack of immunity limited their contact and travel. He could travel freely without

concern though he was required to attend Congress sessions daily and, therefore, could not come home until he was excused. Abigail also had required duties that kept her at home, but she was physically restricted from travelling to her husband, a restriction he did not have because of his inoculation in 1764.

The tone of the question “Will you come and have the small-pox here?” intimated Abigail’s reticence about inoculation but also suggested hardships may have changed her mind. Perhaps because she struggled with her husband’s absence more in the face of widespread sickness and loss, John felt he could coax her to him and to agree to inoculation more readily. Additionally, historians have suggested that Abigail’s mother was the source of Abigail’s reluctance to get inoculated. With her mother’s death, that blockade lifted and Abigail could exercise a new freedom albeit under unfortunate circumstances.

A similar passage to the one above where John suggested reuniting through inoculation appeared in John’s letter to Abigail on December 3, 1775, which he began with “My Best Friend,—Yours of November 12 is before me” (126). Abigail’s letter from the 12th of November was a mix of commentary on a recent “skirmish,” some thoughts on a national separation from England, and her general loneliness as she remembered her beloved mother. He responded tenderly to say he hoped he would not have to come back to Philadelphia until other delegates who have escaped service did their duty. He promised, “I never will come here again without you, if I can persuade you to come with me. Whom God has joined together ought not to be put asunder so long, with their own consent. We will bring master Johnny with us; you and he shall have the small-pox here, and we will be as happy as Mr. Hancock and his lady” (127).

The letter implied that part of what John had to convince her of was getting inoculated; perhaps he included their eldest son “master Johnny” (who had been eager to become involved with his father’s political work) in the plan to entice her further. Interestingly, Adams appended the prepositional phrase “with their own consent” to a line associated with wedding vows (“Whom God has joined...”); the sentence ended on the word “consent,” emphasizing its addition and reminding Abigail that their separation was a matter of choice—at least on her end. She could choose to be with him by being inoculated. He even included the example of John Hancock, the president of the Congress, and his wife who, unlike the Adamses, enjoyed the benefits of being together.

While I don’t want to suggest John Adams mistreated his wife or manipulated her by teasing her about the promise of their reunion provided she consented to inoculation, I do want to emphasize their different positions of freedom when it came to traveling to be together. He held more control in this situation, and if she agreed to get inoculated, she was submitting to his advice; because it was given in something of a teasing manner, he may have enjoyed the superiority of his position. The new year would bring changes to the war, their family, and Abigail’s attitude toward inoculation when it became clear that smallpox was spreading, according to Abigail, through the paper currency and people who have taken it upon themselves to attempt self-inoculation (199).

In 1776, Abigail Adams wrote the infamous “remember the ladies” letter to John at a crucial time when he and the rest of the Continental Congress argued over the future of the nation. Critics have celebrated this letter as a landmark in American gender politics, but what has not been addressed is the correlation between this letter and

Abigail's inoculation, which she underwent shortly after writing this letter.⁴³ The context suggested an understanding of inoculation as a form of gendered rebellion. When she wrote it, John had been in Philadelphia for months, a repeat of his previous term with the Congress. In writing, "remember the ladies," Abigail told John he had the opportunity to protect women from the tyranny of men and prevent a rebellion from the disenfranchised women of this new nation. "Do not put such unlimited power into the hands of the husbands.... That your sex are naturally tyrannical is a truth so thoroughly established as to admit of no dispute; but such of you as wish to be happy willingly give up the harsh title of master for the more tender and endearing one of friend. Why, then, not put it out of the power of the vicious and the lawless to use us with cruelty and indignity with impunity?" (148-149). Her choice of the word "husbands" implied her interest in the condition of women as a population but also the condition of women in their marriages. She recognized the intimate impact of a national problem like gender inequities, like the war, like smallpox.

Abigail expressed her displeasure with Congress's decisions about "the ladies" in a subsequent letter; this time, she talked about the "wives" that would be affected: "I cannot say that I think you are very generous to the ladies; for, whilst you are proclaiming peace and good-will to men, emancipating all nations, you insist upon retaining an absolute power over wives. But you must remember that arbitrary power is like most other things which are very hard, very liable to be broken; and, notwithstanding all your wise laws and maxims, we have it in our power, not only to free ourselves, but to subdue our masters, and, without violence, throw both your natural and legal authority at

⁴³ A discussion of this letter can be found in Elizabeth Maddock Dillon's *The Gender of Freedom* (143) and in Linda Kerber's "Women of the Republic" (67).

our feet” (167-168). Abigail did not think the arbitrary male authority was insurmountable by women, but she believed the potentially oppressive power should be contained—or inoculated against—by the law in light of the promises of liberty and democracy in the Declaration of Independence. If they have to, Abigail promised, wives will take necessary measures to protect themselves—to rebel, to self-inoculate against the tyranny of husbands like the minutemen who infect themselves with smallpox pus, driven to such measures since their leaders, the “arbitrary power,” have failed to protect them by providing inoculation and freeing them from its risks. I suggest that her literal smallpox inoculation showed her own attempt to “subdue our masters”—her own revolution against John by participating in the revolution against smallpox through inoculation.

In what may have been either a self-conscious or unintentional act of rebellion against her own husband and his failure to successfully address women’s freedoms in the new nation, Abigail was inoculated, but her actions suggested she did so *despite* her husband’s urging and teasing, not *because* of them. In the *same* letter as her famous directive “remember the ladies,” Abigail asked John, “Do you not want to see Boston?” (147). After hearing a report from a neighbor about the condition of their Boston house (which had been occupied by an army doctor who had left it dirty but undamaged), Abigail felt eager to return to the city. She wrote, “I am fearful of the smallpox, or I should have been in [Boston] before this time” (147). It’s Boston, not Philadelphia, that she avoided because of smallpox. As we have seen, John broached the inoculation question twice in previous letters as a means of their reunion in Philadelphia. She pursued that which was presented as a means to bring her closer, but it brought her in a different direction than her husband. She did what he wanted her to do, but for her own

reasons, therefore, taking smallpox and consenting to deliberate exposure was an act of defiance.

The overlap between the context of women's liberties and her inoculation suggested that undergoing the procedure related to the unchecked tyranny of husbands and functioned as a rebellion on Abigail's part—or at least an assertion of her independence. Her sudden silence and secrecy about the procedure reiterated her protest. In a letter dated June 17, 1776, the last she sent until she was inoculated in July, she referred to the Quebec disaster at the Cedars, mentioning the death of a General Thomas from smallpox: "Every day some circumstance arises which shows me the importance of having that distemper in youth. Dr. [Thomas] Bulfinch has petitioned the General Court for leave to open a hospital somewhere, and it will be granted him. I shall, with all the children, be one of the first class, you may depend upon it" (186). While Abigail expressed her determination to get inoculated, she did not offer details about when or where this procedure would take place, and she would have begun "preparations" around the date of this letter or shortly after, meaning her resolution had already begun to become plans that she did not disclose (Fenn 42). In fact, John did not learn that the procedure had taken place until July 13, nearly a month after she wrote to say she shall "be one of the first class" to be inoculated by Dr. Bulfinch (and not long after this the Declaration of Independence was signed). Even though John had urged her to get inoculated, she preferred not to report it nor anything else to him for a few weeks (the longest stretch between her letters).

When Abigail finally did disclose that she relocated to Boston and underwent the inoculation operation along with her children and some other members of the household,

she offered the following explanation for her silence, “I knew your mind so perfectly on the subject that I thought nothing but our recovery would give you equal pleasure, and as to safety there was none” (199). She continued on to lament “Poor Canada” and the tragedy smallpox effected at the Cedars, to which she attributed the cause of the proliferation of smallpox hospitals: “In many towns already around Boston the selectmen have granted liberty for inoculation” (201). We see that the association between liberty and inoculation that Mary Bartlett made in her letter to Josiah ran throughout the Adamses’ letters as well.

Inoculation meant a different kind of liberty in the letters exchanged between Massachusetts minuteman Joseph Hodgkins and his wife Sarah Hodgkins; the letters spanned the 4 years Hodgkins served in the army as a volunteer, much to the chagrin of Sarah who was eager for her husband to come home. Joseph and Sarah married in 1772, less than a year after the death of his first wife with whom he had four children (Wade and Lively 48). Only one of the children from his first marriage survived, and when Joseph went to war, his twenty-four year old bride was left to tend to husbandry and domestic duties, provide care for her aging father-in-law, parent her two young babies and her husband’s daughter from his first marriage (48). From their correspondence, we know that Joseph also depended upon Sarah to supply him with clean laundry, to send supplies for the shoemaking business he developed in camp, and to deliver news and money to friends or neighbors on his behalf (47-48). Both Joseph and Sarah expressed a desire to see one another, but Sarah, who bore the burden of life without her husband, urged him to come home and not to reenlist. He was clearly torn between his duty to “this glorious cause” and to his wife and family, and continued to reenlist for four years.

Since his wife knew many of the other members of his regiment and their families, he also shared news of their health, which she would pass along to concerned parties. When he could, Joseph sent money and occasionally small gifts to Sarah, but mostly he asked her for help.

Joseph expected a lot of Sarah during their separation, but his awareness and appreciation of her help indicated their marriage resembled the Adamses as a partnership. He saw what she continued to do for him as favors rather than required duties, and he hoped to make it up to her someday by returning the favors: “I am Senseble that my Being Absent must of nesity Create a great Deal of Troble for you and if you will Belive me My Being Absent from my family is I think the gratest Troble I have me with Sence I have Ben Absent therefrom I hope Shortly to have the Happeness of See[ing] you & all frinds thin” (226). She voiced her disappointments when he failed to come home when she expected him, which she filtered into guilt-laden passages in her correspondence.

Historians have described Joseph’s detailed record of his health in the letters to Sarah as almost “clinical” in their specificity (47). The opening and closing lines of the letters typically reported some facet of his health, usually reporting his own good health and wishing the same for his family, but like other Revolutionary soldiers, Hodgkins frequently suffered bouts of bad health due to weather, injury, or diseases that spread through the camp. His letters home included details of his and fellow soldiers’ ailments. As the original editors of his letters stated, “If he suffered from boils, he reported not only their size and his discomfort but also noted their usefulness in releasing bad ‘humors’ from the body.... He was stoical about his personal troubles” (47).

Joseph, likewise, worried over the health of his wife and children; Sarah kept her husband abreast of the children's health troubles—everything from the teething baby to serious cases. In fact, “The daily activities of the children who were well went unreported in the exchange. Sarah, in a postscript, would add that ‘Joanna sends her duty to you’; but there was no account of two-year old Sally’s first words, nor of the precocity that put her ‘to school’ before she was three. Nor did Hodgkins ask after the details of their days” (61). The letters exchanged about baby Joseph’s failing health and ultimate death depicted the anxiety, grief, and changes disease wrought on families like the Hodgkins.

Health conditions in camp could be extremely critical, which Hodgkins recorded. In the winter of 1776, he informed Sarah that some of his fellow soldiers were “Very Dangersly sick” and that “it [was] good Deal sickly among us & a grate many Die Verry sudden” (189). He noted that five were buried in one day (188). This was likely to have been an outbreak of dysentery, which Joseph called the “camp disorder” in one letter from October 1777. His brief description of his sickness might be due to an interest in sparing Sarah’s feelings of worry, for it suggested he was really quite sick: “I have had something of the Camp Disorder & Lost most all my flesh But I hope soon to Pick up my Crumes” (232). He also reported that hundreds others had suffered from sickness. The dysentery epidemic that Abigail Adams described to John hit Ipswich as well, causing what Joseph heard from others was “very sickly at town and a Dieing Time,” which he asked about in a letter to Sarah to see how they were doing (178).

The dysentery outbreak can be traced in both the Hodgkins’ and the Adamses’ letters, but smallpox affected the Hodgkinses differently than the Adamses. Joseph was

not part of the debacle at the Cedars in Quebec in 1776, which was where many soldiers were affected by smallpox; however, as part of the Massachusetts militia, he was at Prospect Hill Camp near Boston, which held the dual dangers of the British and smallpox in 1775 and 1776. He told Sarah that only the men who had had smallpox were allowed to go into the city, which was the first indication that he had never had it nor had he been inoculated (195). Wade and Lively believe the letters before and after the siege of Boston showed a change in Joseph's recognition of the dire circumstances: "No man who lived to give a firsthand account of Bunker Hill was ever quite the same again. Lieutenant Joseph Hodgkins, in letters to his wife, revealed in almost every sentence the changed mood with which the colonial forces settled to the siege of Boston. The letters of early June had been written in a 'wish-you-were-here' mood, and suggested a summer excursion rather than a serious campaign" (24). Although Wade and Lively seem to have had the experience of combat in mind when they noticed this change in the tone of the Hodgkinses' correspondence, we might also argue that the new sense of danger could have to do with exposure to and fear of the diseases the soldiers faced. And at this time, that was smallpox.

In a letter from Worcester, Joseph expressed anxieties about his responsibility for the men in his regiment: "I had not But one Lieut appointed & he is not able to march so there is nobody Else to Take Care of the men But myself But I must confess I feal Concerned about the small Pox [*rest of letter missing*]" (229). The missing remainder of the letter may have said only a few words more, if any, about smallpox, as the Hodgkinses' letters tended to be short even about the most serious matters. Then again,

he could have carried on elaborating the dangers that he surely was aware of regarding smallpox and the army.

The army's stance on smallpox was based on exceptions: who was and who was not allowed to get inoculated led to who was and who was not allowed to march into Boston, for instance, because of their lack of inoculation. Joseph seemed to follow that precedent when he attempted to use smallpox, or more specifically smallpox inoculation, as an excuse (or liberty) to travel home to see his wife and children, including the newest edition, an infant named Martha. His plan was to apply for a furlough to get inoculated and spend his recovery time at home. He wrote:

[Y]ou say in your Letter of the 7 that you Depend on my Coming home if I am alive & well But My Dear I thought when I wrote Last that I should not Try to get home this winter & wrote you some Reasons why I should not But since I have Received your Letters & seeing you have made some Dependence upon my Coming home therefore out of Regard to you I intend to Try to get a furlough in about a Month But I am not sarting I shall Be sucksesfull in my attemptes therefore I would not have you Depend too much on it for if you should & I should fail of Coming the Disappoinment would Be the Gater But I will Tell you the Gratest incoredgement that I have of getting home that is I intend to Pertishion to the Genel for Liberty to go to New England to Tak the small Pox & if this Plan fails me I shall have But Little or no hope I Believe I have as grate a Desire to Come home as you can Posibly have of having me for this winders Camppain Beats all for fatague & hardships that Ever I went through But I have Ben Carred through. (234)

Smallpox inoculation served as a last resort, a risky measure he could take to be free from his military duties to tend to his marital duties. It provided an opportunity to satisfy his wife's pleas for him to come home without abandoning his sense of duty to the war, with which she often felt in contest. Although she hoped he would soon come home permanently without reenlisting, Joseph used smallpox as a means to straddle his commitments to the war and his wife.

If his plan had materialized, he quite literally would have been carrying smallpox home to his wife, small children, and infant daughter. Such exposure could easily have infected the entire family and possibly caused one or more to die. Despite Sarah's disappointment that the plan did not work, she was spared direct contact with the deadly disease that her husband could introduce as part of his bodily presence in the home, and a disease to which he soon would be immune. This very scenario—a husband introducing smallpox to his family—was Washington's fear for allowing general inoculation. As we will see next, this fear was also shared by others. The difference between an immune husband and a vulnerable wife could affect their relationship, as we have seen here, but also spell disaster.

“As Col. Moulton Did to His”: Dangerous Men

After learning that her father had been inoculated for smallpox during his ongoing stay in Philadelphia in service to the Continental Congress, Polly Bartlett expressed concern that Congressman and physician Josiah Bartlett would carry home smallpox, introducing the contagion to the family. Polly's original letter has been lost, but Josiah's reply to her in a letter to his wife has survived. He wrote, “tell Polly I Received her letter and Shall be very Careful not to Bring home the Small Pox to my family as Col. Moulton Did to his. I think my Self & Cloaths Clear of it at this time” (25). Josiah promised to protect his own family from the danger Moulton, a prominent New Hampshire landowner and colonel-cum-general in the Continental Army, carried home, subsequently killing his wife.

Bartlett lived in Kingston, New Hampshire, but he corresponded with friends and colleagues in nearby towns like Portsmouth and Essex. Although he may not have

known Moulton personally before the war, state records show the two of them served on the Providential Congress and knew the same people (Bouton 452-453). In addition to sharing the news about Moulton with his family, Bartlett discussed him in his correspondence with his two friends and colleagues from the same area, Dr. Hall Jackson and John Langdon.⁴⁴ In fact, the first mention of it was made by Jackson in a letter to Langdon (which also included a reference to Bartlett) dated September 16, 1775, before Abigail Moulton's death:

Col. Moulton has brought home the Small Pox to his Family, in Hampton, they are all down with it, either in the natural way, or by Inoculation; the people are greatly enraged with him, they have threatened to set fire to his house and burn them altogether. If the Small Pox was to *get here*, it would disband the Army. I must not trespass any longer on your Patience, only beg you to present my most respectful Compliments to D'r Bartlett, wishing you both health and happiness and am with great esteem and affection y'r most humble ser'vt, H. Jackson.
(Elwyn 31)

Jackson indicated that while the whole family caught smallpox, they acquired it through inoculation and the natural way; who was inoculated and who caught it the natural way remained to be seen. Abigail and the children may have been inoculated if Moulton came

⁴⁴ Dr. Hall Jackson was a prominent doctor in Portsmouth, New Hampshire, a coastal town not far from Hampton. In addition to geographic proximity, Jackson had personal ties to Hampton and Moulton himself. Jackson studied medicine in London and continued his education in Hampton under the guidance of his uncle Dr. Anthony Emery; like Moulton, Emery was a key figure in community events and became Moulton's father-in-law in 1776 when he married Sarah Emery (Estes *Hall Jackson* 3). Jackson inoculated hundreds of patients against smallpox in Portsmouth in 1766 and subsequent years, working at the smallpox hospital established at the Town Pest House on Shapley's Island and on Cata Island in Marblehead, Massachusetts (22-25). Jackson served as a surgeon during the siege of Boston; he had ambitions of directing the army's hospital, which he hoped his friend and colleague Dr. Josiah Bartlett would help him secure as a congressman. His disappointment and resentment over losing the post to Dr. Benjamin Church was validated when Church's ties to British General Gage were discovered. Hall had noted some of Church's questionable professional practices that seemed to jeopardize troops' health more than foster it (Estes "Medical Letters" 279-284).

home after catching it, or he may have been inoculated and then transmitted it to his family as a result.

More commonly known today as *General* Moulton, Jonathan Moulton was a legendary figure from eighteenth-century Hampton, New Hampshire, which should not be surprising considering the narrative of his famed character began to circulate during his lifetime and gained new contours with every scandal. When it came to explaining his wealth, some of his neighbors subscribed to the belief that he pilfered the treasure from a mast ship that had wrecked on a nearby beach. Others preferred to believe that Moulton's riches came from a deal with the devil whom Moulton was said to have cheated. According to legend, the devil agreed to fill a boot with money on a regular basis; to ensure a larger taking, Moulton was said to have used an enormous boot hung in a fire place in such a way that the money would run out through a hole in the boot to a room below so he would amass a roomful of money instead of just a bootful. The stories about Moulton never ceased in his lifetime. In fact, when his house burned down in 1769, rumor had it that the devil was simply retaliating for Moulton's boot trick (Lane n.p.). The Moulton legends lasted well after his death. In fact, they were inscribed in regional folklore and popularized in the nineteenth century by authors like John Greenleaf Whittier and Samuel Adams Drake.

Chief among the most durable of the Moulton stories (aside from the devil tales) was the legend that the ghost of the General's first wife, whose death he was said to have caused, haunted his second wife Sarah. Whittier's poem "The Old and New Wife," illustrated the legend of Sarah Emery Moulton's visitation from Abigail Moulton's ghost who jealously retrieved her jewels from the new wife now wore them. The first ten

stanzas depicted a quiet house after the activity of the wedding had quieted down. The General was asleep beside his new bride who contemplated her new husband's harsh manner yet hearty fortune. She admired the jewels he had given her until she was struck with a sense of terror and felt the touch of an icy hand on her body:

God have mercy!—icy cold
Spectral hands her own enfold,
Drawing silently from them
Love's fair gifts of gold and gem.
"Waken! save me!" still as death
At her side he slumbereth.

Ring and bracelet all are gone,
And that ice-cold hand withdrawn;
But she hears a murmur low,
Full of sweetness, full of woe,
Half a sigh and half a moan:
"Fear not! give the dead her own!"

Ah!—the dead wife's voice she knows!
That cold hand whose pressure froze,
Once in warmest life had borne
Gem and band her own hath worn.
"Wake thee! wake thee!" Lo, his eyes
Open with a dull surprise.

In the eight stanzas that followed this excerpt, Whittier's Moulton tried to comfort Sarah, suggesting it was merely a dream. Despite his calming words, Moulton contemplated his past sins and seemed to believe he had angered and awoken Abigail's spirit.

From the controversy about Moulton carrying smallpox home, we can see by the date of Bartlett's letter to Mary how quickly the story circulated, for it was sent October, 25, 1775, less than a month after Moulton's wife Abigail died from smallpox. The letter indicated the usefulness of smallpox as a tool to harm his family the way an enemy might plan an attack on the opposing army. Whether Polly heard about the Moulton family outbreak through local gossip and reported it to her father or Bartlett told them about it

cannot be said with absolute certainty, but a letter from Jackson suggested Bartlett might have been in the midst of some professional gossip even during the war. Hall Jackson, the first to report the conflict of Moulton's arrival with smallpox, was from Hampton (Moulton's city of residence), but he became established as a physician in Portsmouth, New Hampshire. His family and professional ties linked him to General Moulton (Estes 3, 240).

What was missing from the travelling stories about Moulton's contamination of his wife were details about his own struggles with smallpox, which actually kept him from initially accepting an assignment to command a regiment of the New Hampshire militia (Bouton 628). In a letter addressed to the Committee of Safety, Moulton accepted the post and explained his delay in responding, "God in his Providence has lately sent sickness and Death into my Family and [I] am still so confined" (628). Without this letter, we would only know that Moulton had carried smallpox home, which could have been the result of inoculation, fabrics bearing remnants of the virus, or residual pockmarks from a full-blown infection. The corresponding intersections of the Bartletts with the Moultons and smallpox with family reflect the powerful narrativization of smallpox during the Revolutionary period.

The town records for Hampton, New Hampshire confirm that Abigail Moulton died of smallpox in September 1775, but she was the only person to die of the disease that month; therefore, the virus was introduced to that household alone and was contained there due to quarantine (Sanborn and Sanborn 206).⁴⁵ The following obituary for Abigail

⁴⁵ *The Hampton Town Records* provide the following scant details on Abigail's death: "Sept. 21. The Wife of Jonathan Moulton Esq^r (Coll.) AEs^t 48. Small Pox" (Sanborn and Sanborn 206).

Moulton, published in the *New Hampshire Gazette*, dated Abigail's death as September 21st; while it confirmed she was sick before dying, there was no mention of the name nor nature of the specific disease that killed her:

Hampton September 26, 1775

On Thursday last, the 21st. Instant: departed this Life in the 48th. Year of her Age, Mrs. ABIGAIL MOULTON, the Amiable and Virtuous Consort of Col. JONA. MOULTON of this Town. An exceeding kind, and hospitable Disposition gained her the Esteem and Respect of a large, and extensive Acquaintance, & greatly endeared her to her Relations, & Friends--- In her Death, her sorrowful Husband, Children, and Family are left to lament the heavy Loss, of a discreet, prudent, and agreeable Wife:-----a tender, and affectionate Mother;---and a kind indulgent Mistress: as well her numerous Friends, and Acquaintance a sincere and constant Friend;

She was a Pattern of Industry, Diligence, and Frugality; nor was she less exemplary in her Acts of Charity and Hospitality---Notwithstanding her last Sickness was very tedious, and painful; yet she endured with a steady Patience, and Submission to the DIVINE WILL; and met her approaching Dissolution, with the Calmness, Fortitude, and Resignation of a CHRISTIAN.

A reader of such an obituary who was also familiar with Moulton's reputation could have easily pictured the beloved Abigail Moulton, the "agreeable Wife," a victim of her infamous husband's scheming. Little else is known about Abigail, and given the prominence of her husband in state and local politics as well as business affairs, her absence from the historical record may be indicative of a woman made invisible by her husband both in the home and in the community. No letters exchanged between Moulton and Abigail exist, so the extent of their correspondence while he was away can't be determined. Without the perspective of either, the narrative that spread the "natural way" (to borrow the expression used for smallpox) made a durable impression on the regional record.

Most popular histories of Moulton's life agreed that Abigail died of smallpox; others suggested she died of "very suspicious circumstances" (Drake 328). However,

these two causes of death were not exactly mutually exclusive. Just as it was believed that the British were plotting a scheme to expose rebel soldiers to smallpox through contaminated goods, some may have believed Moulton deliberately exposed Abigail to the virus using his own contaminated body or objects that would have transmitted the disease to her. Perhaps Josiah Bartlett provided a clue when he told his family that his own “Self & Cloaths [were] Clear of it at this time,” which may have an implied subtext reading *unlike Colonel Moulton*. Then again, even if Moulton hadn’t exposed Abigail deliberately, his carelessness about her vulnerability could have been interpreted as callousness—which Josiah Bartlett promised not to do. Both of these possibilities—the deliberate or inadvertent exposure of Abigail to smallpox—stem from the premise that Moulton “Br[ought] home the Small Pox.”

Colonel Moulton fought in the Indian wars and his Revolutionary War service began in 1775 when he and many like-minded New Hampshire men joined the fight for independence. He was part of the Third New Hampshire Regiment led by Colonel James Reed, and in 1775, that regiment was part of the siege of Boston. Also connected to the siege of Boston was militiaman Joseph Hodgkins whose vulnerability to smallpox kept him and other susceptible soldiers away from the actual city, as he wrote to his wife Sarah in March 1775, “none went to Boston But those that have had the small Pox” (Hodgkins 195). Hodgkins waited at the camp on Prospect Hill, but we don’t know if Moulton was among the men who were permitted into the infected city. It is also unclear why Moulton would have been home in Hampton in September (his wife died on September 21st) when enlistments lasted to the end of the year. There are a few possibilities that will help us think more carefully about Abigail’s apparent death by

smallpox occasioned by her husband. Moulton might have received inoculation or caught smallpox and was sent home or received a furlough to recuperate in the manner Hodgkins was hoping to maneuver a way home to his wife; this would have been a feasible method of exposing Abigail to the disease. However, given Washington's firm restrictions on inoculation, Moulton would have had to inoculate himself or go to a practitioner who performed the operation in secret. For instance, Dr. Azor Betts had provided illicit inoculation for officers in Massachusetts, for which he was charged and imprisoned in 1776. When he was discovered, Betts was inoculating a *Captain* Moulton, who was a neighbor of the General (American Archives n.p.).

The narrative of smallpox brought home by Moulton developed over the years after Moulton remarried, less than a year after Abigail's death. What troubled friends and neighbors and caused scandal to erupt was that within the next year (just ten days shy of the anniversary of Abigail's death), Moulton married the much younger Sarah Emery. Generations later, the tale transformed into the ghost story documented by Whittier.

The fact that his new, younger bride served as nurse to Abigail when she was sick with smallpox raised suspicions even further. Sarah was the daughter of Dr. Emery, who was active in establishing "pest-houses" for the sick and inoculating residents when the disease broke out in Hampton in 1758. Records of Hampton's municipal history ranging from the 1750s to the 1780s show Dr. Emery and Moulton were often involved in the same committees or advisory boards, meaning they had a long collegial relationship that went back at least as far as the smallpox outbreak in Hampton in 1758. Some more generous biographies of the General suggest he and his wife Abigail were active in the efforts to contain and prevent smallpox in 1758 when it struck Hampton and excited

alarm, but no documents from the time corroborate that claim (Lane n.p.). Hampton minister Ward Cotton along with two selectmen petitioned New Hampshire's governor for assistance with managing the 1758 smallpox outbreak. The tone and details of the petition demonstrate a fear of smallpox that provoked danger and unlawfulness: "[I]t hath pleased God...to send the small pox among us, and we have the Greatest Reason to fear it will soon spread into divers parts of the Town If Speedy and Effectual care be not taken to prevent it—And though The Select Men have Impressed several houses to remove suspected persons into, according to Law—Yet they have been resisted by the owners of those houses—and their Lives Threatened—So that the Major Part of the Select Men are discouraged and Determined to do Nothing further. And our present Danger being extremely great...We do therefore earnestly beg the Imediate help of You Our Civil Fathers" (Hammond 4-216). What role the Moultons played in this conflict has not been recorded.

Moulton's story—circulated through letters from neighbors and colleagues—distilled the belief that smallpox could be used as an agent of harm on an individual level (whereas Jeffrey Amherst's plot to eliminate enemy Indians through smallpox concerned a population of people). It became integral to the characterization of Moulton as a nefarious character. Whether he actually did it or not seemed less important than the possibility that Moulton could infect his wife and lead other husbands to do the same.

“a new occasion of alarm”: The Weapon of Immunity

We can only imagine what would have happened if Abigail Moulton had gotten inoculated either during a previous outbreak of smallpox or sometime before her husband brought it home—even a day before. Her agency over her physical well-being is the

difference between what happened and what did not. Therefore, in the narrative of smallpox as a “destroying angel” (as Cotton Mather termed it) that could be carried home by veterans, wives were not without recourse (Carrell 418). In a sense, the disease via inoculation empowered a woman whose husband did not protect her. At a time when the fledgling government disempowered women by denying them the same rights as their husbands, they had the opportunity to inoculate their bodies from a physical disparity between the genders: immune husband, susceptible wife. In the context of marriage, a wife could be infected with smallpox—possibly even killed—as a result of her own husband’s exposure, or if she underwent inoculation, she could be made immune to the disease and any authority her husband had due to her susceptibility. The resistance to inoculation and fear of smallpox was not fundamentally a gender issue, but as this chapter shows, they did affect a marriage and even had the potential to radically change a marriage for better or worse. The disease’s revolutionary capacity was just as threatening as its destructive capacity.

Smallpox marked a body with scars, but it also left an invisible impression on its survivors through immunity that lasted even as the scars faded. As we have seen in this discussion, recovering survivors as well as those sick with smallpox posed threats to loved ones for weeks or more. Even if a Revolutionary War soldier did not convey the disease home to his family, his immunity (due to inoculation or recovery from catching smallpox the “natural way”) would protect him during future outbreaks that could wipe out his susceptible family unless they too became immune through inoculation. When the virus resurfaced in villages throughout the new republic in the 1790s, the memory of

the war and the corresponding smallpox epidemic would have been less than a generation old; those with wartime immunity could take comfort in their safety.

The examples discussed thus far—the Adamses, Bartletts, Hodgkineses, and Moultons—have focused on texts written in the midst of the smallpox outbreaks during the Revolution; however, the immunity of all those who were inoculated or took the disease the natural way would have prevented them from being vulnerable in future outbreaks. Revolutionary soldiers carried home the virus; they could also carry home their own immunity if they survived an attack or had been inoculated. Thus, in the wrong hands, the difference between immunity and susceptibility could enable domestic biological warfare, such as the assault Abigail Bailey believed her husband Asa unleashed on her.

Asa Bailey was among the men who survived both the British forces and smallpox at the Cedars in Quebec in 1776; therefore, he was invulnerable when exposed to the virus more than fifteen years later, which he used to his advantage. After his wife Abigail had discovered Asa had been sexually abusing their sixteen-year old daughter, she sought measures to terminate the marriage though she hoped they could do so respectfully and discretely—all of which she documented in a memoir published in 1815.⁴⁶ Rather than complying with his wife’s plans to separate, Asa (henceforward Mr.

⁴⁶ Abigail Abbot Bailey’s suspicions about the abuse arose when she observed him seeking Phebe’s company more and behaving in a way that resembled flirting. It did not take long for her to understand that his “vile” intentions toward Phebe were exactly what they appeared to be: he planned to have sex with her. As a protective mother and wronged wife, Bailey resolved to “put a stop to his abominable wickedness and cruelties” by insisting that they separated. Without proof or testimony from Phebe (who refused to disclose anything out of terror), Bailey’s options were limited. Legally, she could charge Mr. B. with incest or infidelity (only the latter was grounds for divorce, though) thereby

B. as he is called in the memoir) schemed to make her his captive to prevent any detriment a divorce (and the rumors about the accusations against him) would bring to his business contracts. He schemed to take her to another state and forced her to either live with him as his wife or suffer the consequences, one of which was exposure to smallpox in the natural way. On the journey from New Hampshire, the Baileys passed into Whitestown where Abigail Bailey (henceforward referred to as simply Bailey) began to see “people broke out with the small pox.... Here was a new occasion of alarm” (140). However, it also was a new occasion for inoculating herself against her husband’s cruelty by intervening on her own susceptibility.⁴⁷

Abigail and Mr. B. did not make a deep impression on the historical record of New Hampshire though their story had no equal; their obscurity resulted from the extremity of their marriage and the cruelties Mr. B. inflicted on his family. Residents of the Coos region of New Hampshire (and Vermont), the Baileys appeared briefly in the local histories, some of which mentioned Mr. B.’s military service in the Revolution under Colonel Johnston or some of his involvement in regional committee work. But perhaps most valuable of all was the book Abigail wrote about their tumultuous marriage and divorce, published after her death: *Memoirs of Mrs. Abigail Bailey*. In his 1919 history of Haverhill, New Hampshire (where the Baileys lived from before their wedding in 1767 until 1772, when they moved to Bath, New Hampshire), William Whitcher briefly and discretely mentioned Abigail Bailey’s book: “The married life of Mrs. Abigail

officially and publically severing their marriage. She preferred, however, to end the marriage with a legal settlement that would allow them to divide their shared property.

⁴⁷ Ann Taves has cited a memoir of Phineas Bailey, Bailey’s son, as additional evidence of Mr. B.’s cruelty toward and manipulation of Bailey and the children (28-29). Only two copies of this memoir exist: one housed at the Vermont Historical Society and one at the Division of Manuscripts and Rare Books at the New York Public Library.

Bailey was peculiarly unhappy, and her *Memoirs*, edited by Rev. Ethan Smith who had been pastor of the church in Haverhill.... presents a peculiar picture of life in northern New Hampshire at the time, and commands a high price at book sales” (473). Its *peculiarity*, a word Whitcher used as a stand-in for “violent” or “abusive,” must also contribute to its dearness at book sales and its obscurity in New Hampshire history. Therefore, aside from her book and some scant local and military records, there is no record of the Bailey family scandal.

In her *Memoirs*, Abigail Abbot Bailey depicted what she frequently referred to as her affliction—her marriage. As an *affliction*, her marriage plagued her like a chronic illness from which she could not escape. Bailey remained married for twenty-six years to her abusive husband to whom she felt bound by her sense of religious duty. Bailey discovered her husband’s violent and manipulative character within the first few months of their marriage, and over the years, his “wickedness,” as she called it, manifested in the physical, emotional, and sexual abuse of members of their household. Though she accepted the afflictions of her marriage as something she had to bear as a test of her faith, some of her husband’s actions caused her so much grief and embarrassment that she felt God tested her faith through him. It was also a way to build her strength—we might call it a spiritual inoculation—in preparation for Mr. B’s worst abuses. Among the most trying incidents earlier in their marriage was Mr. B.’s affair with a housemaid followed by his attempt to rape a subsequent housemaid, which unfolded in a public court case (the charges were ultimately dismissed). But Bailey found his violent abuse of their children the hardest to bear, even more than the physical and psychological torment he inflicted on her.

Bailey's memoir was published by Samuel T. Armstrong and only issued once; no subsequent editions were released.⁴⁸ This may have been because of the scandalous content about her husband, and his continuous cruel treatment of her and their children. As a self-described ecclesiastical publisher, Armstrong may have been conflicted about Bailey's memoir about life with someone she consistently referred to as "wicked." While Armstrong published some captivity narratives and other examples of women's posthumous memoirs depicting their lives with affliction (often an unnamed and chronic illness), Bailey's memoir may have been just too "peculiar" (as Witcher put it) to be worth reprinting. In 1989, Ann Taves's recovery of Bailey's memoir, republished under the title *Religion and Domestic Violence in Early America* (including an introduction and explanatory notes that detailed Bailey's biography and the biblical references she made in the text), brought the Baileys' story out of the depths of the archive. Perhaps because of the change in title or Taves's specific interest in Bailey's religious life, it remains a *peculiar* text in early American studies, but one ripe for analysis on marriage, law, and also the Revolution and health. Although the main narrative took place years after the

⁴⁸ The history of Bailey's manuscript is somewhat puzzling. In the book's advertisement, written by an unnamed minister (but based on his comments about editing the original, it is safe to assume the author of the advertisement is the editor Ethan Smith), we are told that Bailey's family discovered the manuscript among her belongings after her death, which occurred at the home of her eldest son Asa; for the last nine years of her life, Bailey lived with her children. According to the advertisement, the manuscript included lengthier descriptions, abridged to express a sentiment "more forcibly," as well as additional descriptions of Mr. B's malevolence left out to "spare the feelings of the reader." In her notes, Taves expressed doubt that the manuscript copy of Bailey's *Memoirs* in the New Hampshire Historical Society archive actually belonged to Bailey because of the handwriting and the length, which was shorter than the printed version. If this document is accurately attributed to Bailey, then the 1815 edition was hardly abridged. It would not be the first narrative that was embellished, revised, expanded, or even co-written by someone else.

war, Mr. B.'s war service in the 1770s related to his social, marital, and physical life in the 1780s and 90s.

Mr. B. earned a name and the title Major under service to Colonel Charles Johnston in a New Hampshire unit; without a comprehensive history of the regiment, the region, or the militia during the war, it is difficult to determine whether Mr. B. was inoculated or caught smallpox within the course of his service. However, the various historical threads that survive show that it was likely he caught it or self-inoculated during his service. In a history of Haverhill, New Hampshire, John Quincy Bittenger listed Asa Bailey as part of Johnston's volunteer army in 1776. Bittenger considered Col. Johnston "one of the heroes of the battle of Bennington [Vermont]" in 1777 (237). The battle was a success for the rebels thanks in part to the two thousand men from the New Hampshire militia. Among others in Johnston's regiment were some of the Bailey's neighbors, including Colonel Timothy Bedel and Dr. Martin Phelps; the latter belonged to the same church as Bailey (Mr. B. was not as invested in spiritual/church matters as his wife). Dr. Phelps was the attending surgeon of Johnston's men in Haverhill in 1782. Phelps, an advocate of inoculation, may have inoculated Johnston's men.⁴⁹

Bedel was inoculated (or perhaps it's more accurate to say that he likely inoculated himself), but like several others, Bedel's inoculation developed into a full-blown case of smallpox as a result. He was so sick with it that he thought he might die

⁴⁹ In William Whitcher's history of Haverhill, Dr. Phelps' interests in inoculation were cause for his excommunication in the years after the war. Phelps was not alone in his support of inoculation among the doctors who lived and worked in Haverhill. Dr. Isaac Moore, who also lived in Haverhill for a few years and married a daughter of Col. Timothy Bedel, attempted to establish an inoculation center in Bath, VT after leaving Haverhill, but his efforts were dramatically interrupted when the community tore down the structure in protest (303).

(Fenn 71-72). His sickness materialized when on the campaign to secure Montreal by building a barricade at the Cedars (under the orders of General Benedict Arnold). In *Pox Americana*, historian Elizabeth Fenn explained that “[m]any of the troops sent to the Cedars already incubated the *Variola* virus. Some, like Colonel Bedel himself, had contracted it by inoculation. Others had caught it through incidental contagion” (72). If Bailey was among the men that followed Bedel, a Colonel from Haverhill, to the Cedars, he would have caught the virus from one of his many brethren or inoculated himself. The journal kept by Vermont militiaman Frye Bayley during the disaster in Quebec mentioned an “Asa Bayley” who was apparently sick when the army began their retreat from the approaching British:

The Enemy had our two field-pieces and that early in the morning they would lay siege to our fort. It was built only as a defence against small arms of the Indians in ancient days. Silas came to me and said he must go, on enquiring how I was, I told him that I was better. He broght a light, my pock had come out, his appeared the day before. He was not at all sick.... there were 9 of the company in all, six of whom were more afraid than sick. At the time of our departure there was a great freshet. the low grounds were overflow^d. we wade 40 rods on causeways, the water being up to our hips. Lieut Wales and Asa Bayley said they were so weak, that they could not travel. I told them that I knew a Capt of the Militia who lived 4 miles distance from the fort; of whom I thought we could get quarters. (36)

Frye Bayley referred to his “pock” or pustule just days before he “took the Small Pock” (34).⁵⁰

The soldiers avoided carrying the virus home to the Coos region, likely because they remained with the army in Quebec then Ticonderoga long enough to recover fully from the virus and its lingering contagiousness. Therefore, smallpox did not become a significant concern for life in the Coos region until the 1790s when the virus revived and

⁵⁰ Frye Bayely’s wife died in 1772; the funeral sermon was given in Haverhill by Rev. Peter Powers, who also knew Abigail Bailey (Taves 4).

traveled into the reaches of the countryside, a sign of the connectivity between these formerly remote settlements and more cosmopolitan settings. The resurgence of smallpox in the area might have also stirred up discussions of smallpox during the Revolution since outbreaks of disease have tended to invoke a return to the narrative of previous periods of sickness (as we will see in the following chapter with the discussion of Charles Brockden Brown's and Leonora Sansay's fiction). If we think of the Baileys' relationship as a metaphor for the combative relationship between the tyrannical English rule and abused and exploited American subjects, the sick victim/immune aggressor dichotomy corresponded, especially given the outcome of both conflicts which favored the captive, so to speak, despite being weakened by disease.

In 1775, the first year of the Revolution, Bailey got a reprieve from Mr. B.'s monstrous behavior. No correspondence between the Baileys survived from the period of Mr. B.'s absence for military duty. Even after he returned, she wrote that they enjoyed years of happiness and prosperity until his behavior toward their daughter Phebe changed.⁵¹ Bailey's suspicions about the abuse arose when she observed him seeking Phebe's company more than usual and behaving in a way that resembled flirting. It did not take long for her to understand that his "vile" intentions toward Phebe were exactly what they appeared to be: he planned to have sex with her. As a protective mother and

⁵¹ Bailey recorded this period of prosperity in her memoir: "Thus God, in his great mercy, tried us with prosperity. We seemed to be able to live as well as we could wish. Our family were, at the same time, blessed with remarkable health. All our children came daily around the table to partake of the full bounties of Providence, except our oldest daughter. She was comfortably situated in family state within call of our door. Such mercies, alas, too commonly are ungratefully overlooked!" (63). Bailey also explained that during this time, Mr. B.'s reputation changed for the better: "Though Mr. B. had done so much to blot his name, and to injure his family; and though his character for some time was low; yet he seemed, after a while, strangely to surmount all those difficulties. In a few years he seemed to be generally and highly esteemed" (63).

wronged wife, Bailey resolved to “put a stop to his abominable wickedness and cruelties” by insisting that they separate (Bailey 77). Without proof or testimony from Phebe (who refused to disclose anything out of terror), Bailey’s options were limited. Legally, she could charge Mr. B. with incest or infidelity (only the latter was grounds for divorce, though) thereby officially and publically severing their marriage. She preferred, however, to end the marriage with a legal settlement that would allow them to divide their shared property (Taves 12-13).

Despite her abhorrence of his behavior and insistence that they separate, Bailey helped Mr. B. pack his belongings, for she felt both disgust and pity for him whose soul she believed was doomed. Thinking they were on the verge of separating forever, Bailey took the opportunity to write three letters, or “writings” as she called them, urging him to beg forgiveness from God for the sake of his soul; she hid the letters among his packed clothes, expecting him to find and read them in the days ahead when miles stretched between them: “Where you may be when these lines shall be by you found and perused, God only knows. But I beg of you to read and solemnly to consider the cause of these complaints and moans of your injured wife. I cry out of wrong” (92). Bailey wished that Mr. B. would acknowledge even experience some of the wrong he had committed against her as part of his road to reconciliation with God. However, she had no desire to reconcile with him after the nature of his “abominations and cruelties” (90): “Think not therefore, when you shall read these writings, in your distant and lonely retreats, that I am wishing for your return. No, I wish you might return to God. I mourn for the cause of our separation; and am grieved for your sins and miseries. But never desire your return to me. This point is decided!” (93). The letters were a peculiar form of correspondence

since they were initially hidden from the intended reader and they were written without any expectation of a response unlike the letters discussed above. The idea of an exchange of letters in Sarah and Joseph Hodgkins' or John and Abigail Adams' letters mirrored their mutual respect and appreciation for a partner's love as well as support. Bailey's letters to Mr. B., conversely, reflected her lack of power and his tyranny; rather than expressing her concerns and displeasures with a partner, Bailey had to bury them among his clothes to be read when he had gone.

That her words had no effect on Mr. B. became apparent in the events that followed. Under the guise of selling some property and finalizing their separation, Mr. B. convinced Bailey to accompany him on a trip into the wilderness of the New Hampshire Coos—the trip into smallpox territory. She reluctantly agreed despite warnings from her family members. When the trip seemed to be taking much longer than he proposed, Bailey realized that Mr. B. had deceived and manipulated her to get her away from her familiar, comfortable surroundings where she lived among friends and family; in the New England wilderness, Bailey became her husband's captive. When he finally “threw off the mask” (124) and disclosed that he did not intend to take her to Granville to sell the land, Mr. B. explained that his plan was to keep Bailey from her family and the more liberal laws of New Hampshire. Now that they were in New York, the laws were different and divorces were not granted (Bailey 194, editor's note 216). He told her his plan all along was to get her alone, away from her “connexions,” and see if he “could bring [her] to terms, that would better suit himself” (124). Those terms included staying married and living in a new region away from people who might have heard the charges against him.

If I would drop all that was past, and concerning which I had made so much noise, and would promise never to make any more rout about any of those things; and to be a kind and obedient wife to him, without any more ado; it was well! If not, he would proceed accordingly. He said, unless I would thus engage, he would drive on among strangers, till that sleigh, and those horses were worn out!.... Sometimes he would speak of carrying me to Ohio; sometimes of taking me among the Dutch people, where, he said, I could not understand a word of their language. And then he would talk of taking me to Albany or where he could sell me on board a ship. He assured me that I should never return home again. (124)

Bailey neither submitted to nor refused to his terms: play the role of the dutiful wife or risk never seeing her children again. Her only course of action was to remain silent about the bind he placed her in, hoping God or another person would intervene on her or her children's behalf: "I could see no way of escape from the hands of my oppressor. And I must move on, as his captive, till God should take pity on me, and open some door of deliverance" (134). She expressed virtually no regard for her own safety or health; instead, her concerns were for her children's well-being and honor, worrying that her supposed abandonment of them for Mr. B. would cause them humiliation and spiritual conflict.⁵²

On Friday, March 30, Mr. B. led Abigail into Whitestown, New York, a town in the throes of a smallpox outbreak, and Bailey changed her tactics when she realized she was surrounded by a disease to which she was susceptible. Even though Mr. B. "tried to persuade [her] that there was no danger, [she] resolved to be as cautious to avoid it as possible" (140). Bailey had always sought caution in dealing with Mr. B.; she had also

⁵² Regarding her fears about herself versus those for her children, Bailey wrote: "As to my own person, I thought little or nothing of any tortures, or miseries, that Mr. B. might afflict on my mortal part. . . . But I had other things on my mind, which were far more dreadful to me than bodily tortures, or even death. 1. The miseries of my dear children. The infinite dishonor my leaving them, and going off with Mr. B. would do to religion, in the view of those who knew not the circumstances, which had led me away" (125). Her children's physical and spiritual lives were more worthy of protection than herself at this point.

been careful to avoid letting his “wickedness” be known outside of the family if she could. Even within the family, Bailey never spoke openly with the children about their father’s abuses. Despite having resolved to try to protect herself passively, she in fact chose a more assertive route than caution and seized the opportunity to resist Mr. B. in this case, circumventing his machinations with a risky intervention: inoculation.

Mr. B.’s lack of concern for his wife’s health and safety would not surprise the reader of Bailey’s memoir; by the time she arrived in Whitestown, Mr. B. had committed countless cruelties toward his wife and their seventeen children. In the course of their twenty-six year marriage, Mr. B. had committed adultery, been charged with attempted rape by a household servant, brutally abused his children and wife, and sexually abused their sixteen year old daughter Phebe. His callousness had become commonplace. What might surprise the reader, however, was that Mr. B. did not show any concern for his own health in the midst of a full-blown smallpox outbreak. In fact, Bailey didn’t seem worried about her husband’s health, either. One could understand why anyone may have begun to suspend concern for such a man’s well-being since at this point in the journey, Bailey realized that Mr. B. had schemed to get her away from the aid of family, but as a devout Christian, she did not wish her husband harm though she said she grieved “for the wretched state of [her] present oppressor” (140). Therefore, I do not believe her lack of concern for his health has malevolent origins. Nonetheless, both seemed to agree that Bailey was the only one of the two of them who was susceptible. Mr. B., apparently, had nothing to fear from an exposure to smallpox. Their individual association with the disease was different, which meant Mr. B.’s social network included a tie to smallpox whereas Bailey had never been exposed so directly.

One of the Bailey's oldest children was living and working in Whitestown at the time they arrived, and his father's nonchalance about his mother's health surprised him. He told his mother smallpox "was in every house for miles round.... he begged of me to be inoculated immediately. For warm weather was coming on; and if I should take it the natural way, it would probably go hard with me....I hence applied to a physician, and was inoculated" (141). She confronted the danger by taking it into her body in the hopes that she would lose her susceptibility and become immune like her husband. This act gave her the strength to resist her husband's manipulations, and we see a change in her. For instance, Bailey told her son the truth about his father's scheme to "decoy" her into making this journey with him: "I had been ever exceedingly cautious, as to conversing with my children upon my family troubles. It had seemed as though I could not enter into these things with them. But now it seemed necessary, and calculated to afford some degree of relief" (141). The change in her was occasioned by necessity in the face of smallpox.

Although the procedure caused her to break out with a more serious case of smallpox than was typical, she did not regret getting inoculated because she was as certain that she would have been much worse off if she had caught it the "natural way" as she was that she would catch it at all. In fact, she got quite sick as a result, and the conditions of her convalescence and recovery made her situation dangerous. Sick, immobilized, in pain, Bailey was in a position to require someone to provide her with somewhere to rest, provisions to maintain her strength, and possibly medical care. Mr. B, however, did not make any provisions for her during her sickness; he even seemed to want to aggravate her condition by giving her only poor living conditions in damp,

unfinished buildings where she often did not even have a bed to rest on. While his abuse, manipulation, and neglect may have been hidden during their marriage and the initial phases of their captivity arrangement, his unkindness was apparent to the people around them.

Her strength returned and she explored the woods to find herbs and roots that would facilitate her healing by driving out the pox. This too seemed to be done in secret—showing that her health was a tool of power between them. Not long after she slowly began to recover, Mr. B left her for a few days and was sure to take any money or anything of value from her to keep her from escaping from him, but she managed to get away despite his efforts. Traveling on her own through the countryside, she kept a close eye on her safety and strength, giving herself rest when her still-recovering body seemed to require it.

As a fellow New Hampshire resident, Asa Bailey may have heard (perhaps even been influenced by) the stories of the infamous General Moulton's supposed murderous introduction of smallpox to his wife, or he have simply been paying attention to the greater fearsome smallpox narrative as it circulated in letters discussed above, newspapers, pamphlets, through neighborhood gossip and among his regiment in the Continental Army. Did he hope Bailey would be disabled or killed by smallpox? or was he truly ignorant of the danger he put her in despite his experience at the Cedars? What we do know from the memoir Bailey wrote documenting the event and preceding years of marriage to Mr. B. Bailey believed he deliberately endangered her: "[it] seemed as though I must be destroyed; and as though this was Mr. B's object" (145). In Bailey's understanding and depiction—her narrativization—of her husband's manipulation of his

immunity and her susceptibility to orchestrate a self-serving scheme demonstrates, we can recognize the continuation of the “carried home” narrative.

Bailey’s apparent adoption of a smallpox narrative that we also see played out in the letters between spouses functioned as a technique for inspiring the audience’s sympathy through discourse that would be familiar to them. The disparity between bodies’ physical defense against smallpox and the manipulation of the disease to eradicate an enemy were the subjects of letters sent between doctors, generals, soldiers, husbands and wives during the Revolutionary War, so it was not unfamiliar to readers. We have to remember that the story about Jonathan Moulton circulated amongst army doctors and congressmen, ultimately to Polly Bartlett, so what was written on the folded pages of letters was often passed along. Like most authors, Bailey used the tropes from familiar narratives to flavor her story, sometimes self-consciously. For instance, Bailey seemed aware of her own affinity to the captivity narrative genre in oral if not in written form:

Can it be thus? Is not all this a long and melancholy dream of the night? Or had not my trouble driven me to distraction; so that I have, only in a bewildered imagination, come this strange and horrible journey? For I was so overwhelmed with sorrow, and so amazed at myself, that it sometimes seemed difficult to believe that I really was where I was. I was a wonder to myself; and thought I must be to every body else, who might ever know my situation. I sometimes would wonder, why my lot should be so singular. For I thought that in all the stories I ever heard, or the histories or accounts I ever read, I never found any thing so strange as this! or any case familiar to mine. (130-131)⁵³

⁵³ Ann Taves established the connection between the memoir and Indian captivity narratives in her introduction to the recovered text in 1989. Taves has reminded us that Indian captivity narratives were popular texts for early American readers, Bailey included; accounts of captivity “dominat[e] the lists of books published in America in the late seventeenth century and early eighteenth century and maintai[n] their popularity well into the nineteenth century” (16). She read Bailey’s spirituality as a signpost of the captivity genre, and considered her whole relationship with Mr. B. to be a twenty-two year captivity. A captive’s unrelenting faith was a defining characteristic of early

Perhaps like the captivity narrative, the smallpox narrative provided a way for Bailey to read herself and her circumstances in addition to providing tools for narrating her story to readers.

After nearly two decades of horrific abuse, carrying her to a smallpox outbreak was the last and cruelest act of brutality on Mr. B.'s part towards his wife Abigail, and it was possible only because of his immunity to smallpox and Abigail's susceptibility. However, coming so close to this danger actually created the opportunity for Abigail to break free from his control and cruelty by secretly getting inoculated before she was certain to catch smallpox the natural way. Through literal inoculation, Abigail Bailey essentially inoculated herself against her husband's malicious designs, finding liberty through risk and danger.

American Indian captivity narratives, like those of Mary Rowlandson, Hannah Dunstan, or Elizabeth Hanson. These former captives embedded the narrative of their ordeals with scriptural references that helped them interpret their experiences as modern Israelites undergoing spiritual trial. The captive's spiritual reawakening after surviving or undergoing a period of travail shaped the narrative as a spiritual autobiography. Nonetheless, scholarship of Indian captivity narratives has moved away from the spiritual focus to emphasize the race, culture, and gender power dynamics between the captor and captive at work in the narratives. Perhaps for these reasons, Bailey's text has not been given much attention as a captivity narrative (or at all); after all, she was captured by her white husband and not a Native American "devil." Although Bailey's experiences do not include culture-crossing, as Christopher Castiglia might have said, she clearly understood her situation with her husband in terms of captivity—in fact, we could even say being kidnapped made her recognize that Mr. B. designed a series of captivities that entrapped her, his children, and his employees, and that her marriage had been captivity, too. Even though there was not a racial or cultural difference between them, their gender difference enabled his mistreatment of her because the law and the church favored his authority. Additionally, Bailey clearly saw a difference between their souls and seemed to adopt some features of other narratives where the captives and captors had contrary spiritual fates that also corresponded to their cultural or racial differences. She began seeing a difference in him and between them and noted his strangeness. He himself became like a stranger to her but he also acted strangely, said strange things and even inhabited strange places (as he later drifted away into far away places that Bailey offered no other explanation for).

Memory of a Nightmare: Smallpox, Part 2

Smallpox was eradicated in 1980 after a concentrated campaign by epidemiologists at the Center for Disease Control.⁵⁴ In May 1980, the cover of *World Health* magazine showed the image of a globe floating on a blue background, a yellow banner cuts across the page with the headline: “smallpox is dead!” The style of the cover flirted with tabloid style front-page news that have announced other momentous events in history, specifically those related to war. A facsimile of the cover can be seen in D. A. Henderson’s *Smallpox: The Death of a Disease*, which documents Henderson’s on-the-ground work in stopping smallpox (plate 8). In the book, Henderson also included an image labeled “Poster of a Hero Slaying the Smallpox Demon” (183). A large, dark-toned, pockmarked and horned figure lied on the ground about to receive the final blow from the hero whose weapon was “a bifurcated needle.” The hero was much smaller than the demon and displayed a herculean physique unmarred by pustules or pockmarks. These examples encapsulated the smallpox narrative as a destructive, evil entity set to destroy the virtuous. The language and imagery are reminiscent of Washington’s claim in July 1776 that “Every possible precaution will be taken to destroy the Infection of the small-pox” (4: 411), for he found himself waging war on a “most Dangerous Enemy” (3:391). Within thirty years (in 1799), Edward Jenner would begin another revolution against smallpox with the vaccination strategy, which exposed a body to cow pox (the word vaccination comes from the Latin for cow, *vacca*), a poxviridae like smallpox but less dangerous to humans. Jenner’s innovation enabled the CDC’s triumph over

⁵⁴ The phrase “Memory of a Nightmare” comes from Jonathan Tucker’s *Scourge*: “the horrors of the disease have faded from public consciousness like the memory of a nightmare” (4).

smallpox in 1980 and allowed the final episode of a centuries-old smallpox narrative to be written.

The elimination of a disease referred to as the “greatest killer” or the most horrifying disease in history may have ended one version of the story of smallpox, but it invites a sequel. The possibility of a future outbreak—that some fear is inevitable—offers the scariest version of the story that fed the fears of the American troops in Quebec, that kept Washington from inoculating his men for nearly two years, that transformed loved ones into monsters.⁵⁵

The distance that has been established between then and now, between immunity and susceptibility means “[f]ewer and fewer individuals bear the round, mottled scar of a smallpox vaccination...let alone the disfiguring pockmarks that were once the hallmark of the disease” (Tucker 4). Instead, the narrative becomes the hallmark of the disease—the only reminder of what happened and could (or will, depending on the insistence of the narrative) happen again. The characters change slightly, though. During the Revolution, the difference between the susceptible and the vulnerable could transform a family, particularly the power dynamic between a married man and woman. The threat it posed and opportunity it may have introduced were both risks to the integrity of the marriage and reasons to fear the disease. Through the implementation of universal inoculation, we all become immune—powerful in the face of a killer. As smallpox becomes more a thing of the past, our bodies and our society become less equipped to respond effectively

⁵⁵ For a discussion of the possibility of threats of a smallpox epidemic after the eradication in 1980, see Michael Willrich’s *Pox: An American History* and Jonathan Tucker’s *Scourge*. The smallpox resurgence theory has been attributed to the fact that vials of the virus have been housed in other nations (Russia, France, and, it is suggested, Iraq and North Korea).

should it return; in this narrative, we are all susceptible and no one knows what the resurrected enemy will look like. A horned demon, a loving spouse, a dastardly husband, or a conflicted general?

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Chapter Three

“disastrous eloquence”: Producing Fear and Fever in 1793

I cast a look upon the houses, which I recollected to have formerly been, at this hour, brilliant with lights, resounding with lively voices, and thronged with busy faces. Now they were closed, above and below; dark, and without tokens of being inhabited. From the upper windows of some, a gleam sometimes fell upon the pavement I was traversing, and shewed that their tenants had not fled, but were secluded or disabled.

The evils of pestilence by which this city has lately been afflicted will probably form an aera in its history.... They 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, to whom they have furnished new displays of the influence of human passions and motives.... The influences of hope and fear, the trials of fortitude and constancy, which took place in this city, in the autumn of 1793, have, perhaps, never been exceeded in any age.... He that depicts, in lively colours, the evils of disease and poverty, performs an eminent service to the sufferers.⁵⁶

As he looked upon the houses and streets of Philadelphia in the midst of an epidemic, the speaker of the first passage above also saw in his mind's eye the appearance of the same landscape just a week prior. In the early days of August in 1793, the atmosphere was heavy with the characteristic humid heat of Philadelphia in the summer; the air was dense with the city's smells and buzzing mosquitoes that seemed to blur the rigid lines of the city's gridded streets. When the city was designed, it was thought that the grid pattern would create a healthful environment where air could move freely between residential and green spaces, between right angles and parallel lines.⁵⁷

⁵⁶ Charles Brockden Brown, *Arthur Mervyn: Or Memoirs of the Year 1793*, 139-140, 3 (respectively). This chapter's title phrase "disastrous eloquence," comes from Brown's other novel on yellow fever *Ormond* and was used to describe Mr. Dudley's bleak certainty that with yellow fever approaching, he and his daughter were sure to witness "horrors that surpass thy powers of conception" (66, 65).

⁵⁷ The grid pattern was part of William Penn's original design for the city in the seventeenth century. Between the Delaware and Schuylkill Rivers, numbered streets

However, since its establishment, Philadelphia had been outgrowing those rigid grid lines and sickness did not abide them.

Since 1686, the population had been blossoming, and the city had become a hub of transatlantic commerce, national government, medical and natural sciences, publishing, art and literature. As a result, Philadelphia was crowded with bodies, activities and ideas by the summer of 1793 (Klepp 94-95).⁵⁸ That August, as bodies of sailors, statesmen, printers, doctors, preachers, servants and scientists passed by one another on their ways to the wharf, booksellers, meetings at Philosopher's Hall, or the stalls of Market Street, a perhaps imperceptible prick of a mosquito bite connected them together. We now know that when someone was bitten by an infected *Aedes aegypti* mosquito, the yellow fever virus entered the new host's body. In a matter of days, the reproducing virus would overflow into the bloodstream, and its human hosts would begin experiencing intense nausea and vomiting, violent pains, followed by the onset of anxiety, and internal hemorrhaging as blood perforated the boundaries of organs (Barnes 304).⁵⁹ It was an aggressive, violent, spectacular, and disorderly disease that killed

running north and south were intersected at perpendicular angles with streets bearing the names of trees. For a recent discussion on the grid design as in relation to health, see Simon Finger *The Contagious City* (1-20) or Samuel Otter *Philadelphia Stories* for his analysis of the grid as an emblem of order and equality (9-24).

⁵⁸ The date 1686 was the date of publication for William Penn's pamphlet "Information and Direction to Such Persons as Are Inclined to the Province of Pennsylvania in America." By 1700, Penn's vision of Philadelphia had deteriorated as people lived in caves along the Delaware and crowded into "Sailor's Town," a section of town full of packed alleys and houses (Finger 27-29).

⁵⁹ Contemporary virologists classify yellow fever as a flavivirus or arbovirus—a virus transmitted from an insect host. Specifically, the *Aedes aegypti* mosquito transmits yellow fever to a human host "during the process of probing host tissues with the piercing mouthparts" (Fields 977). Females lay their eggs in small pools of water that gather on leaves or in trees, so the smallest puddle left undisturbed on the ship would have been sufficient for reproduction. In 1793, some ships arrived in Philadelphia with cargo that

nearly 5,000 Philadelphians in 1793 and caused more than 17,000 to flee for the country (Horrocks and Van Horne vii). The yellow fever epidemic of 1793 now has a legacy of terror for the catastrophic loss and the eerie vacancy it caused in an otherwise bustling eighteenth-century city.

The texts that document the epidemic of 1793 have been the focus of numerous scholarly studies that investigate the medical, social, economic, political, racial, transnational, and literary factors that influenced or were influenced by the epidemic.⁶⁰

had been ruined due to leaks and puddles in the cargo hold. In fact, the produce that rotted from standing water on board a ship was discarded at the wharf and left there for several days. Dr. Benjamin Rush and others believed it produced effluvia or foul air and was the source of the spreading fever. Even though they did not realize it, both origin arguments were founded on leaky boats. Today, scientists consider yellow fever a prototypical flavivirus that displays the classic characteristics (Fields 961). As a flavivirus, yellow fever affects the blood and liver of human beings. In its infective form, it is enclosed in a protein shell, forming the viral particle or virion. When it enters the blood, the body's immune system attempts to neutralize the invasion with macrophages—white blood cells that “engulf foreign materials”—but these are the virus's “favorite target cells,” so the body's protective mechanisms work in favor of the virus. Still encased in its spiked shell, the virus attaches itself to the macrophages cells, enters them, and reproduces itself until it overflows into the circulating blood (Ethne Barnes 303-304). As Ethne Barnes explains, the virus first reproduces “within the infected macrophages inside the lymph nodes, and when the viral population increases, it spills into the circulating blood system in search of new territory. The major attractions for the circulating virus become the resident macrophages of the liver” (304). The characteristic yellowing of skin, eyes, mucus membranes, and fluids results from the damage the virus causes the liver cells (304).

⁶⁰ Significant contributions to the scholarship on representations of the 1793 epidemic have been made by Eve Kornfield, Gary Nash, Jacqueline Bacon, Jacquelyn Miller (“Passions and Politics”), Phil Lapsansky, and J.R. McNeil. In these analyses, the city plagued by fever signified the nation under threat of revolution, the expanding slave economy, and interracial mixing (this list does not include the many texts that address yellow fever in Charles Brockden Brown's fiction, which is discussed in detail in a separate footnote below). Therefore, scholars sometimes read the anxiety about yellow fever as an extension of anxieties over national integrity. This model highlights the importation of the social disorder and racial, colonial, economic ideologies becoming dismantled. These studies have layered the discussion of the fever with the racial and cultural conflicts that escalated in Philadelphia; these conflicts were informed by the crises in the West Indies with the slave revolution that upset the French colonial rule

However, in this vast body of scholarship, the bodies of the sick can fade into the city's bleak landscape. In reading the fever as a marker or metaphor for greater systemic issues, these analyses don't attend to the physical experience of the fever in the lives and bodies of the people who experienced such an unpredictable, disabling, and disorderly disease. In the first passage above from Charles Brockden Brown's novel about yellow fever, *Arthur Mervyn*, the speaker noted the desolation of the city but also saw signs of life—light in the windows, indicating the residents were “secluded and disabled” by the fever.⁶¹ As scholars, we turn off that light in the windows when we do not attend to those disabled by the fever. Brown's use of the language of disability in relation to those sick with fever invites us to reconsider the kinds of texts that informed his narrative as accounts of disability and disorder.⁶² The connection between those terms is central to

thanks in part to the raging yellow fever epidemic in St. Domingue that incapacitated the French. Without meaning to discount these analyses or the anxieties about contagious threats to the nation, my analysis puts stock in Philadelphians' fear of the fever—not as a metaphor but as a material reality that disordered and disabled their bodies and lives, made both unrecognizable. Additionally, instead of addressing the collective yellow fever archive as an artifact, these works have tended to centralize Brown's gothic representation of fear of fever, which highlighted absence and vacancy caused by fear of contagion/contact. While the fears of yellow fever certainly did concern anxieties over contact, I see that as symptomatic of fears about its disorderliness. Because contagion, in general, spread through human contact, its course could not be accurately predicted, especially if the contagious disease was silently festering in a body before symptoms became evident. By focusing on contagion (as some scholars have done) as contact and not behavior or movement, we misunderstand what made this disease so terrifying—what drove people to run from it, what terrified those who stayed, and what provoked such a rich written record.

⁶¹ While the term “disabled” was not ubiquitous, Charles Brockden Brown was not unique in his use of the word. In his research on disability in eighteenth-century English texts, David Turner has noted that “In fact, ‘deformed,’ ‘disabled’ and other non-standard bodies were ubiquitous topics of discussion across a wide range of eighteenth-century sources.” (13)

⁶² In the history of Brown scholarship, the yellow fever epidemic has served as a way to connect the novels to the author's biography and has, since the 1990s, developed into a signifier of social and political factors of the period. The significance of the fever to

this discussion, for each relates to yellow fever's capacity to defy order and ability—to resist familiar patterns and shapes that represented health and safety against the disease.

By centering my discussion on embodied disease in this chapter, I contend that what we have treated as an archive of devastation and chaos is also an archive of wide-scale disability (both in the contemporary and contemporaneous uses of the term) and

Brown scholarship has grown through the various critical turns since Grabo's structuralist analysis. In his cultural biography of Charles Brockden Brown, *Charles Brockden Brown's Revolution and the Birth of the American Gothic*, Peter Kafer has discussed the fever as an even in Brown's personal experience and its significance to his family (who were living in Philadelphia) and his friends, particularly Elihu Hubbard Smith who died of the disease in 1798, but he has not offered any literary analysis of the fever (155). Scholars like William Hedges, Alan Axelrod, Donald Ringe, Mark Kamrath have noted (what both Hedges and Axelrod have called) the "vividness" of Brown's descriptions of yellow fever (Hedges 296; Axelrod 117; see also Ringe 49-50; Kamrath 50). For Steven Watts and Mark Kamrath, yellow fever provided historical context but did not garner analytical consideration. In other Brown studies, has yellow fever received more prominence, but often as an emblem of another social concern. For instance, Ringe has written, the "primary function [of Brown's picture of plague-ridden Philadelphia] is a symbolic one" (50). In most instantiations of this reading, the fever was a symbol for the state of affairs in Philadelphia after the American Revolution, for some scholars, and the Haitian Revolution for others. For Ringe, the fever symbolized the "poisons" of corruption and the various threads of revolutionary into which the characters of *Ormond* and *Arthur Mervyn* were initiated. Norman Grabo has read yellow fever *Arthur Mervyn* as a "moral sickness" fostered by "ambition for esteem, wealth, and sexual dominance" (103). This point was also made by Bill Christopherson in relation to yellow fever in *Ormond* (61). Jane Tompkins, Julia Stern, and Shirley Samuels have treated the fever as a marker of the vulnerability of the new nation and national identity from internal and external factors. Robert Levine has emphasized the fever as an allegory of the French Revolution and the Illuminati threat (*Conspiracy* 15-57; "Arthur Mervyn's Revolutions" 145-160). Shirley Samuels, Bill Christophersen, Sean Goudie, and Andy Doolen each read the fever as an allegory for the revolution of black slaves in the West Indies in the months and weeks that preceded the outbreak (60-87). Considering Philadelphia's significance in international commerce, Philip Gould treats yellow fever as an allegory of the dangers that accompany that commerce. In her analysis of networks in *Arthur Mervyn*, Stacey Margolis understood the fever as a sign of connectivity between Philadelphians. Similarly, Sian Silyan Roberts has seen yellow fever as "an apt metaphor" for community and "alternative social organism" (308). Goudie has written that the "fever metaphorizes Philadelphia's pock-marked condition under Federalism," a statement that showed the fever as both a metaphor and a maker of a metaphor, abstracting it further from the body (64).

textual productivity. Reading this archive as an archive of disability shows us a symbiotic relationship during the fever epidemic between the bodies of the sick and the written record—both sites for the fever’s material impact and registers of the disorder it caused.⁶³ In fact, through representations of the fever-disabled body and a material connection to the physical body (through production, circulation, and reading), these fever texts are extensions of the fever-disabled body. Additionally, their content could

⁶³ My use of “disability” in the context of a yellow fever infection and in the context of an archive or single text is rooted in the growing scholarship of disability studies and the history of disability. What we now call “disability” refers to “cognitive and physical conditions that deviate from normative ideas of mental ability and physiological function” (Mitchell and Snyder *Body and Physical Difference* 2). Lennard Davis has explained that “disability” “is more broadly used to indicate any lack of ability—fiscal, physical, mental, legal and so on” (*Enforcing Normalcy* xiii). Some contemporary understandings of disability, like the Americans with Disabilities Act, recognize sickness as a disability though usually only chronic sickness (Davis *Enforcing Normalcy* 8). Thus, some scholars may take issue with my use of the term in the context of yellow fever, an infectious disease that does not cause the same long-term suffering as cancer or tuberculosis (which will be discussed in Chapter 4). However, in the eighteenth century, disability referred to chronic sickness, sensory and physical impairments, and disease. As David Turner has explained, “The eighteenth century is significant for the growing use of the term ‘disabled’ to describe people with physical impairments. . . . who potentially may have faced restrictions on their ability to carry out everyday activities through injury, *disease*, congenital malformation, aging or chronic illness, or whose appearance made them liable to be characterised by contemporary cultural ideas associated with non-standard bodies” (Turner 11, my emphasis; see also Faith and Alker 32;). The inclusion of disease and chronic illness shows that these were seen as distinct conditions, but both were seen as disabling. Turner has also explained that the immutability of a disability was not a defining factor, so temporary conditions were considered a disability in the eighteenth century (20). Other scholars have recognized the application of the term “disability” as a reflection of available knowledge about a health condition. For instance, in *The Body and Physical Difference*, David Mitchell and Susan Snyder write, “Since diseases ‘follow a *course*’ and therefore prove familiar and domesticated by virtue of a belief in their determinate status (i.e., the ability to confidently narrate their future), disability might be characterized as that which exceeds a culture’s predictive capacities and effective interventions. Since effective predictions and interventions change over history, bodily differences classified as nonnormative, monstrous, or disabling also shift from one epoch to another” (3). “Disability,” like yellow fever, I would add, “defies correction and tends to operate according to its own idiosyncratic rules. In fact, this resistance to cure or successful rehabilitation determines disability’s unnatural status in medical and social discourse” (4).

affect the physical body as the frightening details they portrayed were believed to influence one's health.⁶⁴ Likewise, the bodily anomalies of those infected by yellow fever were mirrored in the texts that tried to account for or contain the disorder and its aberrant effects. Thus, when Charles Brockden Brown wrote about the 1793 fever epidemic six years later in *Ormond* and *Arthur Mervyn*, the fever-disabled body that was so widespread in 1793 could be safely contained as an anomaly in narrative history, perhaps even enjoyed like a rare specimen in a museum.

Multiple voices expressed the fears felt at observing this disabling disease in published accounts. Several of the fever writers were doctors/scientists (Cathrall, Currie, Rush), some were religious leaders (Helmuth, Jones and Allen), and others were involved in the print industry (Carey, Hardie).⁶⁵ In one of the earliest of the many records from the epidemic, *An Account of the Rise, Progress, and Termination of Malignant Fever, Lately Prevalent in Philadelphia*, the unnamed author described the city as a scroll on which characters of woe were written from one end of the city to the other: "at the acme of its predominance, the universal complexion of the city was like Ezekiel's roll, inscribed from one end to the other with characters of lamentation and woe" (9). In describing the grief and terror people felt during the epidemic, this author's writing metaphor was apt when we consider the "copious materials"—to use Charles Brockden Brown's phrase (in the second excerpt above)—produced during and shortly after the epidemic. While the

⁶⁴ Sari Altschuler's essay "Narrative Inoculation: Charles Brockden Brown, Elihu Smith, and the Circulation of Republican Health" also discussed evidence of the physical connection between fever writing and the body in her analysis of Brown's *Arthur Mervyn* as a method of literary inoculation. Altschuler has argued that Brown presented the fever in a safe form through his narrative thereby steeling readers against future outbreaks.

⁶⁵ Eve Kornfield has written that "Rapidly-written books competed for public attention from the fall of 1793" and continuing into 1794 (193).

formal elements of these narratives may vary from poetry to sermon to medical essay, they are each examples of narrative accounts.⁶⁶ With a few exceptions, most of the published writing that documented the epidemic was printed in pamphlet form. Because pamphlets could be printed quickly and cheaply, they were produced with relative ease during the epidemic and document the author's impressions of disorderly and unknowable disease.⁶⁷

These accounts taught people to fear the disorder not only because they portrayed it as a fearsome thing, but because they tried to contain, regulate, standardize, and normalize the fever-disabled body with facts, categories, and narrative.⁶⁸ The goal of

⁶⁶ The account is an autobiographical narrative form that involves both witnessing and reckoning. As an early version of what we now call ethnography, an account details the experiences of an individual in a specific environment or situation.

⁶⁷ Most texts on the fever had an octavo format, which was also typical of most medical and scientific works. Printers did not bound pamphlets in boards, which would have added to their expense and the time it took to produce them; instead, the leaves might be loosely sewn together or the volume would have a "wrapper" to hold it together (Andrews 436; Remer 16-17).

⁶⁸ When historian Hayden White, in his work on narrativity in historiography, contemplated the "desire to have real events" behave in an orderly, coherent manner, the agent of that desire is the historian, but historians and novelists like Brown have the luxury of distance that the authors of the fever texts don't have. As White discussed, the narrative of any historical event is a construction that sacrifices nuance, multiple perspectives, incompleteness, or confusion for the sake of telling a story with "coherence, integrity, fullness, and closure of an image of life that is and can only be imaginary" (*The Content and the Form* 24). In writing about outbreak narratives, Priscilla Wald has identified a similar privileging of narrativity, which "follows a formulaic plot that begins with the identification of an emerging infection, includes discussion of the global networks throughout which it travels, and chronicles the epidemiological work that ends with its containment" (*Contagious* 2). The idea of containment was also evident with White when he explained that "Historical *stories*... [as in stories made out of historical events as opposed to historical chronicles] have a discernible form (even when that form is an image of a state of chaos) which marks off the events contained in them from the other events that might appear in a comprehensive chronicle of the years covered in their unfoldings" (*Metahistory* 6). The patterns and boundaries discussed by White and Wald would make a disease like yellow fever seem predictable, standardized and, therefore,

these documents was to re-order or discipline the body and the disease environment—which had been disordered and disabled through fever—with facts, categories, and narratives. In other words, they were attempts to contain or quarantine the fever’s disorder through language. None of these accounts satisfied this end because many were written in the midst of the epidemic and because the authors did not fully understand the fever nor its effects. Yet accounts of the yellow fever epidemic of 1793 seem to refuse such ordering techniques with the disease’s exceptions, its excesses and absences. Fever accounts reveal the shortcomings in the attempts to reconcile the physical disorder and subsequent social disorder by highlighting the confusion, disagreement, and fear among Philadelphians. Where other historical narratives may mask the fact that they are constructed and are not unmediated transcriptions of events, the yellow fever accounts can’t help but expose their construction.

As a result, these accounts constitute an archive of wide-scale physical disability represented through what I refer to as disabled texts, works that depict the fever-disabled body and the fever’s capacity for defying order, normalization, or structure as well as works that show the excesses and deficiencies of ordering strategies. Elsewhere, I have written on the idea of a disabled textual form as a product of physical disability that challenges normative understandings of genre, which I see at work in the yellow fever record.⁶⁹ As we see from the following, disability studies scholar James Wilson likewise sees a relation between disabled bodies and disabled texts, “disease/disability is cast as controllable. Susan Stewart has also written about the books as a physical containment of their content (37).

⁶⁹ In my article “Ill Fated: The Disease of Racism in Julia Collins’ *The Curse of Caste*” in *Legacy* 2013, I argue that Julia Collins’s novel *The Curse of Caste*, left incomplete upon her death from tuberculosis, is a disabled text that scholars have attempted to normalize through “prosthetic” endings.

textual irregularity and those in the biomedical community become editors who attempt to amend, delete and correct the defect texts of disabled bodies” (69). In *Disability Aesthetics*, Tobin Siebers proffers a model of aesthetics that “refuses to recognize the representation of the healthy body—and its definition of harmony, integrity, and beauty—as the sole determination of the aesthetic. Rather, disability aesthetics embraces beauty that seems by traditional standards to be broken, and yet it is not less beautiful” (3). I apply Siebers’s claims to texts where the physical structure defies expectations of “harmony, integrity, and beauty” but have aesthetic and cultural value nonetheless. The fever accounts I will discuss here do not have the same formal aberrations as an incomplete novel has, for instance, but their content belies their own ordering strategies. From this analysis, we can see that these so-called disabled accounts later become normalized through fictional narratives by Brown and his contemporary Lenora Sansay.

The connection I see between the fever-disabled body and disabled texts is evident in the representations of the fever’s physical effects on the body, the material production and uses of the texts, the ineffective strategies to contain and order the disease in the content, and the fear that travelled between physical and textual forms. As discussed in the introduction of this dissertation, scholars theorizing reading, such as Gillian Silverman, Karin Littau, and Garrett Stewart, see reading as a physical or somatic experience. Readers touch, hold, carry, turn pages in books, making the interaction with books physical. When we put the somatic connection of books in the context of disabled bodies, we can see that texts like the fever accounts from 1793 provide a means of connecting to the fever-disabled body.

While doctors' accounts of the disease described patients' ailments, they did not often include the names of their patients. Instead of names, reports about new cases of yellow fever usually specified neighborhoods or addresses, which offered a different kind of local, physical specificity. Therefore, the following sections of this chapter are titled with street addresses of locations that are significant to the archive of disability. In the late eighteenth century, printers included their firms' physical addresses on the title pages of the books, pamphlets, magazines and newspapers they produced. Similarly, the addresses included here, some of which belonging to printers, function as the site of production for specific features of the yellow fever record.⁷⁰ The sections move from a close reading of medical accounts of the first cases to the analysis of the fever's legacy in literary accounts. The first section, "116, No. Water Street, between Mulberry and Sassafras," addresses the disabling effects of the disease, and the next, "Callowhill street...to the east end of the Ha Ha wall," looks at the disabling influence of fear as a bodily and textual marker of the epidemic. "Upstairs and Downstairs at Philosophical Hall" discusses efforts to normalize, enclose and contain the fever with facts, schema, and narrative. That section is followed by "The New-Stone House, in Second-Street, between Market and Chesnut-streets, the seventh door above Chesnut-street," which is on

⁷⁰ Two of these addresses come from James Hardie's *1793 Philadelphia Directory and Register*, a book-length record of the city's institutions and residents, such as "116, No. Water Street, between Mulberry and Sassafras," Richard Denny's boardinghouse and the address of the College of Physicians of Philadelphia and the American Philosophical Society at Fifth and Chestnut. However, other addresses come from fever texts. For instance, "The New-Stone House, in Second-street, between Market and Chesnut-streets, the seventh door above Chesnut-street" comes from the title pages of many of publisher Thomas Dobson's publications produced at that address. And the section that precedes the conclusion, "High-Street after Nightfall" comes from Brown's *Arthur Mervyn*, 139. The address for the concluding section, 1314 Locust Street, is the current location of the Library Company of Philadelphia, which houses the majority of the archival materials consulted for researching this chapter

the efforts to document and circulate texts that attempted to explain a baffling disease. Finally, “High-street after nightfall” offers an analysis of Charles Brockden Brown’s fever novels and examines his construction of a “broken” yet lasting narrative of the disabling disease.

“116, No. Water Street, between Mulberry and Sassafras”: Strange Bodies

The extent and intensity of yellow fever victims’ suffering, while perhaps lost in the quantitative details that fill the epidemic’s numerous charts and mortality lists, filtered into the accounts by doctors and nondoctors. Some of these authors addressed the disabling sickness of particular people while others enumerated the disease’s shifting symptoms and ability to affect bodies differently but severely. Although a yellow fever infection would not be described as a disability today—because advances in microbiology have made it better understood and treatable—yellow fever in 1793 was a disability. It affected the way someone looked, the treatment they received from others, and their ability to function normally due to the extreme sickness, weakness, and pain it caused. It was not a chronic condition, but neither did it come and go quickly. The sick could suffer for two weeks or more, and the *threat* of infection seemed almost chronic as the disease remained active in the city for four months. Authors like William Currie and Isaac Cathrall used words language like “violent,” “oppressive,” “laboured,” and “torture” to capture the pain and suffering they witnessed at their patients’ bedsides where their bodies were expelling “putrid” and “offensive” sights and smells.

The fever’s potential for causing disabling symptoms can be seen in Dr. Cathrall’s account of the first documented fever victim in 1793: a woman named Mrs. Parkinson

who was a tenant at Richard Denny's boardinghouse, 116, No. Water Street.⁷¹ Cathrall, a fellow of the College of Physicians of Philadelphia, was called to treat Mrs. Parkinson on August 3rd, he sketched her symptoms, suffering, and eventual death in a letter to his colleague Dr. Currie, who included it in his pamphlet, *A Description of the Malignant Infectious Fever Prevailing at Present in Philadelphia*. Currie's pamphlet was published on September 6th, 1793, three weeks after the first known deaths were recorded and only about a week after the College of Physicians released its first formal statement about the yellow fever epidemic.⁷² The boardinghouse where Mrs. Parkinson became sick stood in a crowded area of Philadelphia where many newly-arrived immigrants and sailors stayed because it was so close to the city's port on the Delaware River. As disease historian Michael Oldstone has explained, the house on Water Street itself was often frequented by sailors: "Denny's Lodging House in North Water Street was a favorite place of residence for sailors and new arrivals, of which several from Santo Domingo and the other Caribbean islands found their way" (47). When she got sick in August, Mrs. Parkinson

⁷¹ While doctors were certain that the disease first broke out in the Water Street neighborhood where the Dennys and many others associated with the shipping industry lived, they could not say how it got there since yellow fever was not endemic to the United States. The house number was provided by Hardie's 1793 *Directory* for the owner of the house: "Denny, Richard, boarding house, 116, No. Water St." (35). However, reference's to Denny's boardinghouse in the fever archive record the location as Water-Street between Mulberry and Sassafras or between Arch and Race Streets, which were alternative names for the same streets.

⁷² The *Federal Gazette* advertised the publication on this day and in subsequent issues. Much of the text of this pamphlet was reproduced in *An Account of the Rise, Progress, and Termination, of the Malignant Fever*, an unsigned pamphlet published in November, 1793, but which Evans's *Early American Imprints* attributed to James Hardie, the author of *The Philadelphia Directory and Register* and an account of yellow fever in New York in 1799.

had recently landed in Philadelphia with her daughter and husband from Dublin on board the brig *Ann and Mary*.⁷³

As Cathrall and Currie reported, the disease soon appeared to spread to other members of Mrs. Parkinson's family, other guests, and the Denny family. Six people died, including Mr. and Mrs. Denny, and the fever infiltrated other houses in the neighborhood (Currie *Description* 25-27).⁷⁴ Three weeks later, Dr. Benjamin Rush wrote in a letter to his wife Julia dated August 25th, that "Water Street between Arch and Race Streets is nearly desolated by it" (*Letters* 640). The symptoms Mrs. Parkinson felt might have been different from those of her neighbors, for the body responded in different ways to the infection, further confounding doctors with its unpredictability. For instance, in his fever pamphlet *An Enquiry into, and Observations upon the Causes and Effects of the Epidemic Disease*, Dr. Jean Deveze included eighteen "observations" or case studies depicting the range of the fever's effects in his account of the epidemic. As Dr. Currie wrote in his *Description* of the disorder, "In some the head was most affected; in others the stomach" (22). In his own catalogue of symptoms, Dr. Cathrall said some of his

⁷³ Mathew Carey's "A Short Account" identified two French sailors as the original cases in the city, while Benjamin Rush named Philadelphia resident Mrs. Catherine Lemaigre as the initial victim (Carey 15; Rush *Account* 42-43). Mrs. Lemaigre died early enough to actually be eulogized rather than being included in a list of the dead. Immediately below her eulogy in the *Federal Gazette* in 1793, appeared a reminder to every citizen to "contribute all in his power to prevent the spreading of disorders" (n.p.)

⁷⁴ William Currie published two additional texts between 1793 and 1794 about the epidemic and a memoir of the return of the yellow fever in 1798. One was a refutation of Dr. Rush's *Account* and the other, *A Treatise on the Synochus Icteroides, or Yellow Fever; as it lately appeared in the city of Philadelphia*, could be described as a more comprehensive version of the 1793 pamphlet. In *A Treatise*, Currie described the point of origin as being on Water Street between Mulberry and Sassafras Streets (Race and Arch Streets). He noted in *A Description of the Malignant Fever* that "in the low and filthy apartments of some of the inhabitants of Water-street" that infectious diseases could spread by "adhering to goods or to the apparel of diseased persons" (7).

patients were “under dreadful apprehensions” while others suffered “frightful dreams” (25, 26).

Without knowing from what she suffered, Dr. Cathrall realized Mrs. Parkinson’s condition was severe, and he was struck by the intensity of her symptoms from the start. When Dr. Cathrall arrived to treat her, she was “labouring under a highly malignant fever,” which was not identified as yellow fever until more people became sick (Currie *Description* 26). Dr. Cathrall’s use of the word “labouring” to describe her physical state helps us appreciate the exertion of the body in the throes of fever. Additionally, she had a feeling of constriction as if there was an “oppressive weight” around her chest, a symptom Currie would see himself numerous times and characterized as “a sense of stricture and oppression at the precordia, as if tight bound with a belt” (*Treatise* 21). The constriction could worsen as the disease progressed, and it “soon became insupportable torture” for several of his patients” (23).⁷⁵

Among these painful afflictions, Mrs. Parkinson also experienced symptoms such as an increase of body heat, constipation, continuous thirst, and pain in her head and back. Cathrall categorized her disabling pain as “violent,” and Currie elaborated by describing it as “a torturing pain in the head, back, loins, and large joints, shooting from temple to temple, and extending from the loins to the hips and down the thighs” (21). “Violent” was a term regularly used in materia medica of the eighteenth century; it signified the intensity of a symptom based on the patient’s degree of pain, but it evoked empathy in a way a word like “severe,” for instance, did not. “Violent” also strikes me as

⁷⁵ In *Arthur Mervyn*, Brown provided a vivid description of this symptom that he likened to a “the cord which seemed to be drawn upon my breast, and which, as my fancy imagined, was tightened by some forcible hand, with a view to strangle me” (214).

less individualized or isolated as “severe.” A “severe” or “intense” pain was felt by the sufferer, but a “violent” pain also had a spectacular component—the sufferer reacted to violent pain. Both the reaction and the pain could be witnessed, affecting the viewer. This kind of language amidst a technical description evoked the trauma Mrs. Parkinson and thousands of other victims must have felt as they struggled under the strain of the fever’s disabling symptoms.

When Dr. Cathrall was called to Mrs. Parkinson, the yellow fever virus had been replicating itself in her lymph nodes for days and flooded her bloodstream, which affected her liver and kidney functions. It could have caused her heart muscle to deteriorate, internal bleeding in her gastrointestinal tract, and microscopic hemorrhages in her brain (Barnes 304). Mrs. Parkinson’s severe head and back pain, vomiting, constipation, fever are still recognized as standard symptoms of yellow fever, but they only comprised the initial phase that lasted about three days and then worsened. The yellowing of her skin, mental delirium, and low pulse that followed were emblematic of the later phase, which was also when the characteristic black vomit or vomit resembling coffee grounds was produced. Although Cathrall did not describe the contents of Mrs. Parkinson’s stomach when she vomited in her final days, his description of her stool as “offensive” and “putrid” suggested she was passing digested hemorrhaged blood through her system, which was what produced the black vomit (Cathrall qtd. in Currie 30; Barnes 305). Black vomit was sometimes referred to in fever accounts as a material object expelled from the body (as in “the black vomit”), but we have to remember that it was the outcome of intense, frequent, and painful vomiting, as Mrs. Parkinson suffered. Four days after her doctor’s initial examination, Mrs. Parkinson’s symptoms worsened. She

could not keep anything in her stomach as her vomiting continued though her thirst persisted. Her pulse slowed; she produced only a small amount of urine, and she suffered frequent diarrhea. Her pain persisted and she lapsed in and out of delirium, especially at night.

The language and features doctors emphasized in their descriptions indicated a patient's chronic and severe condition. Among his own patients, Currie observed a watchfulness at night called *pervigilium* that he described as "obstinate and painful pervigilium" in the period he identified as the second stage of the disease (*Treatise* 37).⁷⁶ He did not elaborate on the kind of pain that infected people felt nor what part of the body it affected. Mrs. Parkinson's vision dimmed, her skin became livid and yellowish, and she began to hiccup—which came to be known as a fatal sign (Cathrall qtd. by Currie *Description* 29-30; Currie 27; Barnes 305). Currie wrote that "In some cases, a profuse discharge of blood from the nose, concludes the catastrophe" (*Description* 5). The "catastrophe," as Currie put it, was the final stage of the disease where the symptoms worsened and new ones developed, which was the typical course for patients who had not begun to recover or who had succumbed sooner. In using "catastrophe" here, Currie may have wished to signal more than one of the possible meanings of the term. For example, it could refer to a sudden and widespread disaster, which would apply to an epidemic, but

⁷⁶ Pervigilium was not defined in Motherby's *A New Medical Dictionary*, but it was in *Dr. James' Medicinal Dictionary*, which consisted of three volumes of demitab pages and included fold out diagrams of the skeletal, muscular, circulatory, and respiratory systems among other figures. He defined *pervigilium* as "Watching, or Want of Sleep; a Symptom very common in Fevers and always of bad presage" (n.p.). The classical poem written in the third or fourth century called "Pervigilium Veneris" ("The Vigil of Venus"), described watching in the night for the arrival of spring and love. It was a celebration of life and youth. It was translated from Latin by Thomas Parnell in 1722; the English translation has heroic couplets.

less in the case of an individual body. “Catastrophe” also meant a revolution that led to the closing scene in a drama, a disastrous end, or “a sudden and disastrous change in the physical order of things” (OED). Each of these latter three usages fit in the context of Currie’s description, but the last, a change in physical order, certainly corresponded to the discourse of disease as *disorder*. The use of “catastrophe” in a theatrical sense should remind us that the sick were likely to have been observed throughout the progress of their illness if not by a doctor, perhaps a family member, or the people hired to convey the body either to hospital or graveyard. While the virus would not have been transmitted to the viewer, the agony he or she was in could influence the observer’s emotions. We can surely imagine a witness experiencing grief, empathy, and fear at the spectacular nature of violent pain.

After she struggled with violent pain and unrelenting purging, Mrs. Parkinson died. Dr. Cathrall recorded Mrs. Parkinson’s death, for which he was present, on the 7th of August at eleven pm (Cathrall qtd. by Currie 30). Her period of disability did not last a lifetime or even more than a few weeks, but she and thousands and thousands more would suffer the fever’s disabling violence.

The descriptions above demonstrated the disabling power of yellow fever within a body and the presentation of the various symptoms that baffled doctors and shaped the language they would use to account for it. Also significant to understanding the effects of the fever-disabled body was the way the disease moved *between* bodies. Its means of communication eluded doctors. Philadelphians were frightened it could travel through the mail (as smallpox was), on exchanged goods, through casual contact, by touching the sick body or breathing in the sick room air (Powell 149). With those initial questions of

its identity and nature still unanswered, the fever seemed to be anywhere and everywhere, refusing to adhere to the classifications doctors tried to impose on it. Its inscrutability may have attracted some doctors to study the disease, but its possibilities terrified most.

Rush reported to his wife Julia that the “contagion affects across a street and perhaps much further” (Rush 653), and no one knew how to quarantine something that moved so erratically. Without knowing how it spread, fear that even the most casual contact could transmit it led people to avoid friends and neighbors. Currie believed that only people who had extensive contact with the sick, especially in close rooms, were liable to catch it from them:

The principal, and perhaps only circumstances which render the present fever communicable, if analogy and past experience are to have any weight, are the following, viz. Confinement for any length of time in the bed-chamber of the sick, especially when the apartment is not large, and freely ventilated—coming in immediate contact with the patient, his body, or bed-clothes, or those of the nurse or other attendants before they have been for some time exposed to the action of the open air, or by receiving the breath, or the scent of the several excretions of the sick. (*Description 9*)

Yellow fever did not appear to him to be contagious since so many of the caregivers who handled the bodies of the sick and came in contact with black vomit were able to avoid it, and yet it spread quickly and widely (Mark Smith 326). Cathrall, however, believed its contagiousness depended on its progress in the body, and even that had exceptions.⁷⁷

⁷⁷ For instance, Isaac Cathrall thought most people caught yellow fever from others in the earliest stage of the disease, and that it was more contagious in the later, what he called the inflammatory, stage (10-11). He offered the example of a nurse who administered an emetic or purgative to a patient and then became sick with the fever the next day. Cathrall attributed that occurrence to the “peculiarly foetid smell” of the patient’s vomit, which suggested its degree of contagion (11). His theories about stages of the disease and ways of communicating the fever were confusing attempts at untangling something that appeared to reangle itself at every turn.

Doctors and non-doctors alike understood the concept of contagion, but they did not know what could prevent or stop the spread of a contagious disease beyond containment or quarantine (Finger 122-123).⁷⁸ Quarantine was an ordering strategy that established boundaries between the sick and the well to make the divisions between them clear—spatial categorization, if you will. Experience suggested that a disease like this, once it was introduced to a community, was communicated from one person to another through touch or other indirect contact such as inhaling a sick person’s exhaled breath.⁷⁹ When the yellow fever epidemic became evident, quarantines were instituted almost immediately to separate the sick from the well or as Dr. William Currie put it “to prohibit all intercourse between the sound and the infected” (*Treatise* 75). Currie argued that “the

⁷⁸ In addition to separating the sick from the well, doctors sought ways to heal and restore order to the bodies of the sick, thus methods for intervening on the physical effects of fever could heal and quell the spreading fear of fever. Newspapers advertised various nostrums for cleansing the air and also preventing infection, such as washing with vinegar, burning tobacco, or even lighting gunpowder. Extreme measures were taken by some of the doctors that remained to care for the sick, which provoked disputes within the profession that played out in print during and after the epidemic took place. Benjamin Rush advertised a method he called 10-and-10 that he thought was the answer to yellow fever (Based on Dr. Lind’s account of yellow fever in North Carolina). The method involved administering high doses of calomel, a strong mercury-based purgative and jalap, a Mexican tuberous plant also used as a purgative; in addition to the mixture, Rush recommended excessive bleedings, which would deplete his patients of dangerous amounts of blood (Breslaw 98). This practice combined with the high dose of calomel put an additional strain on a body already weakened by disease (aside from the fact that it provided no true curative benefits). Even though heroic medicines like bleeding and purging were common among Rush’s peers, some doctors found his method too dangerous. Public critiques of Rush and his 10-and-10 technique appeared in the papers, where he advertised his services. As one of the most prominent doctors in Philadelphia, even the United States, Rush defended his reputation in kind (Nord 30).

⁷⁹ John Fothergill, President of the Royal Society wrote in his *Rules for the Preservation of Health* (1770) that “whenever a distemper is found to prevail universally, and seize persons of all ages and conditions, notwithstanding the difference of their diet or manner of living, it is evident such a distemper must arise from the air” (26). He continued on to say that removing the “foul air” that caused sickness was all that was needed to restore health.

most certain means of preventing it from becoming epidemic, or from spreading” was immediate quarantine (75). “As soon therefore, as the disease appears in any family,” directed Currie, “both the sound and the sick should be immediately separated and removed to other apartments, at some distance from the town, and a considerable distance from each other” (75-76). Thus, the sick were enclosed in marked houses, designated rooms, or even on “pest islands.”⁸⁰ Despite efforts to control it, yellow fever continued to spread within and between bodies, disabling thousands and prompting written accounts to make sense of it, both of which fueled fears of the fever.

“Callowhill street...to the east end of the Ha Ha wall”: Fevered Fears

Fear filtered into nearly every account of the epidemic in 1793 and 1794—as if it were at-large, looming over the entire city and within people’s bodies. The fever-disabled body and fear were intimately related in the medical and popular imaginations.⁸¹ As described above, the fevered body underwent dramatic and traumatic transformation through the process of infection as the virus microbes continued to reproduce and affect more and more organs and tissue. During this period, the body was a source of fear because of suspected contagion, but also because of this transformation. So too was the

⁸⁰ The most notable in 1793 being Mud Island where in-coming ships were required to stop before enter Philadelphia’s harbor. Mud Island was the site of Fort Mifflin, which was established during the Revolution (Finger 101).

⁸¹ Katherine Polack connects the relation between fear and the body in her historical review of the epidemic where she states, “Yellow Fever is a terrifying disease, characterized by a suite of grotesque symptoms that have been described countless times... Jean Deveze, a doctor practicing in Philadelphia at the time, describes victims who suffered everything from red urine to yellow eyes, bleeding gums and nose, and green, yellow, or an ominous kind of black vomit.” (n.p.). However, she quickly moves from her discussion of the frightening transformation of the body through infection to narrating the events as they were documented by Mathew Carey, Benjamin Rush, and Absalom Jones and Richard Allen.

body a site of fear's manifestations. Thus, the relation between fear and the body during the epidemic reflected a cultural association that made fear embodied as it made the body fearsome.

Many fever authors analyzed the role fear had on the physical bodies of Philadelphians, claiming fear could affect one's susceptibility to the disease. Fear was classified as a "passion of the mind," along with other emotions such as melancholy, anger, and grief. While they may have been *merely* passions of the mind, they had physical effects, according to eighteenth-century understandings of physiology and intellect. Fear influenced health by causing physiological changes, especially to the heart and blood vessels (Elliot 271-2).⁸² Based on the sense that fear had physiological effects, doctors like Benjamin Rush, William Currie, and Samuel Stearns medicalized fear. Dr. Rush thought fear could excite the infection, but he also thought "fear co-operated with some of [his] remedies" and facilitated patients' recovery (*Account* 31). He claimed the bodily excitement or "stimulus" caused by fear could counteract the debility brought on by fever; thus the contrasting influences would "preserve [the body] in a state of healthy equilibrium" (31). In fact, Rush continued on to say he did not withhold the name of the yellow fever from a patient as a way to reinvigorate a weakened system.

⁸² In Dr. John Elliot's *Elements of the Branches of Natural Philosophy Connected to Medicine* (1786), the author defined "health" in terms of bodily and mental balance: "when the solids and fluids are in their proper states, and proportions; the ailments good, taken in due quantity, and properly digested; and the air in the most perfect state with respect to density, and the other particulars already discoursed of, the circulation, secretions, and other animal functions, will go on to the best possible advantage; the faculties of both mind and body will be in there most perfect conditions, and a general harmony will reign throughout the system; this constitutes *health*" (Elliot 291). By separating the mind and the body in this configuration, Elliot and other like-minded doctors demonstrated the Cartesian mind-body split that located subjectivity in the disembodied mind.

However, the consensus was that fear could aggravate a fever infection. Fear could even be considered a form of physical disorder like yellow fever infection itself. Dr. Samuel Stearns, one 1793-fever author, devoted a chapter in a work he wrote before the epidemic, *An American Oracle*, to the “Effects of the Passions of the Mind” on the rest of the body. Stearns explained, “The Violent Passions of the Mind, such as anger, surprise, fear, terror, grief, vehement desire, sadness, and despair; often make great ravages in the constitution” (212). In particular, “[s]urprize, fear, and terror, contract the vessels in the external parts of the body and limbs, force the blood to the heart and lungs, produce a coldness of the extremities, palpitation of the heart, trembling, congestions in the sanguinary vessels, convulsions, swooning, syncope, apoplexies, palsies, epilepsies, and sometimes sudden death” (212). We might say that one could labor under fear, as the physical impact of fear could be dangerous to the body in the medical opinion at the time.⁸³

Philadelphia’s newspaper and pamphlet readers were constantly reminded of the risk fear posed to their efforts to physically avoid the disease. For instance, on September 19, 1793, about seven weeks after the fever was introduced and about a month

⁸³ Two years before the 1793 crisis, Samuel Stearns published *An American Oracle* described as *A General Account of the Universe*. In it Stearns catalogued weather patterns, historical events, and health concerns. Stearns related a brief narrative in *An American Oracle* about three young women who charged into his office one evening after a male friend of theirs scared them by hiding in a field and jumping out at them as a joke. He was wearing a sheet over his clothes, and they thought they had seen the devil. All three of them went into convulsions. Stearns treated the three girls, but said one of them died as a result of the attack (215-216). Based on these arguments concerning the physiological impact of fear and the observations of fear’s influence on the body during the yellow fever epidemic, these girls’ reactions would have made them all the more susceptible to catching the fever because it would compromise the body’s healthy balance. This chapter of *The American Oracle* was duplicated in Stearns’ pamphlet on animal magnetism, published the same year in London.

following the College of Physicians' official announcement that a dangerous disease was circulating, the *General Advertiser* published an article warning readers that fear could make them even more susceptible to yellow fever:

Fear is more conducive to our security than to our defence—it may assist us in avoiding danger, but it disqualifies us for resisting it. A coldness upon the extremities amounting to a chill, is frequently the effect of sudden fear, & a paleness of countenance which indicates a retreat of the animal spirits, discover the advanced effect of fear the organism of the system is sometimes materially deranged, and the animal functions suspended or confused—in either case a debility ensues, which prevents the activity of defence, and renders the unhappy subject in every point, more vulnerable. This evil will apply to most cases, in which there is an apprehension of danger, and to none more emphatically perhaps than to that of epidemical or pestilential sickness. How often do we see every symptom of an expected epidemic undergone, form the mere apprehension of its approach, or where it has actually made an onset unknown to the patient, to what an alarming pitch will the symptoms rise on his being made to realize the indensity [sic] of the disease. (September 19th, 1793)

By the time the *General Advertiser* published the article about fear, yellow fever had been spreading, sickening, deranging, disabling, and killing for at least six weeks. There was certainly an “apprehension of danger” amongst Philadelphians, which was well-documented by the people who witnessed it. Knowing about the disease's dangers fostered the “evil” of fear, as the article stated. Therefore, readers might have been more inclined to think an otherwise negligible symptom was a sure sign of the fever, become scared, and cause the “organism of the system” to become “materially deranged.” Dr. William Currie and other Philadelphia authors, doctors and laypeople alike, saw a direct corollary between the fearful and the sick. For instance, Currie wrote in *A Treatise*: “The state of mind seems to have had great influence, in hastening or retarding the effects of the contagion; those under the influence of fear, which was the case with the majority, were sooner affected after exposure to the contagion, than those who were less

concerned” (10).⁸⁴ The danger with yellow fever, however, was the difficulty in “realiz[ing] the indentivity of the disease.”

If fear could infect the body with yellow fever, and the fears of the fever related to the body, then this emotion and its movement had a material basis. In addition to the materiality of the body, fear moved through the print material that described the disabled body, the disorder it effected, and the terror that both excited. Documenting the fearsome bodies and the places they could be found with terror, fever authors showed readers what to be afraid of and how to respond, thus perpetuating the terror they documented.

The sites of fever-related terror featured in the fever archive include Richetts’ Circus, Bush Hill Hospital, boarded houses and empty city streets—all of which resulted from the terror over the disabled and disorderly body, the most frightening site of them all. The radical physical transformation of the sick, as discussed above, could be alarming on its own, but another contributing factor was the range of symptoms between individuals, which made a shared disability still very individualized and unique. The diversity of symptoms among patients featured strongly in Dr. Samuel Stearns’ poetic account of the epidemic; he devoted eighteen lines of the poem to the range of symptoms. He suggested that because of the difference in patients’ “constitutions,”

Some who were seiz’d, had on the first attack
Cold chills, and pains, both in the head and back,
And in their limbs, and also in their bones,
Exciting horror, gloom, and dismal groans!
Within the stomach humors did convene,
And vomiting did often supervene;
The bile was black, and putrid too indeed

And haemorrhages sometimes did succeed;
The pulse ran high, but often very low,

⁸⁴ This is repeated in *Description* (31).

Sometimes too quick; and then as much too slow;
The eyes grew red, their pupils did dilate;
The fluids rush'd into a putrid state;
The thirst was great, the urine colour'd high;
The tongue, turrid white, the skin was hot and dry. (23-38)

Through these bodily details—bones, limbs, vomit, blood, etc.—Stearns provided a brief catalogue of the diverse ways the disease disabled and terrified. Stearns's reference to the “horror, gloom, and dismal groans” excited by the physical sensations of the fever fuses the emotion and the physical experience together.

The horror Stearns referred to in the passage above seemed to belong to the individuals who sensed the disease in their bodies. But the terror of proximity to the sick was enough to make others groan as well. For instance, Mathew Carey, printer and author of his own fever texts, wrote the most explicitly about Ricketts' Circus, a place where the first sick bodies were brought in an effort to remove them from contact and sight. Perhaps because no other city space would be voluntarily spared for the fever, the space previously used for Ricketts' Circus—an equestrian circus located at “High, near the corner of Twelfth Street” (Hardie 213)—became the open air sick-room of seven people afflicted with the fever and subsequently abandoned by a community that had caught the spreading fear. They were left there without sufficient care even though, according to Carey's account, “[h]igh wages were offered for nurses for these poor people—but none could be procured” (29). Carey explained that three of these seven died, two in the circus and one on the commons after he had crawled there from the circus grounds. Of the other two who died, one was “seasonably removed,” but the other “lay in a state of putrefaction for above forty eight hours, owing to the difficulty of procuring any person to remove him” (29). The use of Ricketts' Circus spoke to the fears

of the sick, which were underscored by the reaction of residents living in the vicinity of the circus. They were outraged, not because three people had been left to die on the circus grounds, but because some of the sick still remained and could infect the neighborhood. According to Carey, they “threatened to burn or destroy it, unless the sick were removed” (30).⁸⁵ Though they did not have direct contact with these fevered bodies, proximity alone terrified nearby residents to near violence. Carey claimed they would have executed their threats if the sick were not moved.

Another subject of terror in the fever record, especially in Mathew Carey’s account, was Bush Hill Hospital. The Committee for Relieving the Sick and Distressed established Bush Hill Hospital to provide a place at a safe distance from the city where the bodies of the sick and dying could be conveyed. As a location established for the treatment of fever-disabled bodies, the hospital represented horror even to the sick who were brought there and the nurses and doctors who worked there. With no time to erect a new building, the committee appropriated the estate of William Hamilton who was overseas (and, thus, could not give his consent); the property was located just outside the city on Callowhill Street within a circular wall in the landscape called the Ha Ha (Powell 65).⁸⁶ Bush Hill quickly devolved from a place of loose order to absolute chaos.⁸⁷ The hospital lacked system and structure; Carey wrote that “Not the smallest appearance of order or regularity existed” at Bush Hill (43). “It was,” Carey continued, “a great human

⁸⁵ The mob destruction Mathew Carey described was certainly not unimaginable, as the discussion in the last chapter about threats to inoculation hospitals and homes of the sick demonstrates.

⁸⁶ The subject heading for this chapter comes from an uncited reference found on pages 65-66 of J. H. Powell’s *Bring Out Your Dead*.

⁸⁷ Historian J. H. Powell characterized Bush Hill as a “handsome old mansion” that within two weeks would turn into “a dread charnel house of fear, dismal suffering, and death” (66).

slaughter house.... No wonder, then, that a general dread of the place prevailed through the city and that a removal to it was considered as the seal of death” (43). Out of fear of the misery and chaos of Bush Hill, the sick “would not acknowledge their illness, until it was no longer possible to conceal it,” for the first noticeable signs of any ailment caused alarm in neighborhoods “and every effort was used to have the sick person hurried off to Bushhill” (43). Carey reported that the “ordure and other evacuations of the sick, were allowed to remain in the most offensive state imaginable” (43). As efforts were being made to clean the streets and homes of Philadelphia to stop the disease, the sick were dragged to the most insalubrious environment—seemingly to die. Reports circulated that Bush Hill Hospital was “as wretched a picture of human misery as ever existed” and being driven to Bush Hill was akin to going to the grave (Carey 42).⁸⁸ According to Carey, within Bush Hall, the “dying and dead were indiscriminately mingled together” (43). Fear of the fever had kept doctors, medical assistants and nurses away, and what resulted was a nightmarish, disordered place where patients were terrified to go.

Recalling his service at the hospital during the epidemic as a medical student, Charles Caldwell wrote, “[T]he whole establishment being, in its character as a hospital, the product of but two or three days’ labor, by men altogether unversed in such business, was a likeness in miniature of the city and the time, a scene of deep confusion and distress, not to say of utter desolation” (181).⁸⁹ The city’s desolation that Caldwell saw

⁸⁸ Description of one procedure validated the association between the hospital and grave. For instance, one of the four original doctors assigned to care for the patients there, Dr. Helm, developed a new-patient in-take process wherein a sick person was brought to the property and left outside in a hole in the ground until he or she could be assessed by medical personnel (Powell 160).

⁸⁹ A second-year medical student of Benjamin Rush’s, Charles Caldwell stayed at Bush Hill during the epidemic because the family he lodged with fled for the country out of

in miniature at Bush Hill was repeatedly represented in the fever writing.⁹⁰ Several fever authors noted the stillness of the streets and the absence of people—features that resulted from people’s fear.⁹¹ In the city, Philadelphians “shunned each other through fear of being infected” (40), as the Lutheran minister Henry Helmuth wrote in his *Short Account of the Yellow Fever*. “[N]ever,” recalled Helmuth, “were there scenes so terrible, so distressing to us, as those which our citizens experienced during the late months of mortality in the current year” (2).

panic and he had nowhere else to stay. Caldwell actually experienced “the same inconvenience” twice. After the first family fled, he found another to reside with, but they too deserted their house out of panic (179). Caldwell saw that the sick and dying filled several rooms and new ones arrived hourly (181). No space had been designated for the medical assistants, so he ate, drank, and slept amongst the sickly patients whose bodies underwent the painful and dramatic stages of the infection. He recalled having black vomit on his clothes and “inhaling the breath of the sick, . . . immersed in the matter which exhaled from the their systems, every hour of the day and night. For I was perpetually in the midst of them” (181). Perhaps most difficult to imagine, Caldwell’s intimacy with the sick and the disease even extended to sharing a bed with patients at times: “when exhausted by fatigue and want of rest, I repeatedly threw myself on the bed of one of my patients, either alongside of him or at his feet, and slept an hour or two, on awaking, I found him a corpse” (181). This last image best represents the degeneracy of Bush Hill as a hospital, where a doctor and the body of one dead with the pestilence lie side by side in the same bed.

⁹⁰ When the fever’s magnitude became apparent, merchants, city workers, and leaders vacated their posts and headed for healthier ground. Dr. Benjamin Rush even recommended leaving the city to preserve health although he was among the few that stayed (Rush *Letters* 641). From as early as late August, Philadelphians shut up their houses and closed their business, leaving behind a city characterized in the narratives as a remnant of a more vital period.

The exodus created stillness where the signs of commerce usually stirred.

⁹¹ Carey wrote, “Many people shut up their houses wholly; others left servants to take care of them. Business then became extremely dull. Mechanics and artists were unemployed; and the streets wore the appearance of gloom and melancholy” (*A Short Account* 26). In a letter dated December 16-17 (after the fever had faded), Charles Willson Peale wrote, “the loss of trade and total derangement of all sorts of business will be felt for many months to come” (*Selected* 77).

Stearns, Carey, and Helmuth explained that many healthy residents shut themselves in at home—avoiding the streets and the market—to stave off any exposure. Helmuth recalled that the emptiness of the streets made him feel “intirely alone” when he was called to attend to sick parishioners people closed up in their houses.

The streets of the city looked quite empty; most of the stores and a great many houses were shut up; many of those, who remained in the city kept themselves pent up in the back part of their houses, and even cut off all communication with the neighborhood. . . . I perfectly recollect several visits of the sick, which I had to make, intirely alone, at that time of the night and that at a considerable distance from my dwelling. Houses shut up to the right and left, deserted by their inhabitants, or containing persons struggling in death at that very time, or whose former inhabitants were all dead already, formed a part of the melancholy scene! In two or three quarters hardly a living soul was to be met with, where twenty or thirty people would else be passing and repassing at that time of night; at one house and another the remembrance of the lamentations and the dreadful pangs of death, which the rooms thereof had witnessed a few days ago, and the----but I'll break off here, I will not retrace this image, I should only renew the pain, which often has pierced my very soul. (Helmuth 31)

Helmuth's perspective reinforced the notion that death alone had not changed the city, but the exodus of citizens and the self-quarantine of those who stayed contributed to the disorder as well. His mention of people “pent up” in the backs of their houses reflected his movements as someone who traversed the thresholds between shut house and empty streets when visiting ailing parishioners.

The scenes of desolation portrayed by Helmuth also figured prominently in Stearns's and Carey's accounts as well as the fictional accounts written by Charles Brockden Brown and Lenora Sansay (discussed below). Even though these were jarring, effective representations of the city in the midst of fear related to the infected body, we have to remember that within some of those closed houses were those who remained,

perhaps disabled by the fever, as Brown painted it in *Arthur Mervyn*, or those who witnessed and documented it.

The fear represented in these examples showed how integral the language of fear was to thinking about the fever. In my emphasis on the fear of yellow fever and its ties to the fever-disabled body, I do not want to suggest that the fear of the fever-disabled body during the epidemic indicated a cultural fear of disability in the late eighteenth century. On the contrary, as David M. Turner has recently discussed, “‘deformed’, ‘disabled’ and other non-standard bodies were ubiquitous topics of discussion across a wide range of eighteenth-century sources” (13). Therefore, disability itself was not the source of the rampant fears but the ubiquity of *this* disabling disease combined with its disorderly behavior frightened people.

Upstairs and Downstairs at Philosophical Hall, Fifth and Chestnut: Orders and Anomalies

In 1793, Reverend Helmuth wrote, “it was the nature of this disorder, to assume different shapes” (33). As William Currie put it, “we were strangers or new comers to it all” (*Treatise* 12).⁹² Therefore, Philadelphians knew that danger was in their midst, but no

⁹² There were reports of yellow fever in North Carolina in previous decades, and even in Philadelphia, but the most recent happened over thirty years before in 1762 and in 1747, and 1740 before that. Currie found it “astonishing that the physicians of that time [1747] left nothing on record respecting so destructive a malady” (*Treatise* 6). In their quest to determine how yellow fever spread, doctors examined its possible origins—a topic of intense professional and personal debate. Doctors like Currie, Duffield, Cathrall, and Kuhn subscribed to the theory that the disease was imported, probably from the West Indies, and Rush insisted it had a local origin. According to the local origin argument, a cargo of spoiled coffee discarded by the river began to rot, emanating miasma or foul air that caused people to get sick with the prevailing illness (Pernick 122). Rush suggested the best course of action was to remove the contaminating matter and prohibit reckless disposal of potentially sickening materials by the water. Proponents of the import thesis believed it had been carried to Philadelphia via one or more of the many ships that came

one truly knew what it was. We can better appreciate the degree of confusion and disorder caused by yellow fever in 1793 when we first examine the various systems and structures of organization it disrupted and disabled. After all, in 1793, even the city of Philadelphia itself seemed to be arranged in an ordered chart as the grid-pattern of the city streets cut across each other in right angles in a plan meant to promote health and well-being.⁹³ From advanced scientific studies to the cityscape and popular

into the city from the West Indies and other centers of commercial trade. They thought the ships themselves, the goods they carried, or the people on board could have exposed the citizens of Philadelphia to the disease that killed thousands (Smith 326). Ships often came to Philadelphia from the West Indies for commercial purposes, but with the violent revolution raging in St. Domingue, privateer ships conveying political refugees also crowded the harbor. Even though refugees left most if not all of their possessions behind them, some residents of Philadelphia thought travelers' carried the fever in their trunks or on their clothing. Yellow fever was not transmissible through inanimate objects (called fomites) as smallpox was even though some believed they were alike in this way. Dr. Cathrall believed "woolens, furs, &c." that had "imbibed the matter of contagion [had] the power of retaining and communicating it in an active state" (12-13). Disease-ridden clothing packed in trunks was often imagined as the source of introduction and can be seen in the accounts given by William Currie, Mathew Carey, and Benjamin Rush. One refugee, Ambroise Marie Francois Joseph Palisot de Beauvais, left by order of deportation and had to leave behind most of his collection of natural history specimens before absconding to Philadelphia. He arrived in the summer of 1793 and worked as a French horn player in Ricketts' circus and the theatre before meeting Charles Willson Peale. Peale adopted Beauvais into his family and business, learning from Beauvais' expertise in West Indian insects and other wildlife (Sellers 83). Based on what is known about the yellow fever virus today, scientists can say that it would not have stayed alive yet dormant in the blood of a human host for the duration of the voyage, so anyone who would have arrived in Philadelphia with the virus alive in their blood would have been infected en route by mosquitoes that hatched on board the ship (Ethne Barnes 300-301).⁹³ A visual representation of this ordered arrangement was recreated in James Hardie's 1793 *Philadelphia Directory and Register*, a 200+ page book listing the names, professions, and address of Philadelphia's residents along with a fold-out map. Hardie's register shows that during the legendary and disastrous year, Elizabeth Drinker and her husband Henry, lived at 110 Front Street; Reverend Henry Helmuth, "D. D. of the Lutheran church," was listed at 144 High Street; and Joshua Cresson "sugar refiner" lived at 37 High Street when he died of yellow fever that fall (See Cresson *Meditations* for an account of his experience). But like any organizational tool, the directory was not solely objective nor did it reflect nuance.

entertainment, patterns of order were designed, implemented, and observed in many facets of life in Philadelphia during the late eighteenth century that large-scale disability undermined.

Structure and “love of method” was not just a scientific and popular pursuit, but it was considered a virtue, as we can see in an article published by the Philadelphia periodical *The Columbian Magazine* in 1789 on the “Importance of Order” wherein a dying mother stressed to her children that order should be their guiding principle in life. Individuals, homes, societies, governments should adopt the divine order of the natural world to achieve peace and balance. The speaker of “Importance of Order” understood living according to order as “acting methodically” and using an “easy kind of arithmetic” to balance oneself (383). She argued that “to live without any stated rule of conduct, in perpetual disorder and confusion” was “one of the greatest misfortunes in the world.... Take away order from the world, and you reduce it to a frightful chaos: leave men without any other guide than his own passions and caprices” (381). This imagined outcome of disorder-induced “frightful chaos” came to fruition in 1793 when yellow fever dismantled the “stated rule[s] of conduct” (381), as we see in both the contemporary record from the period and the subsequent literary representations of it as an emblem of fear and disorder.

The College of Physicians and the American Philosophical Society were both institutions that sought new “useful knowledge” and a system of ordering that knowledge (Hardie, 1794, 228). And when bodies began to be infected with yellow fever, their methods were put to use to try to inform the population and control the damage the disease caused. The respective disciplines, medicine and natural science, shared an

appreciation for and practice of taxonomical organization, a technique for categorizing living things into a pattern of order. As early as 1791, the College of Physicians of Philadelphia met in an upstairs room in Philosophical Hall, a structure built for and used by the American Philosophical Society, which was also close to the medical school buildings. The fact that these institutions shared physical space underscored their intellectual and interpersonal ties. Both doctors and medical scientists like Peale belonged to Philadelphia's institutions like the American Philosophical Society (APS) and the Philadelphia Linnean Society (PLS). For instance, Dr. Benjamin Smith Barton was a University of Pennsylvania professor of Materia Medica, Natural History, and Botany, and he served as President of the PLS (Remer 88). Natural philosophers, many of them also doctors, sought to understand the order and harmony of the natural world by mapping the differences between organisms; as a discipline, it influenced the medical arts and pervaded popular culture. In fact, Swiss natural scientist Carl Linnaeus' taxonomical categorization of living things by kingdom, order, family, and species was popularized through publication in magazines like Philadelphia's *Columbian Magazine*, public experiments, and in du Simitiere's and Charles Willson Peale's museums, the latter was arranged according to a Linnaean model of order.⁹⁴

⁹⁴ Numerous treatises on the principles of natural history and their taxonomies were widely available during the 1780s and 90s. Editions of works by botanists like Georges-Louis Leclerc Compe de Buffon and Carl Linnaeus sparked debates among proponents of their systems of classifying various organisms by genus, species and order. Social and medical historiographies have distilled the discourses of natural philosophy (also called natural history) and medicine, but the overlap can be seen implicitly in the language and practices of specialists in both fields. The explicit overlaps were apparent in the key treatises on science and medicine from the eighteenth century and in the biographies of the practitioners themselves. For instance, many doctors were also involved in the American Philosophical Society and had collections of their own. John Elliot argued, "[t]he utility of natural philosophy to the medical practitioner must be sufficiently obvious,

As Braddock and Parish as well as Deutsch and Nussbaum have shown, scientific categorization even involved the classification of physical disability. David Turner explained that “Linnaeus’s *Systema Naturae* (1735) updated [the] classification of mankind via the category of *homo monstrosus*, which located giant, dwarfish, misshapen, and other deviant human forms commonly outside Europe in the New World, Africa, and Asia” (30). So even the extraordinary body was ordered (Thomson 8).

Linnaeus and Buffon were also used to categorize and differentiate different people by supposed physiological markers of race during this period Miller (Goudie 61; Miller “Wages of Blackness” 168-170). To meet a serious need for caregivers, Absalom Jones and Richard Allen organized a brigade of fellow black residents of the city to help the sick. Jones and Allen were former slaves who settled in Philadelphia after they bought their freedom; they both came to prominent figures in the free black community as founders of the first free black church in America, leaders of community institutions, and activists for rights of black Americans (Newman et al 32). During the epidemic, they would transport the sick to Bush Hill, and they were also trained to bleed and treat people with Rush’s medicine in the homes of the sick. Without the help of black Philadelphians like Jones and Allen, Bush Hill would have deteriorated back into a “human slaughter house” after it was reorganized, dead bodies would have been left to rot all over the city, and no comfort would have been provided to the sick. They were integral in providing

when we consider that the faculties of the human body are intimately connected with those powers of nature which are in a more especial manner the objects of that science. Thus, vision depends on light; health is in a great measure regulated by the state of the atmosphere, and life itself depends on the purity of the air we breathe. The student who has had the advantage of a regular education, is taught to consider philosophy as an indispensable branch of medical science” (Elliot v). For Elliot and others like him, studying natural philosophy could only help physicians better understand the workings of the body in the world.

even a modicum of order. The black community was called upon to help because doctors like Benjamin Rush believed black people were naturally immune to the fever that seemed to disable only white people—an erroneous conclusion. In his efforts to order the disease by identifying its rules and patterns, Rush argued that only parts of the population were susceptible to yellow fever, essentially categorizing the population by those who were at risk and those who were safe.

Rush claimed white people lacked any immunity to protect them from the disease but black people were naturally safe from contracting it and suffering its effects. Rush based this assumption on examples of black men and women who escaped infection. He believed this race-related immunity was especially true for black people who had come from the West Indies (Rush 29; Otter 30). In other words, the disability described by Brown and others appeared to be race-based. The classifications of bodies' strengths, weaknesses, abilities and disabilities, etc. according to race continued throughout the nineteenth and twentieth centuries as justifications for racial inequality; however, I do not see Rush's claim about racialized immunity to be in the same vein as Jefferson's *Notes on the State of Virginia* (1801), for instance.⁹⁵ Any natural immunity to yellow fever would have come from exposure to the disease in a place where it was endemic—such as the West Indies, plantation colonies where the black population was far greater than the white. In the Haitian Revolution, immunity against yellow fever among the black revolutionaries worked in their favor as the French forces were weakened by the disease (McNeil “Yellow Jack” 12). Blackness did not protect against a yellow fever infection, and the growing death count among Philadelphia's blacks soon negated the theory.

⁹⁵ A more extensive discussion of racial science can be found in chapter 4, “Insidious Taint.”

Although Rush praised the efforts of the black nurses, Mathew Carey maligned their character when he grossly characterized black caregivers as mercenary devils, claiming that they extorted money and even stole property from the sick and the dead. According to Carey, “the great demand for nurses afforded an opportunity for imposition, which was eagerly seized by some of the vilest of the blacks. They extorted two, three, four, and even five dollars a night for attendance, which would have been well paid by a single dollar. Some of them were even detected in plundering the houses of the sick” (77). Such a damning characterization could have affected the reputations, incomes, relationships, etc. of black people in Philadelphia—thus, the narrative had disabling effects on the lives of those it vilified. To respond and refute Carey’s indictment of black labor during the epidemic, Absalom Jones and Richard Allen copyrighted a pamphlet called *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*. In their response to Carey, they wrote, “We feel ourselves hurt most by a partial, censorious paragraph, in Mr. Carey’s second edition, of his account of the sickness, &c. in Philadelphia; pages 76 and 77, where he asperses the blacks alone, for having taken the advantage of the distressed situation of the people. That some extravagant prices were paid, we admit; but how came they to be demanded?” (7). They systematically addressed and disputed Carey’s charges against them and accused Carey of abandoning Philadelphia during the epidemic while he lamented others who chose to flee for safety. The arguments between Jones and Allen and Carey continued on into the nineteenth century, and eventually prompted Carey to amend his

statement to say some but not all black nurses were guilty of extorting the sick (Griffith 51).⁹⁶

In the eighteenth century, Linnaeus's method of ordering the natural world into taxonomical categories also influenced doctors to develop a taxonomy or *nosology* of diseases. Using known information about a disease, a nosology of diseases provided a means of organizing disorders the way plants and animals were arranged by class, genus and species. Edinburgh's Dr. William Cullen compiled *A System of Practical Nosology* (originally published in Latin in 1769), which was adopted by many doctors, including those in Philadelphia in 1793. Cullen's work provided an ordering system, by which "all disorders [could] be referred, by a rule of botanical form, to genera and species, proper characters being affixed, that they might be easily and certainly distinguished" (vi).⁹⁷

⁹⁶ For recent scholarship on Absalom Jones and Richard Allen's account as a record of black protest, see Jacqueline Bacon, Joanna Brooks (151-178), Phil Lapsansky (61-78), Samuel Otter (29-46), Sally Griffith (54).

⁹⁷ Francis Bossier de Sauvages first attempted a Linnaean type of nosology (published in 1763), but the result was found to be too complex to be helpful. About sharing his system with other physicians, Cullen wrote: "I thought it my duty to entice our pupils to the study of Nosology; and that I might effect this more easily, I took care that as many books as would tend to this, should be published and put into their hands. I took from *Sauvages* (not very full of other useful things) those only which pertain to the distinguishing the genera and species of disorders, and with these I published the whole books of *Linnaeus* and *Vogel* [who also constructed a nosology] together" (vii). Cullen's method simplified Sauvages' system by using four classes of diseases; the *Pyrexiae* class were disorders involving fevers. Cullen did not claim his nosology offered a perfected system, but one that improved upon the work of his predecessors. He felt his approach focused more on the species whereas previous attempts emphasized the genera. However, as he stated, "species are only formed by nature, and the formation of genera is the conception of the mind, which will be fallacious and uncertain until all the species have been well marked and attended to; and unless we pay attention to the species in forming genera, our labour will be vain and unprofitable" (vii). This format required doctors to participate in the application of his schema by writing useful descriptions of disorders that accurately represented the symptoms of a disease.

Cullen's influential book on the categories of diseases was widely available in Philadelphia in the era of yellow fever. An English translation of Cullen's *A System of Practical Nosology in which the Genera of Disorders are Particularly Defined* was published and sold in Philadelphia in 1793 by Parry Hall and possibly others. In the preface, Cullen stated the necessity of "distinguishing disorders" to treat them most efficaciously: "as disorders different in their nature require different, and sometimes even opposite remedies, it becomes a matter of the greatest importance, that those practicing Physic, should distinguish for a certainty each disorder from any other" (iii). Physicians who attempted to write a description of a disorder, Cullen claimed, did not carefully distinguish between common and unusual symptoms that they observed, making it difficult for their fellow doctors to recognize the same illness in a patient who did not have the same irregular symptoms—which the writers on yellow fever struggled to distinguish, too (iii). The goal was to establish a model devoid of nuance (of course, he did not explain how a doctor would know that some anomalous symptoms might also be possible).

When Philadelphia authors began writing about the fever, many followed Cullen's directive (Dr. Currie and Rush were proponents of Cullen's theories of medicine) and method to classify yellow fever as a Febrile Disorder (Class) and Fever (Order). For example, in the preface to his account, Dr. Cathrall explained his intentions to "*narrate* every circumstance of importance and to discriminate the different stages of the disease" (iv, emphasis added). And Dr. Deveze arranged "its duration into three parts—that of the irritation or crudity, that of the concoction, and that of its termination or crisis" (52-54). Within weeks of the first reported case, Cathrall, Deveze, Currie, and

Rush (as well as others) recorded symptoms, even noting when some were not consistent in all cases. The difference between cases made it difficult to formulate a definitive or “certain” list of symptoms, as called for in Cullen’s preface to *A System of Practical Nosology*. Additionally, it was unclear how the disease was introduced, if it was contagious and, if so, how it was transmitted, so their descriptions could not provide the kind of certainty Cullen called for in his preface to *System*. It would be over 100 years before doctors would have certainty about yellow fever’s affects, origins, and method of transmission. Theories, rather than facts, reigned in the discourse of the fever for months (Porter 473).

Ultimately, doctors’ accounts of yellow fever where they attempted to situate it into an orderly system did not work because they simply did not know enough about it yet. Therefore, these texts revealed the perforations in the ordering scheme that might have provided a standard means of treating and controlling the disease—a means of control that started with ordering through language. Instead, readers saw that this disabling disease was an anomaly in the medical/natural scientific classification system, a ubiquitous anomaly.

A key difference between nosologies and taxonomies was the role of anomalies and their relation to fear. For medicine, a disease that did not fit the schema and disabled a body to the same degree that yellow fever did was dangerous, fearful, yet intriguing, nonetheless, for would-be nosologists. In natural science, the anomalous was less threatening, even attractive in its curiosity. For instance, when Charles Willson Peale opened his museum to the public, he advertised what he called his “nondescript,” mammoth bones discovered in New Jersey and excavated under Peale’s direction. The

attraction of the nondescript was in keeping with the attractiveness of the curious—equally prurient and edifying.⁹⁸ The *Columbian Magazine* also printed information and diagrams about other “nondescripts,” which were so called not because they were anything like the mammoth but because they seemed to defy categorization and did not agree with the current available framework. A nondescript would eventually be labeled with a more specific (or descriptive) label that embedded it within the taxonomies of natural science; however, until that language, science, and schema was available, the nondescript label gave it interest. It was a semipermanent label that called attention to the absence of tools to order it within taxonomy. I suggest that in calling the fever a disorder—or even “our disorder,” as Mathew Carey did—these fever authors used the same kind of impermanent, place-holding label that a “nondescript” provided to natural philosophers when they encounter something that disrupts their order for understanding animals or insects, for instance (17).

Readers of magazines like the *Columbian Magazine* or visitors to Peale’s museum could appreciate the systems of nature scientists studied and marvel at its mysteries and monstrosities or “nondescripts,” the specimens that did not fit into any existing system. The nondescript had allure to the museumgoer and the scientist, an allure best described as curiosity. Being attracted to the curious or the nondescript, scientists could analyze a curious specimen and potentially generate a way to make it fit with the system of order it challenged. The extraordinary seemed to defy categorization

⁹⁸ Barbara Benedict’s *Curiosity: A Cultural History of Early Modern Inquiry* offers an in-depth analysis of the duality of curiosity as scientific inquiry and a lurid attraction for the strange. Susan Scott Parrish’s *American Curiosity* looks at the involvement American colonists and Native Americans had in contributing to the metropolitan culture of curiosity in England.

or order, but as Foucault has theorized, exceptions actually reinforced order as a virtue and aesthetic because they deviated from these standards (xvi).

With a confusion of symptoms that frustrated efforts to classify the disease, the fever itself became like a nondescript, something that undermined standing categories and was, therefore, both fascinating and frightening.⁹⁹

“The New-Stone House, in Second-street, between Market and Chesnut-streets, the seventh door above Chesnut-street”: Productive Fever

The material bodies of the fever-disabled were generative subject matter for the members of two prominent Philadelphia organizations: the College of Physicians of

⁹⁹ One might travel to Philadelphia in the summer of 1793 to see the nondescript on display at Peale’s museum, located at the southwest corner of Third and Lombard, but would be more likely to keep away to avoid the disorder. In fact, on Sept. 4, 1793 (still near the beginning of the epidemic but after the College of Physicians published its recommendations in the newspapers on August 27th), the *National Gazette* printed a letter from someone who recently visited Peale’s museum and saw the “nondescript” or mammoth on display there:

Having sufficiently rested myself after my arrival in this city, I divided the remaining days assigned for my stay here into equal dividends, that I might be clear of embarrassment at the time of my intended departure. In the first place to gratify my curiosity, I went to see Mr. Peale’s Museum, *a repository of once-living things, preserved so as to resemble life*. The room so called is about 50 feet long, and 20 feet high.... Every portion of this spacious apartment exhibited objects to excite wonder and admiration, these, believe me, sir, are undescribable, you must see them.... In any part of this room, a vast variety of monsters of the earth and main, and fowls of the air are seen, in perfect preservation and in their natural shape and order.... At the further extremity of this room are to be seen a great collection of the bones, jaws, and grinders of the incognitum, or non-descript animal. (unknown author, qtd. in Lillian Miller 68)

This letter’s publication during an anxiety-ridden time showed the presence of natural philosophy discourse during the epidemic. Surely this letter and the visit it described (if we trust it was not written by Peale himself) harkened to a time before the fever’s virulence showed itself.

Philadelphia and the Philadelphia Company of Printers and Booksellers.¹⁰⁰ In their contributions to medicine and print, members of each group engaged in two of the chief enterprises that made Philadelphia an intellectual and commercial hub in the eighteenth century. Their work was mutually dependent on one another, and their mutual involvement in producing the yellow fever archive of disabled texts highlighted that fact.¹⁰¹ Mathew Carey, Thomas Dobson, and Andrew Brown, members of the Philadelphia Company of Printers and Booksellers who stayed in Philadelphia during the epidemic, were as integral to producing the fever archive as doctors like Benjamin Rush and William Currie. For the doctors, the physical causes and effects of the fever spurred numerous accounts of the disease that were produced by the printers who concerned themselves with getting these accounts into the hands of their readers. Both organizations were active in documenting the fever archive, but they were also criticized for feeding fears by flooding the print market with terrifying information and stories of the fever (a theme that will also be significant in the following chapter).

Yellow fever appeared to undermine efforts of doctors in the College of Physicians to understand the disease and establish a standard course of treatment that every doctor could use. As stated in its published “An Act of Incorporation,” the College of Physicians was a professional organization for doctors interested in “the prosecution

¹⁰⁰ Robert Ferguson has mapped the connection between yellow fever epidemics and Charles Brockden Brown’s creative productivity in the writing of what are known as his four major novels: *Wieland*, *Ormond*, *Arthur Mervyn*, and *Edgar Huntley*.

¹⁰¹ While there were doctors in other big cities like Boston and New York, the nation’s only medical school in the 1790s was in Philadelphia. This fact explains the prominence of medical publishing in the city, which was also a printing hub. A handful of medical titles published each year in Philadelphia were written by medical students after submitting their texts to the University’s Provost for degree completion. Several of the city’s printers produced books and pamphlets of individual doctors’ works, but Thomas Dobson printed the majority of them.

and advancement of useful knowledge, for the benefit of their country and of mankind” (vii).¹⁰² Together, they aspired “to advance the science of medicine, and thereby to lessen human misery, by investigating the diseases and remedies which are peculiar to this country,” through such investigation, the founders believed they could “cultivat[e] order and uniformity in the practice of physic” (vii-viii). The College’s first book-length publication on yellow fever, *Facts and Observations Relative to the Nature and Origin of the Pestilential Fever*, was not published until 1798, so it took them five years after the initial and devastating epidemic to profess “order and uniformity in the practice of physic” (as their Act of Incorporation promised, viii), when it came to this disease. In the time between the epidemic and the production of the 1798-title, several accounts by individual doctors attempted to make sense of the disease.

The germ of the yellow fever accounts predated the outbreak by a few weeks. A College of Physicians publication printed just weeks before the outbreak in 1793 may have influenced doctors to participate in creating the fever archive when the epidemic struck. This text was the inaugural volume of the *Transactions of the College of Physicians of Philadelphia*, a compendium of essays on medical topics written by members of the College. The preface to this volume, dated July 5th, 1793 (a month before yellow fever began to take hold in Philadelphia) explained,

¹⁰² Founded in 1787, the College was not a medical school but a professional organization that remains active today. According to the College’s “An Act of Incorporation,” the College’s objectives were “to advance the science of medicine, and thereby to lessen human misery, by investigating the diseases and remedies which are peculiar to this country; by observing the effects of different seasons, climates and situations upon the human body; by recording the changes which are produced in diseases, by the progress of agriculture, arts, population and manners; by searching for medicine in the American woods, waters, and in the bowels of the earth; by enlarging the avenues to knowledge from the discoveries and publications of foreign countries; and by cultivating order and uniformity in the practice of physic” (vii-viii).

The utility of recording Epidemics is so evident, that we regret having no more accounts of the Influenza of 1789, to insert in the first part of our First Volume. We hope, however, that this deficiency will be supplied before a second publication. It is not only of these more uncommon disorders that accounts would be acceptable, but a knowledge of the peculiar appearance of many others in America, such as measles, scarlatina, &c. would be highly serviceable, as well for the investigation of diseases, as for the assistance of the practitioner, who sees them for the first time, and who feels embarrassed from the want of such information, as reports of this kind could not fail to give. (“Preface” iv-v)

This call for written accounts of new diseases to prevent the professions’

“embarrass[ment] from the want of such information” stemmed from a recurrence of influenza in 1789, 1790, and 1791 and a dearth of literature to guide doctors.

Professional embarrassment and the professions’ lack of information about a disease afflicting the population would only heighten any circulating anxieties about a new disease, so accounts could help manage public fear as well as professional integrity, as the editor of the *Transactions* preface suggested. The timing of this call for writing and the arrival of a new and unaccounted for disease must have spurred the many physicians who described the sights and smells, the pain and fear yellow fever spawned. The only essay on influenza in this first *Transactions* volume, despite the editor’s hopes for filling the first part with such essays, was Dr. William Currie’s “Short Account of the Influenza of 1789.” Dr. Benjamin Rush contributed a number of essays to the volume and may have been the author of the preface/editor of the volume.¹⁰³ He authored two yellow fever

¹⁰³ Dr. Benjamin Rush was a world-famous American physician, a signer of the Declaration of Independence, and remains a primary figure in the epidemic’s history. Rush stayed in the city to treat fever victims with copious bleeding combined with a controversial technique called Ten-and-Ten, the directions for which he published directions on September 12th in the Federal Gazette. The Ten-and Ten method consisted of 10 grains of calomel and 10 grains of jalap. Both were common purgatives, but these were higher doses than usually prescribed (Breslaw 98; Estes “Introduction” 12; Powell 82).

documents in 1793 and 1794, but Rush's recommendations, opinions, and impressions spurred other doctors to dispute him in print via newspaper or pamphlets.¹⁰⁴ Rush recorded his thoughts on the fever in letters to his wife, in statements to the public in the newspaper, in the *Minutes of the Proceedings of the Committee...to Attend to and Alleviate the Sufferings of the Afflicted with the Malignant Fever Prevalent in the City and its Vicinity*, and his own published treatises. He also wrote an account of influenza called "An Account of the Influenza, as it Appeared in Philadelphia, in the years 1789, 1790, and 1791," which was published in the second volume of *Medical Inquiries and Observations*, a compendium of essays by Rush alone. Both *Medical Inquiries and Transactions* bore prefaces dated July 1793 and were printed (by Thomas Dobson). As the only doctors who felt compelled to write about influenza, Currie and Rush were primed to lead the charge in writing about yellow fever just months later, a charge that inspired other doctors (directly or indirectly), such as Isaac Cathrall, David Nassy, and Jean Deveze to account for the disease.

However, these accounts, their shortcomings, and the fears they generated were as much the production of the doctors/the College as of the publishers who printed and sold them. In the first week of September 1793, the prominent printer and bookseller Thomas Dobson released the first yellow fever pamphlet: Dr. William Currie's *A Description of the Malignant, Infectious Fever Prevailing at Present in Philadelphia; with an Account of the Means to Prevent Infection, and the Remedies and Method of Treatment, which*

¹⁰⁴ Dr. William Currie and printer Mathew Carey each published a response to Rush's pamphlet *An Enquiry into the Origins of the Late Epidemic Fever* in 1793.

Have Been Found Most Successful.¹⁰⁵ Dobson advertised for the 36 page, octavo pamphlet in the *Federal Gazette* as follows: “This day is published By Thomas Dobson, At the Stone House, No. 41, South Second-street, (price one quarter of a dollar) A DESCRIPTION of the Malignant, Infectious Fever Prevailing at Present in Philadelphia, with an account of the means to prevent Infection, and the remedies and method of treatment, which have been found most successful: By WILLIAM CURRIE, Fellow of the College of Physicians, Philadelphia.”¹⁰⁶ Note that Dobson’s name preceded Currie’s in the description; in fact, this description seemed to be as much about Dobson’s role in the production as Currie’s. Dobson’s address, included in the ad, typically appeared on the title pages of the hundreds of works he printed as “the Stone House, No. 41, South Second-street,” an address well-known and a location often frequented by readers.¹⁰⁷ By 1793, Dobson had established Stone House as Philadelphia’s foremost printing house and bookshop for medical and scientific imprints; the fever imprints he produced were

¹⁰⁵ Currie was a fellow and founding member of the College of Physicians, and while he apprenticed under Dr. Kearnsy and attended medical lectures at the College of Philadelphia, he received no medical degree (Kelly and Burrage 267). Nonetheless, he constantly studied medicine and wrote a number of essays on a range of ailments and treatment methods. In general, his contributions to the yellow fever archive have been underappreciated and overlooked; perhaps they have been eclipsed by the work of his adversary, Dr. Benjamin Rush.

¹⁰⁶ The ad first appeared in the *Federal Gazette* on September 6th, 1793, on the lower corner of the third page of the 4-page (1 folio sheet) daily paper published by Andrew Brown.

¹⁰⁷ As Robert D. Arner wrote in *Dobson’s Encyclopedia* (what might be called a cultural biography of the eighteen-volume work), the address on the title pages of Dobson’s imprints “would become famous in Philadelphia during the years in which the *Encyclopedia* was steadily emerging from the press” (8). The text in the subject heading comes from Arner’s quotation of Dobson’s announcement in the *Philadelphia Mercury* on January 12, 1788 (8).

extensions of his already established medical printing work.¹⁰⁸ Judging from the bibliographic record of Philadelphia's printing industry in 1793 and the catalogues of various booksellers, we can see that Philadelphia readers could purchase a variety of works on medicine and the natural sciences, including those by William Cullen and Carl Linnaeus.¹⁰⁹

The number of texts produced from 1793-1794 speaks to the urgency in accounting for the disabling disease and the failure to contain the event in facts and narrative. As Table 1 shows, Dobson and his colleague Mathew Carey published the majority of the yellow fever accounts between 1793 and 1794.¹¹⁰ In November, 1793,

¹⁰⁸ On Andrew Brown's contributions, see David Paul Nord's "Readership as Citizenship in Late-Eighteenth-Century Philadelphia." On Carey printing and copyrighting of fever literature, see Molly Hardy's "Mathew Carey, Eminent Physician: Figures of Authority in the Transatlantic Yellow Fever Pamphlets, 1793-1795." Forthcoming in *Book History*.
¹⁰⁹ For instance, Robert Campbell's bookshop on Second and Chestnut offered nearly a hundred and forty titles in the "Physic, Surgery, Chemistry, Natural History, Botany" section of its 1794 catalogue. Campbell's shop offered household medical guides like Buchan's *Domestic Medicine* as well as technical guides like William Cullen's four volume *The Practice of Physic*. Readers could find specific treatises like Gardiner's book on gout and Hunter's book on venereal disease. The connection between medical works and other scientific works (natural philosophy, botany, chemistry, etc.) that I argue informed the yellow fever writing showed up in this section of Campbell's catalogue; for instance, between Hunter's venereal disease treatise and Innes's "description of the human muscles," Campbell listed *Heron's Extracts of Natural History* (66-67). Likewise, following the *Practice of Physic* from the Royal College of Physicians of London and before the London *Pharmacopea* appeared Lee's *Introduction to Botany, containing an explanation of the theory of that science, extracted from the works of Dr. Linnaeus* (46). Readers of the medical titles were, Campbell must have assumed, likely to also find interest in the works on natural and other sciences. Campbell's shop sold the *Medical Transactions* from the College of Physicians, Hardie's *Directory and Register of Philadelphia*, and several yellow fever texts including Rush's *Account of the Bilious Remitting Yellow Fever* and Carey's, Currie's, Cathrall's accounts, Currie's response to Rush and the untitled account often attributed to Hardie. However, these last five texts appeared in a separate section called "Pamphlets, &c.," which explains a bit more about how they would have been produced.

¹¹⁰ Although Thomas Dobson printed the first yellow fever document, Carey was the first to copyright one—his own. Carey's copyright for *A Short Account* was the 48th federal

Carey published the first edition of his own (nonmedical) *A Short Account of the Malignant Fever, Lately Prevalent in Philadelphia*, which he had copyrighted, indicating his sense of the popularity and commerciality of yellow fever writing. Carey published the first edition on November 14, 1793, and by November 30, 1793 (just sixteen days later), he published the third “Improved” edition with nine more pages than the first or second. Carey’s pamphlet continued to grow with subsequent editions produced into the nineteenth century and translated into both French and German.

Without being able to fit yellow fever into nosological categories, one way to make sense of the fever—to make it less anomalous—and the frightening stories it generated was to situate it in a narrative genealogy. A specific and familiar plague narrative was useful to both printers and doctors alike as a technique to perhaps contain the unfolding epidemic with an analogy. This narrative about the plague outbreak in

copyright given in the U.S.; it was one of only 12 given in 1793. Comparatively, Dobson did not copyright his yellow fever pamphlets; in fact, it was uncommon to copyright pamphlets given their ephemeral nature as a form. In 1793, Dobson obtained only two copyrights for book-length works, both on medical subjects: the *Transactions of the College of Physicians of Philadelphia* and the second volume of Rush’s serial publication of his own essays called *Medical Inquiries and Observations*. These works would have appealed most to Philadelphia’s doctors, and Dobson’s copyright for them indicates the value he placed on his medical book trade. Carey copyrighted two additional imprints—both pamphlets—in 1793: his own *Observations on Dr. Rush’s Enquiry into the Origin of the Late Epidemic* and Dr. David Isaac de Cohen Nassy’s *Observations on the Cause Nature and Treatment of the Epidemic Disorder*. The 51st and last copyright given that year was also a pamphlet on yellow fever by Reverend Heinrich Helmuth, who also held the copyright, entitled *Kurze Nachricht von dem sogenannten gelben Fieber in Philadelphia* (translated and printed as *A Short Account of the Yellow Fever in Philadelphia, for the Reflecting Christian* in 1794). In 1794, four federal copyrights were issued for yellow fever texts, two of them pamphlets: Jones and Allen’s *A Narrative of the Proceedings of the Black People during the Late Awful Calamity in Philadelphia in the Year 1793* and Dr. Jean Deveze’s *Recherchés et Observations Sur Les Causes et les Effets de la Maladie Epidemique qui a regne a Philadelphie*. Of the two book-length titles copyrighted, one was Rush’s long *Account*; another was the *Minutes of the Proceedings of the Committee Appointed on the 14th of September* (Gilreath 17-23).

London in 1665 often appeared in accounts of yellow fever from 1793-4, establishing the plague narrative as a precursor to the yellow fever epidemic. Believed to have been written by a survivor of the plague, the account was actually written by Daniel Defoe and published in America in both pamphlet and book-length form from 1722 and through the 1790s. Defoe was under six years old during the plague in 1665 and scholars agree that he was not likely to have been in London when it occurred (Wall xxi). On August 27, 1793, the College of Physicians issued a statement in the *Federal Gazette*, a newspaper published at Washington's Head in Chestnut Street and run by Andrew Brown.¹¹¹ The statement confirmed suspicions that an epidemic was underway and offered recommendations for managing the disease and the anxiety it produced, which included marking the houses of the sick, stopping the tolling of the church bells, keeping the sick in the center of a well-ventilated room, and suggesting people chew garlic to prevent infection (Smith 329).¹¹² These techniques may have rung a bell of familiarity for

¹¹¹ Andrew Brown maintained the daily paper throughout the epidemic, and it provided an essential source of information among citizens who were too afraid to talk to one another. Although Brown's paper was only one of several in Philadelphia (including *Dunlaps*, *National Gazette*, and the *Dailey Advertiser*), all but Brown's stopped running when the printers and editors fled to preserve their health.

¹¹² On August 27th, 1793, the College of Physicians of Philadelphia published a list of eleven recommendations for regulating one's behavior to prevent yellow fever, perhaps anticipating the breach or failure of quarantine:

1st. THAT all unnecessary intercourse should be avoided with such persons as are infected by it.

2d. To place a mark upon the door or window of such houses as have any infected persons in them.

3d. To place the persons infected in the center of large and airy rooms in beds without curtains, and to pay the strictest regard to cleanliness, by frequently changing their body and bed linen; also by removing as speedily as possible, all offensive matters from their rooms.

4th. To provide a large and airy hospital, in the neighborhood of the city, for the reception of such poor persons, as cannot be accommodated with the above advantages in as private houses.

readers, for their efficacy was mentioned in Defoe's account of the 1665 plague in London (37-45). Immediately following the College of Physicians' announcement in the August 27 issue of the *Gazette*, a paragraph from the Defoe text described how a gravedigger managed to stave off the plague by washing with vinegar, further connecting the current epidemic to a historic event in the past—thus, encouraging readers to imagine the epidemic as something that will end as well.

Authors who referenced Defoe's account and printers who published it alongside fever narratives seemed to rely on it as a touchstone from which to base their own story. A section of the Defoe text was also included in a 1793 fever pamphlet called *An Account of the Rise, Progress, and Termination, of the Malignant Fever* and was included in Mathew Carey's *A Short Account*. Details from the Defoe narrative were invoked,

5th. To put a stop to the tolling of the bells.

6th. To bury such persons as die of this fever in carriages, and in as private a manner as possible.

7th. To keep the streets and wharfs of the city as clean as possible. As 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. The following means should be attended to, to prevent the contagion being excited into action in the body.

8th. To avoid all fatigue of body & mind.

9th. To avoid standing or sitting in the sun, also in a current of air, or in the evening air.

10th. To accommodate the dress to the weather, and to exceed rather in warm than in cool clothing.

11th. To avoid intemperance, but to use fermented liquors, such as wine, beer and cyder with moderation. (*Federal Gazette*, Tuesday, August 27th, 1793 n.p.)

The mayor of Philadelphia, Matthew Clarkson, endorsed the recommendations with a brief prefatory note when it was published nearly four weeks after the epidemic began. The mayor's authority along with the College of Physicians' ratified this list as an unofficial course of action, which was then validated through print in the *Federal Gazette*. Even though none of these suggestions revealed any new information about the nature of the disease, which the College simply identified as a "malignant and contagious fever," they provided a way to respond to the disorder, but disorder continued to spread nonetheless.

duplicated, reprinted, referenced, again and again by the yellow fever authors as an authentic source from the plague.

From its earliest use, Defoe's narrative (which readers did not know was written by Defoe) provided a way for Philadelphians to understand what was occurring socially, medically, spiritually, and municipally. The earliest mention of the reference I have come across was in a letter Benjamin Rush wrote to Julia on August 25th:

Since my letter to you of Friday, the fever has assumed a most alarming appearance. It not only mocks in most instances the power of medicine, but it has spread through several parts of the city remote from the spot where it originated. Water Street between Arch and Race Streets is nearly desolated by it. This morning I witnessed a scene there which reminded me of the *histories I had read of the plague*.... The College of Physicians met this afternoon to consult upon the means of checking to draw up directions for that purpose. The committee imposed this business upon me, and I have just finished them. They will be handed to the Mayor when adopted by the College, and published by him in a day or two. I hope and believe that they will be useful. (*Letters* 640-641, emphasis added)

His letter preceding this one expressed more concern over influenza than yellow fever, but within days, yellow fever's severity was becoming apparent. The letter demonstrated the failures of medicine to quell the disorder and the writings about plague as a kind of antecedent for what he and others were seeing (something that was recognizable, perhaps). Additionally, it showed Rush's role in drafting a statement to the public concerning the fever—a statement that drew from the plague histories he mentioned. We know that Rush read the full-length text of Defoe's narrative; the Library Company of Philadelphia has his annotated copy, in which he wrote, "For the instruction & entertainment I have received from this work, I am truly thankful to H.F. ~B: Rush." Defoe attributed the *Journal* to H.F.; his own name does not appear on the publication in book form or in the many pamphlet almanac versions that circulated in the U.S. in the

late eighteenth century. With these associations between yellow fever writing and Defoe's plague narrative, we can see that the production of medical science and fear was an intellectual and material endeavor that had antecedents in other epidemics and the writing that they generated.¹¹³

“High-street after nightfall”: Devastation and Disability

The impact of the yellow fever epidemic in 1793 has indeed formed “an aera in [the city's] history,” as Charles Brockden Brown predicted in his preface to *Arthur Mervyn* (3).¹¹⁴ Six years after the actual epidemic, Brown wrote his first fictional account of the event, emphasizing the terror Philadelphians felt in its midst but also characterizing the physical experiences as disability among the people who stayed in the city.¹¹⁵

Although eighteenth-century gothic narratives like Brown's fever novels, *Arthur Mervyn* and *Ormond*, were invested in the strange and the peculiar, they relied on themes familiar to their readers in order to frighten them (Bourke 5, 7-8; Davidson 105; Goddu *Gothic*

¹¹³ In *Charles Brockden Brown: An American Tale*, Alan Axelrod has stated, “the yellow fever scenes in *Ormond* and *Arthur Mervyn* suggest a familiarity with Defoe's *Journal of the Plague Year*” (112). However, since these scenes pervade the fever literature written in 1793 and the textual relation between the narrative and the fever during the epidemic, Brown's descriptions may have been influenced by works that adopted Defoe's sceneries.

¹¹⁴ Brown certainly participated in forming this “aera in history.” As Steven Watts has shown in *The Romance of Real Life*, Brown's work was discursive. Watts has explained Brown's work was “a process of give and take between writer and audience,” but I would also add between writer and other texts (xvii). William Hedges (296), Alan Axelrod (189-190), Donald Ringe (34) all referenced Brown's use/familiarity with fever texts, particularly Rush's and Carey's individual accounts.

¹¹⁵ Brown's work on *Arthur Mervyn* and *Ormond* overlapped in 1798. Installments of Part 1 of *Arthur Mervyn* were published in Philadelphia's *Weekly Magazine* from June to August 1798. *Ormond* was published in book form first in 1799 and Part of *Arthur Mervyn* came out the same year. Part 2 was published in 1800 with a different publisher (Ringe 48; Kamrath 50).

America 2-3; Tropp 5).¹¹⁶ The terror was familiar, but it was contained in the boundaries of the narrative and the historic moment of 1793, giving the readers the safety of time as well.

Even a brief summary of the respective plots of both *Arthur Mervyn* and *Ormond* will show their complexity and peculiarity. In *Arthur Mervyn*, the title character Arthur came to Philadelphia as a young man hoping to find a profession and new friends. He thought he found both in Welbeck, who took Arthur in and gave him work. It wasn't long before Arthur realized that Welbeck was a thief, forger, seducer, and even a murderer. In trying to escape Welbeck's web of crime, Arthur found himself in the midst of the yellow fever epidemic. He witnessed the crowds of people leaving the city; he contracted the disease himself and was nursed back to health by Dr. Stevens who came upon Arthur sick and disabled in the street. In *Ormond*, the main character Constantia Dudley was her disabled father's caregiver. They lived in poverty after Mr. Dudley had been swindled by a former partner named Thomas Craig and became blind. When the yellow fever epidemic broke out, Constantia struggled to provide basic resources for her father but still helped her friends and neighbors who became deathly ill. Through these friends, she became connected to Ormond, a wealthy man who had ties to Thomas Craig. Ormond was infatuated with Constantia, which caused his mistress to commit suicide; his obsession continued to grow, and he arranged to have Craig kill Constantia's father. Ormond then killed Craig himself and even attempted to kill Constantia, but she stabbed

¹¹⁶ As Cathy Davidson has written, readers of eighteenth-century novels recognized the signs or "paraphernalia" of a genre that were meant to trigger an emotional response (105).

him with a penknife. Readers of either novels would recognize that these plot summaries only scratched the surface of two bizarre and capricious stories.

Arthur Mervyn and *Ormond* could be called “broken narrative[s],” to use a phrase from *Arthur Mervyn*. While violently sick with yellow fever, Vincentio Lodi tried to tell Welbeck, the character with whom Arthur became enmeshed, where he came from and who he was so Welbeck could try to find his family for him. The story he told was a “broken narrative,” ruptured by the effects of the fever on his body and mind (92).¹¹⁷ Likewise, Arthur noted that the “tale” that was circulating about yellow fever was “distorted and diversified a thousand ways”—another broken narrative (129). *Ormond* and (particularly) *Arthur Mervyn* shared these attributes in their story-telling—broken and distorted. For instance, *Arthur Mervyn* changed narrators, had numerous plot lines that interrupted one another.

¹¹⁷ The structural idiosyncrasies of Brown’s fiction have been discussed by various critics. In thinking of Brown’s “curious and sometimes painful dependence upon coincidence” to narrate his novels, Norman Grabo has summarized critical characterization of Brown as a “naïve, clumsy, even childish storyteller” (ix). (However, Grabo argues that Brown’s reliance on coincidence as purposeful). William Scheick described the formal lapses in *Ormond* as a product of “hasty composition, resulting in several inconsistencies in plot and characterization” (126) and Alan Axelrod critiqued Brown’s “overfondness for unnecessary subplot,” which can make the complicate structure of a novel (119). Bill Christopherson has explained that critics have sometimes dismissed *Ormond* for being “an incompetently crafted mélange of abortive themes, confused archetypes, and hasty observations” (55). Steven Watts has described *Ormond* as “a rather wooden novel of ideas” that often conflicted (89) and *Arthur Mervyn* as a “knotted and tangled web” (102). In his discussion of *Arthur Mervyn* (particularly the “unsatisfying” ending), Emory Elliot has explained critics’ sense of Brown’s “careless writing” (142). Watts considered Brown’s novels to be “[w]ritten in a kind of Americanized Gothic style, [for] these tales presented mysterious, passionate, bizarre stories of psychological turmoil and dark human impulses” (72). Thus, the strangeness and brokenness of these narratives is related to their function as Gothic texts that were meant to frighten.

Despite their peculiarities, these novels still enclosed the fever in a story. The reader could experience the disabling disorder of the fever as entertainment—its dangers enclosed in narrative (with a beginning and end), a period of time (1793), and repeated images (of desolation), thus the disabling effects of the disease were mollified through a narrative that contained and standardized the event with repetition and narrative framing.

The chief characteristics of the epidemic's representation in Brown's fictional accounts and subsequent narratives were a desolated city and loved ones left behind as ten thousand residents fled from Philadelphia to save themselves from the fever's ravages. In Brown's novels of the epidemic, the main characters similarly witnessed the emptiness and experienced isolation. What terrified these characters was the way the fever transformed a familiar place and society into something unrecognizable. Brown emphasized this point through *Arthur Mervyn* and *Ormond*—his contemporary Lenora Sansay included the same kind of scenes in *Laura*.

In Brown's 1799 novel *Arthur Mervyn*, a friend in need inspired the title character to travel to Philadelphia in the midst of the yellow fever outbreak, and the city's fever-changed appearance startled him as it should startle readers. Arthur searched Philadelphia for a man named Wallace who was engaged to Susan Hadwin, the daughter of a man Arthur befriended in the countryside. It had been days since the Hadwins had heard news from Wallace, and they worried he was somewhere sick and helpless. Arthur had recently left Philadelphia after getting embroiled with the machinations of Welbeck, but Arthur took it upon himself to return to Philadelphia to look for Wallace. As he approached the city, he noted that “tokens of its calamitous condition became more apparent” (138). He

walked down “High-street after nightfall,” surprised by the vacant, disordered city that staged the gothic narrative that unfolded in the novel (138).

The sun had nearly set before I reached the precincts of the city. I pursued the track which I had formerly taken, and entered High-street after nightfall. Instead of equipages and a throng of passengers, the voice of levity and glee, which I had formerly observed, and which the mildness of the season would, at other times, have produced, I found nothing but a dreary solitude [...]
I cast a look upon the houses, which I recollected to have formerly been, at this hour, brilliant with lights, resounding with lively voices, and thronged with busy faces. Now they were closed, above and below; dark, and without tokens of being inhabited. (139)

Philadelphia was haunted by the ghosts of past activity—the absence of sounds, light, and activity amplified his “dreary solitude” as he walked down the street in the evening.

Through repetition of imagery, Brown emphasized the desolation and solitude, the impression of yellow fever he wanted to convey. For instance, the following appeared less than twenty pages later in the same novel: “The streets, as I passed, were desolate and silent. The largest computation made the number of fugitives two-thirds of the whole people; yet, judging by the universal desolation, it seemed, as if the solitude were nearly absolute. That so many of the houses were closed, I was obliged to ascribe to the cessation of traffic, which made the opening of their windows useless, and the terror of infection, which made the inhabitants seclude themselves from the observation of each other” (156). The description of this, a replica of the earlier example kept the impression of emptiness awake in the reader’s imagination. Arthur’s estimation that two-thirds of Philadelphia’s population had fled the city was on the high side. It would have meant that one third had either died or stayed because of sickness or to help the sick. This estimation helps shed some light on the prominence of the vacant city motif.

The success of Brown's early novels, like *Arthur Mervyn* and *Ormond*, "spawned a number of imitations," according to Steven Watts (72). One example was Leonora Sansay's novel *Laura*, a work of sentimental fiction derivative of Susanna Rowson's *Charlotte Temple* and Samuel Richardson's *Clarissa*. *Laura* depicted the yellow fever epidemic in language that may have been influenced by Brown's fever novels. Published in 1809, Sansay's novel followed *Arthur Mervyn* by ten years. Like *Arthur Mervyn*, Sansay's *Laura* traveled into Philadelphia in the midst of the fever to find a man from whom she had not heard in days. Arthur was doing a favor for Susan Hadwin and her father; *Laura* sought news of her lover herself. Sansay's scenes of travelers abandoning their sick along the side of the road closely resembled Brown's depictions of similar incidents. And in describing her heroine's impressions upon entering Philadelphia, Sansay wrote,

Evening was near when *Laura* reached the town. Far from perceiving the accustomed bustle, scarcely any moving object met her eye. The streets were deserted; the wharves, usually resembling a forest of masts, were naked; three-fourths of the houses shut up. From some of these the dismal howl of dogs, forgotten in the hurry of removal, was heard; from others the groans of the dying, deserted by their faithless attendants. Half-starved cats ran about at a loss for a home, and many were lying dead on the pavement. The air was stagnant. Throughout the whole city a musty atmosphere prevailed like that of a vast building which has remained long unopened.... *Laura* terrified hastened on. (178-179)

Like *Arthur*, *Laura* survived the epidemic and nursed her lover, Belfield, through the infection but not without witnessing the horrors of her city made unrecognizable.

Brown used similar language and imagery to depict *Constantia*'s impressions of the changed city in *Ormond* as he used in *Arthur Mervyn*. For instance, on her way to pay their landlord, *Constantia* was struck by what she understood as fear of the pestilence:

“her attention was excited by the silence and desolation that surrounded her. This evidence of fear and of danger struck upon her heart. All appeared to have fled from the presence of this unseen and terrible foe. The temerity of adventuring thus into the jaws of the pest now appeared to her in glaring colours” (*Ormond* 68). The phrase “excited by the silence and desolation” shows us how remarkable and unusual the city seemed—unfamiliar. Over the course of days and weeks, Philadelphia became even more unfamiliar as fear and the fever spread:

Every day added to the devastation and confusion of the city. The most populous streets were deserted and silent. The greater number of inhabitants had fled, and those who remained were occupied with no cares but those which related to their own safety. The labours of the artisan and the speculation of the merchant were suspended. All shops but those of the apothecaries were shut. No carriage but the hearse was seen, and this was employed night and day, in the removal of the dead. The customary sources of subsistence were cut off. Those whose fortunes enabled them to leave the city, but who had deferred till now their retreat, were denied an asylum by the terror which pervaded the adjacent country, and by the cruel prohibitions which the neighbouring towns and cities thought it necessary to adopt. (79-80)

Deserted and silent, shut, and cut off were frightening markers of Philadelphia’s radical transformation.

Constantia’s fears about yellow fever began when she attempted to purchase a second-hand grammar book from Mr. Watson’s bookstore. She found the store closed up as if it were nighttime, and since it was yet day, Constantia quickly surmised that someone in the family must have died. She approached a man standing in a nearby doorway and holding a vinegar-soaked cloth to his face to ask what happened to Mr. Watson. His answer, that Mr. Watson had died the night before from yellow fever, frightened Constantia. The narrator explained that “[t]he name of this disease was not absolutely new to her ears. She had been apprized of its rapid and destructive progress in

one quarter of the city, but, hitherto, it has existed, with regard to her, chiefly in the form of rumour” (63-64). As a rumor, the disease was not something that concerned Constantia; until learning of Mr. Watson’s fate, “She had not realized the nature or probable extent of the evil” (64). She had assumed the pestilence would not drift out from its neighborhood of origin into hers, but now that it had, she began to see “symptoms of terror with which all ranks appeared to have been seized” beginning to spread through the streets (64).

Constantia’s fears increased along with her neighbors’ as “predictions of physicians, the measures of precaution prescribed by the government, the progress of the malady, and the history of the victims who were hourly destroyed by it, were communicated with tormenting prolixity and terrifying minuteness” (70-71). Brown did not specify through what media these tormenting communications reached Constantia and her neighbors, but based on the fever archive, we know texts that fit this description were produced and circulated by printers like Carey and Dobson. Brown only indirectly referenced the role of reading as a source of fear over the fever, but as an author of gothic narratives, he would surely have understood the possibility of transmitting fear through writing and reading. Although the grim silence in Philadelphia during the epidemic must have frightened those who actually witnessed what Brown’s characters saw, his readers would have been familiar with these descriptions. As we have seen, they appeared frequently in both novels and in many of the accounts published in 1793 and 1794. The unrecognizability or unfamiliarity of an otherwise bustling, thriving city had actually become familiar and recognizable. Readers of Brown’s gothic fever stories came to recognize those scenes of the unrecognizable city as scenes of terror.

The language of desolation can also be seen in Brown's understanding of disability as it applied to *Ormond's* Stephen Dudley (Constantia's father), who became blind shortly after his wife died. As Brown wrote, "He was now disabled from pursuing his usual occupation. He was shut out from the light of heaven, and debarred of every human comfort. Condemned to eternal dark, and worse than the helplessness of infancy, he was dependent for the meanest offices on the kindness of others" (51). I want to pause on the terms "shut out" and "debarred" that figured so prominently in Brown's descriptions of the desolation of the city, which Dudley, now physically disabled, felt within his own body. This parallel language demonstrated that the devastation of the city was as significant for Brown as the devastation of bodies as a result of the fever.

For Brown, the fever epidemic was not just a story about a city, but a story about the bodies of the people who lived there. He often included visceral detail about the fever's effects on the body—its appearance, its smells, its effluvia, etc. Characters experienced the disabling symptoms of violent pain, intense vomiting, mental confusion, and extreme weakness described in the fever pamphlets and discussed above. Brown even dramatized the physical impact of infection, which he understood occurred through inhalation, in the following passage:

As I approached the door of which I was in search, a vapour, infectious and deadly, assailed my senses. It resembled nothing of which I had ever before been sensible. Many odours had been met with, ever since my arrival in the city, less insupportable than this. I seemed not so much to smell as to taste the element that now encompassed me. 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. (*Arthur* 144)

Not only was Arthur physically sensitive to the infection infusing his body, but he felt its effects immediately as his vigor and vitals were compromised.

Brown also depicted the physical influences of fear and the power of stories to provoke fear, which we see in some of the 1793 accounts: “As often as the tale was embellished with new incidents, or enforced by new testimony, the hearer grew pale, his breath was stifled by inquietudes, his blood was chilled and his stomach was bereaved of its usual energies. A temporary indisposition was produced in many” (*Arthur* 130). We might imagine that his own readers might be subject to these same somatic responses if it weren’t for the fact that the epidemic in question was in the recent past.

In containing the fever in narrative, like a specimen in a glass case, Brown emphasized the fever’s power to disable, which was absent in Sansay’s and subsequent fictional narratives that drew upon his representation of the epidemic. He used versions of the word “disabled” in *Arthur Mervyn* and *Ormond* to refer to weakness or “powerless in mind as in limbs” (168). His reference to disability along with his descriptions of the sick body from the perspectives of the sick and their witnesses brought the fever-disabled body to the fore, but Brown contained it through repetition. As the following scene (also included at the opening of this chapter) demonstrates, the disabled were not subsumed into Brown’s descriptions of the desolated city. Instead, they were signs of life: “I cast a look upon the houses, which I recollected to have formerly been, at this hour, brilliant with lights, resounding with lively voices, and thronged with busy faces. Now they were closed, above and below; dark, and without tokens of being inhabited. From the upper windows of some, a gleam sometimes fell upon the pavement I was traversing, and shewed that their tenants had not fled, but were secluded or disabled” (*Arthur Mervyn* 139-140). This “gleam” of the light of disabled and secluded sick people broke through the darkness of desolation.

More than just labeling the body as disabled, Brown even described Arthur's transformation from being able-bodied to disabled by the fever. With a heightened sensitivity to the infection in his body, Arthur recognized a specific moment when he breathed in the disease and could feel the progress of the symptoms: "The element which I breathed appeared to have stagnated into noxiousness and putrefaction. I was astonished at observing the enormous diminution of my strength. My brows were heavy, my intellects benumbed, my sinews enfeebled, and my sensations universally unquiet. These prognostics were easily interpreted. What I chiefly dreaded was, that they would disable me from executing the task which I had undertaken. I summoned up all my resolution, and cherished a disdain of yielding to this ignoble destiny" (169). At another point in *Arthur Mervyn*, Arthur listened outside a door trying to discern if "the person within was disabled by sickness" (185). And in *Ormond*, Brown wrote that Constantia and Mr. Dudley were "[d]isabled from contributing to each other's assistance, destitute of medicine and food, and even of water to quench their tormenting thirst, unvisited, unknown, and perishing in frightful solitude!" (185).

Brown's use of the word "disabled" in *Arthur Mervyn* did not only apply to fever-disabled bodies, for the word was only used in the context of the fever. In other words, disability from fever or other reasons only occurred within the framework of the yellow fever epidemic. For instance, when Arthur and Welbeck designed to take a boat out of the city at night (after burying the man Welbeck murdered as a final act in his elaborate plot of greed and passion, Arthur noted a clamorous air, suggesting that "the city was involved in confusion and uproar" (115). It was at this time that the fever began to create chaos in the city. Shortly after noting the "confusion and uproar," Arthur was described

as “utterly disabled” (117). This phrase did not refer to his physical health, but his sense of powerlessness to help another character because he did not know how to find her.¹¹⁸ If we relate this usage to the fever authors discussed above who wanted to control the fever with facts but lacked the understanding to do so, we might say they too were disabled as Arthur was. Other instances where Brown used “disabled” to describe a body or mind of someone not infected with yellow fever can be found in the first and second parts of the novel when the fever was active or influenced the plot and characters. When the fever faded out of focus (in Part II after Chapter VI) the word disappeared from the novel though we see other characters who might be said to be disabled by physical or other conditions. Therefore, I read Brown’s use of this term in the context of the fever alone as a way to contain the disabled body in a specific narrative frame.

Thus, signs of the disabled body in Brown’s novels about the fever revealed the ways his version of the story, contained in standardized imagery and descriptions, exceeded its own limits—making it more in keeping with the disabled texts discussed throughout this chapter than other fictional accounts.

1314 Locust Street and 19 S22nd Street: Conclusion

Neatly contained in the collections of the Library Company of Philadelphia and the College of Physicians of Philadelphia lies the archive of yellow fever, which consists of the numerous pamphlets that attempted to account for the unruly disease. We can access the events of this epidemic in these reading rooms, sitting in desk chairs, leaning over texts gently propped in supports, their dust accumulating on our hands. Thus, we

¹¹⁸ Arthur realized that Welbeck’s lover Clemenza Lodi would have been left to her own devices since Welbeck was absconding to the country, but without knowing where to find her, he felt “disabled” from looking for and helping her.

connect with these accounts of bodies through our own physiological and intellectual experiences. Yet because we observe the events of the epidemic from a safe distance and through the several mediations of narrative and analysis, the bodies of the sick become abstracted. Without attending to them, we cannot truly understand the disabling power of the disease nor the fear it produced.

I have argued here that this is an archive of disability with texts I understand as disabled for the physical conditions they document and for their struggles to understand and contain the disease in facts, categories, or narrative. And Brown's *Arthur Mervyn* and *Ormond* are part of that archive. Brown's use of "disability" as a term associated with the fever redirects our attention to the body both in his fever novels and in the fever archive of 1793. With this analysis, we can see that fear formed the connective tissue between these texts and the bodies of the sick as they portrayed the fever's power to disable both. A key contributor to the production of fever texts and the scholarship on them was the disabling effects of the disease—its aberrance was generative. Thus, our scholarship should attend to the disability in 1793 to keep the light on the bodies of the sick and the stories they tell.

Table 1 Yellow Fever Texts from 1793-1794

Title	Author	Publisher	Publication Date (specifc to the day where available)	Format	Discipline or Form
"For the Federal Gazette"	College of Physicians	Brown	Aug. 27, 1793	Newspaper Article	General
A Description of the Malignant, Infectious Fever Prevailing at Present in Philadelphia; with an Account of the Means to Prevent Infection, and the Remedies and Method of Treatment, which Have Been Found Most Successful	Currie	Dobson	Sept. 6, 1793	Pamphlet	Medical
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	Carey	Carey	Nov. 14, 1793	Pamphlet	General
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 (2nd Edition)	Carey	Carey	Nov. 23, 1793	Pamphlet	General
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 (3rd Edition)	Carey	Carey	Nov. 30, 1793	Pamphlet	General
Observations on Dr. Rush's Enquiry into the Origin of the Late Epidemic	Carey	Carey	Dec. 14, 1793	Pamphlet	General
A Desultory Account of the Yellow Fever, Prevalent in Philadelphia, and the Present State of the City	Carey	Carey	1793	Pamphlet	General
An Account of the Rise, Progress, and Termination of Malignant Fever, Lately Prevalent in Philadelphia	Hardie*	Benjamin Johnson	1793	Pamphlet	General
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 (3rd Edition)	Carey	Carey	Jan. 16, 1794	Pamphlet	General
A Narrative of the Proceedings of the Black People during the Late Awful Calamity in Philadelphia in the Year 1793	Jones and Allen	Woodward	1794	Pamphlet	General
Minutes of the Proceedings of the Committee, Appointed on the 14th September 1793 by the Citizens of Philadelphi, the Northern Liberties, and the District of Southwark, to Attend to, and Alleviate the Sufferings of the Afflicted with the Malignant Fever, Prevalent, in the City and its Vicinity	College of Physicians	Aiken	1794	Book	General
An Account of the Bilious Remitting Yellow Fever, As it Appeared in the City of Philadelphia in the Year 1793	Rush	Dobson	1794	Book	Medical
A Medical Sketch of the Synochus maligna, or malignant contagious fever; as it lately appeared in the city of Philadelphia	Cathrall	Dobson	1794	Pamphlet	Medical

An Enquiry into the Origins of the Late Epidemic in Philadelphia	Rush	Carey	Dec. 11, 1793	Pamphlet	Medical
Observations on the Cause, Nature, and Treatment of the Epidemic Disorder Prevalent in Philadelphia (1793)	Deveze	Parent	1794	Pamphlet	Medical
Observations on the Cause Nature and Treatment of the Epidemic Disorder	Nassy	Carey	Nov. 26, 1793	Pamphlet	Medical
A Synopsis of Methodical Nosology, in which the Genera of Disorders are Particularly Defined, and the Species Added with the Synonymous of those from Sauvages	Cullen	Parry Hall	1793	Book	Medical
A Treatise on the synochus icteroides, or Yellow Fever; as it Lately Appeared in the City of Philadelphia	Currie	Dobson	1794	Pamphlet	Medical
An Impartial Review of that Part of Dr. Rush's Late Publication Entitled, "An Account of the Bilious Remitting Yellow Fever, as it Appeared in the City of Philadelphia, in the Year 1793	Currie	Dobson	1794	Pamphlet	Medical
An Account of the Terrible Effects of the Pestilential Infection in the City of Philadelphia with an Elegy on the Deaths of the People	Stearns	William Child	1793	Pamphlet	Poetry
An Account of the Terrible Effects of the Pestilential Infection in the City of Philadelphia with an Elegy on the Deaths of the People	Stearns	No. 80 Cherry Street	1794	Pamphlet	Poetry
A Short Account of the Yellow Fever in Philadelphia, for the Reflecting Christian	Helmuth	Jones, Hoff, & Derrick	1794	Pamphlet	Religious
An Earnest Call: Occasioned by the Alarming Pestilential Contagion Addressed to the Inhabitants of Philadelphia		Jones, Hoff, & Derrick	1793	Pamphlet	Religious

Chapter Four

Cholera Carnival: Fear of Illness in the Sensational Serial

*I have ridden devoid of voice or form,
As the lightening-flash mid the thunder-storm,
Over wild, and wastes, and deep morass.
The Faeries laugh as their haunts I pass;
The vampire lurks in my sweeping track*

....
*But all with one accord agree
I am a fathomless mystery.*

....
*For to own the truth, I lose half my force,
Unless FEAR accompany my course*

~“The Cholera,” *Genius of Liberty*, June 30, 1832

If Edgar Allan Poe had given his figure of walking plague words to speak in “The Masque of the Red Death,” it may have sounded something like the voice of cholera in the poem excerpted above. The poem was published just ten years before “Masque” in 1832, during the height of the first cholera epidemic in the United States. Upon reaching the U.S. that year, cholera seemed to step directly onto the pages of American serial publications as “a fathomless mystery,” a sensationalized, fear-inducing character in the popular press.¹¹⁹ Cholera’s movement, particularly its ability to cross the Atlantic after first devastating Europe, inspired numerous imaginative representations of the disease as a supernatural creature—not unlike Poe’s figure of the walking pestilence, able to

¹¹⁹ After cholera reached the U.S. in June 1832, Americans understood that immigrants were liable to carry it. However, the cholera record does not show a general fear or hatred of immigrants or sailors travelling from locations where cholera had broken out. The prevailing belief was that cholera spread through the air and not on bodies of the sick. Nonetheless, strict quarantines were enforced, and if cholera broke out on a ship, the captain was obligated to raise a flag of distress to protect those on shore.

permeate a fortified structure, assume human form, and vanish only after first exposing all to its poison.

“The Masque of the Red Death” is the story of a horrible and mysterious disease’s conquest over people who tried to escape it. At the beginning, Prince Prospero gathered a group of elite members of society at one of his “castellated abbeys.” They reveled in their presumed safety by enjoying a masquerade ball. Meanwhile, a walking pestilence, the Red Death, circulated among them disguised as a fellow guest in order to make them his next victims. His costume horrified guests, for it looked frighteningly like an actual body consumed with the plague. When the host, Prince Prospero, confronted the mysterious guest, he was struck with a sudden horror and he fell dead. The figure appeared to drop to the ground as well, and when the rest of the guests dared to lift his mask, they discovered that the costume was empty—the mask hid no face and the shroud covered no body. Instead, the formless figure was the disease itself, embodied and able to resort to any measures to infect new bodies, not unlike cholera in 1832.¹²⁰

“There are chords in the heart,” Poe explained in the story, “which cannot be touched without emotion,” and this figure’s appearance struck such a chord in the other guests (489).¹²¹ The emotion it provoked was nothing short of terror. Cholera and the

¹²⁰ Medical themes run throughout Poe’s short stories, like “Morella,” “Ligia,” “Dr. Tarr and Professor Fether,” “Eleonora,” “The Mystery of Marie Rôget,” “The Fall of the House of Usher,” and more (Fischer *Cambridge* 22). David E. E. Sloane has written, “Poe knew and used a variety of items taken from the pseudo-scientific and medical doctrines of the early nineteenth century.” In fact, “As early as 1836, Poe published reviews of medical works in the *Southern Literary Messenger*.”

¹²¹ Scholar of American gothic fiction, Teresa Goddu has written about Poe’s engagement with sensational topics or themes that he saw having market value. “For, by titillating and terrifying, caricaturing and critiquing, Poe’s tales of sensation...exploit their culture’s conventions” (“Poe, Sensationalism, and Slavery” 93-94). Goddu has Poe’s treatment of slavery in mind here, arguing that “Poe’s tales respond to a literary

stories about it both fascinated and terrified American readers who were drawn to the fantastic portrayals of the disease in the press but dreaded its actual presence. It struck the chords of their hearts and could not be felt without emotion. Readers across America seemed to delight in getting close to cholera on the pages of popular periodicals where they could lift its mask, and look beneath its shroud and feel the fear it inspired.

Cholera was a prominent topic in popular serials in the years that preceded the 1842-publication of “The Masque of the Red Death” in *Graham’s Magazine*. It was the latest of Poe’s four stories that related to cholera; the other three included: “The Sphinx,” “King Pest, and “Shadow” (the former published in *Arthur’s Ladies’ Magazine* in 1846 and the latter two published together in the *Southern Literary Messenger* in 1835). With the exception of “The Sphinx,” none of them name cholera specifically, but, as scholars have shown, some were written during the 1832 outbreak or simply reflect the context of cholera through imagery and language.¹²² And Poe’s professional writing history began

market culture that traded on the terror of slavery” 93). Goddu and other contemporary scholars have written extensively and convincingly about Poe’s complex portrayal of slavery and race in his fiction (see Goddu *Gothic America*; Toni Morrison *Playing in the Dark*; Joan [Colin] Dayan “Poe, Persons, and Property”; Terence Whalen *Edgar Allan Poe and the Masses*; and Lesley Ginsberg “Slavery and the Gothic Horror of Poe’s ‘The Black Cat’”; and the essays in the collection *Romancing the Shadow*). While slavery and race do not figure into the stories I discuss in this chapter (as they do in *The Narrative of Arthur Gordon Pym* or in stories like “The Black Cat” or “Hop Frog”), Goddu’s claim that Poe makes use of slavery a source of terror that has market value in the sensational press applies to his use of cholera.

¹²² Multiple scholars have studied Poe’s relationship to magazine publishing. One of the most cited is Michael Allen’s *Poe and the British Magazine Tradition*. Michael Allen writes, “Of the British magazines reprinted and circulated in America in the earlier nineteenth century, *Blackwood’s* was of paramount influence” to Poe as well as other readers, writers, and editors (28). American publishers pirated and reprinted British magazines, making them cheap and accessible to a broader readership (Hayes 94). Others scholars who have addressed Poe’s magazine writing include Bruce I. Weiner and Teresa Goddu who recognize Poe’s sensationalism as a product of his early reading of magazines like *Blackwood’s* (45-47; “Poe, Sensationalism, and Slavery” 96,

in 1832 with the publication of five of his tales in the *Philadelphia Saturday Courier*; scholars agree that 1832-1833 were peak years for his short-story writing (Weinstock 173; Allen 123; Quinn 194-195).¹²³ The narrator of each of his cholera stories explained that the narrative took place in the midst of a wide-scale outbreak of disease that mystified all and defied efforts to stop it.¹²⁴ Early readers of these stories would have had the outbreak in their recent memory and the connection was probably more apparent than it has been to critics and other contemporary readers. Thus, while this chapter uses Poe as an example of a canonical author who made use of the fear of cholera in his writing, it is not solely a discussion of cholera in Poe. Rather, I look at the collections of popular cholera writing, which clearly informed Poe's representations of disease in his cholera stories.

Literary and cultural scholarship on health in the eighteenth and nineteenth centuries has focused on disease as a source of revulsion, and it is often read by scholars

respectively). Jeffrey Andrew Weinstock has written that "Poe's adult life coincided with a remarkable expansion in magazine publication that led one commentator in 1831...to characterize the period as 'the golden age of periodicals'" (169). Weinstock counts this dramatic expansion of the periodical press "[a]mong the most significant forces molding Poe's experience" (169).

¹²³ Poe submitted five short stories to the *Philadelphia Saturday Courier*'s short story contest in 1832. He did not win, but the editors published all five that year: "Metzengerstein," "The Duke de L'Omelette," "A Tale of Jerusalem," "A Decided Loss," and "The Bargain Lost" (Quinn 192; Kennedy "A Brief Biography 30). "The Bargain Lost," later revised and published as "Bon-Bon," briefly mentions cholera. The main character, Pedro Garcia (Bon-Bon in the later version) was visited by the devil who explains that he eats people's souls—some being better than others. One of the worse was Hippocrates, the father of medical knowledge, who gave the devil cholera morbus when he took his soul. Poe kept the reference to cholera in his revision of the story as "Bon-Bon" in 1835 ("Bon-Bon" 177).

¹²⁴ The characters of these stories assemble in groups as a result of the raging disease. In "The Masque," "The Sphinx," and "Shadow," they retreat in an effort to escape the infection and the fears associated with it. In "King Pest," they try to take advantage of the circumstances and hoard alcohol.

as a metaphor for people (African Americans, immigrants) or habits (uncleanliness, alcohol-consumption) that were seen as revolting or at least unsavory to the homogenous dominant culture.¹²⁵ However, in the context of cholera, the disease was attractive and popular as well as frightening. We have to think beyond the association of disease with aversion to understand that disease (and the fears it inspired) was captivating in its strangeness and its power to totally disrupt daily life. In this sense, cholera appeared like something out of the grotesque traditional of carnival—the blend of horror and pleasure, the serious and the playful. Shifting this perspective opens the discussion of a vast number of printed works on cholera. It also helps us understand the complexity of fear as it was mixed with pleasure in the sensational press.¹²⁶

¹²⁵ See Nancy Tomes, Cristobal Silva, Simon Finger, and Allan Christiansen for discussions of disease as an abhorrent theme. Kelly Bezio is one of the few scholars of American literature who is writing about cholera specifically, but her recent article, “Nineteenth-Century Quarantine Narratives,” addresses quarantine efforts during the epidemic, a strategy of containment to avoid the disease, not get nearer to it.

¹²⁶ The juxtaposition between an actual health crisis and the fantastic and popular portrayal of it may surprise a reader as it did me. However, what facilitates such a grotesque mix of impressions of cholera is the essence of what Bakhtin called the carnivalesque in the popular press. “Carnival is presented by Bakhtin as a world of topsyturvy, of the heteroglot exuberance, of ceaseless overrunning and excess where all is mixed, hybrid, ritually degraded and defiled” (Stallybrass and White 8). While the element of the carnivalesque was not necessarily alive in 1832 in the form of literal carnival or masquerade as it was in eighteenth-century England, for example, the elements of reversal, distortion, celebration mixed with terror, fantasy mixed with the rawness of nature and bodies persisted on the pages of serials. Isabel Lehuu calls this a “carnival on the page” and shows how the popular press depended on features of carnival like the grotesque, carnality, unstable cultural order, and spectacle. As a product of a grotesque aesthetic, the tradition of carnival explored deliberate upheavals of social order that was not simply celebratory but frightening as well (Lehuu 3-9). In *The Politics and Poetics of Transgression*, Stallybrass and White discuss carnival’s inversion of higher and lower strata “of the body, of literature, of society of place,” which blurs the difference between the affects associated with these separate strata. Thus, the emotional poles of “repugnance and fascination” become “twinned” or blended (4-5), which is what I see in the cholera archive. Lillian Nayder could be writing about carnival in her depiction of sensational writing as that which “destabilizes social categories, treating

Cholera publications took many forms, and together they comprised what I call a cholera archive. This archive was an early collection of sensational literature that helped set the stage for the massive body of sensational writing that would develop in America in the 1840s, 50s, and 60s. Writing from these decades has received the most critical attention from scholars on the sensational in nineteenth-century America.¹²⁷ During the 1830s, certain characteristic features of sensational writing incubated, so to speak, within the cholera archive. In fact, 1833, the year after the epidemic, the penny press exploded in America (Denning 10). At this time, a “vernacular print culture” emerged consisting of “cheap, sensational ephemeral, miscellaneous, illustrated and serialized [pieces] that transgressed the boundaries of conventional media and defied orthodox uses of the printed word” (Lehuu 7). As I will discuss in this chapter, it extended beyond the printed word and into readers’ bodies.

During the epidemic year of 1832, one author described seeing a “mania for publication” in response to the spread of a new and baffling disease (“Works on Cholera” identity as fluid, and obscuring differences in class, race, and gender” (155). David Leverenz also sees in sensationalism the exploration of “ontological crossings...between male and female, honor and shame, black and white,” as well as between life and death, elite and popular (96; 98).

¹²⁷ See David S. Reynolds *Beneath the American Renaissance*, 443-445 and 452-453. In *American Sensations*, Shelley Streeby recognizes the sensational press as a component of the “culture of sensation,” which she defines as a “spectrum of popular arts and practices that includes journalism, drama, and, in the broadest terms, the political cultures that were aligned with these popular forms” (27). I suggest carnival and masquerade fit within the culture of sensation, recreated through popular media in America. Stallybrass and White explain that “Carnival in its widest, most general sense embraced ritual spectacle, such as fairs, popular feasts and wakes, processions and competitions,... open-air amusement with costumes and masks, giants, dwarfs, monsters, trained animals and so forth” (8). The regularity of the periodical publications (published daily, weekly, or monthly depending on the individual periodical) is ritual in nature. The readership was popular or democratic because readers of upper, middle, and lower classes in rural and urban environments read the same content. And this content was often full of “masks” and “monsters,” especially in the cholera archive.

n.p.).¹²⁸ As another author wrote in an article titled “The Cholera and the Comet,” “Every one has his brain, and his abdomen, and his mouth full of cholera” (n.p.). It was on everyone’s mind because the disease seemed to be everywhere as more and more people became infected and more and more stories of it appeared in the popular media. As Isabel Lehuu has shown, “Popular periodicals belonged to the people and represented the reading matter of a democratic audience” (27). In other words, readers of popular periodicals were diverse and multiple. And “literacy rates—already extremely high among the white Northern population at the turn of the eighteenth century—continued to increase[;] a shift in attitude toward reading as entertainment occurred.... [when] periodicals entered a period of diversification in the 1820s and 1830s” (Weinstock 171). Therefore, the cholera archive would have been read by a vast audience. Accounts of

¹²⁸ In their efforts to document the wonder and anxiety over cholera’s chimerical progress and “innovative,” aggressive nature, authors adopted available language that best captured cholera’s strangeness (“The Cholera and the Comet” 187). For instance, on February 29, 1832, the *Western Luminary* published “Cholera: Prayer, Perhaps, its Only Antidote,” an article urging readers to protect themselves against “this overflowing scourge” of “divine appointment” sent to cleanse a “guilty world, grown haughty in wealth and knowledge.” The author of a poem titled “The Cholera Dream” described cholera as a demon—a word used three times in the poem, twice to refer to cholera and once to refer to death; in this poem, a “blood-red sun” marked cholera’s apocalyptic arrival (Ernest 198). And an article in the *New England Magazine* discussing both the spreading fears over cholera and a foretold comet referred to the disease as a “fiend” and asserted “[u]ndoubtedly this dreadful and dreaded spirit is on its way towards us” (“The Cholera and the Comet” 187). Cholera had broken out in the United States by the time this article was published in August 1832; however, the *New-England Magazine* was published in Boston where the disease had not yet been reported. “Boston,” the author wrote, “is peculiarly happy in its airy location, and the circumstances and habits of her citizens. New-York, it is likely, will suffer more. Her population are more closely packed, she has more absolutely wretched denizens” (118). Nonetheless, cholera soon spread to Boston as well as other cities in Massachusetts.

cholera in periodicals included sensationalized details and imaginative, often fantastic, representations of a very real disease—not unlike Poe’s cholera stories.¹²⁹

Sensational literature can be described as writing that “was thought to appeal directly to the ‘nerves,’ eliciting a physical sensation with its surprises, plot twists, and startling revelations. It was also distinctive in its popularity” (Gilbert “Introduction” 2). Streeby has described sensational writing as a “body genre,” a term used in film studies to signify works that used spectacle to provoke a physical response in the viewer.¹³⁰ These works “aimed to provoke extreme embodied responses in readers; and often lingered on the grotesque and the horrible” (Streeby 30).¹³¹ Certainly a mysterious and

¹²⁹ Sensational writing is often considered to be a genre of melodrama and hyperrealism with its emphasis on crime, bodies, and the unsavory features of city life. However, it is akin to the gothic in its reliance on fear to provoke a response from the reader. Thus, sensational writing (especially early sensational writing) can reflect conventional features of the gothic and even include aspects of the supernatural and horror (Talairach-Vielmas 21; Kontou 141-147; Allen 30). David Leverenz refers to this as “gothic sensationalism,” but one need not distinguish it since these gothic elements infuse so much of sensational literature—it becomes a feature of the genre itself (99).

¹³⁰ The term “body genre” was introduced by Carol Glover but expanded by Linda Williams in her seminal article “Film Bodies: Gender, Genre, and Excess” (1991). Williams explains that the sensational “give our bodies an actual physical jolt” (2). Unlike with sentimental or other nonsensational works, when encountering the sensational, “the body of the spectator is caught up in an almost involuntary mimicry of the emotion or sensation of the body on the screen,” or on the page (4). It’s the excessive nature of the sensational that triggers this kind of response. Pamela Gilbert writes that the “very notion of sensation[alism] itself is a physiological one” (“Sensation Fiction and the Medical Context” 184). And David Leverenz claims “sensations feel like whips” (96). Streeby’s interest in sensationalism as a body genre seems to fade as her emphasis on the political importance of sensational writing in the 1840s and after develops. Lehuu argues that popular media in the second quarter of the nineteenth century reveals a “bodily culture”: “Whether it took the carnal tone of crime news in the penny press, the uncanny corpulence of weekly leviathans, or even the Catholic images of gift book engravings, American print culture allowed the body to be Omnipresent” (3-4). Although Lehuu does not address sickness in the press, the interest in bodily sickness corresponds with her observations.

¹³¹ Leverenz notes that “Poe’s most sensational moments depict bodies grotesquely transformed” (98)

gruesome epidemic disease like cholera coincided with the favored themes of the grotesque and horrible. And for some, sensational writing or the enjoyment of it was thought to be an “unhealthy passion” or a “virus spreading in all directions from the penny journal to the shilling magazine and from the shilling magazine to the thirty-shilling volume” (Bridale qtd. in Law 168; Wise qtd. in Law 177). When compared to the refinement and transcendence that dominated in sentimentalism, sensationalism “emphasizes materiality and corporeality, even or especially to the point of thrilling and horrifying readers” (Streeby 31; see also, Elmer 94). Pamela Gilbert has argued, “sensation fiction was a genre particularly connected to current understandings of physiology and medicine”; thus, the grotesque body in these stories was often presented in the context of contemporaneous popular understandings of health (182). The physical response readers might have experienced as a result of reading about disease and medicine would have been disgust and fear.

In the context of 1832, did sensational writing provoke just fear in the bodies of readers, or could reading bring the body to the point of feeling the physical effects of cholera as well? Fear was understood to be a predisposing condition for cholera infection. In other words, the sensational writing about cholera inspired fear in readers, which could turn into an actual case of cholera. It was almost as if cholera itself spread through the press. This dilemma was not unlike that which sensational literature faced in the later decades more generally: how to write about crime and vice without stimulating readers' appetites for them. The cholera archive was understood, that is, to have a material relationship to the disease itself. Thus, this “body genre” could actually make people

sick. Nonetheless, the appeal of the grotesque, the bodily, and the strange in cholera writing remained strong.

Even though readers and writers were warned of the relation between fear and cholera, fearsome representations of the disease proliferated and were even employed by doctors to bolster their heroism over a dread, almost supernatural disease. Knowing the dangers, editors and authors kept cholera as a character and topic circulating, and readers could challenge themselves to get close to the mysterious disease—look beneath its mask and shroud—and gamble with infection. Thus, in a confusing feedback loop of sensational writing about cholera, readers bore the responsibility for protecting themselves from fear and, therefore, the disease.

Each section heading in the following discussion was a headline for a cholera poem, report, story, etc., which may begin to recreate for contemporary readers the experience of encountering these titles in 1832. After the section called “Cholera Manufactories,” a discussion of doctors and editors as significant figures in the cholera archive, the following section, “Horrors of Cholera Morbus,” looks at the physical impact of cholera, which was frightening for being both supernatural and (what I call) hypernatural—other-wordly yet exaggeratedly human. Following that, the combined attraction and repulsion for cholera in sensational periodicals is the focus of “Cholera Asphyxia—A Thrilling Incident!” which precedes “King Cholera,” an analysis of the characterization of cholera in these texts. The final two sections—“Little Story about Cholera” and “How to Write a Cholera Story”—study the way Poe’s short stories build upon the sensational treatment of cholera in popular periodicals.

“Cholera Manufactories”: Producing the Cholera Archive

From India, France, England, Germany, and eventually the United States, the urge to record the history, symptoms, and treatment methods of cholera morbus (also called spasmodic cholera and Asiatic cholera) spread widely. Book-length treatises (by Drake, Reese, the Massachusetts Medical Society, Brigham, Scoutten and others), news reports and first-hand accounts show that cholera was a feature story in 1832. Cholera also flourished on the pages of periodicals as a popular topic for entertainment, but the popular press was also an ideal medium for informing the public on the dangers of cholera’s predisposing factors. Editors, doctors, and other authors played active roles in circulating stories about the disease. The vast production of imaginative and informative pieces on cholera in the popular press for general readership was motivated by commercial and professional needs as well as the desire to protect the public. In a sense, the pages of periodicals were “Cholera Manufactories,” as the heading for this section suggests. The doctors and editors that produced them had more to gain from fear of and interest in the disease than they would if the public was disinterested and didn’t share the fear they were warned against feeling.

The greater cholera archive, inclusive of medical and nonmedical authors with the “mania for publication,” suggested “the people” eagerly devoured these works. In his *Treatise on Epidemic Cholera*, Amariah Brigham expressed surprise that the nonmedical or “general” community had acquired something of a specialized knowledge of the disease through reading: “So much has been written upon the disease, and read by the general community.... The exciting and predisposing causes, the articles of diet to be used or avoided, the remedies to prevent and to cure; are all *treasured up*, and have had

the effect to create a morbid excitement respecting the disease, throughout the whole mass of community” (Brigham 345-346, emphasis added). I read Brigham’s use of the phrase “treasured up” as an indication that these readers sought information about cholera and eagerly consumed available texts, though these seem unlikely objects to be “treasured.” This phrase coupled with “morbid excitement” beautifully captured the tension between the attraction and revulsion of cholera that examples from the popular press demonstrated—as well as the ambiguity between entertaining and informing, between promoting and dispelling the fear of cholera.¹³²

Doctors’ reports on cholera, like Daniel Drake’s and Amariah Brigham’s, were often intended for a general or popular audience so readers could be informed about the spreading disease and, hopefully, protect themselves against the infection with healthy habits. In fact, cholera generated more medical writing than any previous disease, enabled by the developments in print. One author characterized the impulse to document cholera as a “mania for publication”:

It will not be the fault of the present race of physicians if posterity should obtain an inadequate idea of the history of the existing epidemic. At a time when men of science are peculiarly disposed to devote themselves to the task of improving and instructing the public, this propensity in the medical profession has taken almost exclusively the direction of Cholera. The medical pen has been, for the last two years, teeming with productions on this subject; and we still go on, with unabated vigor and industry, adding to the number. Probably not less than two hundred works on Cholera, including pamphlets, have been published in England and on the European continent, during the prevalence of the disease there. At present, the

¹³² A brief announcement published in the *Rural Repository* on Aug. 16, 1834 attributed a local cholera scare to “a certain class of people who are very fond of the marvelous...and love to create a panic to gratify their own eccentric notions” (“Cholera” 47). Despite the author’s sense that a fondness for the marvelous was limited to “a certain class,” there was an abundance of readers and editors who apparently shared “eccentric notions.”

mania for publication seems distinctly transmitted to this country, and we already rival our transatlantic friends in fertility on this topic. (“Works on the Cholera”)¹³³

As the author noted, the archive was particularly rich in the U.S. because the disease was especially new in North America and because both the medical and publishing fields were expanding. The medical profession was not without its own motives for participating in the mania of printing. If the medical field could not rescue the public from the disease, then doctors would try to rescue the public from “distorted stories” and “baseless rumours,” which were circulated in part through print (“Advertisement” 1).

Hoping to both dispel fears and to recover their diminished authority in the public eye, doctors turned to the popular media form of serials to accomplish their goals. In the 1830s, key technological developments facilitated the proliferation of inexpensive magazines or serial publications that tended toward the sensational.¹³⁴ In the estimation of American newspaper historian, Frank Luther Mott, “it was the steam-driven cylinder press which revolutionized newspaper printing. The first American paper to install such a press was the New York Daily Advertiser...in 1825” (203-204). The steam-powered press was fast and efficient, and the rotary cylinder replaced the flat printing bed, which meant both sides of a sheet of paper could be printed at the same time (Weinstock 170).

¹³³ This passage comes from an article in the *Boston Medical and Surgical Journal* called “Works on Cholera,” an annotated bibliography dated October 31, 1832. The bibliography included nine titles, all with 1832 as the publication date and two texts with titles indicating the contents were for “the people” (*Hints to the People on the Prevention and Early Treatment of Spasmodic Cholera* and *Information for the People on Cholera*).

¹³⁴ John Tresch relates the technological developments in print in the 1830s to Poe, showing that he was an author keenly aware of the production of periodicals because he worked for several magazines. “The means by which texts were constructed, formatted, and distributed was undergoing a transformation in his day, one of which he was uniquely conscious” (122-123). Therefore, according to Tresch, Poe’s “words were indissociable from the fact of mechanical meditation by the printing press; the ideas in his texts were material objects, designed to bring about material transformation” (123).

Additionally, the manufacture of paper became far cheaper and faster with the introduction of the Fourdiner machine, which “was in general use at American paper mills by 1830” (Mott 204). Rather than the separate sheets that had been the standard in paper production, the machine produced continuous sheets of paper, which sped up the process and increasing the volume of papermaking, so printers could print multiple pages on the new rolled paper. Another groundbreaking innovation in printing was the change from printing with single pieces of type to stereotypes, plates of text that contained an entire page. These plates eliminated the need to reset type or reserve cases of set type for repeated printings (i.e. recurring ads, columns, mastheads, etc.) (Pretzer 163). Printed materials could also be distributed more quickly and cheaply with the improvement of roads, the expanding rail system, and the completion of the Erie Canal in 1825 (Weinstock 170).

According to one nineteenth-century author, Samuel Goodrich (who also published as Peter Parley), the period from 1830-1840 was the “era of the establishment of the penny press” and the “era in which monthly and semi-monthly magazines began to live and thrive among us” (qtd. in Lehuu 17). In regard to the “sudden profusion of periodicals,” the *New York Mirror* remarked, “These United States are fertile in most things, but in periodicals they are extremely luxuriant. They spring up as fast as mushrooms in every corner” (qtd. in Weinstock 169). Periodicals that regularly published pieces on cholera included *The Casket*; *The Rochester Gem*; *The New York Mirror*; *The Philadelphia Album*; *Genius of Liberty*; *The Youth’s Companion*; *Western Luminary*; *Parent’s Gift*; *The Rural Repository*; *Ladies Magazine and Literary Gazette*. Most of

these were a mixture of stories, poems, and announcements. These and other examples regularly reprinted text from other periodicals (McGill 3).

In New York, a group of unnamed doctors published/compiled the *Cholera Bulletin*, and in Philadelphia, a similar publication called the *Cholera Gazette* was developed. Doctors wrote and edited both journals, which had similar formats.¹³⁵ Like some book-length treatises on cholera designed for “the people,” the *Bulletin* and the *Gazette* focused on making the information “practical” or useful for the people who were responsible for their own protection since prevention was the chief mode of intervention offered by doctors.¹³⁶ The journals consisted of case studies, autopsy reports, personal accounts, treatment options, death counts, and other details concerning the contemporaneous epidemic. The writing in these journals often replicated the hyperbolic,

¹³⁵ The *Gazette* and the *Bulletin* resemble each other in style and format, though the *Bulletin* was published three times weekly, each issue eight pages long (printed on one full sheet). A new issue of the *Gazette* was available each Wednesday from July 11th until October 14th, totaling 16 issues (numbers 15-16 in the final issue). It was printed and sold by Carey and Lea, printers of numerous kinds of works including a large variety of medical documents. These were reputable printers, and Carey’s ties to publishing medical texts and works of doctors reached back four decades, so this was not an anomalous text. Nor were its hyperbolic or sensational features anomalous for Carey and Lea, but this was one of their few periodicals. The *Bulletin* was printed “on fine paper” and sold for six cents by William Stoddart on Courtlandt St. It predated the *Gazette* and referred to it in the 5th (July 16th) issue as “a neat pamphlet of sixteen pages” but they explained they were “rather at a loss to understand where it was published, there being no place of publication, publisher, or agent mentioned, and we have only come to the conclusion that it was published in Philadelphia from reading the article headed ‘Health of Philadelphia.’”

¹³⁶ Two titles that specified a public audience included *Hints to the People on the Prevention and Early Treatment of Spasmodic Cholera* by Charles R. Gillman and *Information for the People on Cholera* by Alfred Woodward. Both were included in an annotated bibliography titled “Works on the Cholera” published in *Boston Medical & Surgical Journal* on October 31, 1832 (186-191). The title of Daniel Drake’s 1832-published—*Practical Treatise on the History, Prevention, and Treatment of Epidemic Cholera*—also promised “practical” rather than specialized information for protecting against cholera.

metaphoric language and characterization of cholera as a villainous monster evident in other popular periodicals. In fact, both journals reprinted articles, stories, even poems published in their nonmedical counterparts.

Doctors writing and editing these serial publications cast themselves as heroes by professing to protect the public from panic with the truth, as the advertisement for the *Gazette* demonstrated. In the advertisement, the *Gazette* was described as:

A periodical work, devoted exclusively to the subject of cholera, published at short intervals, and under the management of medical men, so as to convey intelligence as early as possible, and of an *authentic* character, respecting the progress of the disease, the phenomena it exhibits, and the most successful mode of treatment, is manifestly required at the present moment. It is through such a work that the profession may be most readily put in possession of the fruits of the ample experience in the treatment of the disease...so as to enable them to disabuse the public in relation to the thousand distorted stories, and baseless rumours, circulated from mouth to mouth, and through the public prints, and causing a panic productive of incomparably more evil than the disease itself” (“Advertisement” 1).

The information “that the profession may be most readily put in possession of the fruits of the ample experience in the treatment of the disease” could at least abate the panic, and they argued that the panic could produce “incomparably more evil than the disease itself”

(1). In the first issue of the *Bulletin*, the authors declared the purpose of the serial was:

To clear the character of the Medical Faculty of those aspersions, by enquiring into the facts concerning the disease, and to reconcile the present conflicting opinions, the *Cholera Bulletin* has been established, and we promise to lay candidly before the public all that can possibly be ascertained respecting the nature, modes of propagation, extent and treatment of the cholera.... (“Purpose” 3)

Months before the first edition of the *Bulletin*, the *New-York Mirror* published a critique of doctors’ hero-seeking behavior: “The medical men have behaved nobly, yet somewhat bombastically. They *have* acted like valiant doctors, but no praise short of the heroic appears to satisfy them; to obtain which, I opine, they have exaggerated the danger,

seeing that their credit for valorous reputation was mainly contingent thereupon” (Willis “Letters from England” 316). Professing to provide the “truth” in the publication, the doctors behind the *Bulletin* took on the moral obligation of dispensing scientific fact—a heroic endeavor.

Doctors imagined their own publication as a form of inoculation against or heroic treatment for panic but also to remedy the profession’s reputation. Their representation of cholera was embedded in these aims. For instance, in its various characterizations on the pages of the *Bulletin* and the *Gazette*, cholera assumed a supernatural form because of its destructive force, global movement, and strangeness just as we have seen in examples from works published in nonmedical journals. For example, in a July issue of the *Cholera Bulletin*, at the height of the epidemic in the U.S., an article titled “On the Propriety of Treatment in Cholera” imagined a regiment of doctors in formation to battle their villain cholera:

Let us view the medical army! In the foremost rank stand the Bleeders, then advance the Calomel Band, escorted by a troop of Opium foragers; here is a company of Stimulators, and there a Tobacco brigade; here a file of Saline Aperients, and there again a guard of Leechers and Blisterers. The men of friction are in the van, and the rear is composed of the Icy legion. All these characters appear in the force raised to subdue the Cholera, and by such a medley is the fell disease of Asia assailed. (57)

The last line best resembled the fantastic narratives about cholera in the popular press, for the author imagined cholera, a disease that was still on-going upon publication of this article, was “subdued” and “assailed” by the power of a medical force of *heroic* practitioners.

Before and during the cholera epidemic in America, doctors were under scrutiny from the public and practitioners of alternative medicines for their extreme practices that

did not yield successful results.¹³⁷ Physicians found themselves under attack by the New York board of health for allegedly *promoting* undue panic and erroneously announcing cholera's arrival in the U.S. Therefore, doctors involved in the *Bulletin* used it as an opportunity to rescue the profession's authority and demonstrate physicians' knowledge. The information "that the profession may be most readily put in possession of the fruits of the ample experience in the treatment of the disease" could at least abate the panic, and they argued that the panic could produce "incomparably more evil than the disease itself" (1). Of course, it was unlikely that any doctor had "ample experience in the treatment" of cholera in 1832, as it had never broken out in the U.S. before that year.

Although they claimed a heroic stance, doctors were uncertain of how to treat or prevent the disease.¹³⁸ One strategy most employed was publicizing what they thought

¹³⁷ In the early nineteenth century, an alternative medical market emerged from the growing distrust in the *heroic* medicine practiced by most orthodox doctors—given the nickname "regulars" to distinguish them from alternative practitioners. The "regulars" were usually college trained in anatomy—either abroad or at one of the growing number of medical schools in the U.S.—and apprenticed with established doctors before becoming doctors in their own rights. Most of them used heroic medical strategies—bleeding, blistering, and use of emetic and purgative medications. Critics of heroics argued that aggressive methods would only endanger someone in the throes of illness by making them weak and dehydrated. Alternative methods emerged from the fringes of the medical market in part due to popular periodicals that advertised services, products, and treatises on therapeutics that used herbs, water, botanicals, a vegetarian diet, and home remedies. In addition, some alternative practices found legitimacy with their own periodicals modeled after medical journals like the *Boston Medical and Surgical Journal*. For instance, Thomsonians, practitioners who subscribed to the botanical-based treatments introduced by Samuel Thomson, developed a handful of national and regional periodicals between 1832 and 1884: the *Botanic Sentinel and Literary Gazette*, the *Thomsonian Recorder* (which became *Healthside*), *The Thomsonian* (which became *The Poughkeepsie Thomsonian*), the *Boston True Thomsonian*, and the *Boston Thomsonian Manual and Lady's Companion*.

¹³⁸ Preventative medicine practices could include using vinegar or garlic to keep away any miasmatic air that might penetrate the body and maintaining general cleanliness. Cities like New York administered its own form of preventative medicine by ordering the clearing of filthy city streets that were usually full of rotting food, the offal of animal

could be predisposing conditions, elements of a patient's health or character that could invite cholera. A predisposing condition, therefore, was something readers of such warnings were to avoid. If they did not, a cholera infection was likely. In other words, the patient and not the doctor was responsible for staving off cholera's continuation—perhaps as an effort to prevent the continued distrust of the medical profession. This allowed the heroic image of doctors to remain in tact because, if someone became sick, the fault could lie with the patient's predisposing characteristics. Readers could learn about the predispositions of cholera in all kinds of popular periodicals. Even children were warned against “things which will make children very liable to get the cholera” in periodicals for the young, such as the *Youth's Companion* or the *Parent's Gift* (“Hints for Children about the Cholera,” *Youth's Companion*, Aug. 28, 1832). The *Youth's Companion* cautioned children against:

1. *Eating too much.* This is what children are very apt to do. You may always know when to stop. The stomach is very kind, and, unless you abuse it, it will always dispatch a little courier up to the *head*, to let you know when it has *enough*.
2. *Eating unripe Fruits.*—Nothing can be more dangerous. You might as well eat fresh meat before it is cooked.
3. *Drinking too much.* This is the fault of most children in warm weather. It is very weakening. The best way to *prevent* thirst is to drink but little.

products, dung from the pigs and goats that caroused in the city, and the refuse from chamber pots from the crowded residents' homes. The debris and filth in the streets were to be piled in the center of the street where it will be collected regularly by a city employee. Additionally, water would be run through the streets to rinse away debris. Prevention is also the foundation of the sanitation reform that resulted from the multiple cholera outbreaks throughout the nineteenth century. And as Americans waited to see if the disease would cross the Atlantic, they began their preventative measures and increased them when it had landed in June of 1832. When this occurred, strict quarantines were enacted, as they were with yellow fever and smallpox, but panic convinced some to defy them. Quarantine did little help if the wastewater from the facility or ship that contained the sick emptied into the water supply of those beyond the walls of the quarantine (Rosenberg *Cholera Years* 20-25).

4. *Want of Cleanliness*. There can be no excuse for it. A clean body and clean clothes, is what every boy and girl ought to have, and this will do more to preserve health, than a chest full of medicine.
5. *Ill humour*. A sour and fretful disposition invites disease. Will you believe it? there is a diamond, which if you constantly wear it in your bosom, and attend to the foregoing rules, you need fear but little from the Cholera. The diamond is this: GOOD TEMPER. TRY. (n.p.)

Adults were instructed to take similar precautions, especially when it came to drinking alcohol. The *Temperance Recorder* reprinted a notice stating, “QUIT DRAM DRINKING IF YOU WOULD NOT HAVE THE CHOLERA” (Aug. 7, 1832, 48).

Editors, like doctors, claimed some authority about the disease as they claimed to communicate with experts, witnesses, and even the disease itself. They transmitted reports and stories from Europe before cholera reached the U.S., and reprinted works on cholera from other American newspapers as well. On July 21, 1832, the *Rochester Gem* reprinted a letter originally published in the *Taunton Courier* called “A Warning, From the Cholera.” The letter was addressed to the editor and signed “yours truly, Cholera Morbus” (116). While the content of the letter did not deviate much from other examples spoken from the disease’s point of view, the fact that it was written as a letter to an editor called attention to the significance of editors as intermediaries or correspondents between the disease—the facts and the fantasy of the disease—and the reading public of potential cholera victims. Most of all, editors were instrumental in portraying the terrifying details of cholera’s effects. Editors were significant figures in creating the carnival of cholera—blending horror and amusement, up-ending the social order, and celebrating through publication creative fertility that arose from pain, terror, and loss. They capitalized on cholera and the fear of cholera just as doctors, nostrum sellers, and alternative medical practitioners did. Their mouths were as full of cholera as anyone else’s.

“Horrors of Cholera Morbus”: Infection and Bodies in Excess

Understanding the stories of cholera must begin with some explanation of the physical effects of a cholera infection and the medical response to it in 1832. Cholera’s impact extended to virtually every function of the body, dramatically changing how one physically felt, looked and performed. Unlike yellow fever, smallpox, and tuberculosis (which caused a progression of symptoms), cholera hit like a bolt of lightning, stunning the mind and body of the sufferer with sudden transformation. In an article called “Horrors of the Cholera Morbus,” published on March 1, 1832 in *Sailor’s Magazine & Naval Journal*, witnesses of the onset of cholera in a healthy person’s body recalled the “appalling” nature of the disease (214). In most cases, the author of “Horrors” stated, symptoms included “exhausting evacuations of a peculiar character, intense thirst, cold blue clammy skin, suffused filmy half closed eyes, cramps of the limbs extending to the muscles of respiration, and by an unimpaired intellect” (215).

Because cholera so easily breached quarantine strategies, authors portrayed it as a supernatural being.¹³⁹ Even the physical impact of the disease suggested it was something otherworldly for all the deadly, frightening, visceral, painful, devastating, and

¹³⁹ Owen Whooley briefly mentions the supernatural elements in cholera writing that arose out of confusion and awe of the disease (32). The significance of a disease’s movement has been the hallmark of contagion studies which emphasize the possibility of a disease to be transmitted from one person and contaminating another with both the physical and cultural meanings of the disease. However, the contemporary discourse about diseases like yellow fever (a popular topic of study in contagion studies), does not demonstrate an emphasis on the movement as directly or persistently as the cholera writing does. For examples of cultural analyses of contagion see Warwick Anderson *Colonial Pathologies* (2006); Philip Gould “Race, Commerce, and the Literature of Yellow Fever in Early National Philadelphia” (2000); Alan Kraut *Silent Travelers* (1995); William McNeil, *Plagues and People* (1998); Martin Pernick, “Politics, Parties, and Pestilence” (1972, 1997); Shirley Samuels *Romances of the Republic* (1996); Priscilla Wald, *Contagious* (2008).

spectacular changes it wrought in the physical body. It was known to turn a body blue and contort the face so one resembled death even in life, and that too could be accomplished with unprecedented speed. A popular argument about cholera's nature and its means of travel claimed it travelled through the air as a kind of poison or venom, as the following passage from a February edition of the *New-York Mirror* demonstrated:

“Some learned person or other has published his opinion, that it is undoubtedly a venom in the atmosphere, and estimates its velocity at a few inches a day. But the wind, that is the air itself, travels many times a day, and would, consequently, convey such a venom with it” (“The Cholera,” *New York Mirror*, Feb. 11, 1832, 255). Doctors could not say with certainty how cholera travelled from one body to another, and there was little proof to show it was contagious or readily communicable through bodily contact.¹⁴⁰

¹⁴⁰ In fact, the *American Rail-Road Journal* excerpted a report from a Dr. Johnson that described ten doctors who tried to inoculate themselves against cholera with the blood from people infected with the disease (“Cholera Morbus,” Jan. 2, 1832, 11). A similar statement appears in Dr. Amariah Brigham's book length *A Treatise on Epidemic Cholera* where he explains that some inoculation attempts involved actually ingesting this blood, which did not have any effect (Brigham 257). Brigham reports having heard that “[pe]rsons have inoculated themselves with the blood of choleric patients; others have even swallowed it; and others have impregnated their garments with it; some have had the courage to sleep in the same bed with sick; and, in short, every experiment of the kind has been made, and the disease has in no instance been thus contracted” (Brigham 257). Perhaps these methods would have proven more effective if cholera was a blood-borne virus and not a water-borne bacteria; nonetheless, the existence of neither form of microbe had been proven in 1832. For the most part, doctors did not believe in the existence of bacteria, or what would have been called animalcules, described as “small invisible insects which generate this contagion by their irritation, poison, &c. and propagate it by their increase and migrations” (“On the Cholera Animalculae,” *Cholera Gazette* 8, Aug. 29, 1832, 125). Not only was the existence of bacteria/animalcules in doubt, doctors often dismissed the animalcule argument as “old and antiquated,” likened by one doctor to faith in superstitions such as “the poisonous look of some human faces, of the dragon, of witches, magicians, the second sight, &c. formerly so seriously believed, but now only thought ridiculous” (125).

After months of watching the pages of newspapers and periodicals for reports of cholera's movements, Asiatic cholera first arrived in North America in early June 1832. It landed at Montreal and was reported in New York City days later. Americans, doctors and nondoctors alike, were stunned by the fact that it crossed the Atlantic's vast distance as if it had simply leapt from one continent to another. Since it was not known to be a contagious disease that could be carried by people, the notion that it could travel over such an expanse was unfathomable. A similar statement to the one in *Sailor's Magazine* appeared in *The Parent's Gift or Youth's Magazine* in July when cholera had reached North America, proving the disease really could traverse any obstacle if it could cross the Atlantic: "No climate, no barrier of lofty mountains, no mighty rivers, no seas, no people, whatever their habits, has opposed its attack with success. It has surmounted every obstacle—and subdued every nation" ("The Cholera," July 1832, 74).

Cholera in the world seemed supernatural; cholera in the body seemed hypernatural—reducing a body to its most basic functions and then shutting them down. Generally speaking, the term "supernatural" applies to a "realm or system that transcends nature...attributed to or thought to reveal some force beyond scientific understanding" (OED). The body in the state of disease in early American writing also seemed to "transcend nature" and be "beyond scientific understanding," but the physicality of disease suggested the experience transported a body to a different realm than the divine (although the belief in the supernatural *origins* of diseases was common). The prefix "hyper" signals an excess version of the noun it modifies. Disease exposes the body's functions when it has been invaded by a foreign body. Once invaded, the natural bodily processes of consumption, circulation, elimination, and respiration become magnified as

they are compromised, and one's body "ceases to be recognizable," to return again to Wolfgang Kayser's phrase about fear and the grotesque that we saw in the introduction to this dissertation. In my description of cholera as hypernatural, I want readers to imagine an infected body transformed into a body in excess.

The three main facts about cholera—its nature, impact, and means of transmission—were unknown in 1832 (and added to the sense that it was supernatural), but would become apparent during subsequent outbreaks in later decades due to developments in what we would now call public health, bacteriology, and epidemiology. With these and further developments in the study of cholera, we know that it is a water-borne bacterial disease. Consuming water or foods that have been contaminated with vibrio or cholera bacteria can lead to an infection (i.e. fruits and vegetables washed with contaminated water or undercooked shellfish). When cholera vibrios infected the intestines, they recreated their natural salty environment, which threw off the body's natural fluid balance and could cause painful diarrhea, vomiting, bulging eyes, and blue skin of extreme dehydration (Barnes 282-283). Dehydration affected a body's digestion (both consumption and elimination), respiration, cognition, and mobility as fluids were leeched from the muscles and organs that facilitate these processes (Stedman 416).

Cholera could not be transmitted directly from one person to another through touch, breath, or intimate contact. One infected with cholera could pass the vibrio out of the body through fecal waste. Unlike the viral diseases discussed in earlier chapters, the microorganism that caused cholera did not require a host to survive or reproduce. Known as a "gut bug," cholera could survive the acidic environment of the stomach and pass into the intestinal tract where it attempted to reproduce its natural saline environment.

As the vibrio distorted the balance of the body's fluids, the body itself became dramatically distorted. Historian Charles Rosenberg has noted, "It was not easy for survivors to forget a cholera epidemic. The symptoms of cholera are spectacular" (2). The body of a cholera victim had a distinctive and "disquieting" impression on the observer, looking like a drowning victim: "his face blue and pinched, his extremities cold and darkened, the skin of his hands and feet drawn and puckered. 'One often,' recalled a New York physician, 'thought of the Laocoön, but looked in vain for the serpent'" (qtd. in Rosenberg 2-3).¹⁴¹ The author of the following excerpt, published in the *Cholera Gazette* in 1832, emphatically described the cholera body as nothing short of a living corpse:

I may probably convey to you some idea of the impression it made upon me, when I state that an individual in perfect health, attacked with cholera, is in an instant transformed into a corpse! He presents the same condition of the eyes—the same appearance of the whole body—the same coldness of the limbs—the same hue of the skin and so on.... What evinces the appalling character of the malady even in its commencement, and shows with what a destructive force it seizes upon the organs of the body, is that a corpse presents precisely the same appearance as the patient did before his death—death adds nothing to that which had previously existed. In a word, the disease I am describing *cadaverizes* in an instant the person whom it attacks" ("Letter from Magendie," *Cholera Gazette* 1, July 11, 1832, 6, emphasis added).

As it *cadaverized*, cholera brought a body to the limits of life before death, revealing the physical process of death while the subject still lived. This corpse-like description was not apt only for bodies of the sick whose morbidity was imminent but for those who might recover from the infection that wrought these physical changes resulting from extreme dehydration.

¹⁴¹ In the Roman myth, Laocoön and his two sons were drowned by a sea serpent.

Rosenberg's description of cholera symptoms as "spectacular" suggested the perspective of an onlooker (as we saw with doctors' observations of "violent" symptoms in yellow fever writing), but even those who experienced the disease themselves must have felt they were witnessing a hypernatural spectacle as it unfolded within their own bodies. In 1838, a journal called *The Thomsonian* (which promoted Samuel Thomas's botanical medicine) published a minister's vividly detailed account of his own symptoms, and its contents offered a survivor's perspective of the spectacular cholera body. His sickness began with being awakened in the night with "a powerful movement of the bowels..."

and before 2 o'clock I was seized with violent retching, attended with great nausea of the stomach, and before 3 o'clock (less than 3 hours from the time I was first taken), I was so completely debilitated and prostrated that I was wholly confined to my bed. All the evacuations of the body, which were very copious, became fluid—what was ejected from the stomach had neither the taste or appearance of bile, but was nearly insipid, being of a yellowish hue. In a short time the most violent and excruciating spasms commenced in the hollow of each foot, and noting most severely upon my feet and legs. A little before sunrise... a deathlike coldness had taken possession of my feet and legs as far as my thighs—all the extremities became cold—a cold and deathlike sweat suffused the entire surface—pulse became weak and irregular, and the arterial action of the system was scarcely perceptible—my tongue and breath were cold, and it was with the greatest difficulty that I could inhale sufficiently to sustain life—my hands and nails have every appearance of one struck with death—and a dark-blue circle surrounded my eyes, and there existed no doubt but that I was severely attacked with the genuine Asiatic cholera. ("Rev. Wm. Thatcher's Case, of Hudson," 54).

Reverend Thatcher's description offered a sensory catalog of his suffering—what the vomit tasted like, how his hands and nails looked, and how it felt when his lungs began to constrict. The bodily systems of digestion, circulation, and respiration were compromised by the infection and apparent to the sufferer in the midst of pains he described as "violent" and "excruciating."

We cannot know at what remove Thatcher wrote this account—days, months, or years—or with what, if any, resources for specific detail. Nonetheless, Thatcher’s narrative of cholera should remind us that cholera patients could have been able to feel, see, taste, smell, and hear the changes the disease effected in their bodies—they may have even witnessed it *cadaverize* their bodies (to use Magendie’s word in the previous example) as Thatcher did.

Given the extraordinary effects of cholera on the body, no standard method of treating the disease could be determined. As historian Owen Whooley has written, “Doctors threw their entire therapeutic kitchen sink at cholera” (40). The traditional methods of heroic therapeutics were commonly employed to treat cholera but were more likely to cause more harm than good; they included bleeding (thus weakening the system) and administering purgatives or emetics (which would have worsened a patient’s dehydration). Some prescribed tonics, saline, or hot milk mixed with brandy (40).

Doctors argued that the chief means of dealing with cholera was to prevent it by avoiding the predisposing conditions, such as the consumption of alcohol, raw vegetables, certain fruits, and seafood. Doctors also agreed that fear constituted a primary predisposition to cholera, something that would make a body vulnerable and facilitate the onset of symptoms. This sense that fear caused cholera stemmed from the fact that the spread of fear and cholera paralleled one another, but it also had roots in the eighteenth-century argument that “passions of the mind” (i.e. fear, grief, nostalgia) could sicken the body (see the introduction and Chapter 2 of this dissertation for extended discussions of this argument). Doctors in 1832 believed that fear could provoke a physical reaction in a body (sometimes called “embarrassment to the heart”) that would weaken the system,

making one more vulnerable to the disease. What's worse, the physical manifestations of fear resembled the initial symptoms of cholera (fever, cramping, irregular pulse, and diarrhea), making it difficult to discern whether someone was infected with cholera or terror. Some even suggested that fear could generate pseudo-cholera symptoms that were labeled cholera-phobia ("Cholera-Phobia and Cholera Ecclesiastes" 381). Dr. Brigham claimed, "Facts innumerable might be adduced to show that fear does produce the same symptoms that are now called premonitory symptoms of cholera" (348). Fear was the only predisposition associated with the "imagination" while the other listed predispositions related to consumable goods or practices of consumption. Considering this context, we can recognize fear as a consumed product, introduced to the system through reading works about cholera. Therefore, the sensation of fear after reading about the danger of cholera could put one in danger of getting cholera. Doctors could bleed and administer caustic medicines, but their heroic efforts could not stop someone who would give in to fear, someone who was poor, or someone who ate foods that may or may not bring on cholera—predispositions that may have seemed impossible to avoid even though reminders frequently appeared in the popular press.

"Cholera Asphyxia—A Thrilling Incident!": Sensationalism in 1832

In scholarship on sensationalism in the nineteenth century, critics have tended to focus on examples from the 1840s and 1850s, but the cholera archive was a testament to its ubiquity in the 1830s. "Few who lived in the summer of 1832 in this country," the author of "Cholera Asphyxia—A Thrilling Incident" began, "can ever forget it" (2). The speaker, an appointed health officer for his village at the time, recalled "the intense anxiety with which its progress through Europe was watched by almost every

individual—the terrible sensation of despair the news of its arrival on this continent created—the expectation in every breast of its soon being in their neighborhood, and the pang with which the certainty of its proximity fell upon every heart” (2). The rest of his narrative concerned his care of the eight hundred cholera victims in a nearby prison. When news broke that cholera had begun to spread among the inmates, the narrator explained, “it was expected that the disease would find food of the kind best suited to it there” (3). The narrator took particular interest in a convicted murderer, Henry Morley, who became sick with cholera but did not demonstrate signs that he feared the disease or dying from it. The narrator referred to his notes on Morley, which stated, “I regard his case as one to strengthen my opinion that in this disease especially fear is a powerful exciting cause. His utter indifference to it has, I believe, done much to conquer it” (4). This story presented several motifs typical of popular, sensational literature: murderers, prison breaks, reversal of fortunes, romances...and cholera. This example, which was published on the eve of the next cholera epidemic in the U.S., attested to the popularity and ubiquity of cholera writing in 1832 because in invoking that epidemic, the author drew upon the “terrible sensation of despair” over “the mysterious foe” that would have been recognizable to a general audience even sixteen years later.

The story described above was in keeping with those discussed by Reynolds and Jane Tompkins in their individual recovery of sensational texts and, more recently, in the scholarship of Shelley Streeby, David Anthony, and Patricia Cohen Cline, Timothy Gilfoyle, and Helen Lefkowitz Horowitz.¹⁴² And yet the technology that enabled the

¹⁴² Scholars of British literature identify the origin of sensational fiction in England in the 1860s, though some see traces of it in magazine literature and penny fiction from the 1850s and earlier (Beller 7; Law 169). Scholars of American sensational fiction tend to

proliferation of popular sensational periodicals began to develop in the early 1830s, shortly before cholera began its westward march (as discussed above). David Reynolds has noted that “[a]lthough the hunger for sensationalism has been visible in all societies and periods, early-nineteenth-century America was unique, since for the first time this hunger could be fed easily on a mass scale” (*Beneath the American Renaissance* 169).

There are countless examples of sensational cholera writing from the 1830s that conveyed, perhaps instilled, the sensation of dread that pervaded the reading public. Editors and authors (including doctor-authors) capitalized on the nature of this terrible disease to create sensational prose for a readership with a “hunger for sensationalism,” as Reynolds put it (169). It was horrifying, as we see in the section above, and yet “thrilling.” Lehuu explained that “Writing of the human body in the daily press was transgressing the cultural order and turning the world of print inside out. The filth and miasma of the big city was literally put on the front page. The sewer contaminated the printed word.... The cheap papers exposed the bodies of victims of crime or accident, producing both disgust and fascination. Antebellum readers viewed sensational news

locate the genre’s beginnings in the 1840s, but this does not take into account the sensational press of the 1830s. In *American Sensations*, Shelley Streeby’s particular focus on the late 1840s (and after) primarily concerns the way the Mexican-American War was represented in the sensational popular press. In the anthology she co-edited with Jesse Alemán, there is a brief reference to the 1830s: “During the 1830s and early 1840s, broadsides, pamphlets, and newspapers were especially important and prominent forms of sensational literature” (xvi). But the rest of the volume centers on works from the 1840s and later. Patricia Cline Cohen, Timothy J. Gilfoyle, and Helen Lefkowitz Horowitz’s book *The Flash Press* isn’t about sensationalism specifically, but about the male sporting weeklies from the 1840s that employed sensational techniques, especially regarding sexual content. David Anthony’s interest in the sensational press concentrates on its relation to the market as a theme in the content and the production of sensational writing. He locates the origin of sensationalism in April 1836 when the penny press newspapers covered the murder of Helen Hunt Jewett, a prostitute (26; Leverenz points to the coverage of this event as sensational writing, but sees it as a continuation of sensationalism not its beginning (107)).

with both horror and pleasure” (57). Thus, the vast amount of cholera writing was in keeping with reader’s sensibilities for the carnivalesque mixing of horror and pleasure.

One example of a popular periodical that printed tantalizingly horrible accounts of cholera was the *New York Mirror*. During its run in the mid-nineteenth century, the *Mirror* printed songs, stories, poems, reports, and letters; it also published the work of sensational luminaries like John Neal and Edgar Allan Poe. Author and editor Nathaniel Parker Willis played an active role in its production (along with George Pope Morris) and contributed to the contents as well. For instance, in the summer of 1832, Willis was traveling abroad, dispatching letters/articles to the *Mirror* where they were published under the heading “First Impressions of Europe,” with the letter number given followed by a long title that inventoried the various topics addressed in the letter. Willis’s letters from overseas totaled one hundred and thirty-nine; they included details about the sights he saw and people he met (many of them famous and literary, including the editor of *Blackwood’s Magazine*, the quintessential sensational serial) on his travels through France, Italy, Austria, England, Scotland, Turkey, and Germany. Other American serials like the *Philadelphia Album*, *Ariel*, and even the *American Railroad Journal* reprinted his letters. Willis’s “impressions” were extremely popular in America and even in England, so much so that they were published as a collection called *Pencillings by the Way* in 1835. British and American reviewers lauded Willis’ style; as one noted, “It is written in a simple, vigorous, and highly descriptive form of English, and rivets the reader’s attention throughout. There are passages in it of graphic eloquence, which it would be difficult to surpass from the writings of any other tourist” (*Pencillings xv*).

Willis, however, was criticized for sometimes *riveting* the reader's attention on unpleasant topics, including cholera in Paris. For instance, the same critic complained that "Occasionally, we think, Mr. Willis enters too minutely into the details of the horrible. Some of his descriptions of the cholera, and the pictures he gives of the catacombs of the dead, are ghastly" (xv). Two of his letters, numbers sixteen and eighteen, included details about the presence of cholera in Paris, the first reported on the ability of Parisians, especially the wealthy, to find amusement within the grim time. He wrote, "You see by the papers, I presume, the official accounts of the cholera in Paris. It seems very terrible to you, no doubt, at your distance from the scene, and truly it is terrible enough, if one could realize it, any where; but many here do not trouble themselves about it" ("Cholera—Universal Terror" 380). He continued on to describe a particular event, a masque he attended to celebrate the halfway point of Lent. The two thousand guests dressed in costume,

most of them grotesque and satirical, and the ball was kept up till seven in the morning, with all the extravagant gaiety, noise and fun with which the French people manage such matters. There was a *cholera-waltz*, and a *cholera-gallopade*, and one man, immensely tall, dressed as a personification of the *Cholera* itself, with skeleton armor, bloodshot eyes, and other horrible appurtenances of a walking pestilence. It was the burden of all the jokes, and all the cries of the hawkers, and all the conversation; and yet, probably, nineteen out of twenty of those present lived in the quarters almost ravaged by the disease, and many of them had seen it face to face, and knew perfectly its deadly character! (380).

The costumes revelers wore showed a body turned inside out with the skeleton on the outside. The exposed skeleton, blood-shot eyes, and "other horrible appurtenances of a walking pestilence" allowed maskers to dress up in the hypernatural body that many had

witnessed.¹⁴³ Contemporary readers of Willis's 1832 report will no doubt call to mind Poe's 1842- story of a masque in the midst of disease. Like the Red Death, the partygoers in Willis's story wore costumes graphically representing the gruesome disease. Both scenarios demonstrate the grotesque mix of horror and delight.¹⁴⁴

A long second section of letter number sixteen detailed Willis's visit to what he called "a cholera hospital"—the famous Hotel Dieu where several American doctors went to apprentice with notable French doctors like Andral and Louis (whose work on respiratory diseases will be mentioned in the following chapter on tuberculosis). Although the Hotel Dieu was not solely a "cholera hospital," numerous cholera patients were admitted to the hospital during the outbreak in 1832.¹⁴⁵ In the beginning of the hospital section of letter sixteen, Willis told his readers he did not need to explain his interest in seeing the hospital: "Impelled by a powerful motive, which is not necessary to explain, I had previously made several attempts to gain admission in vain" (380). Several publications reported an impulse among doctors to learn more about the disease in order to treat it and arrest its progress.¹⁴⁶ If the narrator of Willis's "cholera hospital" account

¹⁴³ Nathaniel Parker Willis described a tall figure dressed as "*Cholera* itself" that has clear similarities to Poe's masked figure in "The Masque of the Red Death." Also significant to Poe's story is the regularity of the clock chiming—each measured period of time arrives with new panic. Might we consider these periodic intervals as serialized events, the arrival of each awaking fear anew.

¹⁴⁴ This connection is made in passing in Joseph Roppolo's "Meaning and 'The Masque of the Red Death'" (136).

¹⁴⁵ This section of the letter was sometimes reprinted on its own with the title "A Walk through a Cholera Hospital" (or just "A Cholera Hospital" in at least one edition). Some versions include the following headnote: "Travelling editor of the New York Mirror gives the following interesting account of a morning's occupation."

¹⁴⁶ For instance, a short story called "The Cholera: A Tale," concerned a fictitious French doctor, August St. Franc, who was obsessed with tracking the origins of cholera and headed to Paris where the disease was raging despite urgings from his fiancé and others to stay away from the "foul demon's breath," the "Diable—le cholera" (434). Just

were a doctor and not an editor, his “powerful motive” to explore cholera might seem like an intellectual pursuit. Willis had neither medical expertise nor any affinity with the medical profession—as his questions for the doctors and critiques of their practices demonstrate. However, his readers, familiar with sensational writing about cholera, would certainly understand the allure of something so gruesome. After all, they may have been experiencing the same sensation as they followed Willis’s steps through the hospital, getting nearer to the prose that could provoke fear, perhaps even cholera itself.¹⁴⁷

outside of the city, St. Franc witnessed a funeral of a young woman and happened upon a gravedigger he had hired in the past to procure bodies for dissection. With the help of a large bribe, St. Franc managed to convince the gravedigger to bring him the body of a cholera victim so he could dissect it and study the physical impact of cholera on the anatomy. The corpse was soon delivered, and St. Franc kept it covered until he was ready to begin the autopsy process. As St. Franc prepared his instruments, he realized that “the infection so long dared with impunity, was now running riot in his veins” (436). Knowing how quickly death could follow the onset of cholera, he hoped to complete the dissection before dying himself. However, upon lifting the sheet that covered the corpse, he saw the face of his beloved fiancé. Instead of cutting into her flesh, he cut himself then lay beside his fiancé’s corpse, embracing her as he bled to death. When they were found, one of the men present, an aging Abbe, “reeling forward and falling at the foot of the marble bier...his limbs were writhing in convulsions, his features worked fearfully in the mortal agony, then settled forever in death...the third victim to the Demon of the East” (437).

¹⁴⁷ In “Cholera—Universal Terror,” Willis felt horror at the rapid and radical transformation of an individual suffering from cholera. Willis managed to get access to the hospital by an English doctor whom he followed through the ward past beds holding the sick and the dead. He described the women’s department as “a long low room containing nearly a hundred beds, placed in alleys scarce two feet from each other” (380). Willis’s attention landed on one “young woman, of apparently twenty-five, [who] was...absolutely convulsed with agony. Her eyes were started from the sockets, her mouth foamed, and her face was of a frightful livid purple. I never saw so horrible a sight. She had been taken in perfect health only three hours before, but her features looked to me marked with a year of pain. The first attempt to lift her produced violent vomiting, and I thought she must die instantly” (380). Willis noted the frightening expression on the faces of the dead—referred to by doctors as a Hippocratic countenance. Also disturbing was the appearance of those who were being treated with the most successful method, a strong medicinal punch that contained alcohol. The patients were

It was almost as if Willis found himself in the epicenter of the grotesque—seeing and reveling in the ambiguity of revulsion and attraction that filled his and other American publications during the pandemic. In pursuing his impulse to see the hospital and record his experiences for the *New-York Mirror*, Willis acted on the authority of an editor for a publication, among many, that created and profited on a carnival of cholera’s fantastic and terrifying characteristics.

Published in the *New-York Mirror* on June 9, his second letter from Paris about cholera, (number eighteen) bore the title “Cholera—Universal Terror.” The disease had

allowed to have as much of the tonic as they wanted, which made them “partially intoxicated” (380). Before seeing these patients, Willis heard their laughter and loud talking, unlikely sounds in such a grim setting but sounds that echoed the “gaiety, noise and fun” of the cholera masque. The “infernal” sounds corresponded with the “fiendish sight” of drunken yet deathlike bodies: “They were sitting up, and reaching from one bed to the other, and with their still pallid faces and blue lips, and hospital dress of white, they looked like so many carousing corpses. I turned away from them in horror” (380). His reference to the use of alcohol to treat cholera presented an interesting irony within the cultural associations of the disease as a product of intemperance—an argument made based on the believed physical and moral influence of alcohol. The fact that cholera could be treated (successfully) with alcohol undermined this belief. Ultimately, his objection to the use of alcoholic punch as a primary treatment was a critique of the medical care administered (or withheld) at the Hotel Dieu, which was evident in most of his observations of the facility, the patients, and the medical professionals. The severe environment of the Hotel Dieu and the doctors’ treatment of the patients caused the editor to wonder if the “fright and horror” of being a patient there was not enough to kill a far less ill patient than the ones he saw. This occurred to him when he watched a newly admitted woman, clearly very sick and in a lot of pain, confront the inhospitable setting for the first time: “She seemed to have an interval of pain, and rose up on one hand, and looked about her very earnestly. I followed the direction of her eyes, and could easily imagine her sensations. Twenty or thirty death-like faces were turned towards her from the different beds, and the groans of the dying and the distressed came from every side. She was without a friend whom she knew, sick of a mortal disease, and abandoned to the mercy of those whose kindness is mercenary and habitual, and of course without sympathy or feeling” (380). Upon witnessing the “heartless manner” of a celebrated doctor—his rude handling of patients and harshly asked questions, Willis thought the doctors administered not medicine but “discouragement and despair” (380). The narrator also critiqued the care provided by the hospital’s nurses or *Soeurs du Charites* as they seemed to share the doctors’ apathy.

begun to spread into the more elite classes of people, and residents began fleeing the city, where businesses closed to prevent a general spread of cholera. Willis, however, remained in the city because he believed the disease was not contagious, but perhaps he enjoyed the carnival-like environment of fear and delight.

Many of the printed specimens of cholera writing recognized fear as a separate though corresponding force related to the disease. The fear of cholera could travel and affect people independently of the physical disease. For example, in a short vignette called “The Cholera,” published in the *Ariel* on April 28, 1832, an “Arab [man] flying from the plague at Alexandr[i]a, to seek refuge at Cairo” recognized cholera in an old woman though it was unclear why he could penetrate the disguise. He asked her if she planned to continue on from Alexandria to infect and kill everyone in Cairo too. “No,” she answered, “I shall only kill three thousand.” He must have felt this number meant the odds for survival were in his favor because he continued on to Cairo despite knowing cholera was on “her” way. The man and cholera met again some time after the disease had spread through Cairo, killing tens of thousands. The man, who had survived the plague, confronted cholera about her killing thirty thousand people in Cairo when she had promised to kill only three thousand. She corrected him saying, “I killed only three thousand—Fear killed the rest!” From this brief story, we see that the fear cholera generated was believed to have even more physical effects than the disease itself. Even the personified cholera recognized the power of fear.

While many authors made use of fear through sensationalized language and details, few openly admitted to relying on fear as a technique to influence the reader. However, the author of the article, “Letter on the Cholera,” closed on this very point:

“Some excitement is always necessary to move the mass; and no great change for the better in the character of a people was ever effected by reasoning only. They must feel before they will believe or will act. Then make them feel—let them know the destroyer draws nearer and nearer, and that they must do all in their power to avert his deadly and withering grasp” (*Ladies’ Magazine & Literary Gazette*, July 1, 1832, 325). The author acknowledged the usefulness of fear (though not the *appeal* of fear) as a necessary tactic to “move the mass” (325). The directive “make them feel” could serve as a guide to writing sensational prose: make readers *sense*, make readers feel through suggestive, affective language. Therefore, provoking a reader to feel fear for cholera was thought by some to be a means of correcting behaviors that could introduce or provoke the disease—to scare them straight, in other words. Based on the pervasiveness of writing that seemed to want to “make them feel,” we can see that many authors adopted this strategy. Perhaps they did so solely to promote prevention or because they recognized the market interest in sensationalized writing. By mid-summer, when cholera was in full effect, the reliance on fear as a technique had become so ubiquitous that authors employed it as a formal convention.

For instance, seven years after the first American epidemic of cholera in 1832, editors of the *New-York Mirror*, Morris and Willis, published a story by John Neal called “Story-Telling” as part of the “Sketches of Real Life” series. The narrator overheard stories about cholera that were “evidently true” and “exceedingly affecting, some terrible, so much so that [he] could not sleep afterwards” (321). The rest of the narrative detailed over-heard stories with cholera as the backdrop. The central story involved a mother and daughter who were eager to leave New Orleans before cholera broke out but whose

adventures aboard a steamboat included the sudden outbreak of the disease. In a flash, “[t]he man at the wheel dropped and was a corpse in four hours” (321). Neal explained, “Mrs. W., the mother I have mentioned, saw him fall and heard his moaning. . . . A child was taken next—and died in six hours, with its head in the lap of its poor distressed mother” (321). As any other sensational author, Neal wanted to provoke an affective response in the reader—to make them feel. This was apparent at specific moments in the text when Neal signaled the readers’ emotional response. For instance, at the point in the story when cholera broke out on board the ship, Neal addressed the reader: “And now put yourself in the situation of our adventurers. . . . Can you explain the mystery? Do you understand—or feel it!” (321). The line “Do you understand—or feel it!” should bring us back to the discussion of making readers feel the danger of cholera to help them protect themselves. In this context, Neal did not seem interested in saving the reader from anything, but wanted the readers to experience the terror as a form of entertainment.

An author’s or editor’s intentions to dispel fears grated against their continued interest in reporting on the factors that were expected to terrorize readers in anticipation. This tension could also be observed in reform writing printed in popular periodicals that both railed against the dangers of social ills—like prostitution and alcohol consumption—yet seemed to rely on sensationalized depictions of those ills at the same time. Literary historian of sensational writing, David Reynolds, has called this “immoral didacticism” performed by “dark reformers” who “used didactic rhetoric as a protective shield for highly unconventional explorations of tabooed psychological and spiritual ideas” (*Beneath the American Renaissance* 55). Reynolds offered two examples of morally ambiguous tracts against “illicit love” that seemed to cross over into what he

called “pornographic fiction” published just before and after the American cholera epidemic, which showed that the ambiguity between promoting and dispelling fear in 1832 was not necessarily unique to cholera writing but was common within the popular media (64).¹⁴⁸ Therefore, the competing impulses, sensationalizing and diminishing the fear of cholera, reflected the conflicting valences of the print market—entertainment and information, reform and titillation.

Perhaps to emphasize their own heroism, doctors replicated the allegorical language of cholera as a monster in their various reports, often written for a mixed audience of readers. For example, the author of “On the Propriety of Treatment in Cholera” referred to cholera as “the Monster of Epidemy” and described it as “the demon malady [that] yearly demanded a hecatomb for sacrifice” in other parts of the world (57, 58).¹⁴⁹ As one *Gazette* article noted: “The history of cholera in this city [Boston] seems to be destined to add to the number of wonders in regard to this strange malady, and to increase the difficulty of coming to any conclusion as to the laws of its appearance and progress. It is, in very truth, a most strange phenomenon—an invisible comet—a potent, relentless, and capricious enemy, striking blows in the dark, and mocking at our efforts to evade its force, or deprecate its fury” (“Cholera in Boston” 155). Another author

¹⁴⁸ David Reynolds does not mention the cholera epidemic in this context nor elsewhere in his discussion of the sensational press. His two examples from the 1830s are a “lurid pamphlet novel” called *The Confessions of Magdalene* (1831) and a newspaper story called “The Magdalene,” published in the *Salem Gazette* in 1833 (*Beneath the American Renaissance* 64). The commonality of the name “Magdalene” suggests another archetypal character in the serial press not unlike doctors, victims, and cholera itself (as I discuss later in this chapter); however, I have not come across any examples where a “Magdalene” is infected with cholera.

¹⁴⁹ Elsewhere in the *Bulletin*, it’s described as a “desolating angel,” a phrase used by Mather in 1721 to describe smallpox, or a “devastating visitation,” Defoe’s phrase for the Plague of 1665 that was adopted in 1793 to describe yellow fever.

imagined a scene where “the destroying angel stood in the midst of us, with his arrow fixed and bow drawn, ready to let fly the deadly weapon, whilst half mankind lay crouching in terror at his feet” (Taylor 205). Its strangeness, its virulence and its omnipresence made it not just evil but fantastically evil, requiring a “medical army” to “subdue” and “assail” it. And yet doctors seemed to rush towards it to learn all they could.¹⁵⁰ By fashioning themselves as heroes against this terrible disease-villain before it had actually been beaten, doctors promoted optimism in the medical profession’s ability to vanquish such a foe by curing the sick and stopping further spread.

Some serials printed articles lampooning contradictory advice from so-called experts, reminding readers that little could be said about cholera with certainty despite doctors’ earnest claims.¹⁵¹ The use of humor about such uncertainty in the midst of real danger perfectly demonstrates what Reynolds recognized as the popular press’s carnivalization of topics in order to “strip them of terror” (*Beneath the American Renaissance* 445).

¹⁵⁰ The *Gazette* printed one doctor’s account of his travels through the cholera-ridden countryside and recounted his extreme “courage” in the face of the disease (“Letter from Magendi” 6).

¹⁵¹ *The New-York Mirror* published an “amusing letter” detailing the contradictory reports the public had been given about cholera. Paired with each statement about cholera’s nature or the necessary precautions readers should take was another statement claiming the direct opposite: “Be entirely careless of the disease—fly from it or you are lost. The city is filthy—the city is thoroughly cleansed. Go to the theatre—the theatre will be closed” (“The Cholera” July 14, 1832, 15). Readers of serials read reports of people who caught cholera from tomatoes, cucumbers, pineapples, and other produce to warn readers against the dangers of these foods. *The Ariel* satirized the conflicting food warnings with a dialogue, titled “Cholera Premonitories,” in which a Mrs. Simpkins, Mrs. Talky-talk and Mrs. Catchup compare advice they had heard from Drs. Scarecrow, Eatemup, Calamus, Catchup, and Gingerbread about fruits and vegetables thought to provoke cholera. For example, Dr. Catchup thought even touching peaches was dangerous, while Dr. Gingerbread recommended eating a peck of peaches a day, but only if people were “careful to smoke a cigar afterwards” (Sept, 15, 1832, 175).

“King Cholera”: The Characterization of the Disease

A feature of the sensational writing popular in serial publications was the use of stock characters that readers recognized as having murky morals or villainous tendencies. From early in 1832, Cholera became a character that spoke and wrote in the popular periodical press—often in poetry. Thus, Cholera joined the cast of characters of sensationalism like Buffalo Bill, Deadwood Dick, and even Poe’s C. August Dupin (Denning 9).¹⁵² These characterizations show the attractiveness of the horrifying disease.

The force with which the actual disease transformed the body into something corpse-like (even in life) and its uncanny, seemingly supernatural movement across the globe shaped the creative characterization of Cholera. Many examples of poems, narratives, reports and accounts of the disease from 1832 show Cholera as a dangerous, mysterious, powerful, and bloodthirsty villain that devoured the human population with an insatiable need.

As a character, Cholera relished the massive destruction he wrought. Cholera made no apologies for his destruction; in fact, he seemed to “revel” in it.¹⁵³ Cholera was never ambiguously bad like other villains in the sensational press. He was not a likeable criminal, a reverend rake, nor a bowery b’hoys—figures that resisted or rejected social propriety to pursue their own precocious impulses (Reynolds *Beneath the American Renaissance* 476). Rather, Cholera delighted in the harm he caused as if spreading disease was a game or a carnival. Several authors of cholera poetry and prose used the

¹⁵² Henceforward I will differentiate cholera the disease from cholera the character by capitalizing the word when I refer to the character as if Cholera were a proper noun.

¹⁵³ I use the pronoun “he” here because the figure of cholera in these works tended to be male in most examples, with two exceptions: the short story about cholera in Cairo where the disease appears to an Arab man as an old woman and a poem discussed below where Cholera claims to be the “sister of Death” (Moncreiff 33).

verb “revel” to imagine the pleasure Cholera took in infecting new victims. The embodied disease shared this pleasure with readers who enjoyed reading these poems and other stories that seemed to celebrate Cholera’s power.

Poetry provided a form for more fully developing Cholera as a character, of which prose pieces offered only glimpses. Cholera poetry was not to inform, protect, nor heal the reading public; instead, the poems were products of cholera as a topic of entertainment. Thus, poems addressed to Cholera or spoken in the voice of Cholera offered the most developed character sketches of the disease. As a product of a grotesque aesthetic, the tradition of carnival explored deliberate upheavals of social order that was not simply celebratory but frightening as well. The cholera poems portrayed the disease as a carnivalesque event, a masquerade with the disease cast as the Lord of Misrule—a figure in carnival culture that presided over the revelry and disorder but came from the lowest order of people. For instance, in 1853, the popular *Graham’s American Monthly Magazine* published a poem, entitled “King Cholera’s Procession,” spoken in the voice of cholera as a monarch who “tread/Above the dying and the dead” (8-9). In the poem, King Cholera called his court to prepare for his procession amongst his “subjects and slaves,” the “[c]ourtiers and liegemen” who “flock[ed] to greet/Their king confest” (17, 14-15). He took an inventory of his train and ceremonial accouterments, asking “What is my feast?,” “What is my court?,” “What are my perfumes?,” “What is my music?,” “Who are my lieges?” (21, 31, 46, 51, 56, respectively). The answer to each revealed his domain over “foetid dens” and “hovels, set in stifling rank” peopled with “sots, with strong drink bleared and blind” and “herds of unsexed womankind,/Foul-mouthed and bold” (28, 38, 23-24). King Cholera wore the “[s]tink and stench/From slaughter-house

and sewer” for perfume and danced to the music of “[h]ard-wrung groans/From strong men stricken down...[a]nd the slow death-bell’s muffled tones/In every town” (46-47, 51-52). He recognized himself as the lord of all things foul and profane, what we could call the Lord of Misrule. This particular poem was published later, but the poetic form and the representation of cholera as a powerful, monstrous character were hardly unique to the decades that followed the 1832 cholera outbreak.

Like the author of “King Cholera’s Procession,” authors of 1832-works likened Cholera to a powerful ruler. For instance, a poem called “The Cholera,” (published in the *Rochester Gem* on June 23, 1832, 99) compared the disease to a “despot king”:

From the east to the west hath the cholera come,
He comes like a despot king;
He hath swept the earth with a conqueror’s step,
And the air with a spirit’s wing. (4-8)

As a conquering despot, Cholera seemed to be a tyrant set on enlarging his empire of victims across the earth. Writers of cholera poems almost always included a statement about the east to west movement of the disease, usually in language resembling the above example. These statements of movement often appeared in the opening stanzas of the poems and established the mightiness of the disease as something supernatural—for while cholera’s “step” on earth may have been like a human conqueror, he flew above it “with a spirit’s wing” (8). Passages about cholera’s movement, like the one above, mirrored prose pieces about the disease by doctors and nondoctors alike as discussed in other sections of this chapter.¹⁵⁴

¹⁵⁴ “The Cholera,” which appeared in *Genius of Liberty* opened with “I have left my home in the sultry East,/ With foreign blood to enrich my feast” (1-2). Montcrief’s “The Voice of the Pestilence to Britain” began by comparing cholera’s movement to the sun’s: “I am come from the climes which the sun loveth best;/I have followed his course to the

In another poem, Cholera described its conquest of new victims as “deeds...of the monarch of death,” reminding readers that cholera’s powers were unequaled in human form (M.L.F. 2). Cholera boasted of *her* powers to rule in a poem by a British minister, William Moncreiff, entitled “The Voice of the Pestilence to Britain.” The only indication of Cholera’s gender in the poem was a line where the disease claimed to be “[t]he first born of sin, and the sister of Death”—akin to both but distinct (33). Cholera dared humankind to try to stop her, confident that all efforts would simply reveal her godlike strength:

Go, call forth thy learn’d ones, and question their lore,
Let them tell of my being, my birth-place explore;
Let them banish, or bind me, by art, if they can,
They shall see how I deal with the doings of man;
That all nature must tremble, where’er I have trod,
For my footsteps on earth have been those of a God.

No child of the air, earth, or ocean am I.
I seize not the wings of the mind when I fly,
The poor speed of the tempest, and lightning, I scorn,
On my own silent pinions alone I am borne;
I follow no laws which to mortals are known,
The light is my scepter, the clouds are my throne. (7-18)

The “lore” and the “art” of doctors and scientists were no match for a being that did not claim any earthly origin and seemed to command natural forces like air and light.

Cholera recognized herself as a God, making nature tremble as she walked—tremble from the force of her might and from fear. In fact, in a subsequent stanza, Cholera revealed that she trumped “the dread King of Terrors”—the devil—in her fearsomeness:

shores of the West;/The plains of the East, ‘neath my shadows have quail’d” (1-3). As the speaker of “The Cholera” published the *Rural Repository*, cholera implied his origin in the east with the repeated phrase “I have been to” at the beginning of three stanzas and followed with “the North” in the first instance and “the South” and “the West” in the other two (5, 9, 13). Thus, the point of origin of such a course was the east.

In vain, then, ye question the secrets of earth,
Or depths of the ocean, to tell of my birth,
The eye hath not seen it, the ear hath not heard,
The heavens can't reveal it, hell would, if she dar'd;
To the dread King of Terrors, the secret is known,
But he bows to my nod, and I sit on his throne. (19-24)

The secrets of Cholera's birth cannot be revealed by the heavens, hell, nor the devil; not only did Cholera trod on earth like a God (11-12), she could dethrone the devil with a nod. Because the poem invoked Satan with the label "King of Terrors" (instead of other possible names), we encounter the devil in relation to fear rather than evil or sin. As Cholera easily could unseat this "King of Terrors," the reader understood cholera as something even more terrifying than the most dreaded figure.

Cholera's body, as a source of infection, appeared in some examples and contributed to the impression of the disease as a supernatural force. Poets characterized the disease's attack as both contamination and consumption as Cholera breathed pestilence and also feasted upon new victims. In "The Cholera: I have ravag'd," by M.L.F., cholera stated, "I have ravag'd the world, with a pestilential breath" (1, 17)—this was the only repeated line of the twenty-line poem. Just two lines after this reiterated claim, cholera recognized his victims as "prey." Since "pestilential breath" implied cholera exhaled disease from his body, it seemed inconsistent with the act of hunting and eating that the word "prey" signified. Therefore, the reader could imagine two methods of Cholera's attack—one in which the disease was exuded from his body, and one in which he devoured a healthy body. In actuality, this portrayal was not too much of a fantasy, considering the dual-level pattern of movement of disease: amongst people and within a body. If cholera were an air-borne disease like smallpox, for instance, breathing in contaminated air would introduce a pathogen to a new host; when the disease-causing

microorganism had begun to reproduce, one could say that the disease *consumed* the host's body as it used human cells to proliferate. As stated throughout, the specific science of microbial infection was not available in 1832, but doctors and nondoctors understood that disease moved between and within bodies and that the air could be a source of infection. The representation of cholera as both a consuming and exuding disease may have been shaped by this understanding or may have stemmed from the mystery over cholera's methods.

While portraying Cholera's attack as related to both breathing and eating might otherwise appear to have been an inconsistency in M.L.F.'s cholera poem, other examples from the 1832 cholera poetry archive showed it was not unique to this one poem. For instance, in "To the Pestilence," the author described Cholera's "banquet" and "feast" of his "prey" (4, 30, 8, respectively). As we saw in the example above, Cholera's breath alone was dangerous in this poem: "Thy breath o'er all is wrapping/A shroud of sad decay" (9-10). Likewise, parts of "The Cholera: I have left my home," the poem excerpted at the beginning of this chapter, referred to cholera's feast of "foreign blood," its "ravenous mouth" and "glutted jaws," thus presenting the figure of cholera as an insatiable, vampiric ogre that devoured its prey by consumption. This destructive creature also killed by exhaling "my poisonous breath" and "[s]cattering afar my dangerous charms" (8; 39, respectively). A fourth example, "To the Cholera," included the same combination of infection through consumption and contamination:

Like 'a chimera dire' he hastes,
And his first meal of human victims tastes!
Onward the spectre flies.
Breathing his poison through all climes! (29-32)¹⁵⁵

Elsewhere in this poem, the poet identified cholera's poisonous breath as his method of moving between bodies as a contagion. The first reference to breath asked cholera, "Who hath unseal'd thy breath" (3); this unsealed breath was the origin of its rampage in this poem. "To the Cholera" was written and published in the U.S. before cholera had reached North America, and in the last lines, the speaker asked Cholera "Say, can'st thou breathe thy venom o'er the deep?" (53). It was Cholera's breath and not his hunger for more "human victims" that the speaker feared would carry the disease to America. Even though there were variations on the characterization of Cholera in these poems, they participated in constructing a common image of the disease as a supernatural, destructive, bombastic, and insatiable figure.

"Little Story about Cholera": Poe and the Characterization of Cholera

As we have seen, cholera was known to put the body through extreme changes, making it hypernatural as a result of something that seemed supernatural. And this clearly fed the cholera archive during the outbreak. Four of Poe's stories—"King Pest," "The Shadow," "Masque of the Red Death," and "The Sphinx"—grew out of the epidemic and the print record it inspired.¹⁵⁶ His first cholera stories were published in 1835 when

¹⁵⁵ The phrase "chimera dire" comes from John Milton's *Paradise Lost* and was invoked by Joseph Addison in a *Guardian* essay critiquing the practice of masquerade: "'monsters' cavorting at the masquerade—with its obligatory reference to Miltonic apparitions ('Worse/Than fables yet have feign'd, or fear conceived,/ Gorgons and hydras, and chimeras dire'" (Castle 55).

¹⁵⁶ Nina Athanassoglou-Kallymer briefly discusses "King Pest" and "Masque of the Red Death" in context of cholera and the carnivalesque spirit of fascination and fear (686).

cholera was a recent memory but still alive in the popular periodical. “King Pest” was published in the *Southern Literary Messenger* along with “Shadow—A Parable.” As companion stories, they both represented the darkness and delight of disease. In “King Pest” Poe infused humor into grim circumstances with caricatured characters, but “Shadow” more closely resembled Poe’s horror stories, including “Masque of the Red Death,” which was published seven years later in *Graham’s Magazine*.

Three years after the burst of cholera poetry hit the popular press, Poe published one of his first cholera stories, “King Pest” in the *Southern Literary Messenger*; the story played with the characterization of disease that came out of the trend in the cholera poetry.¹⁵⁷ In “King Pest,” disease had transformed the city of London into a nightmare: “At the epoch of this eventful tale, and periodically, for many years before and after, all England, but more especially the metropolis, resounded with the fearful cry of ‘Plague!’ The city was in a great measure depopulated—and in those horrible regions, in the vicinity of the Thames, where amid the dark, narrow, and filthy lanes and alleys, the Demon of Disease was supposed to have had his nativity, awe, terror, and superstition

Killis Campbell mentions these four stories as Poe’s cholera stories, but does not offer any analysis of their narratives (296).

¹⁵⁷ Scholars such as, Daniel Royot interpret “King Pest” as political allegory and a burlesque of Disraeli’s novel *Vivian Grey* (63; see also Levine and Levine 294). Royot also traces elements of John Gay’s *The Beggar’s Opera* in the story’s humor. Branam reads the story as a critique of Andrew Jackson due to the resemblance of the characters in the story to political cartoons caricaturing Jackson (212; see also Whipple 85). However, this does not explain the plague context nor the ailments of the Pest family. Faherty reads the entire collection of *Tales of the Grotesque and Arabesque* in relation to Jacksonianism, including “King Pest” (10-12). Mabbott thought it was the “least valuable” of Poe’s stories and read it as a forerunner to “Masque” (238). Likewise, Osipova connects “King Pest” and “Masque” as “feasts during a plague,” but does not relate them to cholera nor to Poe’s other cholera stories (28). Renza summarizes other scholars’ position that the story is a burlesque of *Blackwood*-style sensational stories and suggests “King Pest” is an analogy for the Folio Club, a writing club Poe belonged to (3-7).

were alone to be found stalking abroad” (240). In Poe’s description of the context of infection, he referenced the kind of characterization, “the Demon of Disease,” that we saw in the cholera poetry. The “awe, terror, and superstition” related to the disease was evident even though the city was “depopulated.” “King Pest” has not been read or discussed by critics as much as other Poe stories because it has seemed like an outlier (even though it has some continuity with his other cholera stories), thus a brief summary will familiarize readers with the short and odd tale.

In “King Pest,” the main characters, Legs and Hugh Tarpaulin functioned as figures of disease though they didn’t infect. Like the characterization of cholera in the popular press, Legs and Hugh were extraordinary figures. Descriptions of Legs called to mind the great bird-like version of cholera that swept across nations while Hugh was reminiscent of the insatiable glutton the disease was sometimes characterized as. Together, they signified the dual nature of cholera; the supernatural and the hypernatural, respectively. As they walked along “undauntingly into the very jaws of Death[,] [o]nward—still onward stalked the grim Legs, making the desolate solemnity echo and re-echo with yells like the terrific war-whoop of the Indian: and onward, still onward rolled the dumpy Tarpaulin...far surpassing [Legs’s] most strenuous exertions in the way of vocal music” (243). Stalking, rolling, whooping, and singing, Legs and Tarpaulin showed no signs of fear; in fact, they moved boldly as if this were their domain. They reached “the strong hold of the pestilence. Their way at every step or plunge grew more noisome and more horrible—the paths more narrow and more intricate. Huge stones and beams falling momentarily from the decaying roofs above them...while actual exertion became necessary to forge a passage through frequent heaps of rubbish, it was by no

means seldom that the hand fell upon a skeleton or rested upon a more fleshy corpse” (244).¹⁵⁸

Unnaturally tall and thin, Legs reminded those who saw him of a jib boom on a ship, thus his body signals transoceanic travel. Poe described his face as having “high cheek-bones, a large hawk-nose, retreating chin, fallen under-jaw, and huge protruding white eyes” (240). His prominent nose, cheeks, and eyes protruded over a diminished jaw, which made him sound almost bird-like in his face as well as in his lean frame. Legs’s body was extraordinary in its thinness, severe features, and its similarities to both a bird and ship’s boom connected him to movement across and between large planes. Hugh Tarpaulin, on the other hand, “could not have exceeded four feet. A pair of stumpy bow-legs supported his squat, unwieldy [sic] figure, while his unusually short and thick arms, with no ordinary fists as their extremities, swung off dangling from his sides like the fins of a sea turtle” (241). Tarpaulin’s girth and height rooted him to the earth where he moved, low-to-the-ground, with turtle-like limbs. Instead of bulging eyes and sharp facial angles, Tarpaulin’s face seemed to be more of a blob of purple flesh punctuated with minor apertures through which he saw and smelled. As Poe described him, “[s]mall eyes, of no particular color, twinkled far back in his head. His nose remained buried in the mass of flesh which enveloped his round, full, and purple face; and his thick upper-lip rested upon the still thicker one beneath with an air of complacent self-satisfaction, much heightened by the owner’s habit of licking them at intervals” (241). His eyes, nose, cheeks, and chin blended together, but his thick lips, which he habitually licked, stood

¹⁵⁸ A slightly more graphic, corpse-laden version of this passage can be found in the 1840-edition of *Tales* “while actual exertion became necessary to forge a passage through frequent heaps of putrid human corpses” (*Tales of the Grotesque* 199).

out, calling attention to his mouth. Just as Legs's body signified movement, Tarpaulin's represented consumption and a relish for it.

Legs and Tarpaulin were sailors (or "tars") who hoped to prosper from the spoils of plague by looting buildings by the wharf that had been abandoned because of the plague—they too wanted to make use of the fear of disease. Other like-minded people had pilfered the "vast stores" of alcohol that could be found in abandoned ships and buildings, but as Poe explained, "there were very few of the terror-stricken people who attributed these doings to the agency of human hands. Pest-spirits, Plague-goblins, and Fever-demons, were the popular imps of mischief; and tales so blood-chilling were hourly told, that the whole mass of forbidden buildings was, at length, enveloped in terror as in a shroud, and the plunderer himself was often scared away by the horrors his own depredations had created; leaving the entire vast circuit of prohibited district to gloom, silence, pestilence, and death" (242). To those stricken with terror, these thieves were the disease itself and its agents due to their abilities to defy quarantine and take what they wanted. Thus, Poe drew upon the imagery of disease in the recent past as well as the fears that inspired the popular imagination.

During their exploration of the wharf, Legs and Hugh Tarpaulin entered a building that had been an undertaker's shop; there they interrupted a party of six men and women assembled around a table above which hung a skeleton hanging by one foot. The scene was clearly macabre with elements of death everywhere, yet the group of six were unbothered. In fact, they seemed to delight in the grim surroundings not unlike an eager reader of a ghoulish tale. Each of them had a cup fashioned from a piece of skull, and in the middle of the table sat a large vat of alcohol and another skull illuminated by a

candle. They used coffins for seats, and one even “wore” a coffin, having cut armholes in the sides of the oblong box. The leader of the group was called King Pest, and together they were the Pest “family” (248). Legs and Tarpaulin were seen as rudely interrupting the group, an insult that was compounded when Legs accused the Pest family of stealing from his friend Will Wimble, the undertaker (to whom the building they inhabited belonged). Offended, the king decided that each would have to drink a gallon of a low-grade alcohol called Black Strap. Legs refused because he was too full from drinking at the Jolly Tar (where he and Tarpaulin had been drinking before they ran out on the bill). Tarpaulin, being of a more robust frame, offered to drink for both of them, but King Pest would not allow it. The Pests demanded a punishment and called out, “Sentence! Sentence!” Tarpaulin, in trying to reason with them, referenced a stage actor named Tim Hurlygurly, presumably the actual name of the character identifying himself as King Pest. This enraged the Pest family; they shouted “Treason!” The Queen Pest dunked Tarpaulin in the giant punchbowl where he disappeared under the surface, nearly drowning. Legs threw King Pest through a trap door and locked it; then, pulling down the skeleton chandelier, he bashed one of the three dukes over the head with a bone, killing him. The punchbowl toppled, dumping out all its contents and Tarpaulin. Other containers of wine, beer, and liquor nearby broke, flooding the room. A second duke drowned and the third floated away. Legs and Tarpaulin grabbed the Queen and the Duchess and returned to their ship.

Each character portrayed a grotesque mix of merriment and gloom—merriment through alcohol and play, gloom marked by death and also illness. Disease had killed or frightened the owner of the building and all the other usual inhabitants of the wharf, and

the characters around the table had specific attributes that signified a disease or ailment.

Each of the Pests represented a serious, often hypernaturalizing, condition but rather than quietly suffering in sick rooms or hospitals, they celebrated together. Thus, instead of portraying the weakened state of sickness, they donned royal personas with the power to commandeer property and consume the spoils of looting, compatriots of the plague that had chased everyone else away. For instance, a female character later identified as Queen Pest (the consort of King Pest) “was evidently in the last stages of dropsy,” the common name for the swelling that typically accompanies congestive heart failure (245). This woman’s “figure resembled nearly that of the huge puncheon of October beer which stood close by.... Her face was exceedingly round, red, round, and full” (245). Her swollen physique made the severity of her condition apparent to all that her saw her. Beside Queen Pest sat the Arch Duchess Ana-Pest, a “diminutive” and “delicate” young woman. Her ailment, tuberculosis, was evident in “the trembling of her wasted fingers, in the livid hue of her lips, and in the hectic spot which tinged her otherwise leaden complexion” (245).¹⁵⁹ She too had a body marked by disease.

In addition to the King Pest, three male characters were arranged about the table, bearing the following names: “His Grace the Arch Duke Pest-Iferous,” “His Grace the Duke Pest-Ilential” and “His Grace the Duke Tem-Pest” (248), though it is not clear which name belonged to what character. Without a clear distinction, these names aren’t particular to any of them, a point reiterated by the similarity of the names (all named

¹⁵⁹ As readers will see in the following chapter on tuberculosis, Poe’s description of Ana-Pest invokes recognizable features of the consumptive figure. Words like *wasted*, *livid*, and *hectic* were clear textual signs of the disease among the subject being described.

Duke ___-Pest). Instead, Poe used their physical ailments to distinguish them.¹⁶⁰ One seated to the left of the “dropsical lady,”

Queen Pest, was a “gouty old man” who puffed and wheezed and “whose cheeks reposed upon the shoulders of their owner like two huge bladders of Oporto wine” (246). His gouty leg was wrapped in bandages. Beside him was a man whose jaw and hands were tied up with bandages to prevent him from drinking. His “pest” or ailment was alcoholism, and he was in a state of detoxification and withdrawal, so he was physically restrained from drinking. “His frame shook,” Poe noted, “in a ridiculous manner, with a fit of what Tarpaulin called ‘the horrors’” (246). Horrors to witness and experience. The last of the Pest dukes was “afflicted with paralysis,” and he had been made to “wear” one of the coffins as a means of being upright at the table.

The character calling himself King Pest the First welcomed Legs and Tarpaulin to the “Dais-Chamber of [their] Palace,” and he was as extraordinary as his Pest family and the interlopers, for that matter. He was even “more emaciated than [Legs]” and his skin was “as yellow as saffron” (244). These were hallmarks of yellow fever, indeed the king pest of the eighteenth century as we saw in the previous chapter. As king of the Pests, he spoke for the others and imposed punishment on Legs and Tarpaulin when the latter suggested he was actually—and only—a stage actor. Tarpaulin’s comment threatened to dismantle their royal roundtable charade, but in the context of disease, it also suggested the supposed King Pest was only a pretender, and not the true king of diseases. After all, the fact that this was King Pest the First created the possibility for a King Pest the Second.

¹⁶⁰ Elsewhere in the story, Poe refers to these male characters as “the little man with the gout,” “the gentleman with his jaws tied up,” and “he of the coffin” (251).

Without their Pest-family royal sobriquets or their ceremony, these characters would be merely victims, but this performance turned them into the characterization of the disease or affliction they suffered from. They were a mix of contagious, not contagious, hereditary or behavioral ailments, thus Poe did not seem overly concerned with the problem of spreading diseases, just the power they had. King Pest tried to sicken Legs and Tarpaulin as a punishment for challenging the Pests' authority by forcing them to drink an excessive amount of Black Strap. The punishment lost force, however, when Tarpaulin seemed willing to consume both his own and Legs's share. Tarpaulin's gullet was no match for the tricks of King Pest and his court, nor was his mouth—his attempt to “dethrone” the King by revealing his real name (“Tim Hurlygurly, the stage-player” (251)) resulted in the shouts of “Treason!” and chaos. When the Pests dunked Tarpaulin in the enormous puncheon on the table, Legs exerted his own force over King Pest by containing him inside the trap door. It was an act of quarantine, the failure of which contributed to the fears of cholera in 1832. And it was a metaphorical burial, readily apparent given the building was an undertaker's shop. In tearing down the skeleton from the ceiling, it was almost as if Legs ripped down the king's coat of arms. Together, Legs and Tarpaulin overcame the King Pest the First, and in the performance of disease characterization, which Poe both seemed to ridicule and employ, the figures who resembled the dual nature of cholera ripped the crown off the head of yellow fever. The fact that the new king, so to speak, was actually two figures reinforced the fact that cholera transformed our understanding of disease.

In the end, Legs and Tarpaulin ran off with Queen Pest and the Arch Duchess Ana-Pest; they too had looted and made off with their spoils of disease. As an author of

the story, Poe, like John Neal and Nathaniel Parker Willis, enjoyed the spoils of disease by using the fear that surrounded it for material gains.

How to Write a Cholera Story: Post-Epidemic Narratives

Authors' use of cholera in sensationalized fiction to instill fear in readers remained a useful strategy in the years between epidemics.¹⁶¹ As we saw from the beginning of the chapter, Edgar Allan Poe made use of cholera as a topic and context to excite fear in readers. Poe drew upon cholera more consistently than other authors, but what truly made his treatment of the disease unique was his portrayal of the horror and the pleasure stories about cholera provided in the sensational cholera archive of 1832.

Poe's relationship with the sensational press was complicated as he participated in it through contributions like "King Pest," "The Masque of the Red Death" and other stories in his *Tales of the Grotesque and the Arabesque*, yet he also ridiculed it in stories like "How to Write a Blackwood Article." *Blackwood's Edinburgh Magazine* was a popular magazine published in Scotland but with a readership that reached throughout America. In his extensive analysis of the magazine, Michael Allen has written, "'Tales of sensation' of the *Blackwood's* kind were pirated and imitated in the American journals" before and during 1832 (32). Poe (as well as other American authors like John Neal) published stories in *Blackwood's* and Nathaniel Parker Willis wrote one of his "Letters from Abroad" about meeting Mr. Blackwood himself. *Blackwood's* published political commentary, reviews, news, installments of novels, but "Blackwood was most interested

¹⁶¹ The three main outbreaks in America in the nineteenth century occurred in 1832, 1849, and 1863.

in ‘the exciting, the terrible, and the grisly’ (Morrison 37).¹⁶² The Blackwood stories “were sensational and shamelessly commercial, but their immediacy and concision gave them a remarkable ability to startle, dismay, and unnerve”—to cause the reader to have a physical response, in other words (37). Allen explained that the Blackwood sensational stories were “usually structured around a protagonist isolated in some strange, horrific, or morbid situation which is progressively exploited for effect” (30). In “How to Write a Blackwood Article,” Poe’s narrator described the process of having her head cut off and the sensation of looking back at her own decapitated body from her disembodied head as it teetered on the roof of a clock tower. Even though he poked fun at the type of narratives that employed such outlandish scenarios, a primary feature of his “how to” lesson was the body in extreme or grotesque circumstances—something he used extensively in his own sensational pieces. As Leverenz wrote, “Poe’s most sensational moments depict bodies grotesquely transformed” (98).

For instance, even though “Shadow” was set in Egypt during the “seven hundred and ninety-fourth year,” the story’s narrative of a gruesome disease with supernatural abilities showed the echoes of cholera, which provided the most immediate historical backdrop for the story. Poe wrote that “far and wide, over sea and land, the black wings of the Pestilence were spread abroad” (218), a line that could have been plucked from the 1832 cholera archive. We see, again, the characterization of a disease that moved like a bird over land and sea, its black wings spreading terror and death. The speaker, Oinos,

¹⁶² The magazine was a feature of the Blackwood publishing firm, established in 1804 by William Blackwood I. The first issue of the magazine was published in 1817, and William Blackwood I was the editor (that is the “Blackwood” Morrison referred to in the quoted passage). After his death in 1834, his sons maintained the business into the twentieth century (Finklestein 9).

reflected that the “year had been a year of terror, and of feelings more intense than terror for which there is no name upon the earth. For many prodigies and signs had taken place” (218). The expectation and eventual arrival of the pestilence inspired a fear that exceeded the word “terror.” We should keep in mind that, for Americans, the 1832 epidemic began with watching and waiting to see if the disease would cross the Atlantic. The availability of printed stories and reports of its progress through Europe facilitated this anticipation. Characters in this narrative, set in the 8th-century BC and long before the advent of print, still “read” the signs a disease had traveled across vast territory.¹⁶³

In “Shadow,” the narrator and six others hid from the pestilence in a “gloomy room” that had been hung with black draperies, lit with seven iron lamps, and sealed with a single door, made of brass and latched from the inside (218). They sat in anxious expectation, singing and drinking to mask the fear, but creating a “hysterical” and grotesque scene of mirth mixed with doom (219). Readers would soon realize that the group had originally totaled eight, but one of them, Zoilus, had died of the plague they were trying to flee. They continued in their revelry, despite the presence of their dead comrade whose eyes seemed to watch them from a face that had been “distorted with the plague” (219). Suddenly and alarmingly, a shadow emerged from the drapes, “a shadow neither of man, nor of God, nor of any familiar thing” (219), for a period it did nothing more than hang in the air like the sense of dread that had been surrounding them since they entered the room. When the shadow spoke, its voice consisted of “a multitude of

¹⁶³ Most scholars who have written about this story center their analysis on Poe’s use of the Greek character names, Oinos and Zoilus. “There are several speculations as to the source of the name [Zoilus], ranging from Zoe (life) to Coilus (a sacred or heavenly person)” (Whalen 269; see also Levine and Levine 109)). Another significant theme in the scholarship on this story is Poe’s representation of death and the loss of identity. Defalco, for instance, reads “Shadow” as an image of apocalypse.

beings” speaking together, and the listeners could recognize the tones of dead friends in the haunting sound.

The text remained vague about what kind of disease plagued the region and what its effects were, with the exception of the dead man’s countenance. Many descriptions of cholera bodies mentioned the Hippocratic countenance that distorted the face and made the eyes bulge. Other than this character’s face, the only descriptions of the disease in “Shadow” center on the fear it generated, its movement across land and sea, its ability to cross barriers, and its supernatural or monstrous character. These features were not signifiers of cholera alone, but they were aspects of the disease that filled the popular press just three short years before this story was published, thus, readers would have heard the echoes of cholera in the shadow’s voice.

This brief tale ended with the shadow speaking, and we can presume that the sound preceded the death of the seven remaining characters. Before the shadow spoke, the narrator saw that it “stood” near the door at the feet of the dead Zoilus (whose feet were against the door). Therefore, the shadow signified the disease and/or death of the diseased by spatially associating itself with the corpse and spoke with the voices of the dead. When asked what it was, it answered, “I am SHADOW, and my dwelling is near to the Catacombs of Ptolemais, and hard by those dim plains of Helusion which border upon the foul Charonian canal” (220). The fact that the shadow lived *near* the catacombs and by the *border* of the Charonian canal (the River Styx) suggested that it had proximity to death but was not death itself, like disease. This line calls to mind some of the cholera poems wherein the disease introduced itself and where it came from. For instance, “The Cholera: I have left,” began with “I have left my home in the sultry East.” And

Moncrieff's "The Voice of the Pestilence" started by Cholera declaring, "I am come from the climes which the sun loveth best;/I have followed his course to the shores of the West" (1-2). Cholera referred to its shadow in the following lines: "The plains of the East, 'neath my shadow have quail'd,/Where the jackal, and vulture, my progress have hail'd" (3-4). The shadow lied on the ground, trailing beneath its flying form in the air, and the shadow alone caused the land (and the people) to *quail* or cower. Cholera also had/was a shadow in "To the Pestilence" that resembled the shadow figure in Poe's story: "Thy shadow darkens round us,/Thy form is in the air;/Thy fatal voice hath found us" (1-3). This excerpt could be an epigraph for Poe's story as these lines and the story share the same imagery for the figure of a disease. In these examples, a shadow was more than the obstruction of light; it was the manifestation of darkness.

As Oinos explained in the beginning of the story, the disease and the air of terror it provoked seemed to belong to the supernatural realm as we see in the cholera archive. For instance, in describing the room he explained: "shut out from our view [were] the moon, the lurid stars, and the peopleless streets—but the boding and the memory of Evil, they would not be so excluded. There were things around us and about of which I can render no distinct account—things material and spiritual—heaviness in the atmosphere—a sense of suffocation" (218). Even though one critic has read the meeting as a wake for Zoilus, the language of shutting out and securing themselves against the outside world was more consistent with quarantine than mourning (Defalco 645). The language of the passage may have also reminded readers of the "shut and debarred" imagery in yellow fever writing, as discussed in the previous chapter, thus Poe drew upon language and imagery of disease and fear that might have been familiar to readers in order to trigger the

fears the character experienced in the narrative. The supernatural quality of this disease, however, was more consistent with the cholera archive (as we see in the discussion above). There was a similar portrayal of diseases in Poe's other "cholera" stories, like "The Sphinx" and "The Masque of the Red Death"—all stories where characters attempted to secure themselves against infection by retreating to a presumed safe space.

In "The Masque of the Red Death," Poe offered more detail about the visceral effects of the Red Death than he did about the plague in "Shadow."¹⁶⁴ In fact, "Masque" began with an explanation of the disease and its severity, exposing the reader immediately to its power to devastate and transform: "No pestilence had ever been so fatal, or so hideous. Blood was its Avatar and its seal—the redness and the horror of blood. There were sharp pains, and sudden dizziness, and then profuse bleeding at the pores, with dissolution. The scarlet stains upon the body and especially upon the face of the victim, were the pest ban which shut him out from the aid and the sympathy of his fellow-men. And the whole seizure, progress and termination of the disease, were the incidents of half an hour" (485). The Red Death was a fictional disease that scholars believe was inspired by the black plague or tuberculosis, but we can also see aspects of

¹⁶⁴ The interiors of Prospero's abbey have attracted critical attention by scholars interested in the colors and architecture of the building (see Zimmerman "The Puzzle of the Color Symbolism" and "Allegoria and Clock Architecture"; du Plessis; Roth; and Ketterer). For these scholars, the differently painted room colors contributed to the gothic spirit of the story. The characters' isolation and the attention they (and Poe) paid to the strikes of the clock marking each hour suggested the story was an allegory for time and mortality (Fischer "Poe and the Gothic Tradition" 88; Kennedy *Poe, Death* 201-203). Ruth Anolik has read the story differently, suggesting the figure of the Red Death signified an American Indian figure seeking revenge for the introduction of smallpox by Europeans to native populations.

cholera in the disease and the character of Red Death.¹⁶⁵ Features such as the corpse-like visage of the sick, the power of the disease to slip through quarantines, and the characterization of the disease as monstrous and supernatural in “Masque” and other stories suggest Poe drew from the 1832 cholera epidemic to create horror complicated with delight.

Prince Prospero invited a thousand friends and courtiers to join him in his castellated abbey to enjoy “deep seclusion” from the raging plague (485). They brought tools to weld the bolts of all doors and windows, making it impossible for “the ingress or egress to the sudden impulses of despair or of frenzy from within” (485). He provided them with dancers, music, and other entertainment, even a masquerade ball. But the duke’s tastes were “peculiar.” The costumes he supplied his guests for the ball, for instance, were in keeping with his peculiar taste—both “grotesque” and “arabesque,” not unlike Poe’s own tastes (487). Some of the costumes displayed bodily anomalies in “arabesque figures with unsuited limbs and appointments”: others were beautiful, but mostly, they were “*bizarre*, something of the terrible, and not a little of that which might have excited disgust” (487-488). When the figure of Red Death materialized, his costume exceeded whatever limits Prospero had: “The figure was tall and gaunt, and shrouded from head to foot in the habiliments of the grave. The mask which concealed the visage was made so nearly to resemble the countenance of a stiffened corpse that the closest scrutiny must have had difficulty in detecting the cheat.... [he] had gone so far as

¹⁶⁵ Kenneth Silverman relates the Red Death to tuberculosis from which Poe’s wife suffered (180-181). Thomas Mabbott understands the disease as the Black Plague because he reads the story as Poe’s interpretation of Boccaccio’s plague narrative, *Decameron* (669). Jeffery Meyers makes the same connection but also sees the influence of the cholera epidemic on the story (133).

to assume the type of the Red Death. His vesture was dabbled in *blood*—and his broad brow, with all the features of the face was besprinkled with the scarlet horror” (489).

Readers of the story may have recognized Willis’s description of the “Cholera Masque” he attended in Paris where Parisians dressed as the disease and danced cholera dances.

One could surely imagine it inspiring Poe, who was a colleague of Willis’s

Poe made the motivation and effort at retreat from disease more explicit in this story than in “Shadow,” where the story begins with the characters already in isolation. Yet the black draped room we saw in “Shadow” reappeared as the seventh and final room in the suite where the masquerade ball was held. All the rooms had been decorated in a specific color, but the seventh room was “closely shrouded in black velvet tapestries that hung all over the ceiling and down the walls, falling in heavy folds upon a carpet of the same material and hue” (486). This room was the only one where the stained glass windows did not correspond to the surrounding color; in this black room, the windows were “scarlet—a deep blood color” (486). It was “ghastly in the extreme” (486). No lamps lit the space, but huge candelabras from the corridor produced strange shadows within that created “a multitude of gaudy and fantastic appearances” to the people who entered it (486). This black room with red windows would remind readers of the death and disease that continued outside the castle, for no reader could mistake the reference of the blood red windows to the Red Death after Poe’s careful description of the bloody plague in the opening sentences of the story. The characters were clearly affected by the room and the way it made them resemble Red Death victims with the red from the windows and the strange shadows “so wild a look upon the countenances of those who entered” (486).

Through his design of this strange room and the costumes he provided for the masquerade, Prospero created something akin to the sensational press, particularly that which belonged to the cholera archive—bringing his guests precariously close to the disease through the delight of fear. The black room functioned as an invocation of the disease itself, allowing the guests to entertain themselves by donning the mask of Red Death when they entered. The wash of red light on their skin and strange shadows on their faces made them appear to be victims of the Red Death with bleeding pores and contorted muscles. The effect made them uneasy—as if they were dangerously close to the actual disease—but they entered the room nonetheless. There was a parallel between this scene and the threat doctors saw in reading frightening stories about cholera in the press during the 1832-epidemic. Fear could spur a cholera infection or make one feel similar symptoms, making fear an avatar for cholera just as blood was the avatar for Poe’s Red Death. When Poe’s characters in “Masque” entered the red and black room, they could see the bloody and contorted faces of plague victims before the actual plague presented itself.

“The Shadow” and “The Masque of the Red Death” demonstrated the same dread for a monstrous, supernatural disease mixed with pleasure and mirth, another quality unique to the cholera archive. Characters in both stories retreated from a raging plague to a presumably secure environment where they entertained themselves with alcohol, music, and dancing (in the case of “Masque”). The blending of delight and horror was a grotesque element we saw in the cholera archive. Poe’s characters wanted to hide from the Red Death, but they were also drawn to it as readers of the popular press experienced

as well. Poe perhaps made readers reenact this same danger when they read “Masque” or “Shadow,” making himself a Prospero, orchestrating their sensations.

The effects of reading about cholera informed the latest of Poe’s cholera stories. “The Sphinx,” another Poe story not often discussed by scholars, was published in *Arthur’s Magazine* in 1846. Scholarship on “The Sphinx” has featured the theme of seeing and vision, but I think both were elements of reading, which played a significant role in the story.¹⁶⁶ “The Sphinx” was set during “the dread reign of Cholera in New York,” and the main character had retreated to a friend’s country house “on the Banks of the Hudson” to escape the nightmare of the disease (843):

During the dread reign of the Cholera in New York, I had accepted the invitation of a relative to spend a fortnight with him in the retirement of his cottage...on the banks of the Hudson.... Not a day elapsed which did not bring us news of the decease of some acquaintance. Then as the fatality increased, we learned to expect daily the loss of some friend. At length we trembled at the approach of every messenger. The very air from the South seemed to us redolent with death. That palsying thought, indeed, took entire possession of my soul. I could neither speak, think, nor dream of any thing else. (843)

Even though they were removed from the furnace of raging disease in the city, the narrator and his host continued to hear horrifying stories of cholera that reached them along with news each day that more and more friends had died from it. The speaker recognized that he was more susceptible to these reports and, therefore, more affected than his host who “[t]o the substances of terror he was sufficiently alive, but of its shadows he had no apprehension” (843). In other words, the actual threat of cholera frightened the host enough to leave the city, but the stories or “shadows” of it didn’t

¹⁶⁶ See Katrina Bachinger’s analysis of “The Sphinx” and the problematic errors of judgment in a democracy. Elmar Schenkel sees both characters in the story as hypochondriacs who were unable to discern the actual degree of danger they were in. William Marks’s reads “The Sphinx” as an extension of Poe’s interest in vision, including optometry and corrective lenses.

worry him. This was the image of the shadow that we saw in “Shadow” and “Masque,” but in this case, it signified the fears generated through stories and not the power of the disease. With this use of the shadow imagery in mind, we can see that Poe might have used it to signify the supernatural character of the disease but also the fear learned through stories. In both “Shadow” and “Masque,” the characters paid attention to or read signs, portents, reports, and rumors about the approach of disease.

The country house in “The Sphinx” offered several diversions—swimming, sketching, fishing, etc.—but the speaker spent much of his time reading works in his friend’s library. However, the speaker’s reading seemed to amplify his anxieties, which, in turn, affected how he interpreted or read his surroundings. One day while exploring his host’s library for distraction, the narrator looked out the window and saw what he thought was an enormous monster creeping along the hillside; he believed it to be a harbinger of disaster and fainted on the floor out of panic. He described the monster as a ship-sized animal with an enormous proboscis, shaggy black hair, huge wings covered in metal scales and joined with a chain. It was an amalgamation of an elephant, a buffalo, a bore, and materials like metal and crystal. “But the chief peculiarity of this horrible thing,” the narrator reports, “was the representation of a Death’s Head [or skull]... which was as accurately traced in glaring white, upon the dark ground of the body” (845). The skull image on the back of the monster was a clear sign of its power to kill widely as cholera had done.

The next time he saw the monster, he was in the company of his host who, the narrator realized, could not see it. When the narrator disclosed his vision, his host explained that it was nothing more than a trick of the eye. The monster was simply a bug

not more than one-sixteenth of an inch long; the narrator had mistaken this minute insect for an enormous creature on the landscape because he had been living in a state of expectant terror. The terror that took “possession of his soul,” as he said, would have been familiar to readers who lived through the epidemic or read about it. Despite doubting his own sanity, he decided to describe the creature to his host and friend, who explained that what he must have seen was called a death head moth, or a sphinx. Even though the speaker thought he saw it standing nearly a hundred feet tall and walking over the hill, it was actually less than an inch long and dangling from a spider thread inside the room.¹⁶⁷ Through reading, the narrator had trained his eyes and mind to expect the approach of frightening monsters. Readers of the cholera serials discussed here were likely to experience the same thing.

In connecting the moth-monster to cholera, it might be possible to imagine the insect as a representation of the cholera morbus bacterium, but as one critic reminded contemporary readers of “The Sphinx” that the existence of disease-causing microorganisms were not discovered until later in the century (Schenkel 98). It was possible that Poe wanted to engage with the theories of microorganisms or animiculae, but that is not the only way one could read the moth-monster as cholera. Its frightening,

¹⁶⁷ Poe’s “Sphinx” is clearly a reinterpretation of a story printed in *Blackwood’s* in 1828 called “The Sphinx: An Extravaganza Sketched in the Manner of Callot.” In the story, a student named Arnold purchases a walking stick “ornamented with the head of a sphinx” (Fisher *Cambridge* 55). This sphinx figure appeared to talk to Arnold, making him “lose hold of himself and his world.” Even this 1828 story was a reimagining of an E.T.A. Hoffman story, “Der Goldne Topf” (or “The Golden Flower Pot”) in which the main character, Anselmus, experienced a “disturbing intrusion of the unreal, imaginative, and supernatural into his everyday life, so that neither he nor we could tell where reality leaves off and his visions begin” (55). Among these stories and Poe’s “Sphinx,” we see characters struggling to perceive what was really in front of them and what was fantasy. Poe’s story, however, was unique in its emphasis on the power of reading to affect this perception.

other-worldly nature clearly related to the image of cholera in popular imagination and sensational literature. Therefore, Poe's moth-monster was not a representation of what the disease actually was on a material level, but how it was understood (also on the material level) through reading sensational accounts of it.

“can hardly hold the pen”: Conclusion

In 1849, Poe wrote to his aunt and mother-in-law Maria Clemm: “My dear, dear Mother,—I have been so ill—have had the cholera or spasms quite as bad, and now can hardly hold the pen” (Quinn 618). To his colleague John R. Thompson, he described a vision he had of the disease while he was in Philadelphia during the 1849 epidemic (the next major outbreak of cholera since the 1832 epidemic). In Poe's dream a “seraphic beauty” of brightness and lightness entered his room and led him on a journey over the rooftops of the city (23). But the beautiful guide changed into a “black evil bird” (618):

Now, for the first time, I became conscious that my earlier vision of seraphic beauty had vanished and that I was borne by a bird as dark as the surrounding midnight. And as this bird remained suspended and stationary, its wings began to extend themselves in every direction until they formed an immense canopy overshadowing the entire city, a canopy extremely attenuated and admitting of the transmission of light from the myriads of lamps under my feet. Presently there began to distill and fall from all parts of this extended surface, big inky drops in a pestilential rain, and it seemed to me that I was myself the black liquid and that in every drop I underwent the horror of falling from a fearful height—the suffering multiplied a thousand fold. Then the bird turned its beak towards me and cried, “I am the Cholera.” (Thompson 25)

This occurred years after the 1832 epidemic that inspired the elaborate cholera archive which, in kind, fed Poe's cholera stories in the 1830s and 1840s. And yet the imagery of the disease as a monstrous, evil being remained part of Poe's imagination.

This vision also suggested Poe's sense of the connection between fear in sensational stories about cholera and bodily infection. The black bird unleashed cholera

in the form of black ink-like drops, the kind of ink used in printing the numerous cholera stories that also rained down on readers in huge quantities or enshrouded them like the figure of the Red Death. Each drop of ink could infect the people it touched not unlike the threat that cholera stories could have on the body through frightening readers. In the vision Thompson described, Poe began to feel that he was the drops of “pestilential rain” infecting those on the ground beneath him, that he was “the agent and messenger of death to whole communities of human beings, and the remorse of multitudinous murders seemed reserved for me, an everlasting despair” (25).

Poe’s guilt at being the drops of diseased rain suggested that he might have felt guilt over exposing readers, as the authors of the cholera archive had done, to an emotion that unfolded into sickness. The author was just as susceptible to the physical effects of the fear of cholera as the readers of his tantalizing but frightening portrayals of disease were. For he both dressed the figure of the Red Death in a mask and shroud and looked beneath them.

Chapter Five

Insidious Taint:

Race and Consumption in the Nineteenth-Century Sentimental Novel

Eva lay back on her pillows; her hair hanging loosely about her face, her crimson cheeks contrasting painfully with the intense whiteness of her complexion and the thin contour of her limbs and features, and her large, soul-like eyes fixed earnestly on every one. The servants were struck with a sudden emotion. The spiritual face, the long locks of hair cut off and lying by her, her father's averted face, and Marie's sobs, struck at once upon the feelings of a sensitive and impressible race; and, as they came in, they looked one on another, sighed, and shook their heads. There was a deep silence, like that of a funeral.
~*Uncle Tom's Cabin*. (417-418)

Tuberculosis, it was believed, had been in Eva St. Clare's blood since birth.

However, it had only begun to affect her already delicate body in the weeks before her death. Slowly, the signs that she had pulmonary tuberculosis or consumption, a baffling disease in the nineteenth century, became apparent to her family.¹⁶⁸ They heard the persistent cough, saw her complexion fade and the pink of her cheek deepen to the telltale

¹⁶⁸ The common name of tuberculosis—consumption—stemmed from the weight loss and eventual emaciation caused by a tubercular infection, giving the impression that the body was being slowly eaten by an invasive presence. “Consumption” signified a process wherein one part consumes and the other is consumed, thus the consumptive is never seen as separate from the disease. “Consumption was a term that drew on an image of a body wasting, quite literally being consumed, before one's eyes, and the language of the medical texts...was explicitly and graphically descriptive of what they called ‘harassing,’ ‘mournful’ and ‘frightening’ changes” (Rothman 15-16). The best doctors could offer was prevention, or as Dr. Thomas Beddoes put it, “Let those who need it, be clad in defensive amour, and they may defy the rage of this devouring monster, that stifles at his leisure the sons and daughters of the land” (Beddoes 11-12). Diagnosing tuberculosis early on challenged doctors in the nineteenth century and treating it was perhaps worse. Patients were given ways to try to avoid it by managing their general health with diet, fresh air, mild activity and perhaps travel, and wearing suitable clothing that was warm enough and did not bind the body. Treating a confirmed consumptive might involve cathartic or emetic medicines, opium, bleeding, applying a poultice, and raising blisters “by putting heated cups on the skin” (Breslaw 43). Prevention and early detection were the primary tools of intervention on tuberculosis, which meant doctors and nondoctors had to learn to recognize the signs of tuberculosis.

“hectic” hue. Day by day, her small frame became more and more frail. During the mid-nineteenth century, the period when *Uncle Tom’s Cabin* was written, tuberculosis was repeatedly represented in novels and book-length medical works (meant for readers with and without medical training) as something that could be at work in the body long before any traces of it could be read.¹⁶⁹ But this representation was deeply rooted in nineteenth-century racial discourse in America.

In the extended passage from *Uncle Tom’s Cabin* excerpted above, readers would see the pale whiteness of Eva’s skin echoed in the crisp white draperies and bedding that

¹⁶⁹ We see several examples of nineteenth-century literary characters that resemble the consumptive physique, temperament, and lineage: Hester Gray in E.D. E.N. Southworth’s *Retribution*; Ellen’s mother, Mrs. Montgomery, in Susan Warner’s *The Wide, Wide World*; Gerty’s adopted aunt, Mrs. Sullivan, in Maria Cummins’s *The Lamplighter*; Margaret and Lucretia Davidson in Catharine Sedgwick’s and Washington Irving’s individual biographies; Richard Laurens in Caroline Lee Hentz’s *The Planter’s Northern Bride*; and, of course, Eva St. Clare in *Uncle Tom’s Cabin*. Clark Lawlor has argued that “as a disease—consumption was strangely suited to the tone of romantic and sentimental novels, poetry and plays. Nor were the perpetrators of such narratives always ignorant of consumption’s realities” (Lawlor 2-3). In fact, those realities may have been part of the appeal of consumption as subject matter in sentimental works. Medical writing, domestic medicine guides, and novels were widely available due to the advances in print technology. Many more Americans would have witnessed the gruesome, slow consumption of family members, friends, and neighbors than would have seen the aestheticized version (Sontag 29). Scholars like Clark Lawlor, Katherine Byrne, and Katherine Ott have attributed the romantic image of the consumptive to the influence of the British Romantic Poets and to a cultural need to cope with the ubiquity of death from tuberculosis in the nineteenth century. Lawlor discusses the Romantic poets (Shelley, Keats, and Byron) as fostering tuberculosis as an “alluring disease” through their personae (10). Byrne believes it was the Romantic interest in finding beauty in the horror that nurtured the aesthetic impression of tuberculosis (94). Another claim for the aesthetics of tuberculosis was the cultural attitudes toward the sentimentalism of death in the nineteenth century. “Though not so present and familiar an event as in the seventeenth and the eighteenth centuries, the proximity of death still intruded upon daily life. From this tendency to beatify death, people embraced consumption as the badge of a noble demise. The faithful foresaw not the fiery pit of Puritan sinners but a domestic heaven where the family would reunite. Consumption was not a stigma, but a herald, a welcome auspice of the rapid approach of everlasting peace. Death was an intensely anticipated and almost welcome event. The sickbed was a throne piled with pillows, Bibles, and memento mori, where death came calling a lover” (Ott 14).

surround her on her deathbed. The pristine whiteness of her ill, dying body and sickroom were in stark contrast with the dark bodies that looked upon her in grief. These black men and women, the “servants” or slaves that worked in her family’s home and on their property, saw Eva as the figure of innocence, kindness—even emancipation—that Stowe crafted her to be. And they recognized her eminent death as a significant loss in their lives.

Harriet Beecher Stowe’s Little Eva, as we see her in the passage above, was a classic figure of what I call the “angelic consumptive,” an idealized version of a tubercular person who was spiritually attuned, creative, peaceful, beautiful, delicate, and cared for, and one that readers often encountered in nineteenth-century sentimental novels. This characterization was not just an aspect of sentimental fiction like *Uncle Tom’s Cabin*; doctors writing book-length treatises about tuberculosis in the nineteenth century offered a similar sketch of the typical consumptive, though theirs were equally fictional. In reality, a tuberculosis infection caused dramatic changes in a body, sometimes very quickly or, more often, slowly over the course of years. It was visceral, ugly, loud, and painful—the sick did not simply close their eyes and drift off into death. “The death was anything but beautiful” (Rothman 17). As Clark Lawlor has described it, “the patient becomes emaciated and even skeletal, with the lips drawn back to reveal teeth; eye sockets are hollowed and bones stick out from the flesh” (5). The extreme inanition or wasting that occurred in the body due to a loss of appetite and effects of the infection on the intestinal track led to the sense that its victims were being consumed by some insidious monster—hence the name “consumption” (Lawlor 20). One nineteenth-

century novelist, Mary Denison, described it as “the slow, devouring monster whose thirst is never slaked, whose appetite never satisfies” (48).

Despite its grim and brutal reality, tuberculosis was highly romanticized, and the angelic consumptive was central to the narrative of the disease. Doctors referred to this characterization as the consumptive diathesis, a medical character sketch that detailed the appearance and personality thought to be typical to consumption (Byrne 23-34). About the diathesis or profile of the consumptive, Dr. Jeffs wrote in 1842, “wherever there are blue eyes, fair hair, large upper lip, and thin skin, with an hereditary *taint* in the constitution, which may generally be known by having lost a father or mother, sister or brother, in Consumption, a person of this fine fibre is easily affected by changes of temperature” (20, emphasis added).¹⁷⁰ Likely consumptives were thought to look, think,

¹⁷⁰ The physical traits of the likely consumptive or one prone to the predisposition include fair hair, blue eyes, light skin, and slight physique, as stated in several treatises on tuberculosis. For instance, in his *Treatise on Consumption*, Dr. William Sweetser delineated the physical features of the consumptive diathesis as follows:

A fair, delicate skin, often of a waxy whiteness and clearness, approaching to semi-transparency, and looking as though it had been blanched. A bright redness of the cheeks, more especially on their prominences, is not uncommonly displayed in such subjects, and contrasts strongly with the soft paleness in its vicinity. This red tint often appears as though it had been laid on with a brush...hence there may be observed frequent transitions of color, the countenance now being lighted up with a blooming red, which in a little while fades into a sickly whiteness. Such complexions are generally esteemed handsome. (36)

Sweetser acknowledges that the figure he described was generally perceived as aesthetically attractive, and he uses language that presents the consumptive as a cultivated appearance with “blanched” skin that resembles wax and a blush that looks “as though it had been laid on with a brush.” Ansell uses the same language to describe the cheek color: “the colour appearing as if it were laid on with a brush, forming a remarkable contrast with the dead white” (22). Likewise, in *Medical Observations on the Nature, Causes, Prevention and Treatment of Consumption*, Robert Jeffs’s profile of the consumptive highlights the delicacy of the countenance, beautiful red color of the lips, “remarkable appearance” of the eyes that cannot be described, and shoulder blades that resemble wings (Jeffs 7).

and act a certain way, do specific labor if they labored at all, live in a particular region, have a higher economic status, and, most of all, be white.

Consumption was “the leading cause of death in nineteenth-century America for members of *both races*,” as Todd Savitt wrote in *Medicine and Slavery*, and yet the black consumptive was not a topic of inquiry for doctors nor a sentimentalized figure in the widely read literary representations (42, emphasis added). In fact, black consumptives were virtually absent from direct description and discussion, and their absence fed the belief that black consumptives simply did not nor could not exist.¹⁷¹ But given the contagious nature of tuberculosis and the daily interaction between white and black members of a domestic household, the disease surely would have travelled between white and black, between slaves and slave owners even if there was no common blood between them, although there often was.

White people, it was believed, developed phthisis or pulmonary tuberculosis (a tubercular infection of the lungs), and black people were more prone to tuberculosis of the liver or another form called scrofula. The premise behind these claims was simply that white bodies were physiologically more sophisticated and delicate while black bodies were heartier and lacked the vascular complexity that comprised white people’s lungs. These racialized discussions of the consumptive were clearly embedded in racist

¹⁷¹ As historian of tuberculosis Katherine Ott wrote, “African-American consumptives did not yet figure greatly in medical study or speculation.... [W]hite doctors commonly believed either that tuberculosis was a different disease in blacks or that African-Americans were immune to it. A system of medical apartheid excluded or segregated most black practitioners, and research and hypothesizing on African-American health were done by white southerners, who tended to see African-Americans as physiologically different from whites, if not a different species completely. Some physicians even thought consumptive blacks were subject to a different disease process, one without diathesis or tubercles” (18).

ideology that sought to protect whiteness and blackness as politically, intellectually, morally, spiritually, and physiologically different. This difference underwrote the institution of slavery in America (Jordan 25, 97).

Idealized versions of tuberculosis as an inherited affliction were fictions to protect against any suggestion that the disease could affect people whose blood was not supposed to cross. Since tuberculosis was thought to be inherited through the blood, the occurrence of it in black members of a domestic household could have suggested a common heritage as well as a common physiology. The possibility of blood affinity between white and black bodies threatened the cultural narratives of racial difference as biological and racial injustice as logical.

A consumptive's features, personality, and susceptibility to tuberculosis were thought to be mutually constitutive and congenital. This did not mean that children of tubercular families were born with the active disease, but they were believed to have inherited the predisposition to it, the "hereditary taint" (Jeffs 20). As a hereditary disease, tuberculosis was not considered contagious or something one contracted outside of one's own family unless it was aggravated by climate, poor general health, or intemperance.¹⁷² Of course, the hereditary version of the disease—*phthisis pulmonalis* or pulmonary

¹⁷² The basis for the hereditary argument was the occurrence of multiple cases of tuberculosis within a family, which were documented in multiple treatises on tuberculosis. Dr. Jeffs claimed that "[a] variety of cases...might be produced, proving that a whole family or a great part of it may be afflicted with the same disease" (15). But the irregularity of cases within a family—that the disease developed in some family members and not others—did not weaken Jeffs's or other doctors' confidence that tuberculosis was hereditary.

tuberculosis—was only thought to travel through the blood of some families. Those of “fine fibre,” as Jeffs has written, and certainly not among black people (20).¹⁷³

Jeff’s use of the word “taint” should remind us that even with the dominant image of the romantic affliction, the traces of the disease were signs of something undesirable or spoiling (the OED defines “taint” as a trace of something undesirable). The same word was sometimes used in the context of race in the nineteenth century to describe the presence of black blood mixed with white blood, the black being the taint or undesirable trace that marred whiteness with “one drop.” As scholars such as Elise Lemire, Werner Sollors, Holly Jackson, and Jeff Clymer have shown, race in the nineteenth century was understood to be a quality of blood, like family, and not a matter of cultural beliefs and practices. There were significant legal and social ramifications of black and white blood mixing. For instance, as we see in many abolition novels where a mixed race character, the “tragic mulatto” figure, believing herself to be white learned that she had black blood, the shock of which could cause a paroxysm of fever.¹⁷⁴ As a result of this racial taint, she

¹⁷³ In their respective books, Katherine Byrne and Clark Lawlor each discuss the classist understanding of consumption in the British context (Byrne 29, 69; Lawlor 50, 112-113). In British treatises on consumption from the eighteenth and nineteenth centuries, authors claimed the disease mainly affected wealthy people. In fact, working people were thought to be exempt because of their hearty constitution, activity, diet, etc. In his book-length *Essay on the Causes, Early Signs, and Prevention of Pulmonary Consumption for the Use of Parents and Preceptors*, Thomas Beddoes documented the scarcity of consumption among butchers, fishwives, and sailors and offered elaborate explanations on why that was the case

¹⁷⁴ This phenomenon is discussed by Michele Birnbaum in “Racial Hysteria: Female Pathology and Race Politics in Frances Harper’s *Iola Leroy* and W.D. Howells *Am Imperative Duty*” and J. Michael Duvall and Julie Cary Nerad’s “‘Suddenly and Shockingly Black’: The Atavistic Child in Turn-into-the Twentieth Century American Fiction.”

lost any claim to property, freedom, or family ties.¹⁷⁵ While I have no intention of trying to equate the lived experiences of a black person with someone with tuberculosis in the nineteenth century, I see continuity in the discourse of both, which labeled blackness and a consumptive diathesis as a “taint in the blood.”

Therefore, I argue the racialized discourse of tuberculosis was a product of anxieties about amalgamation, recently discussed by scholars like Elise Lemire and Holly Jackson. Jackson has claimed “interracialism” was among the “phenomena that the mainstream feared” (19).¹⁷⁶ I think of this anxiety as the fear of traces—something, like tuberculosis or a secret black identity—that lay within the body but may not be readable. I’m using the word “trace” here in the Derridian sense of signifying the presence of something absent because essentially this chapter is about absence, about something that I think should be in a literary record but isn’t (Derrida 925). My approach is also shaped by Toni Morrison’s study of the absent-presence of blackness in American literature.¹⁷⁷ Recent scholarship on infectious disease has seen fear as anxiety over contact with racial

¹⁷⁵ There are many examples of the “tragic mulatta” trope in nineteenth-century fiction. William Wells Brown’s *Clotel* depicted the horrors Clotel and her daughters underwent when they were sold away from their master, the President. They were separated from one another and subject to the cruelties of slavery and the sexual abuse it fostered. In the consumption novels discussed here, we see this in E.D.E.N. Southworth’s novel *Retribution* with the character of Minnie Dozier, who was raised by her white father and married a white Frenchman, all the while she was unaware that her “mother had been a quadroon, and that [she] was a slave” (105). When her father died, Minnie was seized as property and her newborn baby was taken from her. Scholars have had divisive opinions about the “tragic mulatta” figure,” some arguing that this character reifies whiteness while others read her as a figure of resistance. For instance, Werner Sollors, Diana Rebekkah Paulin, and Eve Allegra Raimon, have written recent discussions of the subject.

¹⁷⁶ Holly Jackson has discussed the sense that racial mixing was understood as “blood pollution” (16). Lemire argued that producing “disgust” for racial mixing was meant to counteract desires between races (112-113).

¹⁷⁷ See Toni Morrison’s “Black Matters” in *Playing in the Dark*.

or ethnic difference. In my analysis of tuberculosis, however, I assert that fear of *likeness* or physical affinity between racially different people informed nineteenth-century literature, mainly in its avoidance of that possibility. In my analysis, contact was not looming and threatening, it had already occurred though the degree of contact and intimacy was not readily acknowledged.¹⁷⁸

This chapter shows how novels by white and black authors from the period, including *Uncle Tom's Cabin*, *Retribution*, *Our Nig*, *The Curse of Caste*, and other nineteenth-century domestic novels, engaged with the racially-charged discourse and imagery of tuberculosis and, thus, allowed for the reader to experience the same sympathy for a white consumptive character as for possible black consumptives. My discussions of consumption and invalidism in Harriet Wilson's *Our Nig* and Julia Collins's *The Curse of Caste* also draw upon these authors' own chronic illnesses (a nondescript wasting disease in Wilson's case and diagnosed tuberculosis in Collins's) to explore their perception of a shared vulnerability to disease between races. I begin with "Domestic Diagnosis," a section on reading about tuberculosis in medical and literary works as a means of learning how to "read" consumptive bodies in their homes and in their novels. The following section, "Suitable for Consumption," explores the racialization of the angelic consumptive and refusal of the black consumptive in medical and literary works. Looking closely at two white angelic consumptives in novels, "Emancipating Angel" analyzes two authors' construction of the racialized, idealized figure in anti-slavery novels. A section called "Precarious Crossing" delves into shared

¹⁷⁸ This historical fact is discussed by Leslie Lewis in "Biracial Promise and the New South in *Minnie's Sacrifice: A Protocol for Reading The Curse of Caste; or The Slave Bride*," Hortense Spiller's "Mama's Baby, Papa's Maybe," and Hazel Carby in *Reconstructing Womanhood*.

disease as a marker of racial mixing in novels as threatening or progressive. The last section investigates a rare example of a black consumptive and the violence the “Impossible Invalid” underwent for threatening the white consumptive narrative.

Domestic Diagnosis: Reading Bodies, Novels, and Medical Guides

Bodies in the nineteenth century served as reading material. A person’s character, class, race, and health were gleaned by others through reading bodies—in the flesh or on the page. Diagnosis was essentially a form of reading, reading bodies for traces of what was happening internally, even microscopically. For instance, with tuberculosis, the growth and rupture of tubercles out of sight in one’s lung tissue were signified by a wracking cough and bloody sputum. Novels invited readers to diagnose or read characters’ bodies as symptoms arose, in some cases making the reader aware of a character’s health long before the others in the novel knew—including the sick person him or herself. Such insight allowed the reader to see the dark, frightening force of disease at work—almost like a glimpse of a body’s interiors.

The characterization of the angelic consumptive was a diagnostic tool to help read and locate traces of a deadly and secretive disease—often referred to as “insidious.”¹⁷⁹

¹⁷⁹ To describe tuberculosis, many nineteenth-century (pre-Koch) medical and nonmedical authors used the word “insidious,” a word meaning *cunning, full of wiles, lying in wait to ensnare*. The word fit because the disease usually had been slowly killing its victims before any declarative symptoms were evident. For example, in his *Treatise on Pulmonary Consumption*, Dr. James Clark wrote, “tuberculous disease of the lungs very often steals on in a slow, *insidious* manner, making considerable progress before it manifests itself by any remarkable local symptoms, or its existence is even suspected” (4, my emphasis). In his *Medical Observations on the Nature, Causes, Prevention and Treatment of Consumption*, Dr. Robert Jeffs used “insidious” in a similar way as Clark did: “the symptoms are so *insidious* and frequently deceptive, both to the patient and friends” (20, my emphasis). And Dr. Thomas Beddoes used “insidious” to describe the causes of the “devouring monster” in often-cited *Essay on the Causes, Early Signs, and Prevention of Pulmonary Consumption for the Use of Parents and Preceptors* (63, 11).

Although the technology that enabled the testing and treatment of tuberculosis today was not available in the nineteenth century, many medical guides on the subject were produced between 1800 and 1865, written primarily to share specialized knowledge with other doctors.¹⁸⁰ Among medical texts written in this period, “[d]iseases of the chest [like tuberculosis] received attention from several noteworthy physicians” since the print record on these diseases was sparse and the need to know more increased along with the disease (Thornton 170). Some authors of nineteenth-century texts on tuberculosis that were published (sometimes in translation) included: Henry Ansell, Austin Flint, P.C.A. Louis, F.H. Ramadge, William Sweetser, and others.

The signs and dangers of consumption were also enumerated in medical guides written for a general audience and meant for home medical care—domestic medical guides. Some popular examples include William Buchan’s *Domestic Medicine*, John Gunn’s *Domestic Medicine*, and James Thacher’s *American Domestic Medicine*. The market in domestic medical texts also grew in the nineteenth century, as book historian Norman Gevitz has documented; Gevitz noted an increase in American medical domestic

This language filtered into home health guides like George Napheys’s *Physical Life of Women*, in his discussion of how “that most insidious disease, consumption” can affect marriage and the health of offspring (71). And the same word proved evocative in popular literary works like Stowe’s *Uncle Tom’s Cabin* where the reader sees “the first guileful footsteps of that soft, *insidious* disease, which sweeps away so many of the fairest and loveliest” (383, my emphasis), or Mary Denison’s *Gracie Amber* where tuberculosis, “that insidious complaint,” stole the vitality of Gracie Amber’s beloved mother (391). The shared language indicates how widely this impression of tuberculosis reached. Such ubiquity almost makes “insidious” a synonym for the disease among the many others.

¹⁸⁰ The nature of tuberculosis—its cause and pattern of movement—was not determined until the later quarter of the nineteenth century when Robert Koch isolated the tuberculosis bacillus, confirming that consumption was an infectious bacterial disease and not a genetic disposition (Dyer 12-14). It also became apparent then that tuberculosis was indeed contagious, which had been in doubt until this point because it did not behave like other infectious diseases that attack a body quickly and aggressively.

medical production from two in 1800-1809 to forty-one between 1850-1859 (239). Additionally, Lydia Maria Child's *The Family Nurse* provided treatments and recipes to aid in the care of family members in varying stages of tuberculosis. And J. Hamilton Potter's *The Consumptive's Guide to Health* offered advice directed to the consumptive patient. These different works contributed to both the romantic and horrific—idealized and realistic—impressions of the disease that was the number one killer in this period of growth and production.

Domestic medical guides functioned as intermediary texts between the specialized discourse of medical treatises and novels, both of which included features of tuberculosis that sometimes mirrored one another. Domestic medical guides even used technical terminology as well as visceral details of diseases. For example, in *Domestic Medicine*, William Buchan wrote, “A Consumption is a wasting, or decay of the whole body from an ulcer, tubercles, or concretion of the lungs, an empyema, a nervous atrophy, &c.” (129).¹⁸¹ This quote from Buchan described the disease from the perspective of one who had seen the interior as well as the exterior body of a patient. The changes in the lung tissue—its concretion, ulceration, and formation of tubercles—might be detected through examination, but they would not be seen until the patient had died and was autopsied.

¹⁸¹ In his popular home medical guide, *Domestic Medicine*, William Buchan wrote “At last the swelling of the feet and legs, the total loss of strength, the sinking of the eyes, the difficulty of swallowing, and the coldness of the extremities, shew the immediate approach of death, which however the patient seldom believes to be so near. Such is the usual progress of this fatal disease, which, if not early checked, commonly sets all medicine at defiance” (132). Perhaps a patient's disbelief that death was “so near” contributed more to the romantic fantasy of the disease than any other factor supposed by scholars like attempts to alleviate anxieties or the complexities of gender politics (see Byrne, Lawlor, Herndl).

Therefore, we have to remember that readers of domestic novels portraying the beatified consumptive, like Little Eva, were also likely to be readers of guides by Buchan and Thacher, for instance. Even if they were not readers of the autopsy reports in works by Morton, Andral, and Louis, readers of domestic medical guides could achieve a general understanding of how consumption affected a body. We encounter such a guide in E.D.E.N. Southworth's 1849-novel *Retribution* (originally serialized in the *National Era* then published in book form in 1856).¹⁸² Like readers of the novel might have done with medical guides in their own homes, a character in *Retribution* consulted a domestic medicine book. Hester Gray, the main character, eventually succumbed to consumption as a young woman after struggling with an undiagnosed cough throughout her life. Her condition was eventually identified not by a doctor, but by her erstwhile friend cum rival Juliette Summers. Juliette came to live with Hester and her husband but envied her friend's life and husband. Southworth narrated the scene wherein Juliette confirmed her suspicions about Hester's symptoms by consulting a medical book in the family library: "Miss Summers went into the library, and, after a search, returned to her room with a medical work in her hand, locked her door, and sat down to turn over its leaves. She found the chapter on CONSUMPTION, and perused it attentively. At last, closing the

¹⁸² This novel will be discussed in detail below, but a brief plot summary might be helpful here. In *Retribution*, the frail but intelligent Hester Gray married her guardian and she hoped to emancipate the slaves that accompanied her southern estate when she came of age. She invited her friend from school, Juliette, to live with them. Juliette was the first to notice that Hester had signs of consumption but did not say anything. Instead, she began to seduce her husband who seemed unaware of the severity of Hester's case. Hester eventually died after suffering from symptoms of advanced tuberculosis. Before doing so, she was certain to sign the papers to emancipate her slaves, but her husband undermined her wishes. He married Juliette and they went to Paris where she seduced a man of royal blood and eventually ran off with him. They both died miserable and aware of the wrong they had done to Hester.

book, she sunk into a reverie; then she muttered, low, ‘Yes, Hester is marked for the GRAVE. No one sees in the brilliant color, bright eyes, and high spirits of the once pale and serious girl, the burning of a hidden fire that is consuming her life—no one but me!’” (127). Juliette did not share her novice diagnosis with Hester nor Hester’s husband, opting instead for letting her sicken and die without medical intervention so Juliette could take Hester’s place as Mrs. Dent.

Juliette was driven to the medical book after first *reading* Hester’s body, which displayed telltale signs: shortness of breath, paleness and a flushed cheek, bright eyes, and high spirits.

“Are you short-breathed, dear Hester?” inquired Miss Summers, keenly regarding her friend, as the latter paused in speaking, and pressed her hand upon her chest. “Oh! no, love, only when I walk so much, or come up a long flight of stairs.” Again Hester stopped short, and labored for breath, and her face flushed. Juliette took her hand and held it an instant; then said, as she looked upon her burning cheek, “You have a very fine color now, dear Hester; you have entirely lost that sallow complexion you had at school.” (126)

These indicators of consumption were apparent to Juliette because she, like readers of the novel and other domestic novels, would have become familiar with them through first-hand experience or by reading about them. Thus, readers of such novels would have been sensitive to the language of consumption in a novel that described a character’s illness even when the author did not openly name the condition.

Readers read characters’ bodies in similar ways that Juliette read Hester’s, picking up on markers of consumption (i.e. a cough, shortness of breath, bloodied handkerchiefs, flushed cheeks on a pale face, wasting), but they also knew that an author’s use of specific words like “hectic” and “decline” signified consumption. The medical significance of “hectic” and “decline” are easily overlooked by contemporary readers but

such terms would have evoked the particular disease of consumption—its coughs, bloodied handkerchiefs, emaciation, etc.—with the same specificity as if the words “consumption” or “tuberculosis” were used. Stowe did not explicitly label her ailment as tuberculosis, consumption, or phthisis for she trusted that readers could identify the ubiquitous disease without medicalizing it (Stowe 16). Eva’s mother, Marie St. Clare, made the only direct reference to consumption that appeared in the book (in context of her own health history), but readers would have recognized the trademarks of tuberculosis in Eva’s body without Stowe needing to use technical labels over euphemism (398).¹⁸³ Through revealing language, Stowe gave readers a glimpse at the disease that was only beginning to show itself but had already taken root in Eva’s body. For instance, tuberculosis was sometimes referred to as “hectic fever” or the cheek of the consumptive would show a “hectic flush.” Stowe used the phrase “hectic fever” to describe Eva’s burning face on her sickbed, and the phrase “hectic flush” also appeared in a section about Eva’s calm on her deathbed and her father’s awareness that she was dying (383, 424). But this time Stowe used it to describe the deep red color on the trees in autumn, a time of year when consumptives were thought to succumb to the disease (Lawlor 2). In her declining state, Eva’s physical changes—her thinness, difficulty breathing, paleness, weakness, and bright eyes—were registers of tuberculosis as clear as the word itself.¹⁸⁴

¹⁸³ When Marie St. Clare heard Eva had a cough, she immediately thought of her own health history and replied, “Cough! you don’t need to tell *me* about a cough. I’ve always been subject to a cough, all my days. When I was of Eva’s age, they thought I was in a consumption...Eva’s cough is not anything” (398).

¹⁸⁴ Another signifier that tuberculosis was actively consuming Eva was the “deceitful” nature of her illness. It was commonly observed that a consumptive could experience brief periods of recovery or vitality that would give the illusion that her health would be

Readers of the suffering of angelic, white consumptives might be moved to empathize with the physical pain of the sick individual or the emotional grief of the people who watch the invalid slowly fade away. As scholars like Marianne Noble, Elizabeth Barnes, and Saidiya Hartman have discussed, portrayals of pain, both witnessed and endured by characters in sentimental novels, were used to inspire sympathy for the abused, often a black character. Marianne Noble has written, “in the sentimental ideal, a sufferer and an observer exceed their own bodily limits through the common bond of pain” (144). Therefore, “[s]entimentalizing pain could thus implicitly enlist the sufferer into validating the observer’s preexisting ideas or ideals regarding pain” (Gomaa 372). However, because portrayals of an angelic consumptive’s suffering were generally restricted to white characters, there was no allowance for a “common bond,” as Nobel wrote, between white readers and the black bodies through tuberculosis. Portrayals of the physical suffering black people experienced tended to be the results of violence or neglect from whites, as the abused slave body had purchase in abolitionist discourse (Gomaa 371).

Suitable for Consumption: Racist Claims about Tuberculosis

In sentimentalizing white consumptives and not black, authors contributed to the belief that the disease did not affect white and black bodies the same. For example, in restored, but what often followed was a rapid decline (Jeffs 20). As Harriet Beecher Stowe wrote, “In a week or two, there was a great improvement of symptoms,—one of those deceitful lulls, by which her inexorable disease so often beguiles the anxious heart, even on the verge of the grave. Eva’s step was again in the garden—in the balconies; she played and laughed again,—and her father, in a transport, declared that they should soon have her as hearty as anybody. Miss Ophelia and the physician alone felt no encouragement from this illusive truce. There was one other heart, too, that felt the same certainty, and that was the little heart of Eva” (399). Here, the reader and (only) some of the characters will not be fooled by the deceptive nature of the beguiling disease even though it remained illusive to others.

Caroline Lee Hentz's *The Planter's Northern Bride*, a response to *Uncle Tom's Cabin* from the Southern perspective, there were three examples of white consumptives: Nancy Brown, Eulalia Hastings, and Richard Laurens.¹⁸⁵ Nancy was a poor, white Northern girl who was destined to die in the North in poverty. Despite her years working, she would not have the kind of care the planter Moreland claimed was provided for the laboring class (slaves) in the South. Richard, Moreland's brother-in-law, was a Northerner who did not get to the South soon enough to escape consumption, and despite his travels to see a specialist, he died a difficult, bloody death as a result.¹⁸⁶ And finally, Eulalia, Moreland's Northern wife, was at risk of getting consumption if she stayed in the North. When her abolitionist father debated allowing his daughter to marry a slaveholder and move to a plantation in the South, the deciding factor was her health. Living one moment longer in a Northern climate was a significant health threat. Compared to the sad case of Nancy, Eulalia's health could be spared if she were allowed to move to the South and marry Moreland. The Northern/Southern theories about consumption were not unique to Hentz; the fact that they were used in a novel that endorsed slavery placed Hentz in a similar position as some doctors who racialized consumption as a way to justify slavery.

¹⁸⁵ Hentz characterized consumption as a regional disease suffered by Northerners who could escape it if they went to the South before it was too late. According to the novel, the tragedy of the free states was the poor health of the white people who had to labor so intensely to survive. In the South, neither white nonlaborers nor black slaves suffered the same difficulties unless they had been exposed to Northern climates and ways.

¹⁸⁶ Richard Laurens traveled to Ohio to see Dr. Darley, a fictional specialist who was "as highly distinguished for genius and virtue as professional skill" (Hentz 211). Laurens thought he was "sure of finding restoration with him. Miracles, almost divine, might be expected from his touch. [Laurens's] only regret is, that he has not sought his saving influence sooner" (211). The expectation that "miracles, almost divine" would help Laurens relates to the fact that tuberculosis was known as an incurable disease in the nineteenth century and remained so until the twentieth century. Dr. Darley, like his real-life counterparts, struggled to master the mysterious disease despite exhaustive study.

In *The Planter's Northern Bride*, a slave woman name Crissy attended Richard and Ildegerte Laurens on their trip to the consumption specialist, Dr. Darcy. Crissy was described as having sunken, hollow cheeks (383). Given that this description was in immediate context with Richard's sickness and ultimate death, her emaciated form might have signaled a common ailment between them, but Hentz, like Crissy's owners, refused to acknowledge this physical affinity or that a black person could have tuberculosis. Instead, Crissy was told to stuff her cheeks with cotton so she looked less emaciated (384). But Hentz's novel was a pro-slavery text, so her depiction of Crissy would not have been critical of her slaveholders.

A dominant narrative about tuberculosis in the medical field concerned the kinds of bodies that could and could not get pulmonary tuberculosis. For instance, doctors such as Yandell, Cartwright, Jordon, and others claimed that a different form of tuberculosis affected black patients than white; instead of pulmonary tuberculosis that arose from a hereditary delicate constitution, black patients were more prone to getting scrofula and mesenteric tuberculosis, also called Negro Consumption or Cachexia Africana.¹⁸⁷ In an article published in an 1852-issue of the *New Orleans Medical and Surgical Journal*, Dr. Samuel Cartwright wrote, "Phthisis, so far from being common among the slaves of the slave States, is very seldom met with. As to the native Africans at home, little or nothing is known of their diseases. They have no science or literature among them, and never

¹⁸⁷ Scrofula, or the kings-evil, was a form of tuberculosis that primarily affected the cervical lymph nodes in the neck; it was generally understood to be a tubercular infection in the joints. Victims of scrofula had swellings and abscesses in their necks as well as other symptoms typical to consumptives like weight loss, fever, and night sweats (Ethne Barnes 165). Of all the versions of tuberculosis, scrofula had more of an external presentation as the swellings could be quite large and unsightly—it hardly resembled the beautiful vision of the pale consumptive waif.

had” (195).¹⁸⁸ As for tuberculosis among black people in America, Cartwright explained, “The word Consumption, is applied to two different diseases among negroes. The Cachexia Africana, Dirt-eating of the English, and Mal d’Estomac of the French, commonly called Negro Consumption, is a very different malady from Phthisis Pulmonalis, properly so called” (195). Mesenteric tuberculosis, or “Negro Consumption,” affected the intestinal track and was thought to be aggravated by dissipation and laziness, both characteristics argued to be inherent among black people (Yandell 90).¹⁸⁹

¹⁸⁸ In the article, Samuel Cartwright addressed the question “Is not Phthisis very common among the slaves States and unknown among the native Africans at home?” Cartwright wrote, “I reply in the negative,” according to his expertise, phthisis or pulmonary tuberculosis did not occur with any degree of frequency among the enslaved blacks in America nor among native Africans (195). The question, asked by Dr. C. R. Hall of England, broached the possibility that black people were as susceptible to tuberculosis as whites or, if it was not common among Native Africans but among slaves in America, the implication was that the American black population would have been introduced to tuberculosis by whites in the U.S., which would indicate a shared vulnerability.

¹⁸⁹ It was possible, doctors claimed, that mesenteric tuberculosis could lead to pulmonary tuberculosis through a process of “sympathy” thought to occur between organs, but it was only a secondary infection and, therefore, not the same kind of ailment observed among white people. Even if a black patient developed phthisis, it was something his or her body “ran into,” meaning it was an effect or complication of another ailment. But, Cartwright insisted, it was “not a tuberculosis,” but something related to the liver. Cartwright granted that African Americans were “sometimes, though rarely, affected with tubercula pulmonum, or Phthisis, properly so called, which has some peculiarities. With them it is more palpably a secondary disease than it appears to be among white people” (195). Cartwright’s use of the word “palpably” speaks to the anxiety over this common disease as he immediately offered qualifications that distinguish pulmonary tuberculosis in whites and blacks, though he conceded it occurred only “rarely” among the black population. In an 1832 article, Dr. C.H. Jordan also expressed surprise that black patients diagnosed with Negro Consumption had developed a cough, the characteristic symptom of phthisis, but he argued that this “peculiar” cough must result from the proximity of the lungs to the mesenteric glands (C.H. Jordan 30). Cartwright’s arguments may have been influenced by those of Dr. Lunsford Yandell, the author of another article on race and tuberculosis called, “Remarks on Struma Africana, or the disease usually called Negro Poison, or Negro Consumption” published in the *Transylvania Journal of Medicine* just over twenty years earlier. Yandell argued that black people were “less liable to

Doctors and scientists who subscribed to the American school of ethnology saw black people and white people as separate species with separate origins (polygenesis).¹⁹⁰ Dr. Josiah Nott had a foundational role in this school of thought as did Dr. Samuel Cartwright (the author of the “Negro Consumption” article cited above). Out of the desire to uphold the theory of polygenesis, the scientists who comprised the American school of ethnology claimed the bodies of white people and black people were physiologically distinct. This comparative anatomy often highlighted the sex organs of black people to argue that blacks were over-sexed. Other parts of white and black bodies were also studied for differences, and the comparisons of white and black lung tissue was used in racial claims about tuberculosis (Winthrop Jordan 497-502; Savitt 80-84).

For example, Dr. Cartwright justified the difference between phthisis among white people and Cachexia Africana in the racialized physiology of the lungs.¹⁹¹

Therefore, the deficiency of lung capacity among black people was perceived to be due to

pulmonary consumption. Although in a majority of post mortem examinations, where the patients died of scrofula, tubercles have been found in the lungs; still during their illness they did not exhibit the symptoms which mark tubercular phthisis in the white subject. Other organs appeared to have borne the onus of the disease” (Yandell 92-93). Even though there was evidence of pulmonary tuberculosis in the post mortems, he also seemed to think this was a secondary concern, and the rest of the body “borne the onus of the disease,” whereas in white people, the lungs “borne the onus.”

¹⁹⁰ Recent discussions of racial science, the American school of ethnology or comparative anatomy include Brigitte Fielder’s “Animal Humanism: Race, Species, and Affective Kinship in Nineteenth-Century Abolitionism” and Elise Lemire’s “*Miscegenation*” (especially 87-114).

¹⁹¹ In addition to bodies controlled by the lymph and nervous systems and, therefore, smaller lung capacity, Cartwright argued that the liver was comparatively larger in black bodies than in white, an observation that followed his claims that black people had a greater natural propensity to alcohol (Cartwright 199). This claim also justified why any ailment that might “run into” phthisis was “not a tuberculosis” but an anemic one (195).

a physiological immaturity.¹⁹² In their bodies, like the bodies of children, “[t]he lymphatic and nervous temperament predominating until [maturity], secures them against this fell destroyer of the master race of men” (196). This last statement is stunning in its overt racism mixed with medical science—the black body was physiologically *secured* against a disease that only claimed the lives of the “master race.” He proceeded to elaborate on the outward appearance of the consumptive—white, delicate, fair—and its relation to the comparative physiology between white and black people:

Phthisis is, par excellence, a disease of the sanguineous temperament, fair complexion, red or flaxen hair, blue eyes, large blood vessels and a bony encasement too small to admit the full and free expansion of the lungs, enlarged by the superabundant blood, which is determined to those organs during that first half score of years immediately succeeding puberty.... Hence it is most apt to occur precisely at, and immediately following, that period of life known as matureness, when the sanguineous system becomes fully developed and gains the mastery, so to speak, over the lymphatic and nervous systems. With negroes, the sanguineous never gains the mastery over the lymphatic and nervous systems. Their digestive powers, like children, are strong, and their secretions and excretions copious, excepting urine, which is rather scant. At the age of maturity they do not become dyspeptic and feeble with softening and attenuation of the muscles, as among those white people suffering the ills of a defective system of physical education, and a want of a wholesome, nutritious diet. (Cartwright 196)

Cartwright referenced Thomas Jefferson, Georges Cuvier, George Washington, and the bible to elaborate the point that black people had smaller lung capacities, which made

¹⁹² According to Cartwright, “the expansibility of the lungs is considerably less in the black than in the white race of similar size, age and habit.... The deficiency in the negro may be safely estimated at 20 per cent” (199). As he explained, among black individuals, a “defect in the respiratory organs arises from the fact, long overlooked, that in a great many persons, particularly the Anglo-Saxons, the lungs are inadequate to the task of depurating the superabundant blood, which is thrown upon them at the age of maturity, unless aided by an occasional blood letting, active and abundant exercise of the muscles in the open air, and a nutritious diet.... White children sometimes have Phthisis, but here, as every where, it is a rare complaint before maturity (twenty-one in the male and eighteen in the female)” (196).

them move slowly. His elaborate justification for the imagined rare occurrence of tuberculosis in among African Americans culminates with the point that:

there exists an intimate connection between the amount of oxygen consumed in the lungs and the phenomena of the body and mind. They point to a people whose respiratory apparatus is so defective, that they have not sufficient industry and mental energy to provide for themselves, or resolution sufficiently strong to prevent them, [...] they show that Phthisis is a disease of the master race, and not of the slave race—that it is the bane of that master race of men, known by active hæmatisis; by the brain receiving a larger quantity of aerated blood than it is entitled to; by the strong development of the circulatory system; by the energy of the intellect; by the strength and activity of the muscular system; the vivid imagination; the irritable, mobile, ardent and inflammatory temperament, and the indomitable will and love of freedom. Whereas the negro constitution, being the opposite of all this, is not subject to Phthisis. (Cartwright 204-205)

In this perspective, the black consumptive was a physical impossibility because of an essentialized constitution of black bodies.

According to an article by Dr. Lunsford Yandell from 1831, scrofula and not phthisis was a cause of death in black bodies. He elaborated, “[t]he great scourge of the race is scrofula, which under the vague names of ‘negro poison,’ or ‘negro consumption, carries annually, hundreds to their graves” (93). His next sentence could be written about pulmonary tuberculosis among white people, but Yandell was actually referring to scrofula when he wrote, “It is hereditary, and often comes on when it had not been invited by exposure, or poor living” (93). Like phthisis in white families, scrofula was considered hereditary in black families, but rather than the delicate diathesis of an angelic consumptive, Yandell continued on to describe the indelicacy of the scrofula patient:

And the condition of the negroes precludes the exercise of that ingenuity, by which the free man is enabled to shield himself against the rigors of the frigid, and the sultry heat of the torrid zone. We find this disease to about as we travel to the North, and to become less common as we approach the region in which nature cast their lot. They were fitted to inhabit under a different track of sun, and nature thus shows that her laws may not be infringed with impunity. (Yandell 93)

For Yandell, the frequency of scrofula among black people was an emblem of an innate constitution or character that prevented black people from being like the “free man.” According to Yandell and Cartwright, the connection between the physiological effects of phthisis, the anatomy of white versus black bodies, and the delicacy of the consumptive were all tied to the superiority of the white race over the black.¹⁹³

Not all medical works on tuberculosis were as explicitly racist as those discussed above. Nonetheless, medical, literary, and popular books from the period showed that white, upper- and middle-class families, and not poor or black families, were representative consumptives. Both Byrne and Lawlor have written about the medical and literary contributions to this construction, showing the fluidity between the specialized medical discourse and the literary. Thus, even though the angelic consumptive characterization may not have always directly referenced race, it was very much a raced profile that excluded blackness.

We know from the writing by racial scientists like Josiah Nott, Samuel Morton, and Samuel Cartwright that such physical characterizations were used to distinguish the so-called white and black species. In his *Crania Americana*, Dr. Samuel Morton argued that the skulls of different races reflected the differences in brain size and function and facial features, or what has been called the facial angle of a race that was thought to show

¹⁹³ Of course, pulmonary tuberculosis affected people of all races, but scholars like J. R. McNeil, Alfred Crosby, and Jared Diamond have shown that nonwhite populations often experienced a heightened vulnerability because of the lack of previous exposure that allows a body to develop antibodies to intercept an infection. Both doctors and historians have claimed that tuberculosis, for instance, was particularly threatening among black people in America because of they did not have the same physical defenses against an infection as people who had long been exposed to it. Historian of the medical health and treatment of slaves and free blacks in America, Todd Savitt has shown that black people were actually more prone to miliary tuberculosis, which stems from the same infection but develops millet-like lesions in the lungs (*Race and Medicine* 60).

a close affinity of black people to apes (Winthrop Jordan 225).¹⁹⁴ The facial angles of the nose, lips and jaw signified blackness (Lemire 3). In treatises on tuberculosis that did not explicitly address race (like those by Cartwright and Yandell, for instance), we see sketches of the facial angle belonging to white consumptives, whose race was made evident by the paleness of the skin, the blue eyes, and light hair with a silky texture (Ansell 22). Black people, however, were classified as having dark skin, eyes, and hair with a course texture (Lemire 3, 21-27).¹⁹⁵

Some of this discourse was evident in literary works by both white and black authors. For instance, in William Wells Brown's novel *Clotel*, the light-skinned Clotel escaped from slavery by passing as a white gentleman; a key feature to her disguise was a white scarf tied "around her chin" indicating she was an invalid.¹⁹⁶ In performing whiteness, Clotel adopted an artifact of invalidism, counting on the association of chronic illness with the race and class she hoped to pass as. Indeed, this characteristic helped

¹⁹⁴ The concept of facial angle was first introduced by Peter Camper, a Dutch anatomist, in the 1770s (Winthrop Jordan 225).

¹⁹⁵ In Henry Ansell's *A Treatise on Tuberculosis*, he described the bone structures of this white figure: "temples hollow, the jaws unusually broad, and the inferior maxillary bone elongated, with its angles projecting" (28).

¹⁹⁶ A consumptive's physical condition was the primary feature of their identity after diagnosis. We see this in the numerous nineteenth-century characters cast simply as "invalids" or described as having delicate health. As Sheila Rothman has written, "Those who contracted consumption were considered 'invalids.' The term was as much a social as a medical category, defining the responsibilities of the sick even as it freed them from fault. Invalids were obliged to seek cures and, in turn, were permitted, even expected, to modify social obligations in order to fulfill this special task. In the language of the day, invalids had a lifelong obligation to improve—with all the nuances of the phrase intended" (Rothman 4). In *Invalid Women*, Diane Price Herndl argued that the figure of the invalid woman was not isolated and should be considered in context. The invalid was an extreme version of the perceptions of women as powerless and unable to participate in productive work. Illness may have been a refuge for women in the 19th century, but readers had to learn to recognize the strategic subversion from the complicit, and it could be both at once. Patriarchy could sicken women and make their invalidism seem natural and not a product of culture.

facilitate her escape: it deterred people from talking to her (and perhaps discovering her disguise) and it excused her from being detained by the curious captain of the ship she travelled on.¹⁹⁷ Therefore, Brown, an African American author, portrayed the invalid figure, which at the time was typically associated with tuberculosis, as a facet of white identity that black people could appropriate to perform whiteness. Brown seemed to accept rather than trouble the association of invalidism with whiteness and not blackness, a point that becomes clearer when we consider his other invalids and consumptives.

Brown presented two versions of tuberculosis distinguished by race that upheld the claims made by doctors like Cartwright and Yandell. The first was the death of Georgiana Peck's mother of consumption. As the mistress of a plantation where numerous slaves were kept, Mrs. Peck's whiteness was as integral to her character in the novel as was her consumption. Taken together with *Clotel's* performance of invalidism, Brown's consumptives were white. In another reference to tuberculosis in *Clotel*, we see the racial associations of scrofula as a disease amongst black people discussed above. A character in the novel read an advertisement in the *Free Trader* by a white doctor looking for sick black subjects, including those with scrofula: "To PLANTERS and OTHERS.—*Wanted fifty negroes. Any person having sick negroes, considered incurable by their respective physicians, (their owners of course,) and wishing to dispose of them, Dr. Stillman will pay cash for negroes affected with scrofula or king's evil, confirmed hypochondriacism, apoplexy, or diseases of the brain, kidneys, spleen, stomach and intestines, bladder and its appendages, diarrhea, dysentery, &c. The highest cash price*

¹⁹⁷ William Wells Brown did not explain the origin of the white scarf as a sign of invalidism, and I have not located any similar references to it elsewhere. Its position, tied around the chin, could mean *Clotel* wore the scarf around her head or around her neck, indicating that the afflicting ailment related to the mouth/jaw or throat.

will be paid as above” (132). Brown’s characters discussed Dr. Stillman’s intentions for these wanted “sick negroes” and concluded the bodies were not wanted for cures but the dissection table (133). Scrofula, king’s evil, appeared among the catalogue of diseases of interest, but its associated disease consumption or phthisis was absent, so too was any reference to chronic lung afflictions.

The troubling aspect of this incident in the novel for the characters, and ostensibly for the readers who would be moved by sympathy, concerned the experimentation upon black bodies, not the kinds of diseases of interest to the doctor in question. Therefore, it becomes difficult to determine Brown’s or other authors’ sense of diseases differentiated by race, and it appears not to have been a topic of critique in sentimental novels where white angelic consumptives shone brightest.

Emancipating Angel: White Consumptives among Black Slaves in Sentimental Fiction

Stowe’s *Uncle Tom’s Cabin* and Southworth’s *Retribution*, two mid-nineteenth-century sentimental novels originally published in the abolitionist paper, the *National Era*, portrayed white consumptive female characters as the models for compassion toward the enslaved: Eva St. Clare and Hester Gray (respectively).¹⁹⁸ Both Stowe’s and Southworth’s angelic consumptives were empowered by their consumption to exercise political power. On each of their deathbeds, Eva and Hester urged their families to

¹⁹⁸ Installments of *Retribution* appeared in the *National Era* between January and April of 1849, and *Uncle Tom’s Cabin* serialized in the paper from 1851-52 (Martin 6, 1). Vicki Martin describes the *National Era* as an abolitionist paper, but also discusses editor William Brisbane’s support for politicized fiction (like these novels) as a mark of the newspaper’s progression toward an abolitionist stance (4-5).

emancipate their slaves upon their individual deaths; Hester even had manumission papers drawn up, which she signed in the hours before she died. Thus, each author used the consumptive characters to stage potential emancipations—an action only white people could perform. While it was uncertain whether Stowe or Southworth shared in the belief that tuberculosis was a racialized disease, their use of it in these novels showed an important connection between whiteness and being an angelic consumptive. Even in these works that expressed an opposition to the racist enterprise of slavery (however problematic their portrayals of slavery could be), the bodies of white and black people were not equal, and the white consumptive was a way that inequality was expressed. Scholars have addressed both Stowe's and Southworth's representations of race in these and other novels, but the connection between race and tuberculosis, a prominent trope in both novels, has not been explored.

Uncle Tom's Cabin is perhaps the most well-known sentimental novel about race in the nineteenth-century and has one of the most famous consumptive characters, Little Eva St. Clare. In the novel, Eva was introduced as a tenderhearted, innocent child who lived on her family's slave plantation but recognized the slaves as human beings. In particular, she developed a strong friendship with the novel's title character, Uncle Tom, a slave who had been sold to the St. Clares after spending most of his life on the Shelby plantation with his own family and children. Alfred Shelby, Tom's previous owner, sold Tom to help pay off gambling debts. Eva was a source of happiness for Tom after he was separated from all he knew and loved. According to nineteenth-century popular and medical discourse, Eva's inherent kind-hearted and sensitive nature was related to her

supposed predisposition for tuberculosis, which she developed in the months that followed Tom's arrival.¹⁹⁹

Since the time of the novel's publication, Stowe has been criticized for her characterizations of black figures as childlike, passive, and naturally attuned to Christianity. Scholars today agree that Stowe essentialized Tom, Mammy and other black characters, basing their dispositions, capabilities, and physiology on race.²⁰⁰ Nonetheless, in the novel, Stowe appealed to readers' sense of sympathy in her portrayal of enslaved people and the physical and emotional traumas they experienced in slavery. Separated from family members, subjected to abuse and hard labor, bought and sold like chattel, the slaves in Stowe's novel did not live in the idealized world of slavery that Caroline Lee Hentz portrayed in *The Planter's Northern Bride*. Even though *Uncle Tom's Cabin* did not model racial equality, it was unapologetically anti-slavery.

White characters in the novel served as models for readers in their kindness and compassion for the slave characters; Eva was foremost among them. For instance, she

¹⁹⁹ She began to develop initial symptoms of a tuberculosis infection; it was Ophelia, the Northern cousin of Eva's father Augustine St. Clare who first took notice. When Ophelia told her cousin St. Clare that she feared his beloved daughter might be dangerously ill with what she recognized as consumption, he dismissed her with "stop these hobgoblin' nurse legends" (Stowe 384).

²⁰⁰ Richard Yarborough has written, "Although Stowe unquestionably sympathized with the slaves, her commitment to challenging the claim of black inferiority was frequently undermined by her own endorsement of racial stereotypes" (47). Sarah Robbins has also addressed Stowe's essentialism in *Uncle Tom's Cabin*: "One factor behind the limitations Stowe sets for her black characters in *Uncle Tom's Cabin* was the racial essentialism so prevalent during her time. Like many other whites who opposed slavery, and despite her progressive view of slaves as human beings rather than chattel, Stowe did not perceive blacks as having the same capabilities as the 'Anglo-Saxon' race" (43-44). And Arthur Riss has written, "Stowe's particular version of racial essentialism that must be recovered. For when it is, it becomes clear that Stowe advocates the abolition of slavery not by discrediting racialism but by advocating a stronger sense of biological racism" (517).

had a unique bond with Tom, a character who lived and died in slavery. And Eva was the only one who could get through to Topsy, a rebellious girl who tormented Eva's Aunt Ophelia. Shortly before Eva died, she asked her father (and by extension, the reader) to rethink slavery. Despite being just a child, Eva could see that slaves were "poor creatures [who] have nothing but pain and sorrow, all their lives" (403). Hearing the stories that the black people enslaved by her family shared with her, she confided to her father, "Such things always sunk into my heart; they went down deep; I've thought and thought about them. Papa, isn't there any way to have all slaves made free?" When he admitted to disliking slavery but not knowing what to do about it (he didn't respond to her question about freeing them), Eva asked, "couldn't you go all round and try to persuade people to do right about this?" Ultimately, she begged, "O! do something for them!" (403).

Eva's plea had more power over her father because it was made as a heart-felt dying request. Eva's compassion or sympathy, to use the period-specific term, stemmed from her realization that "these poor creatures love their children as much as you do me," as she said to her father. Thus, she demonstrated a common human bond between the slaveholders and the slaves they treated like animals (403). As with other abolition novels, readers were meant to empathize with the emotional trauma of family separation and see slavery as the source for such unnecessary pain. Drawing on examples of enslaved characters who had been painfully separated from their own children (i.e. Mammy, Prue, and Tom), Eva asked her father to consider the pain he felt about losing her, as was imminent due to her health, and understand the agony enslaved people carried with them everyday.²⁰¹ In particular, she seemed to want him to relate to Tom's loss of

his children. ““And promise me, dear father, that Tom shall have his freedom as soon as’—she stopped, and said, in a hesitating tone—‘I am gone!’” He answered, “Yes, dear, I will do anything in the world,—anything you could ask me to.” (403-404). He agreed, but like so many other would-be emancipators in nineteenth-century fiction, he died himself of a sudden ailment before he could fulfill his promise.

Love for family was a common bond between white and black characters and readers—a bond that had possible political ramifications. But there were limits to Stowe’s sense of commonality between races and, thus, her progressivism when it came to race. Stowe still adhered to the “notion of the family is hyper-biological and hyper-racialist,” as Arthur Riss has written (533). “Personal characteristics, according to Stowe, are transmitted through biology rather than through culture and environment” (518). For Riss, Sarah Robbins, and other scholars who have addressed Stowe’s use of racial stereotypes, those biologically-transmitted characteristics were what made white people superior to black people (Robbins 20-21, 43-44). Stowe’s belief in and representation of these stereotypes meant she saw the races as inherently and perpetually separate. For instance, Stowe wrote that the “African race” had a “natural genius for religion” that made black people especially prone towards Christianity (Stowe 183). She based this claim on black people’s supposed “lowly gentility of heart, their aptitude to repose on a superior mind and rest on a higher power, their child-like simplicity of affection and forgiveness and facility for forgiveness” (178). Childlike, passive, and dependent, black people were ready Christians in Stowe’s novel, but these were also characteristics, that for people like Hentz, made black people suitable for slavery. Above all, these were inherited traits that traveled along black bloodlines (like scrofula but not tuberculosis).

The transmission of characteristics through the blood among white people was equally significant to the novel and, more generally, the hierarchical distinctions between races. For example, Little Eva's consumptive nature and goodness, which inspired her emancipatory spirit, was something she inherited from her father's side of the family. Eva was named after her father's mother who was like her in spirit and character (243). Always dressed in white, Eva's grandmother was like a saint and an angel, the very same ethereal figure Eva came to be; St. Clare remembered his mother's "pale cheeks, her deep, soft, serious eyes," the features of a consumptive (334).²⁰² Stowe explained that St. Clare was like his mother in sensibilities and constitution, suggesting his own vulnerability to consumption: "Having inherited from his mother an exceeding delicacy of constitution, he was, at the instance of physicians, during many years of his boyhood, sent to the care of his uncle in Vermont, in order that his constitution might be strengthened by the cold of a more bracing climate" (239). Thus, Eva's health and character were products of her white bloodline.

Eva's significance in the novel and power over the reader has everything to do with her sickness and death from the disease she inherited from her father and grandmother. As we know from descriptions of the tubercular diathesis, her angelic

²⁰² In addition to her delicacy and angelic nature, St. Clare's mother displayed other characteristics of a consumptive woman: "She had a great deal of genius of one sort and another, particularly in music; and she used to sit at her organ, playing fine old majestic music of the Catholic church" (334). St. Clare did not profess to have shared these features with his mother, but their affinity extended to "an acuteness in feeling": "There was a morbid sensitiveness and acuteness of feeling in me on all possible subjects, of which [Alfred] and my father had no kind of understanding, and with which they could have no possible sympathy. But mother did; and so, when I had quarreled with Alfred, and father looked sternly on me, I used to go off to mother's room, and sit by her... I would lay my head down on her lap, and cry, and dream, and feel,—oh, immeasurably!—things that I had no language to say!" (334).

nature was a typical character trait of consumptives, so even before her sickness manifested physically, it informed her behavior and outlook. Thus, her friendship with and sympathy for Tom and the other slaves on the St. Clare plantation were affects of her tubercular, delicate nature. Stowe presented Eva's disease and her whiteness as integral to the grace she disseminated to the black members of the household, "our people," as she called them on her deathbed. In the scene excerpted at the beginning of this chapter, Tom, Mammy, Topsy, and other slaves belonging to Eva's family gathered around her to hear her farewell. She gave each slave a lock of her blond hair, a symbol of her whiteness, as a memento, reminding them to rely on Jesus. Her goodness and spiritual affinity would have been read as characteristics of the angelic consumptive figure; they were also tied to her compassion toward the slaves and her wish to have them freed. Since "our people" were not thought to be susceptible to tuberculosis, they would not have been able to access the same enlightenment about their fate that Eva achieved on her deathbed let alone have the power to emancipate.

Tuberculosis was reserved for Eva, her grandmother, and her father, but not any black characters in the novel. In the chapters after Eva's death, Stowe described Cassy, a slave at the Legree plantation, in a way that could suggest she was consumptive, especially given the prominence tuberculosis had in the extended narrative about Eva. However, Stowe neither used any language suggesting tuberculosis to describe Cassy's illness nor painted her in the same angelic light she did Little Eva. Cassy was said to look "sallow and unhealthy, her cheeks thin, her features sharp, and her whole form emaciated" (501). She was also too weak to keep up with the physical labor she was expected to perform, which led Tom to risk his own safety to help her. If Cassy were

white, her debility and emaciation might have been read and even written about as signs of phthisis, but given her blackness, she was not entitled to the same degree of sentiment that readers felt over Eva, which was evident in the cultural and critical interest in Eva.²⁰³ Jeanne Elders Dewaard has discussed Cassy and Eva as counterparts, and she read Cassy's story of rape, madness, and infanticide as a gothic element of the narrative compared to the sentimentality of the Eva story (4).

Like *Uncle Tom's Cabin*, E.D.E.N. Southworth's early novel, *Retribution* also featured a benevolent, loving, and orphaned consumptive, Hester Gray, who had sympathy for the condition of slaves. Similar to Eva St. Clare, Hester was a kind and sensitive character that inherited consumption and the slave plantation life from her white family. The parallels in these sentimental, abolition novels between Eva and Hester (one a child and the other a young woman) showed a pattern of racialized angelic consumptives in progressive popular literature, characters who had potential for political power.

Southworth scholars Paul Christian Jones and Beth Lueck have claimed race was an unstable identity in *Retribution* and other Southworth novels (as was evident in her use of the tragic mulatta figure), which showed her progressivism (63, 110, respectively).

However, like Stowe, Southworth essentialized black people in her novel, which showed

²⁰³ About the phenomenon of Little Eva, Bridget Bennett has written, "Eva's death had an iconic status...in part because of its central function with in a novel whose massive popularity was testimony both to its narrative power and to the power of marketing" (3). In the vast material culture of *Uncle Tom's Cabin*, numerous items, games, pictures, children's books, etc., centered on Eva and/or Eva and Tom. For examples, see the University of Virginia's online multimedia archive *Uncle Tom's Cabin and American Culture* (Railton).

some investment in stable racial identities despite the novel's anti-slavery message.²⁰⁴

Hester's life-long consumptive nature was an example of stable whiteness that held power over the future of her slaves. Later in the novel, that power made her a target and her disease a tool for one, her friend/rival Juliette Summers, who did not share Hester's compassion toward slaves.

Until she was eighteen, Hester grew up in a boarding school. She left school to live on her inherited slave plantation in Virginia with her guardian and future husband, Colonel Ernest Dent. Based on the terms of her father's will, she was restricted from emancipating the slaves herself until she was twenty-one.²⁰⁵ Her land, called the Vale, had been managed by Dent, and he turned it into an experimental farm with the intention of gradually manumitting the slaves. He had dismissed the overseer and managed the labor himself. Each year, he would select "a half dozen of the most industrious and faithful slaves. Then he [set] aside the fact of their bondage," meaning he hired them to work for a fair wage for one year (43). If the experiment continued to work as it had during the initial years, he expected to release all the slaves from bondage. Hester had not been raised in the slavery system, so she shared the desire to emancipate the slaves and was excited about Dent's plan. She described it in letters to Juliette, who later came to live with them at the Vale.

²⁰⁴ For instance, Hester wrote the following in letters to her friend Juliette, "The animal affections are all stronger in the African than in us; and among the strongest in their attachment to the soil upon which they were born and have been brought up," and "The African race are constitutionally happy; they will be merry under the most depressing circumstances" (Southworth 44, 45).

²⁰⁵ Dent and his father had emancipated all their own slaves when they were "left guardians to [Hester] an infant heiress with three hundred negroes, and a large landed estate" (Southworth 41).

Hester's tuberculosis was tied to her desire to emancipate her slaves, and her sympathetic nature was evident long before she went to the Vale. Both her health and character were indicators to readers that she had been born with consumption in her blood. Hester had a frequent cough as a girl in school, and her kindly headmistress told her, "Hester, I would not say it to any one less careless upon the subject than yourself, but unless you take better care of yourself, you will not live to be twenty years old." To which Hester responded, quoting *Hamlet*, "That were 'a consumption devoutly to be wished'" (25). Her wish for an early death, "a consumption," was a play on Shakespeare's use of the word to mean a way to pass or consume time, and she welcomed death because, as she said in this moment, "I am very lonesome, I have no friend" (25). But clearly her reference to "consumption" was meant to signify tuberculosis in the context of her cough; an ironic reference at that considering Hester herself did not seem to realize that she had the disease. The reader, however, was certain to recognize Hester as an angelic consumptive in Southworth's descriptions of her character and appearance. For instance, the narrator portrayed Hester as a "plain person, [in] delicate health, and [with a] serious turn of mind," and she had an "earnest, ardent, sympathetic nature" (23). As for her physical appearance, Hester was "slight in frame, thin in flesh.... Her face, generally, was thin and wasted, from the wide apart temples to the small chin." The eyes and lips of a consumptive were also indicators of their inherent condition, and Hester's fit the physical profile: "Her eyes were large, full, and gray, and brilliant sometimes, when her soul came to the windows and looked forth. Her lips were beautifully curved and very expressive" (23-24). She seemed like the picture of

tuberculosis painted by nineteenth-century doctor-authors like William Sweetser or Robert Jeffs (see footnote 170).

As she got older, Hester's symptoms worsened, but she was reluctant to acknowledge her condition even though she had grown thinner and developed "a severe hemorrhage of the lungs" (153). After months of continued sickness and decline, Hester came to understand the severity of her condition on the eve of her twenty-first birthday, the day she "came into her majority" and could exercise her legal power. Finally realizing her death was eminent, she asked for her lawyer. She instructed him, "I want you to prepare deeds of manumission for all our people. Get them quite ready for signature, and bring them to me to-morrow evening." He reminded Hester that she could "do nothing legally, even after you reach your majority, without your husband's presence and co-operation" (180). Since Dent was away at the time, her best option for freeing her slaves was to prepare the necessary documents; as she told the lawyer, "Colonel Dent can do nothing at all, if I die without affixing my signature to these deeds" (180). Therefore, although her power was limited by her husband, he had none in this matter without her. Hester managed to stay alive long enough to sign the papers and see her husband return before she died. Her death from consumption could have given the slaves at the Vale freedom, but her duplicitous husband undermined her intentions. He claimed the papers the lawyer prepared were too flawed, saying that she was not technically twenty-one when she signed them at seven p.m. on her birthday since she was born at ten p.m. that day. Thus, Hester's death and disease were central to the outcome of the slaves in the narrative.

After Hester died of consumption and Juliette married Dent, they lived a lavish lifestyle, becoming more and more dependent on slave labor, so the plans for gradual emancipation were dropped and the manumission papers Hester signed were burned. Hester's disease was also central to this development as it was a tool Juliette could use to supplant Hester and undermine the plans for emancipating the slaves, thus building wealth. When Juliette used a home medical guide to confirm her suspicions that Hester had tuberculosis (discussed above), her plans to take her place began to materialize. Knowing that Hester was sick, Juliette failed to share her realizations with Colonel Dent or Hester. She thought to herself, "Now is your best opportunity. Now you have no rivals. In the future you may have many and successful ones" (127). She longed to have the power and money she associated with being Colonel Dent's wife, but she had neither concerns for the wellbeing of the slaves nor any interest in the gradual emancipation plan. And as Paul Christian Jones has written, both Hester and Juliette *may have* hated slavery equally, but Juliette enjoyed the status it gave her and would "do anything to retain it, regardless of the cost" (67).

Therefore, if Hester was the white emancipating angel, Juliette was another version of whiteness: "daughter of Satan," capable of evil and lacking compassion (293). She cared nothing for the slaves even though her history was tied to slavery. Juliette was born in St. Domingue and her family escaped the massive slave revolt with the help of family slaves, one of whom carried Juliette in his "strong, rugged arms" and "course rough chest" (277). In writing on the novel, Vicki L. Martin has read the story of Juliette's rescue by a slave as an "important detail in *Retribution* [which] creates a powerful antislavery story, based on the life of an actual Haitian revolutionary [Toussaint

L'Ouverture]" (11). Juliette's earliest memory was of being held against the slave's chest as he saved her from certain death, but she showed no gratitude or compassion toward the slaves at the Vale. According to Martin, Juliette's greatest sin "is forgetting that she owes her life to a slave, and instead of repaying her debt to the slave who saved her by working to abolish slavery, she becomes responsible for perpetuating slavery. By seducing Dent, Juliette is responsible for his giving up the model farm and his working against Hester's manumission of her slaves" (11).

Although both of the angelic consumptives discussed here, Eva St. Clare and Hester Gray, were unsuccessful at fulfilling their desires to emancipate the slaves they cared for, their intentions had significance in their stories. The connection Stowe and Southworth made between consumptives and emancipation provided a new way of seeing the racialized understanding of tuberculosis. Both characters inherited tubercular blood and a tie to slavery. Their sympathies for slaves were directly tied to their inherent gentle, tender nature as consumptives. Their goodness and power (however limited) was a product of this same white blood in these novels.

Precarious Crossing: Mixing Blood and Diseases in *Retribution* and *Curse of Caste*

Given the belief that pulmonary tuberculosis traveled through white blood but not black, we have to explore how racial mixing figured into the discourse about the disease. Often the possibility was simply ignored, as we saw with Stowe's character Cassy and as we will see below with Southworth's Minnie Dozier; thus, the absence of a mixed raced consumptive in medical and popular literature concerning tuberculosis indicated a denial of such a person's existence. Such a figure would undermine the racialized romantic view of consumption as something that traveled through white family bloodlines and beatified

its victims. In addition to challenging the ideology of tuberculosis in particular, the depiction of a disease that affected a mixed race character as well as white and black characters would call attention to the physical affinity and intimacy among people of different races, and that threatened the narrative of racial difference upon which slavery was based. Such a depiction of a common disease was, therefore, unusual. However, in her novel *A Curse of Caste*, African American author Julia Collins showed the common physical vulnerability and humanity between raced bodies, which offered the most progressive portrayal of race.

Southworth's and Stowe's depictions of mixed raced characters showed a privileging of white blood that was even evident in their representations of disease. Neither novel featured a shared illness between races though both included white and black characters that experienced sickness. For instance, In *Retribution*, Minnie, a tragic mulatta figure who belonged to the Dents and cared for Hester during her sickness, suffered a prolonged illness that showed her physical affinity with her slave mother over her white father. Minnie's father owned a sugar plantation and her mother, she explained, "was not his wife, not his willing mistress, but his slave" (98). Although Minnie was technically her father's slave, he raised her as if she were his white daughter, which was exactly what she thought she was. Before she learned about her racial identity, Minnie married a white Frenchman named Guillieme and was expecting his child when her circumstances radically changed. Reflecting on her experiences later, she said, "[my husband] thought of me as my father's natural child, and as his probable heiress, but the darker feature in my circumstances had dropped so out of sight that no one thought of it. Perhaps [he] did not *know* that my mother had been a quadroon and a slave, and that I

was a slave. I did not know it myself, then” (105). If they had known, they could have made arrangements to secure her freedom.

Minnie’s husband was summoned to Paris to be with his sick father but her pregnancy prevented her from accompanying him. Parting from him caused her to become severely sick immediately after leaving Guillieme at his ship. “I was convulsed,” she recalled, “I had spasm after spasm in the carriage on the way home. My father put me to bed and sent for a physician. I was extremely ill, and that same night my babe was born prematurely, but she lived” (106). Minnie did not consciously know that she was black at this moment, but her physical body was already responding to the danger of her situation. If she had gone to Paris or if her husband had stayed, the course of her next few years would have been dramatically different. She returned to the plantation with her doting father, but “that same night,” she later told Hester, “my father died of apoplexy” (106). Because her father did not emancipate her before his death (nor reveal her status to her,) Minnie was legally his property and treated as any other slave on the plantation after he died. One scholar has written that Minnie “transform[ed] overnight from white to black, from free to slave, although it might be more accurate to say her true race and status are revealed” (Lueck 111). While I agree with this observation, I think the transformation began before Minnie’s father’s death. Southworth preempted the change in Minnie’s identity and status with her sudden illness, the kind that often struck tragic mulatto figures when they discovered they had black blood. In this case, Minnie’s body “knew” what was going to happen before the possibility occurred to anyone. Thus, her sickness in the narrative was a way to racially essentialize her body, foreshadowing the disclosure of her status and racialized identity.

Minnie and her unnamed mother experienced significant health issues related to their relationships with the white fathers of their children. Her mother died when Minnie was still a small child. Minnie described her as a quadroon with “cold white cheeks and teary eyes,” and she remembered feeling her mother’s heart “wildly throbbing” against her own when her mother would hurry from one room to another trying to avoid Minnie’s father (98). Even though Minnie’s father was kind and “would not have oppressed a dog,” his love for Minnie’s mother was unwelcomed and “was killing my poor mother” (99). Like Minnie, her mother’s body was sickened by her condition. And like her mother, Minnie’s suffered from her illness for an extended period. Her father, on the other hand, suffered from apoplexy, or a stroke, dying suddenly and without prolonged suffering. Thus, Minnie’s illness made her more like her sick mother than her father in the readers’ eyes. There was no suggestion that Minnie and her father suffered the same ailment. And since Southworth used no common language to describe Minnie’s or her mother’s language with Hester’s consumption, no physical affinity could be observed between the white angelic consumptive and the tragic mulatto figures.

Mixed race characters might not have been consumptive, but many of them suffered illnesses, which reflected a cultural notion that mixed race individuals were essentially unhealthy. Medical texts warned readers that a danger of mixed race coupling was that the children were likely to be sickly. In *The Physical Life of Woman*, a home medical guide, Napheys discussed the concerns about marrying a consumptive on the same page as his discussion of the dangers of racial mixing. Regarding the latter, he wrote, “It is, indeed, ‘nature erring from itself’ which prompts to these [mixed race] marriages. They are not sterile [as the name *mulatto* implies], but the children are sickly

and short-lived. Very few mulattoes reach an old age” (72). Napheys expressed concern over the question of mixed race marriages (he did not broach the topic of “illegitimate” mixed race children) in relation to its portrayal in a work of popular fiction written by a woman: “In this country, practically, we have to do with but the white and black races; and the question is constantly asked, Shall we approve of marriages between them? Shall a white woman choose a black man to be her husband? We are at the more pains to answer this, because recently a writer—and this writer a woman, and this woman one of the most widely known in our land—has written a novel intended to advocate the affirmative of this question. Moreover, it is constantly mooted in certain political circles, and is one of the social problems of the day” (71-72). The vague reference to a novel written by a woman advocating mixed race marriage might refer to *Uncle Tom’s Cabin* because the author was “one of the most widely known in our land” due to the success of the book; however, the plot of this novel and Stowe’s racial politics make it an unlikely choice.

Mixed race characters, like George and Eliza in *Uncle Tom’s Cabin* or Minnie Dozier in *Retribution* often held a place of privilege in narratives based on their physical and behavioral resemblance to whiteness, but none of them are granted the same capacity for enlightenment or goodness as Eva St. Clare or Hester Grey. Sarah Robbins has written, “Stowe associates the strong character traits she did give to George and Eliza with their mixed race status—specifically with their white blood” (43-44). Nonetheless, their black blood defined their identity—for Stowe and the American legal system. “The fact of miscegenation,” Riss explained, “seems to contradict seriously Stowe’s utopian vision of the coincidence of the proper family with genealogical kinship.... She

recognized that white masters often fathered many of their slaves and that such biological paternity did not guarantee a proper sense of obligation toward one's kin.... Families, according to Stowe, are constituted not by the fact that the children are related to the parents but by the fact that the parents are biologically related *to one another*. Only members of the same racial family can produce true families" (533-534, original emphasis). Thus, there was a simultaneous acknowledgement of miscegenation and a disavowal of mixed race individuals as part of a family. This would explain the absence of mixed race consumptives who have inherited the disease from their white parentage; the black blood meant being a mixed race individual disinherited one from anything that exemplified whiteness.

One novel, written by a black woman (not likely to have been the one Napheys had in mind), advocated the marriage and complete equality between races. Julia Collins's *A Curse of Caste* was serialized in the African American newspaper the *Christian Recorder* in 1865; she died before writing the last chapters. Scholars have discussed her work in relation to sentimental novels, like those by Stowe and Southworth, but it was far more progressive.²⁰⁶ *A Curse of Caste* depicted the violence and hatred that accompanied the refusal of physical affinity between races and the eventual healing and reconciliation that came with acceptance of black and white family members. Collins's novel showed white characters eventually realizing that a family could consist of white and black blood relatives who acknowledged one another as family. Before that realization occurred in the novel, a common sickness between white and black characters mapped an interracial family tree.

²⁰⁶ See William Andrews and Mitch Kachun's introduction to their 2006-edition of *A Curse of Caste*.

The origin of the sickness that affected white and black characters in the novel was linked to the underlying tension in the novel between Colonel Tracy and his son Richard. Colonel Frank Tracy, a white Louisiana slave-owner, threatened to disinherit Richard and erase him from the family memory if he did not give up his attachment to Lina, a mixed race woman and former slave whom Richard had married. Richard told his father, “I cannot forsake my wife,” for he planned to spend his life with her despite his father’s disgust. Enraged, the Colonel drew a pistol, pointed it at his son. Before he fired, he said, “I will see you die at my feet before you shall return to the arms of that accursed wife!” (41). The shot did not kill Richard, but the infection it caused put him in a “critical state,” keeping him bed-bound miles away from Lina for several months (43). He lay sick with a fever, often delirious and raving for his wife. His condition continued to worsen, and he seemed to “fluctuat[e] between life and death” (45). During one of his unconscious fits of fever, Richard proclaimed, “What matters it, if her skin is dark, if the blood of the despised race tinges her veins? Oh! Believe me, she is good and pure!” (44). His words echoed those used in anti-miscegenation arguments to relate blackness to toxicity and contamination—taint (Nott 373). In refuting racist ideology, Collins presented an interesting juxtaposition here through Richard, a man whose body and blood battled toxic infection even as he professed the purity of his black wife’s body and blood.

The single act of a father’s violence towards his son infected *A Curse of Caste*. The bullet was a materialization of Colonel Tracy’s anxieties about racial mixing. It not only penetrated Richard’s body, but its impact also radiated across space and time almost as if the particles that comprised the bullet were disease-causing microorganisms generated by hate. The pattern of sickness in the novel showed that the Colonel’s shot

unleashed what epidemiologists have called an emerging virus—a newly spawned, rapidly spreading, and deadly disease that tormented many before it could be contained or mastered by medical science (Wald *Contagious* 30). These characters suffered fever, exhaustion, loss of appetite, and delirium—certainly features that could signify tuberculosis, which would not be surprising considering Collins was consumptive when writing the novel (as discussed below).

If we could freeze the moment Colonel Tracy fired that shot and map its impact on other characters' lives and bodies, we would see a web connecting several characters in this novel who suffered from critical and prolonged illnesses. It was as if the bullet and the hatred it represented traveled like a virus, linking these characters: Richard; his mother Mrs. Nellie Tracy; his wife Lina; his friend George Manville; his father Colonel Tracy; and even his daughter Claire, who was born just before Lina died. Hearing the shot, Richard's mother Mrs. Tracy raced into the room where her husband had just shot their son. Upon seeing Richard's lifeless body, she fell to the floor in a dead faint. In a matter of minutes, Mrs. Tracy passed into a "critical state," her life hanging "by a thread" (42). She eventually recovered to an extent, but she lived an invalid's life as a result of Colonel Tracy's actions.

After getting shot, Richard was incapacitated with fever and unable to send word to explain his absence to his wife Lina. She started to become sick with fear that her husband had deserted her because of his family. What began with paleness and languidness progressed to something she did not think she could recover from, for she told her caretaker Juno, "I sometimes think I shall not live long" and "I know I cannot live long" (32). When Richard's fever broke, he was shocked that his friend Manville did

not bother to write to Lina on his behalf. He said, "It will kill my wife, not to hear from me" (45). He dictated a note to Manville, expressing regret and love, but Manville sent a different letter instead with the intention of destroying the couple's happiness. Manville, like Richard's father, thought his friend's attachment to Lina was toxic. The "doctored" letter spread the violence of the bullet. The heartbreak it caused Lina delivered the final blow to her already weakened condition "She glanced at the well-known superscription, and, with trembling hand, opened the fatal letter, to read the cruel words which would freeze the life from her young heart, and extinguish the life of the rapidly fading flower. Once, twice she read, with staring eyes, the words that closed her brief dream of happiness, when she fell heavily to the floor in a death-like swoon" (33). She delivered Claire before dying, but no one except Richard's duplicitous friend knew that she existed.

Claire was raised in the North as a white orphan without any knowledge of her mixed race status, contact with her white family, nor exposure to the disease of racism that had caused so much devastation. Manville arranged for her education and kept her in the dark on her heritage. She enjoyed relative health until she was confronted with the truth of her family background and her racial identity became evident after she was hired as the Tracy's white governess. Noticing the resemblance between Richard and Claire, Mrs. Tracy showed Claire her son's portrait, and like Mrs. and Colonel Tracy, her suspicions were roused. Richard's interracial relationship and its potential for producing a child of mixed blood triggered Colonel Tracy's violent hatred, but the Colonel was not exempt from the illness his shot unleashed, for he too had suffered silently for years with the "canker worm at his heart" (58). These years of suffering had worked away his hatred. He wanted to know if Claire was Richard's daughter, his granddaughter, and if

Richard was still alive. The truth of Claire's race no longer seemed to matter. He took an active role in reuniting Richard with his daughter Claire, but this process and the uncertainty of her identity infected her with the disease that had travelled between white and black family members.

Claire first became sick after she met with Manville, whom Colonel Tracy helped her locate so they could piece together the mystery of her birth. Manville, lying sick on his deathbed, confessed his guilt in sending Lina a different letter and keeping Claire's existence a secret. After leaving Manville's sickroom, Claire started to look pale and felt "[h]eart-sick and weary" (72). Many aspects of Claire's developing illness were echoes of Lina's, Mrs. Tracy's and Richard's, including her pallor, fever, heartsickness, eventually even hallucinations. The intersection of these symptoms showed that Claire's illness was an extension of the others'. Little by little, Claire became sicker and weaker. Refusing to eat, she grew even more ill. A downward turn in Claire's sickness was marked by a burning fever, hallucinations and a dramatic faint. The doctor's diagnosis indicated that "the light of reason had fled" Claire (86). She drifted into delirium, at one point calling out, "Oh, George Manville, why did you rob me of a father's love? It was cruel!" (87). Mrs. Tracy recognized Claire's illness as her own, telling her, "I see you are suffering as well as myself and need rest" (73). That awareness of a common physical suffering, a common physicality and mutual vulnerability did not happen in Stowe's nor Southworth's novels.

By pathologizing the violence of racism, Collins created a contagion that connected the novel's sick characters and established an alternative family tree linking the births of black and white members, undermining scientific and cultural claims that

sought to keep them apart. The shared illness highlighted the fact that a common physicality tied white and black people together as a family, and when the white patriarch, Colonel Tracy finally accepted his dead son's daughter as his own, the hate-fueled disease that plagued the family dissipated and the family recovered.

Impossible Invalid: The Black Consumptive

It is not surprising that sickness pervaded the plot of *A Curse of Caste*, as nearly every character suffered from a serious, life-threatening illness at some point. Thus, as Collins wrote the installments in the midst of a tuberculosis infection that killed her, we can imagine that her own experiences filtered into the narrative. As a black woman, her sickness would not have been seen in the same romantic light as Hester Gray's or Eva St. Clare's illnesses, for instance. While *A Curse of Caste* embraced the possibility of white and black people sharing the same disease, Collins did not name nor characterize the sickness her characters shared in a way that would have suggested to readers it was tuberculosis.

When Collins died, the novel was left incomplete. The *Christian Recorder* published a statement about her illness on Sept. 30, 1865 called "Correspondent Sick," followed by her obituary shortly after. Her illness interfered with her work in 1865, but there is no way to measure the specific impact her health had on other aspects of her life or identity. We cannot know for certain to what extent Collins's race and condition intersected, but we do know that they overlapped in the discourse at the time and that African American consumptives often received inadequate medical treatment, which could have meant she suffered from both a painful disease and poor care (Rothman 8-9). Unfortunately, she did not write about that experience. Instead, we can look to the work

of another African American consumptive author who integrated physical illness into her writing: Harriet Wilson, author of *Our Nig*.

Like Collins had done in *A Curse of Caste*, in *Our Nig* Wilson portrayed both black and white characters who were sick and indicated a shared vulnerability to tuberculosis. In the canon of African American literature, this novel contributed representations of slavery in the north (specifically, New Hampshire) and the cruelty of a white mistress, part of which was expressed through her refusal of the impossible black consumptive. Therefore, the novel actuated the violence of racialized discourse about tuberculosis discussed thus far. Scholars have long wondered why this work was not embraced more fully by the abolitionist movement (Ernst 425-426; Gardner 227; Foreman “Recovered Autobiographies” 133). Seeing the difference between its representation of sickness among white and black bodies and that in Stowe and Southworth, we can see how the novel challenged those who resisted seeing a common physical vulnerability and bond between white and black bodies.²⁰⁷

Scholars have treated Wilson’s *Our Nig* as an autobiography as well as a novel because it both documented Wilson’s own experiences in northern slavery and narrativized them through conventions of popular sentimental fiction.²⁰⁸ Like Frado, the characterization of herself in *Our Nig*, Wilson suffered from chronic disease. In September 1889, Wilson died at Quincy Hospital in Bainbridge, Massachusetts from

²⁰⁷ In *Racial Innocence*, Robin Bernstein discusses *Our Nig* as a reimagining of *Uncle Tom’s Cabin*, particularly in its contrast of black childhood and white childhood (56-60).

²⁰⁸ Henry Louis Gates opened his introduction to the 1983-edition of *Our Nig* with this assertion and scholars have continued in this vein since then (xi). More recently, P. Gabrielle Foreman has wondered why *Our Nig* continues to be classified as an African American novel more than an African American Autobiography (“Recovered Autobiographies” 125).

“inanition” (Foreman and Pitts xliii). Robert Hooper’s 1829 medical dictionary, *Lexicon Medicum*, defined “inanition” as a term that when “[a]ppplied to the body of vessels, it means emptiness; applied to the mind, it means a defect of its powers” (n.p.). A current medical dictionary defined “inanition” as “Severe weakness and wasting as results from lack of food, defect in assimilation, or neoplastic disease” (Stedman’s 781). Therefore, the official record of Wilson’s death indicated she died of physical emptiness or starvation. These definitions help us understand that Wilson’s body would have been severely weakened, which would have been apparent as were the changes in the bodies of the book’s diagnosed consumptives.

Given the years of illness documented in the novel, inanition was probably related to the chronic illness that first presented while Frado was a slave to the Bellmonts, a consumptive family. Consumptives could die of inanition if their condition was left untreated or their lungs could be flooded with fluid, essentially drowning the victim (Mark Caldwell 9). People suffering from other chronic ailments like cancer or diseases sometimes confused with consumption like “pleurisy, asthma, and bronchitis might also die of inanition” (Ott 2). As terms that apply to physical conditions, inanition and consumption appear to be different, but as terms rooted in descriptions of the visual impact of disease, they signify different understandings of a similar effect—wasting. Consumptives appeared to be “consumed” by a disease, yet those with inanition, like Wilson, suffered from “emptiness.” The former referred to an activity and presence; the latter referred to an absence. As a black woman, Wilson could have inanition but not consumption, according to the racialized discourse of the disease.

The first and only direct reference to someone with tuberculosis in *Our Nig* occurred in the brief description of Frado's life before her mother Mag left her with the Belmont family, a white family in New Hampshire that took Frado in as an indentured slave. Consumption had an indirect part in bringing her to the Bellmonts' and the misery she endured there. When she was still a small child, Frado's kind father Jim developed "a severe cough and pain in his side [which] compelled him to be an idler for weeks together." After a period of suffering from this condition, "[h]e became the victim of consumption" (Wilson 10). Critics have identified Frado as a young Harriet Wilson whose real father Joshua Green died of tuberculosis (Foreman and Pitts xxvii). After Jim's death, Frado's mother Mag struggled to raise her children with her new lover Seth, and they decided the best option was to "hire" the children out but actually just abandoned Frado to be indentured to the Bellmonts. Mrs. Bellmont along with her daughter Mary seemed to delight in torturing Frado, inflicting painful and humiliating punishments on the girl.

Many other characters in this work, including Frado herself, became gravely ill, but the only identified disease was the tuberculosis infection that killed Jim. Jim, who Wilson identified as black, had become an "idler" because of his disease, but most of the white people who became sick in this novel were labeled "invalids." Jane Bellmont, a kind daughter of the cruel Mrs. Bellmont, was cast as an invalid from the start. There were never any details about her condition, only that she was weak and frail; Wilson introduced Jane as "an invalid daughter" who reclined on a sofa uninvolved with the activity and conversation around her (15). Wilson suggested that because of her condition, Jane (Eva-like) showed more compassion toward Frado than her mother and

her sister Mary did. As Wilson explained, “The invalid, Jane, would gladly befriend her; but she had not the strength to brave the iron will of her mother. Kind words and affectionate glances were the only expressions of sympathy she could safely indulge in” (21). Jane and her brothers and their Aunt Abby advocated for Frado’s education, her right to attend sermons, and decent treatment, in general, from Mrs. Belmont.

One could call Jane an invalid typical of invalid women in nineteenth-century literature. She was described as having “a social, gentle, loving nature, rather *too* yielding,” for she lacked a “firmness” she “needed to complete her character, but which her ill health may in a measure have failed to produce” (31). Like other kind members of the Belmont household, Jane moved away from home, which was a loss to Frado, but Jane also wanted to escape the “tyranny” of her mother and sister (32). Mrs. Belmont wanted Jane to marry a man named Henry Reed, whose financial pursuits and ambitions were “repulsive” to Jane, but she “had not strength to oppose” her mother’s wishes. Before she could marry him, she met and fell in love with George Means. Her father advocated on her behalf and “bade her not to make herself sick” over her mother’s insistence that she marry Henry. Jane’s own “voluntary choice” in a spouse, he argued, “was of such importance to one of her health” (34). Frado had hoped she could go and live with Jane and George in their home in Vermont, but when Jane left Frado, “another light disappeared from Nig’s horizon” (34). Jane returned to the narrative briefly years later and the “years and affliction had left her marks of age,” but she remained a sympathetic figure to Frado and even encouraged her to follow her West when she was eighteen and could escape Mrs. Belmont (60).

After Jane married and left home as a young but unwell woman, Frado's next hope for escape presented itself with another invalid in the Bellmont family. One of the sons, James, returned to the family home to rest and recover from an illness. He had been prescribed "northern air as a restorative" for his "declining health" (a common course of treatment for tuberculosis), which was joyful news for Frado (37). She thought, "This...will be my time of release" (36). His arrival meant "safe[ty] from maltreatment! He was to her a shelter," and most of all, she hoped he would take her away with him when he recovered and returned to his own home (37-38). The extent of his illness surprised her when she saw him, however, "He arrived feeble, lame, from his disease, so changed Frado wept at his appearance, fearing he would be removed from her forever" (36). He stayed at the Bellmont home for months, his health declining more and more until there seemed to be "no prospect of returning health. He could not walk far from the house for want of strength," and it became evident that he "was rapidly wasting away" (41, 42). In 1842, Robert Jeffs wrote that in consumptive patients, "the wasting of the fat and the loss of nourishment occasion the nails to curve inward, the hair to fall off, and the eyes to sink in their sockets," which would dramatically alter one's appearance (9). Despite James' decline, his concerns for Frado's physical and spiritual well-being were never far from his mind (Wilson 41).

While I want to avoid "diagnosing" James' or Jane's diseases, it should be noted that Wilson's descriptions of each included language that contemporary readers would have recognized as indicators of tuberculosis. There was no mention of their coughing the painful, "graveyard coughs" (as they were called) that Frado would have heard from her father's consumptive body, but we know that James "had labored hard for breath for

some time” and struggled to speak on his deathbed (54). Months before his death, James was described as “wasting away” for his rapid loss of weight, which continued as his condition worsened. This symptom was as indicative of tuberculosis as the cough, for the label “consumption” stemmed from the impression that the disease was *consuming* the body of the sick. Even the word “wasting” signals tuberculosis, which was sometimes called “wasting illness” (Dyer 13). As Wilson prepared the reader for James’ death, she described him as feeling “helpless and nervous; and often wished change of position, thereby hoping to gain momentary relief” (45). James’ weakness, pain, difficulty breathing, and dramatically changed appearance may have reminded readers of cases of tuberculosis they witnessed in their own homes or consumptives in novels.

Eventually, James was confined to his room where he was usually lying in bed, but his concerns for Frado seemed to become more present in his mind. “He shielded [Frado] from many beatings, and every day imparted religious instructions” when she visited his room (43). As “the probabilities of his recovery became doubtful,” Frado grew more anxious for her life without his protection in the Bellmont household and grief that such a kind soul should exit her life.

Likewise, Frado began protecting James from her own emotional and physical suffering. The help she provided in caring for James gave her an intimate role in his sickroom, which allowed Frado to see the pace of his decline. Well aware of his progress, she hid the anxiety and sadness this caused her, and when Mrs. Bellmont whipped her for weeping, Frado did not tell James about it. Caring for James also became physically taxing for Frado, but she “insisted” on being called when he needed to be moved, for instance (43). In trying to find a comfortable position, James apparently

needed to be moved by someone else, “No one, but his wife, could move him so easily as Frado; so that in addition to her daily toil she was often deprived of her rest at night” (43). This work took a toll on Frado’s own health; Wilson attributed the onset of illness in Frado to “lifting the sick man, and by drudgery in the kitchen” (46). In describing the progression of Frado’s illness, Wilson only explained the overwhelming weakness Frado felt, which made it difficult for her to stand upright or finish tasks at her regular pace. Whether she felt pain or other complaints remained unclear. “[S]he endeavored to conceal from James” any signs of sickness, “fearing he might have less repose” (46). Perhaps Wilson preferred to conceal the extent of Frado’s illness for the reader’s ease as well. Scholars of *Our Nig* have argued that Wilson deliberately understated the abuse she/Frado underwent, and she may have done the same with her illness (Foreman “Spoken and Silenced” 313-314). She clearly saw Frado’s poor health as a result of her situation in the Belmont house, but a protracted description of her own sickness here may have detracted from the sympathy she extended toward James. As she became “seriously ill,” we learned that she “had no relish for food, and “she had such solicitude about the future,” which the context qualified as *spiritual* future (52). Nineteenth-century readers of fiction would have encountered sick white characters like Eva St. Clare becoming more spiritual in their illnesses. Sheila Rothman’s work on the narratives of illness by consumptives showed a common increase in spiritual concerns as the fatal outcome of their chronic cases became more apparent (8, 63). Additionally, in popular and medical portrayals of tuberculosis, a consumptive’s spirituality was considered a feature of the diathesis or inherent character of one who would develop tuberculosis. Some even suggested spirituality was evident in the bodies of the sick in their sparkling

eyes, pale skin, and wing-like shoulder blades, protruding due to emaciation (see Ancell and Sweetser, for instance).

Frado's ongoing sickness progressed throughout her life, eventually getting to the point where she required charitable help and was unable to work. Wilson referred to her in this chronic state as an "invalid mulatto" (68). The point of distinguishing her as a nonwhite invalid underscored the association of invalidism with whiteness. Compared to her white counterpart, Jane Bellmont, the chronically ill Frado received no dispensations for her health. When she pleaded for kindness and announced "I am sick...and cannot stand long, I feel so bad," Frado was not only expected to continue working, but her complaints were punished with "a blow which lay the tottering girl prostrate on the floor" (46). Enraged by what she saw as Frado's "passion," Mrs. Bellmont stuffed a towel in Frado's mouth and continued to beat her as she lay on the floor (46).

Frado's condition worsened and Mr. Bellmont noticed. He expressed his concern to her, "You are looking sick," but instead of offering care or rest, he urged her to avoid getting beaten because, as he told her, "you cannot endure beating as you once could" (58). *Looking* sick was something that struck Frado when she saw James again for the first time. His changed appearance due to sickness made Frado anxious for him. The only compassion she was shown, conversely, was advice to avoid being beaten if she could. And Mr. Bellmont's statement was framed as compassion, but it offered no material comfort in her time of sickness.

The absence of compassion may have influenced Frado's/Wilson's own absence of sympathy when the cruel Mary Bellmont also became "seriously ill" (59). As a result, readers were prevented from feeling compassion for Mary, and Mary was prevented from

having a spiritual reformation on her sickbed. Instead, Wilson only devoted half a page to discussing Mary's illness and death, as opposed to James's, Jane's, and Frado's sicknesses, which received more substantial description. And with Mrs. Bellmont away to see family after the loss, Frado relished the freedoms the circumstances gave her. With time, Frado was old enough and bold enough to express her wish to leave the Bellmonts for a position in the home of another woman, Mrs. Moore, who "was a kind friend to her, and attempted to heal her wounded spirit by sympathy and advice, burying the past in the prospects of the future" (65). Despite the compassion and hope Frado experienced after leaving Mrs. Bellmont, the health problems she acquired as the Bellmonts' slave followed her. In fact, her decline made it virtually impossible to work. Wilson explained the extent to which Frado's illness disabled her, "her failing health was a cloud no kindly human hand could dissipate. A little light work was all she could accomplish.... In the winter she entirely gave up work, and confessed herself thoroughly sick.... and now it became necessary to adopt some measures for Frado's comfort" (65). The only option was to return to the Bellmonts and Mrs. Bellmont's brother, a doctor, was called to examine her—all of which Mrs. Bellmont reluctantly endured. She doubted if Frado's case was as serious as everyone suggested, but her brother confirmed that she was sick. He even told Frado she was "very sick," and when Mrs. Bellmont tried to suggest that Frado's condition began while at Mrs. Moore's, her brother corrected her. He said to his sister, "It was commenced longer ago than last summer. Take good care of her; she may never get well" (66). In other words, the traces of her illness began a year or more before she showed symptoms, which we have seen cases of consumption. Chronically and potentially fatally ill, Frado was back in the place that infected her with

sickness that came from cruelty. She recovered enough at one point to return to Mrs. Moore's, but once again her health declined and little help could be found to provide for her. Mrs. Bellmont refused to take her back again.

Frado's health continued to decline for three years and the "weary sickness wasted her, without extinguishing a life apparently so feeble" (67). If instead of this brief description of a dramatic and protracted transformation of her body due to sickness Wilson had provided more detail or had elaborated on Frado's "mulatto invalid[ism]," we might have a clearer sense of what her physical and emotional experiences with her sickness were like. We can pause on her use of the word "wasted" for a moment and recall her use of the same word to describe James's changed body after a long period of illness. While we will probably never know the biochemical activity in each character's body nor know if they were the same ailments, Wilson's language indicated some shared taint or mutual vulnerability between the different sick characters in the novel. Like James, Frado's body was wasted by disease; like Jane, Frado became an invalid (qualified as a "mulatto invalid," but an invalid nonetheless). Jane, James, and Mary—all siblings—suffered from debilitating illnesses that caused two to die, and Frado served in James's sick room and was close to Jane while she lived at the Bellmont house. Wilson introduced Jane as a classic invalid whose inherent constitution made her weak, frail, and sickly; the fact that other family members also became ill may have confirmed any thoughts that what ailed them was inherited and based on a shared physical origin.

However, when Frado became ill as well, it enraged Mrs. Bellmont. She denied any reminder or sign that Frado also suffered. Aside from Frado vocalizing her illness, multiple doctors, Mr. Bellmont, clergymen, friends and employers assured Mrs. Bellmont

that Frado's condition was serious and "[a]ll felt that the place where her declining health began, should be the place of relief" (67). "'No,' exclaimed the indignant Mrs. B.; 'she shall never come under this roof again; never! never!' she repeated, as if each repetition were a bold to prevent admission" (67).

Mrs. Belmont's refusal to accept that Frado was sick or that she had become sick in her home, among her family, was a similar avoidance and refusal of the black consumptive that we saw in the discourse, medical and literary, about consumption in the nineteenth century. A shared disease between white bodies and black bodies—between Mrs. Belmont's white family and their black slave—posed a threat to racist ideologies that twisted biology to buttress hatred. Thus, its only presence was its absence.

Recasting the Consumptive: Conclusion

Unlike smallpox, yellow fever, and cholera, tuberculosis was not an epidemic disease. As a result, the fears that circulated with tuberculosis did not resemble the terror and panic we saw in the previous chapters, nor did they predominate in the medical discourse on the disease between 1800 and 1865. At this time, few Americans believed that tuberculosis was a contagious disease, so there were no fears of it circulating generally. As we have seen in this discussion, the fears related to tuberculosis were embedded in discourse, tropes, and imagery, like the angelic consumptive, that were entrenched in greater racial anxieties of the nineteenth century. If members of black families could suffer from tuberculosis in the same way that members of white families did, then there would have to be a common, inherited biology tying them together—a mixture of blood—and the social, economic, and domestic structure of life in nineteenth-

century white middle class families depended on whiteness and blackness remaining discrete.

The latter period of the nineteenth century saw significant changes that affected the racialized discourse concerning tuberculosis. While legalized slavery in the U.S. officially came to an end with the 1863 Emancipation Proclamation and the end of the Civil War two years later, the racism of slavery continued to inspire violence and injustice. Thus, the end of slavery did not have a direct impact on the discourse of tuberculosis. The myth of the white angelic consumptive remained in tact until the discoveries of two German scientists challenged it. In the 1880s, Doctors Robert Koch and Rudolf Virchow confirmed the disease's contagious, infectious nature in their laboratories. Koch discovered the tuberculosis bacillus and identified its means of contagious communication (Porter 437). Medical/scientific innovation was rarely embraced or applied immediately, but eventually the social as well as medical understandings of the disease changed dramatically. Once it was accepted, this new information changed the way people thought about the transmission of the disease and its movement in the body. When it became evident that anyone could catch tuberculosis from anyone else, the idealized vision of a white consumptive family disappeared. One might say the germ theory made tuberculosis more predictable, but it changed the predictions that had been imposed on the disease from the racialized, hereditary model to a random or democratic model. Rather than the white angelic consumptive, the twentieth-century tubercular patient was the poor, urban, tenement dweller.

The fears of catching consumption became more visible and less insidious *after* its infectious nature was confirmed—objective science fueled those emotions (Rothman

194). In the opening pages of his 1908- treatise on tuberculosis, Dr. Lawrence Flick expressed concern about the growing panic over tuberculosis, “The recent rapid growth of knowledge about tuberculosis, while consoling to those who have drunk it all, has been most disquieting to those who merely have tasted it. Much unnecessary fear of the contagion of tuberculosis has been stirred up.... The public has been thrown into a panic.... All sense of propriety and responsibility seems to have been lost in the absurd fear” (5). However, the fears over consumption did not spontaneously erupt as a byproduct of Koch’s experiment in the late nineteenth century, as Dr. Flick’s treatise implied. Tuberculosis was no less frightening in the nineteenth century nor were the fears less related to writing than they were after Koch’s and Virchow’s discoveries.

One of the features of tuberculosis that microbiology has revealed was its ability to change form, which made it a resilient, persistent disease. Like the shape-shifting microorganism itself that lead to a tuberculosis infection, the narrative of tuberculosis shifted from one shape to another in the late nineteenth century. And it continues. Today, researchers report that tuberculosis is highest among racial and ethnic minorities, including black Americans (Garay 34). The white angelic consumptive is solely a figure of literary and medical history, and the black consumptive predominates. This is not happenstance—for the latter to exist in the cultural imagination, the former had to fade away into the annals of romance and sentiment.

Chapter Six

Conclusion

In the preface to William Buchan's *Domestic Medicine*—a work discussed in the introduction of this dissertation—the author wrote, “People are told, that if they dip the least into medical knowledge, it will render them fanciful, and make them believe they have got every disease of which they read. This I am satisfied will seldom be the case with sensible people” (xxviii). As we have seen in this discussion, one could read about medical knowledge in self-described medical treatises and also in letters, pamphlets, popular newspapers and magazines, and novels. These works may or may not have convinced readers that they had smallpox, yellow fever, cholera, or tuberculosis, but they certainly trained readers to equate a specific disease with fear by narrativizing or characterizing the illness in a terrifying way. Authors wishing to provoke their readers to feel fear would draw upon the familiar imagery and language of disease made popular in various media forms.

In the discussion of smallpox in “Carrying Home the Enemy,” we saw that people wrote and read about the disease as a threat to the domestic household—introduced by an unsuspecting or villainous husband to his wife. Separated from their wives due to service to the Revolutionary War, husbands were thought capable of enacting domestic biological warfare against their wives through letters, a form of writing that signified physical intimacy and touch. The beloved husband could be transformed into a monster through smallpox. As we saw in “disastrous eloquence,” the yellow fever epidemic of 1793 disabled the bodies of Philadelphians. It also disrupted scientists’ and other authors’ attempts at containing it in knowledge or narrative; its inscrutable nature refused

to conform with these efforts to order it into a recognizable schema. Like Bakhtin's protruding and porous grotesque body, yellow fever was "unfinished, outgrow[ing] itself, transgress[ing] its own limits" (21). Such a picture of yellow fever filled the pages of pamphlet writing during the epidemic—one of the few signs of life and production in the city.

Cholera writing in 1832, as discussed in "Cholera Carnival," consistently depicted the disease as a supernatural force that could reduce a body to its hypernatural state. The rich archive of popular works on cholera in periodicals showed both an attraction to this disease's extraordinary character as well as horror in the face of its power. Readers were both enticed by and warned against succumbing to the fearsome nature of cholera and potentially making themselves sick because of it. The character of the sick rather than the disease dominated the discourse on tuberculosis, as we saw in the final chapter "Insidious Taint." As a romanticized disease, tuberculosis carried a different kind of fear: the fear of affinity between the people who weren't supposed to get tuberculosis and the people who were more likely to. People who were black and people who were white. Domestic novels—even those that claimed to be progressive about race—adhered to the image of tuberculosis as a white person's disease and the black consumptive a frightening breach in the manufactured rules of racial distinctions.

Fear in the periods of this discussion, one will recall, was understood to be a physiological phenomenon that could affect one's health. It was a passion of the mind that influenced blood circulation, heart rate, breath, digestion—virtually every natural function. In fact, Buchan included fear as a potential cause for diseases like St. Anthony's Fire, falling sickness, scurvy, barrenness, hysteria, miliary fever, palsy,

asthma, and cancer in addition to the four diseases discussed in the preceding chapters. Therefore, texts and the material forms they took were seen as having the potential to circulate sickness—not, as Buchan’s quote above implied, through the power of suggestion, but through the physical effects of interacting with accounts of diseases. Through reading about the frightening nature of diseases, one came in contact with infectious agents. Like fear, reading was understood to be physical as bodies handled, used, borrowed, touched and held material objects created and circulated by other bodies.

The numerous disease accounts from these periods, which include letters, stories, medical treatises, poems, and reports, compose an archive of disease and the fear of illness. One of the delights and the challenges of creating this project was transmitting the richness and power of this archive to my own readers, but the recovery has just begun. By building on our understanding of this archive, we can continue to understand historical interpretations of diseases and their significance outside of the critical frame of contagion studies, for example. And an important goal for me has been to try to access the embodied, disabling experience of living with or among these diseases; through analysis of fear and reading, we can do that. The outcome is an enriched archive of disability in American literature and print.

If a person’s body was under the influence of fear, recovery (as in the context of healing here) was difficult even with the tools of medicine. Buchan explained that “Fear, anxiety, and a fretful temper, both occasion and aggravate diseases. In vain do we apply medicines to the body to remove maladies which proceed from the mind. When it is affected, the best medicine is to sooth the passions, to divert the mind from anxious thought, and to keep the patient as easy and cheerful as possible” (136-137). But

medicine, as we have seen, was often as involved in crafting frightening accounts of diseases as gothic writers like Charles Brockden Brown and Edgar Allan Poe were. This was particularly true in the periods I study when medicine and medical writing were not as specialized as they have become since then. Doctors like Zabdiel Boylston writing on smallpox, Samuel Stearns on yellow fever, Amariah Brigham on cholera, and Robert Jeffs on tuberculosis were just some examples of doctor-authors from the preceding chapters who employed some of the imaginative discourse about disease.

For instance, if we were to revisit the work of Dr. Samuel Stearns for a moment, we would encounter a word he and other doctors used to signify dread in eighteenth-century writings about disease and health—a word that became a foundation of modern microbiology in the late nineteenth century: virus. As discussed in Chapter 2, Stearns was a doctor-author who readily blended medical accounts and suggested remedies with medical poetry. His account of the yellow fever epidemic in 1793 was written completely in verse. In one section he wrote:

About this *Plague* physicians disagree,
And other men, who from its *virus* flee:
Great numbers who have seen its raging flames,
By promulgation gave it different names.
Some say it is the *pestilence*, indeed,
Which from a foreign country did proceed.
Another name few men of skill do find,
Call it fever of some *yellow* kind;
Think it arose, as we do understand,
By *exhalations* from the filthy land.
We are inform'd, that no man can deny,
That some knew not what med'cines to apply.
For this *disease*, which ne'er was *known* before
To make an entrance on our solid shore! (47-60)

Stearns didn't classify yellow fever *as* a virus. Instead, the virus was a component of the fever that made it frightening, which was consistent with the medical and literary uses of

the term in the eighteenth century as venom or pus, biological matter that could poison another body but is not self-contained (OED). In this poem, Stearns used “virus” to signify something people needed to escape. In a work entitled *American Oracle*, Stearns used the word “virus” several times; in a chapter on mad dog bites, a virus was something that needed to be drawn out of a body—something that could be “discharge[d],” or “expell[ed]” (327, 328, respectively). In a discussion of venereal disease, a virus was something that needed to be “destroyed” or “expelled out of the world” (267, 268). In fact, the passage wherein he expressed this wish may remind a contemporary reader of the twentieth-century efforts to eradicate smallpox: “It is a pity this *virus* cannot be expelled out of the world;—but how it can be done I know not; unless all the people were put under a course of physic at one time, and even then I believe it would be difficult” (268). Latin in origin, *virus* referred to a poisonous secretion like venom that could have malignant or medicinal (even magical) properties. The material that oozed from a wound, for instance, would be considered a virus in the literal sense of the word. More figuratively, *virus* described “a harmful or corrupting influence” or a “moral or intellectual perniciousness” (OED), which seems to be how Stearns used it in his yellow fever poetry and other writings. In other words, his interest in narrativizing, poeticizing a disease inspired his use of the word. A disease wasn’t a virus at this time, but the fact that it was comprised of a virus was a sign of its horrifying nature.

The associations of “virus” that we have today did not emerge until the late nineteenth century and became more common in the twentieth century, but as we see in Stearns’s work, it had resonance in the late eighteenth century. When the existence of viruses was established in the late nineteenth century, scientists in France and Germany

were tracking the transmission of non-bacterial material from one specimen to another through a fluid (Duffin 81-83; Porter 428-445). Therefore, the adoption of the term “virus” to describe non-bacterial infectious agents was the adoption of a storied term that even in the sanitized context of microbiology carried frightening associations.

Contemporary fears surrounding the word “virus” are slightly different; a virus is not generally seen as a poison or something that oozes from a wound. Nonetheless, the twenty-first-century version of the fear of illness is evident in associations of the word “virus” as something that can threaten daily life and relationships, defy even the most advanced technology, transform our bodies, and challenge medical knowledge. These threats should be familiar as they are the very same factors that made smallpox, yellow fever, cholera and tuberculosis terrifying in the eighteenth and nineteenth centuries. The fear of illness that we witness when a new strain of flu, like H1N1, emerges or a known disease, like Ebola, reemerges evolved from the fears we see in this discussion (See Brody, Fernandez, Luckerson, Schmidt, Specter).

In closing, I invite my readers to return to where we began with Elizabeth Drinker and her voluminous diary spanning fifty years. Scarcely a page can be found in this immense record where she did not reference her own or others’ health issues. Sickness was a part of daily life in the eighteenth and nineteenth centuries, and it travelled in and out of homes like the books, pamphlets, letters, and periodicals that also filled daily life—and the pages of Drinker’s diary. On an ordinary day in March 1795, Drinker wrote, “I have been unwell all day, which is often the case, ‘tho sometimes favour’d to be better than at other times. William, Mary and self spent the evening ensemble—Molly reading.... she reads well” (145). Drinker offered no details of what ailed her nor what

her daughter read specifically, but these two features overlapped in this entry as they have in the pages of this dissertation.

Imagine Molly reading aloud from a work about a mysterious disease or a sick protagonist, the images of sickness filling the room. The seeds of fear moving between their bodies and within them just as the seeds of disease might have travelled from Drinker's sick body to the rest of the ensemble and to us, now, as we read about them.

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APS—American Philosophical Society. Philadelphia, Pennsylvania.

*CPP—College of Physicians of Philadelphia, Mütter Museum. Philadelphia,
Pennsylvania.*

LCP—Library Company of Philadelphia. Philadelphia, Pennsylvania.

MHS—Massachusetts Historical Society. Boston, Massachusetts.

NHHS—New Hampshire Historical Society. Concord, New Hampshire.

PA—Portsmouth Athenaeum. Portsmouth, New Hampshire.

PRBR—University of Pennsylvania Rare Book Room. Philadelphia, Pennsylvania.

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-----"The Puzzle of Color Symbolism in 'The Masque of the Red Death': Solved at Last?" *The Edgar Allan Poe Review* 10.3 (2009). 60-73.

Curriculum Vita

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Education

University of Kentucky, English PhD 2008-present (ABD as of February 1, 2011. Scheduled Defense Date: March 4th, 2015). Certificate in Social Theory (May, 2010).

Dissertation: *More Than Death: Fear of Illness in American Literature, 1775-1876.*

Committee: Marion Rust (chair), Jeff Clymer, Andy Doolen, Rynetta Davis, Christopher Looby (UCLA)

University of Wisconsin-Milwaukee, English MA, 2005-2007.

Thesis Committee: Kristie Hamilton, Jose Lanteris, Barrett Kalter.

University of Michigan-Ann Arbor, Creative Writing MFA, 2000-2002

Thesis Committee: Richard Tillinghast, Timothy Lu.

University of Wisconsin-Milwaukee, English BA, 1995-1998. Magna Cum Laude.

Professional Positions

Teaching Assistant in English, University of Kentucky

Fall 2008-present

Staff Writer, University of Kentucky College of Arts and Sciences

Summer 2014-present, Lexington, KY

Copy Editor, Studies in Eighteenth-Century Culture

Fall 2013-present

Technical Editor, University of Kentucky

Fall 2011-2012

Research Assistant, University of Kentucky

Summer 2010-Summer 2011, Lexington, KY

Writing Program Mentor, University of Kentucky

Summer 2009-Spring 2010, Lexington, KY

Adjunct English Instructor, Cardinal Stritch University

Fall Term 2004-Spring Term 2008, Milwaukee, WI

Adjunct English Instructor, English Department, Mount Mary College

Fall Term 2002-Summer Term 2008, Milwaukee, WI

Graduate Student Instructor, University of Michigan

Fall Term 2001-Spring Term 2002, Ann Arbor, MI

Scholastic and Professional Honors

Dissertation Fellowships

Dissertation Year Fellowship, University of Kentucky, 2013

Andrew W. Mellon Fellowship from the McNeil Center for Early American Studies, 2012

Graduate School Academic Year Fellowship, 2012

Research Grants

Lillian Gary Taylor Fellowship, 2014

Reynolds Fellowship, 2012

Dissertation Enhancement Award, 2011

Wood Institute Fellowship, 2011

Other Awards and Honors

William J. Sowder Award for Best Graduate Student Article, 2014

Provost Teaching Award, Finalist, 2014

Awarded by Provost at the University of Kentucky.

College Research Activity Award, 2013

Society for the Study of American Women Writers Graduate Student Paper Award, Honorable Mention, 2013

Ellershaw Outstanding Graduate Candidate Award, 2012

Arts and Sciences Outstanding Teaching Assistant Award, 2012

Association of Emeriti Faculty Fellowship, 2010

Molin Essay Award, 2010

William J. Sowder Award for Best Graduate Student Critical Paper, 2010

Outstanding Teaching Assistant Award, 2010

Received from the University of Kentucky English Department's Writing Program.

Publications

Article in Peer-Reviewed Journal

"Ill-Fated: The Disease of Racism in Julia Collins's *The Curse of Caste*." *Legacy* 30.1 (2013).

Articles under Review

[Invited submission] "'eyes that followed cadaverously': Dissection and Racial Violence in *Imperium in Imperio*." *Literature and Medicine*.

Essay in Edited Collection

[invited submission] "The Fever and the Fetters: An Epidemiology of Captivity and Empire." *Women and Empire*. Eds. Susan Imbarrato and Mary Balkun. Under contract with Palgrave.

Book Reviews

[Invited] Review of *Taming Manhattan: Environmental Battles and the Antebellum City* by Catherine McNeur. *Civil War Book Review* (2015) [forthcoming].

Review of *Bodies and Books: Reading and the Fantasy of Communion in Nineteenth-Century America* by Gillian Silverman. *SHARPNews* 22.2 (2013), 10-11.

[Invited] Review of *The Contagious City: The Politics of Public Health in Early Philadelphia* by Simon Finger. *Journal of the Early Republic*, 33.3 (2013). 566-568.
Review of *Philadelphia Stories: America's Literature of Race and Freedom* by Samuel Otter. *Early American Literature* 47.2 (2012), 516-520.

Collaborative Article

"Year in Conferences, ASA." *ESQ* 60.1 (2014).

"Year in Conferences, C19." *ESQ* [forthcoming in Spring 2015]

Website Review

"The Vault at Pfaff's." *SharpNEWS* [forthcoming]