

**National Physiology: Literature, Medicine, and the Invention
of the American Body, 1789-1860**

by

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A dissertation submitted to the Graduate Faculty in English in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York
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Abstract**National Physiology: Literature, Medicine, and the Invention
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“National Physiology” investigates the intertwined discourses of literature and medicine in the proto-disciplinary early American world. It makes three interventions. First, in contrast to existing scholarship that has actively neglected it, I bring to light an important history of early American medicine. Second, I show how American writers produced medical models of their own. Literary figures did not simply reflect medicine in their texts, but used fiction to craft medical philosophies, which they believed directly promoted the health of the nation. Finally, I argue these histories were not separate, but intimately connected: doctors and writers worked together to craft an American body that was metonymically linked to the healthy nation. In mining the relationship between medicine and literature in the early republic, my project is the first to offer a genealogy of the Medical Humanities in America; it also suggests that by looking at this history, we will find promising new models for interdisciplinary scholarship.

The writings of prominent doctors and writers who were friends, teachers, and colleagues in the early U.S. political and medical capital anchor this study. My dissertation traces the development of a “national physiology” that understood the body and nation always to be, in founding father Benjamin Rush’s words “tremendous, oscillatory mass[es] of matter,” systems defined by motion and flux. National physiology was based in the connected mechanisms of circulation and sympathy that were always simultaneously physiological, philosophical, and

political. I demonstrate how American medical philosophy broke with European models and developed dynamic notions that offered non-hierarchical alternatives. There was an American school of medicine, and this school used literary forms as central rhetorical tools to promote health. Rather than be surprised by the prevalence of doctor-writers, I suggest such figures reveal the generic fluidity of early American discourse. Tracing a literary history from Charles Brockden Brown to Weir Mitchell, my project illuminates the medical and political work of early American fiction. Turning to periods when disciplinary boundaries were not fully formed offers exciting possibilities both for future Medical Humanities, with its investments in unraveling disciplinary distinctions, and for providing insight into (inter)disciplinary work more broadly.

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To my family,
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Table of Contents

Introduction: Toward a Genealogy of the Medical Humanities.....	1
Chapter 1: From Blood Vessels to Global Networks of Exchange: The Physiology of Benjamin and Rebecca Rush's Early Republics.....	11
Chapter 2: Narrative Inoculation: Charles Brockden Brown, Elihu Hubbard Smith, and the Circulation of Republican Health.....	52
Chapter 3: "The Consent of Parts": Robert M. Bird, Nathaniel Chapman, Samuel George Morton, and the Jacksonian Body.....	92
Chapter 4: "Fiction Anticipates Science": The Gothic Medicine of Edgar Allan Poe and J. K. Mitchell.....	126
Chapter 5: The Narrative Lancet: The Cultural Work of George Lippard's City Mysteries...	154
Coda: Two Cultures? Literature and Medicine after the Civil War.....	191
Bibliography.....	201

Introduction: Toward a Genealogy of the Medical Humanities

The *Philadelphia Journal of Medical and Physical Sciences* 1820 inaugural volume quotes Edinburgh critic Sydney Smith: “In the four corners of the globe, who reads an American book? or goes to an American play? or looks at an American picture or statue? *What does the world yet owe to American Physicians or Surgeons?*” While many are familiar with the first half of this oft-cited quotation, few have considered the second. The journal’s readers would have seen these as connected claims. The *Philadelphia Journal* boldly asserts there is an American medicine as there is an American literature—and for many, those cultural productions were intimately linked. My project argues literature and medicine together formed early ideas about the body and body politic. Rather than imagine literature simply reflected science, I aver literature actively contributed to medical thought between 1789 and 1860—just as medicine was quite literary. Exploring personal and textual relationships between Philadelphia doctors and their literary associates, this dissertation limns the development of a collaborative conversation before the late-nineteenth century divergence of art and science.

The dissertation has three principal arguments. First, it counters contemporary scholarship by arguing that there is a history of early American medicine. Second, it claims that early American literary writers produced medical models of their own. Early American literary figures did not simply reflect medicine in their texts, but used fiction to craft medical philosophies, which they believed directly promoted the health of the nation. And, finally, those histories were not separate, but intimately connected: doctors and writers worked together to craft an American body—a “national physiology”—that was metonymically linked to the healthy nation. In fact, it is the literariness of early American medicine that has caused historians to dismiss the field as unoriginal and unprofessional. In mining the relationship between medicine

and literature in the early republic, my project offers a genealogy of the collaborative conversation now animating the burgeoning fields of Narrative Medicine and the Medical Humanities; it also suggests that by looking at this history, we will find exciting new models for interdisciplinary scholarship.

Current scholarship offers two descriptions of early American medicine. Starr's *Social Transformation of American Medicine*, Rosenberg's *Therapeutic Revolution*, and Rothstein's *American Physicians in the 19th Century* chart the rise of heroic medicine—bloodletting, blistering, and purging—and suggest that little innovation or change occurred after Rush's medical treatises.¹ Histories following Foucault's *Birth of the Clinic* trace a Western shift from medicine that started with ideas to one that began with bodies, and assume Americans practiced European medicine.² Joan Burbick's *Healing the Nation* and John Harley Warner's *Therapeutic Perspective* and *Against the Spirit of the System* come closest to mapping unique American medical discourse; Burbick limns an anti-physician history, and Warner offers an institutional one. Neither presents a full intellectual history.³ Far from mutually exclusive, these histories all

¹ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic, 1982); Charles Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," in *Explaining Epidemics and Other Studies in the History of Medicine*, Ed. (New York: Cambridge University Press, 1992): 9-31; William Rothstein, *American Physicians in the 19th Century* (Baltimore: Johns Hopkins University Press, 1974).

² Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (1963, Trans. A.M. Sheridan Smith. New York: Vintage, 1994).

³ Joan Burbick, *Healing the Republic: The Language of Health and the Culture of Nationalism in Nineteenth Century America* (Cambridge: Cambridge University Press, 1994); John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America 1820-1885* (Princeton: Princeton University Press, 1997); John Harley Warner, *Against the Spirit of the System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins University Press, 2003).

narrate physicians' fall after 1815 with the rise of herbalism, domestic medicine, lay practice, and quackery. I contend the denigration of early physicians by many scholars arises from anachronistic expectations of physician roles and a misconstrual of early American discourse.

The history of medicine, in other words, has too readily accepted the judgment of later physicians about the state of early American medicine. Progressive-era physicians had much to gain from imagining themselves the first American physicians of note. Before that time, their story goes, very little of note happened in American medicine. What useful knowledge circulated was acquired from Europe—names like William Cullen, William Harvey, and Thomas Sydenham loomed large—and what was American about American medicine was laughable if not outright dangerous. That legacy has held sway for at least a century. Contemporary scholars, for example, continue to identify Benjamin Rush principally as the killer of George Washington and inventor of the outrageous idea that blackness was a disease rather than the founding father of an American medicine. Repeating stories about early Americans' wild and reprehensible medical beliefs about race, gender, and geography, most discussions of early American medicine might easily begin, "You wouldn't believe..." But the progressive-era physicians who began this defamation had their own dark secrets. Not only did they gain professional repute by denigrating older medical practices, but this denigration also enabled late-nineteenth and early-twentieth-century physicians to erect professional barriers to entry. In other words, it justified their exclusionary practices. It is worth, then, reassessing the evaluations of men who stood to gain so much from the dismissal of early medicine.

My research offers a new narrative of early American medicine, one that places physicians at the center of early medical culture while opening up the discursive field to a broader range of voices and participants. Historians of medicine have too easily dismissed American contributions

that do not adhere strictly enough to contemporary visions of medicine. Because early American doctors spoke of tears, horror, and poetry, they have been seen as dilettantes; because they were orators, founding fathers, philosophers, and poets, they have not been seen as committed professionals. But I argue it is precisely because these writers were able to speak in so many registers and occupy so many roles that their unique thoughts about the body and the body politic circulated freely and effectively. In defense of this interdisciplinary strategy, Dana Nelson has written: “Reading [texts of various disciplines] together...draw[s] out a larger cultural logic that remains less accessible if our reading is restricted by the more historically recent logic of disciplinarity.”⁴ I would go further: We must read beyond disciplines not only to map a variegated cultural landscape, but also to understand a culture that operated before the advent of firm disciplinary boundaries. For early Americans like Benjamin Rush, the healthy circulation of blood made possible the circulation of liberty just as mutually constitutive physiological and imaginative sympathies grounded national ones. Advances in one area augmented knowledge in others. Thus, reading early medicine alongside novels and poetry demands we reevaluate disciplinary expectations. And if literariness is central to medical texts, we must also consider the medical nature of literature that engages them.

This interdisciplinary move is essential. While the field of literary studies has been quick to explore adjacent fields like history, ecology and psychology, it continues to bow reverentially before the altar of medicine. Even as we declare fallen boundaries between science and art, medicine remains oddly untouchable. Happily we let Thoreau pass for a naturalist—science and poetry play well. But it has remained harder to imagine that doctors might have something to say about literature or that fiction might contribute to medicine beyond reflective description.

⁴ Dana Nelson, *National Manhood: Capitalist Citizenship and the Imagined Fraternity of White Men* (Durham, NC: Duke University Press, 1998), 23.

Some excellent scholarship and institutional remodeling has progressed recently in this direction. From the more medical side, scholars like Cristobal Silva, Priscilla Wald, and Rita Charon have illustrated the value of literary tools for professional medicine.⁵ In *Miraculous Plagues* and *Contagious*, Silva and Wald deftly demonstrate what narrative analysis can tell us about epidemiological stories from the seventeenth century to the present. Rita Charon's path-breaking work likewise uses the instruments of a literary scholar to make recommendations for contemporary medical practice; together, she and Maura Spiegel have founded the field of Narrative Medicine.⁶ Just as the Narrative Medicine program works to bring literary study into medicine, Medical Humanities programs that have rapidly proliferated across the country more broadly begin to bridge the medicine/humanities gap.⁷

From the more literary side, scholars like Russ Castronovo, Justine Murison, and Bryan Waterman have all pushed at disciplinary boundaries linking literary, medical, and political discourses, while focusing more on how novelists incorporated circulating medical knowledge

⁵ Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006); Cristobal Silva, *Miraculous Plagues: An Epidemiology of Early New England Narrative* (New York: Oxford University Press, 2011); Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2007). While all of these scholars are writing, at least in part, as literary and cultural scholars, I designate them as a part of the "medical side" because they are interested less in the kinds of stories fiction tells than in the ways that medicine narrates illness.

⁶ Columbia's Program in Narrative Medicine defines its mission as follows: "Narrative Medicine fortifies clinical practice with the narrative competence to recognize, absorb, metabolize, interpret, and be moved by the stories of illness. Through narrative training, the Program in Narrative Medicine helps doctors, nurses, social workers, and therapists to improve the effectiveness of care by developing the capacity for attention, reflection, representation, and affiliation with patients and colleagues" ("The Program in Narrative Medicine" <http://www.narrativemedicine.org> 25 October 2011).

⁷ The New York University Medical Humanities mission statement, for example, defines "'medical humanities' broadly to include an interdisciplinary field of humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology), and the arts (literature, theater, film, and visual arts) and their application to medical education and practice" ("Medical Humanities" <http://medhum.med.nyu.edu/> 25 October 2011). Significantly, literature appears twice in this list.

into their fiction.⁸ These important studies of the early national and antebellum periods have made this project possible, even as “National Physiology” pushes beyond their concepts of interdisciplinary exchange by imagining a yet more collaborative discursive community in early America—one in which literature was a useful tool for medical writing and novels were an active part of medico-political discourse, rather than useful reflections of medical ideas. This project connects these two forms of literature-and-medicine scholarship—the medicine-oriented and the literature-oriented. In weighing doctors and writers as equal partners in the production of medico-political culture, “National Physiology” remaps cross-disciplinary discourse in the early republic as more porous and more collaborative than previously imagined. In so doing, it also offers both a genealogy of current efforts to integrate medicine and the humanities and new models for future interdisciplinary scholarship.

The new history of American medicine proposed by this project privileges physiological over anatomical models for thinking about bodies and states. Whereas anatomical approaches plot particular avenues and arteries of health and disease, a physiological approach highlights the dynamic nature of systems. To borrow Benjamin Rush’s phrase, the body and nation were “tremendous oscillatory mass[es] of matter” that need to be continuously negotiated rather than static vessels with inflexible paths through which life acted. Circulation and sympathy are the conceptual linchpins for these physiological discussions. They are both salient keywords for

⁸ I read *Necro Citizenship* as deeply interdisciplinary despite Castronovo’s prefatory remarks against interdisciplinarity. Our differences stem, more in a disagreement about the politics of interdisciplinarity than a difference in the mechanics of interdisciplinary analysis. Certainly, my dissertation, too, cannot help but be a literary approach to early American texts in a variety of genres—the method Castronovo identifies in contrast to his vision of interdisciplinarity. Russ Castronovo, *Necro Citizenship: Death, Eroticism, and the Public Sphere* (Durham: Duke University Press, 2001).

Early American literature and national culture and also hotly contested philosophical and physiological concepts in early America. Circulation functions on many levels: the circulation of blood within the body, circulation of stimuli around the body, and the circulation of goods, bodies, and information within the nation and without. It describes the flow and routes of stimuli while sympathy is the mechanism by which circulating stimuli are incorporated into different regions of the body. Sympathy registers the healthiness of and crafts responses to bodily, individual, and national interactions: What is the relationship between organs and what response pathways exist? How do people and things affect us, and how ought they? Sympathy makes community and nation possible but also exposes us to risky e/affects. National and transnational sympathies question the relationship of parts (Maine to Georgia, farmer to slave) and nations to one another.

To explore these conceptual links between medical knowledge and the national imaginary this dissertation examines pairs and triads of Philadelphia doctors and writers. Philadelphia is a key site for this study not only because it was a major print/lecturing hub but also because it was the political capital until 1800 and a cultural and medical capital long after. On the one hand, this is the intellectual history of prominent doctors in Philadelphia who mentored and promoted one another—even if they often eventually rejected each other's theories. Benjamin Rush, Nathaniel Chapman, Samuel George Morton, J.K. Mitchell, and S. Weir Mitchell all also demonstrate the deeply collaborative nature of medical and literary discourse through the literariness of their medical texts, their fiction and poems, and their professional and personal relationships with Philadelphia writers. On the other hand, it is also the story of writers Rebecca Rush, Charles Brockden Brown, Robert Montgomery Bird, George Lippard and Edgar Allan Poe and their influential role in medico-political discourse. This reexamination suggests a new way of thinking

about Philadelphia's early authors.

The dissertation begins with Benjamin Rush and his niece, novelist Rebecca Rush. Since Rush was not only the most important physician in American for a century but also a founding father and treasurer of the U.S. mint, he provides a crucial anchor for this story. Rather than imagine Rush's ideas as derivative, this study demonstrates that Rush crafted original ideas of about the body and the body politic that responded to the needs of the new nation. Not innately a "republican machine," Rush's American body depended on the circulation of goods, bodies, information, and stimulants for its life and wellbeing, as well as the development of useful sympathies to manage that circulation. Rush expressed these ideas through a variety of genres; he viewed rhetoric as a necessary tool for encouraging salubrious sympathies and promoting individual and public health. Rebecca Rush picks up on her uncle's tools in her novel *Kelroy* (1812) to critique his predominantly white, male vision of health. In her novel, Rush uses the rhetorical devices of Benjamin Rush—namely sentimentalism and satire—to foreground a world of American bodies and American health largely ignored in her uncle's medical treatises. Chapter Two takes a different look at late-eighteenth century health from the perspective of Rush's student Elihu Hubbard Smith and his friend, popular novelist Charles Brockden Brown. Smith was indebted to Rush but differed in his ideas about the mechanics of sympathy and held that education alone, without sympathy, was the key to republican health. This chapter then argues that Smith and Brown diverged in their views about public health. Focusing principally on Smith's *Institutions of the Republic of Utopia* (unpublished) and Brown's *Arthur Mervyn* (1799-1800), Chapter Two contends that Brown, particularly in the wake of Smith's death, sought to promote the health of citizens through what I term "narrative inoculation," fiction's power to secure the physiological health of citizen-readers.

Whereas the first two deal largely with circulation as the mechanism of health, Chapter Three follows the contention of Nathaniel Chapman (Rush's student and first president of the American Medical Association) that health could only be found in physiological and political notions of sympathy. Focusing principally on the relationship between Chapman, Samuel George Morton, and Robert Montgomery Bird, this chapter avers that Chapman's sympathy and Morton's racial divisions formed two poles of Jacksonian medicine—poles Robert Montgomery Bird interrogated in his ambitious picaresque *Sheppard Lee* (1836). Bird's novel is not a retreat from or a rejection of Jacksonian medicine; rather, it is a medico-political treatise, a continuation of Bird's evolving, publically articulated ideas about the body and the body politic, in which Bird tests dominant medical wisdom only to emerge deeply ambivalent about the ramifications of these ideas for the nation.

Chapters Four and Five map the antebellum literary-medical world through three principal figures: Edgar Allan Poe, George Lippard, and physician-poet John Kearsley Mitchell. In chapter four, I limn Poe as a medical philosopher whose ideas about the body and nation directly influenced his friend and physician, Mitchell. This chapter focuses specifically on antebellum ideas about circulation within the body and the nation, especially as they were expressed through Poe and then Mitchell's ideas about the fungal origin of fevers. Chapter Four also limns the beginning of national physiology's collapse—the collapse of both coherent visions of the healthy body's physiology and also collaborative discussions between American medicine and literature. Chapter Five examines Lippard's uses of national physiology toward his progressive social agenda, as he applies medical ideas of sympathy and circulation to political ends through fiction. Lippard imagined his city mysteries, I argue, to be a “narrative lancet,” a tool to let the corrupted blood of the nation, one reader at a time. While these figures had different medical and political

bents, their works owe a great deal to each other—and, though not in perfect accord, they worked together to articulate visions of individual and national health.

Finally, the coda for this project looks forward to the postbellum years. Through a discussion of physician-novelist S. Weir Mitchell, I trace the radically shifting nature of medico-literary collaboration in the late nineteenth century. While Weir Mitchell appears to carry on the tradition of his father and doctor-writers who came before by penning both medicine and literature, the rhetorical structures of his fiction and physic make them more separate and more in line with burgeoning professional expectations in both disciplines. In fact, it was the rise of professionalization (beginning in the 1840s and 50s and blossoming during the progressive era) that changed the terms of medical and literary discourse and destroyed the rhetorical flexibility central to dynamic exchange. In telling the story of how America came to have its own medico-literary discussion and how that conversation dissolved, this project aims not only to demonstrate how short-lived the “two cultures” model has been but also to broaden our ideas both about the extent of proto-disciplinary exchange in the past and about the fertile possibilities for interdisciplinary exchange in the future.

Chapter 1: From Blood Vessels to Global Networks of Exchange: The Physiology of Benjamin and Rebecca Rush's Early Republics

As the Revolutionary War ended, Founding Father, popular lecturer, prolific writer, and prominent physician Benjamin Rush (1746-1813) vociferously advocated the value of transnational commercial circulation for the nascent republic. International commerce, he writes in the *Pennsylvania Gazette*, “forms the only barrier that can be contrived to check the aristocratic tendency of a monopoly of land. It opens the door to power, rank and influence to everybody. It is the magnet of talents and cherisher of virtue. It is calculated to restore men to their original equality, and to expel tyranny from the world.”¹ Global networks of exchange maintained health and virtue by “check[ing] the aristocratic tendency” of land-ownership. Keeping the Republic’s veins open to transnational circulation provided the equality of opportunity key to national health. Only through this transnational circulation of goods and ideas could meritocracy be maintained on settled land and “tyranny” be expelled from “the world” (or at least America). For Rush, whose interest in commerce led to his appointment as the treasurer of the U.S. Mint, participation in global circulation secured the health of the republic.²

While unfettered flow was necessary, Rush recognized some trade threatened the nation. In his satirical essay “On the Different Species of Mania,” for example, Rush mocks participants in circum-Atlantic slave trade:

The Negro Mania. The disease, which formerly prevailed in the eastern and middle, is now confined chiefly to the southern states. The inhabitants of these states *mistake* their interest and happiness in supposing that their lands can be cultivated only by Negro slaves...It is true, if the owners of the soil in the Carolinas and Georgia, cultivated their lands with their own hands, they would

¹ “Leonidas,” “The Subject of an American Navy Continued,” *Pennsylvania Gazette* (Philadelphia), July 31, 1782.

² For more examples of Rush’s ideas about commerce, see *Letters of Benjamin Rush*, ed. L. H. Butterfield (2 Vol., Princeton: Princeton University Press, 1951), 211-213, 229-237, 772, 781.

not be able to roll in coaches, or to squander thousands of pounds yearly in visiting all the cities of Europe, but they would enjoy more health and happiness in a competency acquired without violating the laws of nature and religion.³

Mistakenly believing they cannot thrive as yeoman farmers, diseased southern planters forgo the opportunity to better themselves through continual contact with American soil. These citizens overindulge in circum-Atlantic trade, not only in their sources of labor but also in their “squander[ing]” of “thousands of pounds yearly in visiting all the cities of Europe,” thus “violating the laws of nature and religion.” Through sinful trade, they develop the “aristocratic tendenc[ies]” that the global market was supposed to “expel.” For Rush, transnational commerce was “absolutely necessary to the happiness of America” but, if misused, could “[violate] the laws of nature and religion.”

The tonal shift between these descriptions of circulation is instructive. Writing persuasively in favor of transnational trade, of “open[ing] the door” to “everyone,” Rush rallies his audience around the Enlightenment rhetoric of “talent,” “virtue,” and “original equality.” Open circuits of circulation enable all readers—“everyone”—to partake of the promises of the American Revolution. His call for the free flow of commerce subtly crafts a readership that, supporting the revolution, cannot but sympathize. “Negro mania” functions through opposite logic. Ridiculing slave owners for not virtuously working their own farms, Rush alienates them from the republican ideal. Licentious Europhiles, they are hardly American. Satire promotes readerly distance from these “disease[d]” citizens. Finding “negro mania” alongside “dress mania”—the insanity of impractical fashion invading every city street and “place of public resort”—and “church phobia”—in which sunny weather spurs “chariots, phaetons, chairs, and

³ Benjamin Rush, “On the Different Species of Mania,” *The Selected Writings of Benjamin Rush*, ed. Dagobert D. Runes (1798; reprint, New York: Philosophical Library, 1947), 212-219, quote at 135.

even stage-waggon” to flee churches “every Sunday in summer, as soon as they are open for divine worship”—readers are encouraged to laugh with Rush, distancing themselves from inappropriate transactions. These examples are more broadly emblematic of Rush’s thinking.

This chapter argues that Rush understood the body and body politic to be “tremendous oscillatory mass[es] of matter” that functioned through physiology—circulation and sympathy—not static anatomy, and, furthermore, that Rush worked tirelessly and effectively to mold the nation’s physiology through his rhetorical “art of sympathy.”⁴ The discussion begins with circulation, the key to corporeal and national health for Rush but also the source of all disease. Conceptually, circulation needed to remain unfettered for each individual to realize the republican promise and for the whole body to be properly invigorated—but free flow was problematic when it allowed information, goods, and bodies to flow unchecked into the U.S. It then examines sympathy as a secondary physiological mechanism that controlled this movement. It is crucial that these concepts be linked, though recent scholarship has neglected to do so. Whereas circulation importantly opened the body and the country to external stimuli, sympathy—both somatic and social—corralled, directed, and managed the responses to those stimuli, directing them along salubrious routes that were both natural and teachable. Finally, the argument turns to Rush’s management of corporeal and national physiology: As the above vignettes suggest, Rush circulated his own ideas of healthy exchange while crafting—promoting and preventing—the development of particular sympathies through rhetoric.

Connecting Rush’s ideas of circulation and sympathy revises the current understanding of Rush’s medico-political model. Scholars have long noted the “political permeability” of his

⁴ Jason Frank uses the phrase “art of sympathy” to describe Rush’s management of citizen sympathies in “Sympathy and Separation: Benjamin Rush and the Contagious Public,” *Modern Intellectual History* 6.1 (2009): 27-57, quote at 35.

medicine.⁵ Claiming an “indissoluble union between moral, political, and physical good,” Rush’s corporeal schema also mapped societal and political health.⁶ For Rush, the body was a metonym for the nation. In situating Rush’s ideas about circulation in relation to those about sympathy, this analysis moves to revise the current understanding of the physiological basis of Rush’s political project. This chapter will argue that Rush did not conceive of men as “republican machines.” Men were not automatons but dynamic living systems—what he elsewhere would call “tremendous oscillatory masses of matter”—that could, through the cultivation of proper sympathies, become virtuous American citizens.⁷ But to study sympathy without circulation is to examine the body’s reaction to stimuli without considering how those stimuli arrived in the first place, under what conditions, and what alternate sympathetic paths they might take. A discussion of sympathy alone can explain why a mob might develop dangerous, revolutionary affects but it cannot explain fears of circum-Atlantic revolutionary contagion.

Moreover, a reconsideration of Rush’s ideas about the body links physiology to the vibrant discussion of Early American and circum-Atlantic circulation. Scholars of the early republic have been primarily interested in commercial and informational circulation but not yet in physiology. The movement of commerce (goods, bodies, cash) along global networks of exchange and the flow of information, especially print, have both been extensively treated. Rush is the ideal figure for such an analysis because of his own vast print circulation, his role as the

⁵ Sarah Knott, *Sensibility and the American Revolution* (Chapel Hill, NC: Duke University Press, 2009), 206.

⁶ Benjamin Rush, *Essays: Literary, Moral, and Philosophical* (Philadelphia: Union College Press, 1806), 14.

⁷ Benjamin Rush, “Animal Life,” *Lectures on the Mind*, eds. Eric T. Carlson, Jeffrey L. Wollock, and Patricia S. Noel (1809; reprint, Philadelphia: American Philosophical Society, 1981), 81-194, quoted at 162. Also see Jason Frank’s “Sympathy and Separation” and Jacqueline C. Miller’s “The Body Politic and the Body Somatic: Benjamin Rush’s Fear of Social Disorder and His Treatment for Yellow Fever,” *A Centre of Wonders: The Body in Early America*, ed. Janet Moore Lindman and Michele Lise Tarter (Ithaca: Cornell University Press, 2001), 61-75.

U.S. Mint's treasurer, and his multi-register prose (medical, literary, political, philosophical) that remained committed to a theory that united all of his projects. Rush cast a long and wide shadow. John Harley Warner has written that despite reservations individual physicians might have had, Rush's writing on medical practice was "dominant"—his was the American system of "medical practice most familiar to early-nineteenth century Americans."⁸ Rush's prominence was so total that it was commonplace for nineteenth-century physicians named their children after him, and his face still adorns the logo of the American Psychiatric Association.⁹ Jacquelyn Miller writes, "the entire country felt Rush's influence not only in the medical sphere, of course, but in the political as well. In particular, Rush's political involvement was felt in his capacity as a signer of the Declaration of Independence, a tireless worker in the formation of state and federal constitutions, a social reformer, and an author of numerous of political treaties."¹⁰ Additionally, Rush's anti-slavery work, his important educational tracts, his service as Surgeon General of the revolutionary army, and his tenure at the Mint bear witness to his broad importance in early national commercial and informational networks of circulation. Reconnecting physiology to current work on circulation extends such discussions and suggests that physiology's dynamism—rather than static "anatomy"—ought to inform discussions of the young nation. Rush's emblematic conception of physiology was always active. America would maintain national health, Rush believed, not by restricting this circulation but by influencing citizens' reactions to free-flow systems that were somewhat predictable and always dynamic. Rush's republic was rooted in the fluid, rich, and precarious corporeality of the American self.¹¹

⁸ Warner, *Therapeutic Perspective*, 170, 40.

⁹ *Ibid.*, 162-3.

¹⁰ Miller, "Body Politic," 61.

¹¹ For excellent recent scholarship on commercial circulation: Ian Baucom's *Spectres of the Atlantic: Finance, Capital, Slavery, and the Philosophy of History* (Durham, NC: Duke

Finally, I draw on the work of Benjamin Rush and his niece Rebecca Rush, to show how medicine and literature took part in an interdisciplinary conversation that worked to craft a healthy American body during the Early Republic. If Rush relied on sympathetic networks of communication and trafficked in literary modes, his niece Rebecca Rush picks up on her uncle's form and rhetoric to recraft a vision of the healthy nation in her 1812 novel *Kelroy*. Using sentimentality and satire, Rebecca Rush remaps early American networks of circulation and sympathy so that they extend beyond white, male affiliations and places women at the center of an early republican medical imaginary.

Corporeal Circulation

As the American Revolution demanded a new model of society, Benjamin Rush understood it to require a new model of the body as well. Rush had been trained in Europe but was eager to craft an American physiology. To do so, Rush adopted European notions of the body's vital materialism but revised his mentors' ideas by placing circulation—not the nervous system—at the center of American health.

Rush's corporeal theory was premised on the notion of an engaged body. Following his Scottish mentor William Cullen, Rush believed “a living system is a tremendous oscillatory mass of matter,” a structure in constant motion.¹² This actively participatory body absorbed, parried,

University Press, 2005), Philip Gould's *Barbaric Traffic: Commerce and Antislavery in the 18th Century Atlantic World* (Cambridge, MA: Harvard University Press, 2003), and Jennifer Baker's *Securing the Commonwealth: Debt, Speculation, and Writing in the Making of Early America* (Baltimore: Johns Hopkins University Press, 2005). For informational circulation: Michael Warner's *Letters of the Republic: Publication and the Public Sphere in Eighteenth Century America* (Cambridge, MA: Harvard University Press, 1992), Trish Loughran's *The Republic in Print: Print Culture in the Age of U.S. Nation Building, 1770-1870* (New York: Columbia University Press, 2009), and James Delbourgo and Nicholas Dew's *Science and Empire in the Atlantic World* (New York: Routledge, 2008).

¹² Rush, “Animal Life,” 86

and engaged a barrage of internal and external stimuli: “motion,—sensation—and thought... These three, when united, compose perfect life. It may exist without thought, or sensation, but neither sensation, nor thought, can exist without motion.”¹³ Thus, the body’s motion—its response to and participation in mechanisms of internal and external circulation—served as the key element of life that made all other features possible. Not a static vessel through which life passes, the body was always busy with the business of living—a shifting, pushing, pulsing mass of material, each part of which dynamically contributes to the whole. Unlike the animist’s body-as-passive-receptacle or the mechanist’s body-as-machine, “vital materialism” raised the stakes for understanding how the body works.¹⁴ The body was a moving agent whose healthy state depended on a vigorous but carefully balanced set of encounters. Certainly, for Rush, the body was still a “masterpiece of divine workmanship,” but, as he adopted from William Cullen, “[t]he human body is not an automaton or self-moving machine, but is kept alive and in motion by the constant action of stimuli upon it.”¹⁵

This vital materialism, Rush’s circulatory ideal, challenges the current understanding of his oft-cited claim about men as “republican machines.”¹⁶ Scholars have either neglected or, more than once, dropped the word “not” from the preceding quotation to have Rush declare “the human body is an automaton.”¹⁷ This second omission, were it supportable by a misprinted Rush original, renders the full sentence illogical. Rather, Rush’s full claim, “I consider it possible to convert men into republican machines,” demonstrates his belief in educating men toward

¹³ Rush, “Animal Life,” 70.

¹⁴ James J. Bono, “Perception, Living Matter, Cognitive Systems, Immune Networks: A Whiteheadian Future for Science Studies,” *Configurations* 13 (2005), 135-181, quote at 139;

¹⁵ Benjamin Rush, *Medical Inquiries and Observations*, (4 vol., Philadelphia: J. Conrad and Co., 1805), 4: 389, 2: 377.

¹⁶ Rush, *Lectures*, 383.

¹⁷ For the automaton misprint see Terrell, “Republican Machines,” 104 and Haber, *The Quest*, 51.

particular sympathies.¹⁸ Rush “*considers it possible*” to make citizens “republican machines”—i.e., well-regulated producers and promoters of republican culture. Not innately mechanistic, citizens can be trained. The language counters claims that Rush thought that “man was a machine” or that “for Rush, as for so many of his contemporaries, men were already understood to *be* machines.”¹⁹

The first physiological theories Rush needed to grapple with were Cullen’s. Cullen was not only his mentor, but was, as Rush noted, the guiding light for American physicians in the 1760s.²⁰ After the Revolution, Cullen and Rush could agree on an actively participatory body, but they could not agree on how that body worked. Cullen believed all disease begins in the nervous system, and that the circulatory system was stimulated only afterward through spasms. Cullen’s nervous system was a well-ordered apparatus receiving stimuli through the nerve endings, communicating those messages to the brain and feeding information back through the nerves’ distinct pathways.²¹ Modifying Cullen’s work, Rush returned to the 1628 vision of William Harvey, the discoverer of circulation. Harvey held that both healthy regulation and malignant corporeal disturbances began with the circulatory system and affected the nervous system only secondarily if at all.²²

¹⁸ Rush, *Lectures*, 383.

¹⁹ Samuel Haber, *The Quest for Authority and Honor in the American Professions, 1750-1900* (Chicago, 1991), 51; Colleen Terrell, “‘Republican Machines’: Franklin, Rush, and the Manufacture of Civic Virtue in the Early Republic,” *Early American Studies* 1.2 (Fall 2003), 100-132, quote at 102.

²⁰ Rush, *Medical Inquiries*, 4: 389.

²¹ “Introduction to the Lectures on Animal Life,” *Lectures on the Mind*, eds. Eric T. Carlson, Jeffrey L. Wollock, and Patricia S. Noel (Philadelphia: American Philosophical Society, 1981), 52-66.

²² See William Harvey, *Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus*, trans. C. D. Leake (1628; reprint, Springfield, IL: Thomas, 1930).

But Rush modified Harvey's vision too. According to Rush, the blood vessels—not the heart—kept the body alive, delivering life-supporting stimuli through networks of 'internal' circulation. Harvey had celebrated the free flow of circulation but also an omnipotent heart; he claimed the heart as “the foundation of [animal] life...upon which all growth depends, from which all power proceeds.”²³ Revising Harvey, Rush proposed the heart as a relatively weak organ—a mere muscle controlled by blood vessels and nerves. For Rush, the heart was an empty “ocean” to which the blood “returns...in triumph” after the real work had been done in the vessels.²⁴ Evacuating centralized power from the heart, Rush told his students that stomach, lungs, nerves, and lymph nodes work “All! all! for the benefit of the arteries. The blood vessels are certainly of the greatest consequence to the Animal; all other parts are subservient to them.”²⁵

Moving away from the step-by-step pathway of the nervous system and the top-down control of the heart, Rush radically altered earlier corporeal models. Without a locus of power, the body sustained life only through the general diffusion of stimuli—salutary or harmful—around the whole body and back through the point of origin. Whereas the introduction of a stimulus into the nervous system might conceivably be limited only to the pathways that channel it and a powerful heart might fully regulate its effects, an element entering Rush's circulatory system necessarily spread relatively unhindered throughout the whole body.

Rush's system depended on this healthy blood flow, which dispersed, redistributed and collected stimuli in and around the body. Movement in the blood vessels was part of a balancing act that made possible the health of inextricably interconnected body parts: “the whole human body is so formed and connected, that impressions made in the healthy state upon one part,

²³ Harvey, *Exercitatio Anatomica*, 3.

²⁴ Benjamin Rush, *Notes on Physiology taken from Lectures Delivered in the University of Pennsylvania* (College of Physicians of Philadelphia, Philadelphia, 1809), 112.

²⁵ *Ibid.*

excite sensation, or motion, or both, in every other part of the body.”²⁶ Even in health, no region was immune from the constant flow of stimuli; in disease, as we will see, this uncontrolled fluidity could be terrifying.

For Rush, this system of internal circulation was necessarily complimented by an external system: the circulation of the body through the world. This, in turn, excited the blood vessels of the internal system. “[L]ife,” Rush writes, “depends upon the action of certain stimuli upon the sensibility and contractility, which are thus extended in different degrees, over every external and internal part of the body. These stimuli are as necessary to its existence and preservation, as air is to flame.” Animal life required both internal and external stimulation.²⁷

Despite the necessity for stimulation, Rush believed the vagaries of circulation demanded constant vigilance: “[t]he cause of all diseases...consists in the excessive, or preternatural excitement...the cure of all diseases depends simply upon the abstraction of stimuli from the whole, or from part of the body, when the motions excited by them are in excess; and in the increase of their number and force, when motions are of moderate nature.”²⁸ Rush’s therapeutics follow suit: Rush proposed either more or less exposure to external stimuli—fresh air and cold water or purging, bleeding, sequestration, and rest—depending on whether he considered the ailing body under- or over-stimulated.²⁹ In other words, individual bodies needed to encounter stimuli in balanced amounts. For Rush, these proscriptions made possible not only the health of individual citizens but also nation.

²⁶ Rush, “Animal Life,” 84.

²⁷ *Ibid.*, 85.

²⁸ Rush, “Animal Life,” 188.

²⁹ Alyn Brodsky, *Benjamin Rush: Patriot and Physician* (New York: Truman Talley Books, 2004), 89-90. Here Rush follows John Brown’s sthenic and asthenic diseases. For Brown and Rush and the uniqueness of Rush’s vision, see John T. Rees’s *Remarks on the Medical Theories of Brown, Cullen, Darwin, & Rush* (Thesis, University of Pennsylvania, 1805).

Healthy Body, Healthy Nation

Rush's somatic physiology mapped a national one. Rush scholars have long linked corporeal and political models. This argument goes further: the relationship between the body and the body politic was not merely metaphorical but metonymical. When Rush claimed his "indissoluble union," he made clear that national health depended on healthy American bodies. Internal and external circulation maintained citizen health; likewise, national and transnational circulation had both political and physiological resonances. This structural unity was crucial but also inherently destabilizing, especially in its dependence on global networks of exchange.³⁰

In connecting the vital body's circulation to that of the state, Rush both built on and altered tradition. William Harvey linked the circulatory system to monarchy, dedicating his work to Charles I: "The heart of animals is the foundation of their life, the sovereign of everything within them...from which all power proceeds. The King, in like manner, is the foundation of his kingdom, the sun of the world around him, the heart of the republic, the fountain whence all power, all grace doth flow...the motions of the heart I am the more emboldened to present to your Majesty... [because] many things in a King are after the pattern of the heart."³¹ But Rush's republican principles meant he could not consider unquestioned hierarchy natural; for Rush's body to map the body politic, he needed to reject Harvey's analogy. Sarah Knott writes that, with

³⁰ Examples of scholarship linking Rush's medicine and politics: Jason Frank argues that, quoting Evelyn Forget, the late eighteenth century collapsed "the distinction between medicine and what became sociological theory [...establishing a] logical continuity between physiological and sociological investigation" and that "[n]o late eighteenth-century American figure deployed this 'logical continuity' more rigorously than Rush," 33. Jacquelyn Miller asserts that Rush's "two spheres of interest and activity—the medical and the political—coalesced in Rush's life and thought, and that the particular methods he developed to deal with disorders in the somatic dimension of late-eighteenth-century American life reflect his simultaneous concern with the political health of the new American nation," 61-2.

³¹ Harvey, *Exercitatio Anatomica*, 3.

Rush at the helm, the “logic” of American medicine “shifted and politicized with colonists’ imperial resistance.”³² Rush kept Harvey’s and Cullen’s vital materialism, but the necessary change from hierarchy to equilibrium inherently destabilized Rush’s model for both body and state. Rush’s commitment to republican ideology announced itself in his concepts of oscillation and circulation— notions better aligned with post-Revolutionary America than with Carolinian England. Rush proclaimed circulatory balance the key for health.

But Rush did not limit his vision to the political and geographic borders of the U.S. He saw this positive flow of information and cultural development as transcending national borders; the health of the nation *depended* on global networks of exchange. The passage that opens this chapter demonstrates Rush’s wishful thinking about circulation. Ideally, the United States could export goods, values, and governmental systems without receiving any potentially detrimental elements in return. When Rush spoke, for example of “expel[ing] tyranny,” he must have realized that thrusting tyranny out of U.S. borders meant propelling it into international paths of circulation. Rush deployed the language of circulation while negating its mechanical reality by impossibly envisioning tyranny “expelle[ed...] from the world.”

Rush strikingly demonstrates this naïveté again in “Paradise of Negro Slaves.” One night after reading an anti-slavery essay, Rush dreams of a distant Eden “inhabited only by negroes” happily “assembled for religious purposes.”³³ These former slaves “enjoy an ample compensation in our present employments for all the miseries we endured on earth.”³⁴ In fact, the formerly-enslaved congregate in a garden that “in point of cultivation and scenery, far surpassed anything I had ever heard, or read of in my life”; Christianity and civilization have been carried

³² Knott, *Sensibility*, 91.

³³ Benjamin Rush, *Essays*, 305.

³⁴ *Ibid.*

beyond U.S. geographical boundaries.³⁵ Rush's dream articulates his fantasies about global exchange by imagining foreign contaminants—here African Americans whose skin color he considered an imported, self-evident disease—could be safely sent away from American soil, but might carry with them certain “American” virtues.³⁶ Of course, the dream conveniently denies the circularity of circulation in its construction of this freed men's heaven as a self-contained entity; these physically separated others receive the goods of American circulation but are figured as having no desire for exchange. Moreover, this fantasy magically eradicates any possible backlash from morally improper American participation in circum-Atlantic trade by insisting on heaven's “ample compensation” of the formerly-enslaved for their suffering.³⁷ His fantasy obscures the multidimensional, reciprocal, and unpredictable features on which the very concept of circulation is predicated.

Nevertheless, the unreality of Rush's dream should suggest that Rush found his idealized thinking about external circulation constantly threatened. The first threat to Rush's idealistic thinking about circulation came from the nature of eighteenth-century commerce. Like many of his class and generation, Rush promoted global commerce for the health of the nation while also registering its problematic implications. In England, Rush claimed such participation “crowded” hospitals after “the bursting of the South Sea bubble in 1720.”³⁸ In the U.S., Rush held

³⁵ Ibid.

³⁶ Benjamin Rush, “Observations Intended to Favour a Supposition That the Black Color (As It Is Called) of Negroes is Derived from Leprosy,” *Transactions of the American Philosophical Society* 4 (1799): 289-297. Imagining blackness as a contagion, Rush vehemently opposed slavery while supporting segregation. Thus, Rush inclusively interpreted “all men are created equal” while maintaining a white America. For a complimentary reading of “The Paradise of Negro Slaves,” see Dana Nelson, *National Manhood* (Durham, NC: Duke University Press, 1998), 179-182.

³⁷ Benjamin Rush, *Essays*, 305.

³⁸ Benjamin Rush, *Medical Inquiries And Observations Upon The Diseases Of the Mind* (hereinafter *MIODM*) (1812; reprint, Kila, MT: Kessinger Press, 2006), 66.

speculation responsible for the increased prevalence of madness since 1790. Rush announced that such madness blossoms “when speculation is substituted for regular commerce” and when “avarice and ambition” replace republican virtue.³⁹ But Rush relies here on a distinction between speculation and healthy participation when, practically speaking, little difference existed. Rush’s tenuous assertion that “ambition and avarice” fuel unhealthy participation cannot hold even to the end of the paragraph.⁴⁰ Rush backtracks: “even profits and loss of regular trade and agricultural labor, now and then pervert understanding. A respectable merchant died of madness in the Pennsylvania Hospital, in the year 1794, induced by a successful East India voyage.”⁴¹ As nice distinctions collapse, Rush’s writing reveals the degree to which any global participation also set the country at risk.

The threat was also ideological. Anxieties about ideological exchange logically accompanied commercial concerns since scientific, philosophical, and political print material traveled along the same routes—in the same boats—as commercial goods. Describing the post-Revolutionary moment, Rush demonstrates anxiety about the uncontrolled ideological circulation: “The termination of the war by the peace in 1783, did not terminate the American Revolution. The minds of the citizens of the United States were wholly unprepared for their new situation. The excess of the passion for liberty, inflamed by the successful issue of the war, produced, in many people, opinions and conduct which could not be removed by reason nor restrained by government. For a while, they threatened to render abortive the goodness of heaven to the United States, in delivering them from the evils of slavery and war.”⁴² Rush is talking

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid., 66-7.

⁴² Benjamin Rush, “Influence of the American Revolution,” *Selected Writings*, ed. Dagobert D. Runes (1788; rep., New York, 1947), 325-333, quote at 332-3.

about the post-Revolutionary revolts of the 1780s and 1790s, like the Whiskey Rebellion, which threatened the tenuous stability of the newly-formed republican government. Though Rush on some occasions proudly claimed America's exportation of revolutionary energies to France, he worried about the recycling of such energies; he diagnosed this unwanted fervor "Revolutiana."⁴³ Rush continually, if unconvincingly, fell back on science and, here, on the "goodness of heaven" to shield American health prophylactically from recycled threats. Some wavering over the potential boomerang effect of circulation was more subtle: whereas Rush had once enthusiastically proclaimed "the human species" nowhere "in a more perfect state, than in France, Britain, Ireland, and the United States," by 1799, Rush had deleted France and Ireland from the lecture.⁴⁴

In Rush's view, commercial and ideological circulation imperiled the virtue of the young republic. British commerce, for example, was always a loaded topic for Rush because, as a good patriot, he was wary of the English corruption that, for example, brought the slave trade to America. In this vein of moral purity, Rush decried American dependence on West-Indian sugar. Extolling the use of maple sugar, Rush argued that it encouraged virtuous yeoman production and could be produced more cheaply than cane sugar. He emphasized the "benefits" of this shift would "not be confined to our own country. They will I hope extend themselves to the interests of humanity in the West-Indies...I cannot help contemplating a sugar maple tree with a species of affection and even veneration, for I have persuaded myself to behold in it the happy means of rendering the commerce and slavery of our African brethren in the sugar islands as unnecessary

⁴³ Benjamin Rush, "On Securities for Liberty," *Selected Writings*, ed. Dagobert D. Runes (1792; reprint, New York: Philosophical Library, 1947), 32-4, quote at 33.

⁴⁴ Editors' notes in Rush, "Animal Life," 162.

as it has always been inhuman and unjust.”⁴⁵ Rush hoped America would withdraw from morally corrosive elements of international markets for the good of all. Withdrawing from harmful networks of exchange did commercial, ideological, and ethical work; reinscribing sugar production within the bounds of the nation bolstered both the national economy and the (white, male) virtuous yeoman-farmer ideal. As in “Paradise of Negro Slaves,” Rush’s facile vision allowed an all-white body politic to fortify itself against foreign contaminants while continuing to circulate its good(s) outward.

Rush actively promoted mechanisms of dispersal within the United States and export outside its borders, but he could not control what flowed back along those same routes. The goods that surged back into America threatened the nation precisely because they were uncontrollable and, in their foreignness, could not be wholly inscribed within the systems of power/knowledge he sought to regulate.

Thus, imported foreign elements rendered America perpetually susceptible to physiological and ideological disease, as the 1793 yellow fever epidemic made abundantly clear to Rush. During the epidemic, Philadelphia panicked. Most residents of the then-capitol fled, and many feared for the new republic. Though Rush would become a powerful advocate for the “local origins” theory of the disease, in 1793, he connected the outbreak to “the putrid exhalations” of West-Indian “damaged coffee”—goods of transnational trade.⁴⁶ Rush saw this spread of the foreign-based fever disrupting the minds and bodies of rational, virtuous citizens: two clergymen and “the celebrated Mr. Howard” married their nurses who “were very humble in life,” “twelve marriages took place of the patients who recovered from the Yellow Fever at Bush-Hill...and a greater number were detected in a criminal intercourse with each

⁴⁵ Rush, *Essays*, 287.

⁴⁶ Rush, *Medical Inquiries*, 1: 17.

other...unequal matches appear to have been the effects of a morbid sexual appetite, that suddenly succeeded their fevers.”⁴⁷ Jacquelyn Miller notes that though Rush “never openly linked the social-political and medical dimensions of his purging and bleeding regimen” during the epidemic, “he did so several years later” when he wrote John Adams that “the remedies for a yellow fever would do wonders with the heads of the men who now move our world.”⁴⁸ Martin Pernick demonstrates that politicians connected Rush’s fever theories to dangers of political and commercial circulation: “Federalists used the importation doctrine to back demands for the quarantine or exclusion of the radical French, and for limitations on trade with the French islands.”⁴⁹ Rush’s well-known use of bleeding promised to relieve the strain of harmful circulation that caused corporeal, social, and political distress. Still, his theories and remedies were only ever partly successful. Fevers recurred, and the tensions between the healthy flow and imminent danger of circulation manifested themselves—most intimately—on minds of Americans.

Healthy Mind, Healthy Nation

An Enlightenment revolutionary, Rush understood the site of reason to be the most important space for human physiology.⁵⁰ As the nexus where the state and citizen met, the health of the brain was paramount. Rush named the study of the mind “the most important branch of all the sciences. It constitutes by far the noblest part of our natures. It elevates us above all the other

⁴⁷ Rush, *MIODM*, 354

⁴⁸ Miller, “Body Politic,” 70; quoted in Miller, “Body Politic,” 70.

⁴⁹ Martin Pernick, “Politics, Parties, and Pestilence: Epidemic Yellow Fever in Philadelphia and the Rise of the First Party System,” *William and Mary Quarterly* 29.4 (Oct 1972): 559-586, quote at 568.

⁵⁰ See, for example, Gordon S. Wood’s *The Radicalism of the American Revolution* (New York: Vintage, 1992) for the connection between revolution and the Enlightenment.

animals upon the face of the earth.”⁵¹ Moreover, through “the combined action of causes, which operate at once upon the reason, the moral faculty, the passions, the senses, the brain, the nerves, the blood, and the heart, it is possible to produce such a change in [a man’s] moral character, as shall raise him up to a resemblance of angels; nay, more, to the likeness of God himself.”⁵² Here the mind—the receptor of physical, intellectual, and moral stimuli—is the site through which men might be made “republican machines” or even “the likeness of God.” Nevertheless, as the meeting place of multiple fluctuating systems, the brain was both the most essential part of the human body and the most susceptible the vagaries of circulation.

The brain’s significance arose, in large part, from its role as the central nexus of internal and external somatic circulation. “[T]he *action of the brain*,” Rush writes, “the contraction of every muscle fibre, diastole and systole of the heart, the pulsation of the arteries...and the sense of touch, *nay more, thought itself*, all depend upon the action of stimuli upon organs of sense and motion. *These stimuli are external, and internal.*”⁵³ These stimuli made life, sensation, and thought, possible. Following Cullen, Rush located reason and navigation through the world in the brain, even if he thought the nervous system itself secondary.

But, as the circulatory nexus, the brain was most vulnerable to disease. Blood vessels’ irregular action spread “to the nerves and to that part of the brain which is the seat of the mind [...which] communicate more promptly, deranged action to the blood-vessels of the brain” through “the diffusion of morbid irritability.”⁵⁴ Rush called the brain’s blood vessels “the

⁵¹ Rush, “Lectures upon the Mind,” *Lectures on the Mind*, eds. Eric T. Carlson, Jeffrey L. Wollock, and Patricia S. Noel (Philadelphia: American Philosophical Society, 1981), 403-553, quoted at 403.

⁵² Manuscript at the College of Physicians, Philadelphia; Rush, *Medical Inquiries*, 2: 51-2.

⁵³ Rush, “Animal Life,” 87-8, emphasis added.

⁵⁴ *Ibid.*

primary seat of madness.”⁵⁵ Harmful stimuli upset blood vessels, blood vessels disturbed the brain, and the brain stimulated adjacent blood vessels to diffuse illness throughout the body. Because these stimuli could be physical, perceptual, emotional, or intellectual, they posed a multivalent threat.

Additionally, if the brain and its blood vessels articulated the body’s internal and external routes of circulation, the human part of the body, and the somatic foundation for a healthy republic, diseases that threatened the brain could affect the nation. Rush made the connection to the body politic explicit: “The Brain may be aptly compared to a large city accessible by many different ways—By canals under ground—by passing through the air, or by sailing into the Harbour.”⁵⁶ Like Philadelphia itself, the brain occupied a central space in the body (and body politic), managing a barrage of circulating stimuli. Like harbors, canals, or city air, these channels could be partly regulated, but Rush knew they could not be completely controlled. Furthermore, insofar as Rush’s efforts to cure individual bodies were connected both metonymically to national health, perils to American minds constituted the greatest challenges to republican success.

Rush’s complicated navigation of economic, religious and political etiologies gestures insistently toward transnational attachments and begs certain questions: What is “healthy” exposure? What is the “right” level of participation in global networks of exchange? Rush worried about the effects of transnational speculation on American mental health and fretted over the importation of insanity. Sometimes Rush confidently asserted that West Indian madness could not be transported because climate made the disease “rare.”⁵⁷ Elsewhere he claimed slaves

⁵⁵ Rush, *MIODM*, 27.

⁵⁶ Rush, *Notes on Physiology*, 153.

⁵⁷ Rush, *MIODM*, 70.

sometimes “become insane...soon after they enter upon the toils of perpetual slavery in the West Indies,” and Jamaican slaves often became “deranged.”⁵⁸ Finally, Rush feared contagious revolutionary energies. He actively spread such energies during the American Revolution, but post-revolution he could not decide: On one hand, he feared the return of French energies claiming “revolutions in governments” provoked “Revolutiana” and “Anarchia”—American insanities.⁵⁹ On the other, he proclaimed madness “[occurred] so rarely from political causes in the United States” that he knew “but one instance of it.”⁶⁰ When it came to madness and circulation, Rush could not decide whether the post-Revolutionary body and nation were “in a more perfect state of health” or perpetually at risk.⁶¹

Sympathetic Control

To resolve this uncertainty, Rush turned to the nervous system—a secondary, if vital, locus of health that, in his view, managed circulation. Rush understood circulatory balance alone was not sufficient for health. As circulation nexuses and connective sites between individual and state, American minds were perfect sites of control. Though Rush was not willing to imagine checks on circulatory movement, he sought to direct Americans reactions to the stimuli they encountered through sympathy.

It is this sympathy (most often nervous) not the circulatory system, that most closely resembles government. Unlike the circulatory system, Rush follows Cullen in recognizing the nervous system as hierarchical. Revising Cullen, however, his model is bottom-up: “The nerves...arise, as we before said, from the Brain and c [sic] and ramify all over the body, or I

⁵⁸ Ibid., 41, 132.

⁵⁹ Rush, “American Revolution,” 332-3.

⁶⁰ Rush, *MIODM*, 70, 68.

⁶¹ Ibid., 162.

would rather say, they commence in all parts of the body, and terminate in the Brain” as elected officials derived power from constituents.⁶² Still, Rush insists this healthy hierarchy is secondary to balance and flow; the nervous system depends on the circulatory system—not vice versa. Rush writes: “the Heart possesses in itself the power of motion, the distension of it by the blood, is the stimulus which excites this action, and the influence of the brain.”⁶³ Extrapolated to a national level, this suggests why Rush devoted most of his lifework to circulating information rather than serving government. Still, for Rush, sympathetic control was a necessary director of circulation’s unrestricted flow.

This chapter builds on recent critical conversations about sympathy and suggests Rush’s notion of sympathy functioned as a check—if imperfect—on circulation. Described as particular physiological responses to circulating stimuli, sympathy depicted a constellation of somatic and mental responses that, though natural, could also be inculcated into bodies and minds of well-educated citizens. Physiological sympathy grounded philosophical sympathy; through structures of sympathy the health of the nation could be maintained despite the necessary vagaries of circulation.⁶⁴

“Sympathy” was key to eighteenth-century thought, though it lacked stable meaning. Evelyn Forget claims: “It is no wonder that eighteenth-century characterizations of social sympathy have been called ambiguous...despite its apparent universality, the definition of

⁶² Rush, *Notes on Physiology*, 128.

⁶³ *Ibid.*, 116-7.

⁶⁴ Excellent discussions of eighteenth-century sympathy include G. J. Barker-Benfield’s *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (Chicago: University of Chicago Press, 1992), David Marshall’s *The Surprising Effects of Sympathy: Marivaux, Diderot, Rousseau, and Mary Shelly* (Chicago: University of Chicago Press, 1988), and Julia Stern’s *The Plight of Feeling: Sympathy and Dissent in the Early American Novel* (Chicago: University of Chicago Press, 1997).

sympathy varied among writers and within the body of work of any single social theorist.”⁶⁵ Its centrality and indeterminacy fostered lively debate over a term that grounded Enlightenment models of state and society. Jason Frank writes: “sympathy was understood both as the ‘cement’ that cohered social order and as a perpetually destabilizing threat to that order.”⁶⁶ Edmund Burke, Frances Hutcheson, Adam Smith, and David Hume all considered the term essential. Physicians like Robert Whytt linked philosophical discussions of sympathy to medical ones.⁶⁷ Rush was highly attuned to these discussions, not only because he studied in Edinburgh but also because he was fully immersed in the circum-Atlantic Enlightenment world.⁶⁸

Rush’s sympathy was Humean. Rush had met Hume, and Rush’s teachers John Gregory and Cullen were intimates of Hume who mapped medical sympathy along Humean lines.⁶⁹ Hume saw sympathy as resulting from the interaction between external impressions and innate response. Hume describes passionate sympathy as “directly related to the object, which nature has attributed the passion; the sensation, which the cause separately produces, is related to the sensation of the passion: From this double relation of ideas and impressions, the passion is deriv’d.”⁷⁰ Following Hume, Rush views sympathy as the body’s reaction to circulating stimuli.⁷¹

⁶⁵ Evelyn Forget, “Evocations of Sympathy: Sympathetic Imagery in Eighteenth-Century Social Theory and Physiology,” *History of Political Economy* 35.1 (2003): 282-308, quote at 288.

⁶⁶ Frank, “Sympathy,” 30.

⁶⁷ Christopher Lawrence, “The Nervous System and Society in the Scottish Enlightenment,” *Natural Order: Historical Studies of Scientific Culture*, ed. Barry Barnes and Steven Shapin (Beverly Hills: Sage, 1979), 19-40.

⁶⁸ In one *Medical Inquiries* sentence, Rush mentions Hutcheson, Smith, Rousseau, and St. John and Edinburgh doctors’ treatment of sympathy, 2: 6.

⁶⁹ Laurence B. McCullough, “Hume’s Influence on John Gregory and the History of Medical Ethics,” *Journal of Medicine and Philosophy* 24.4 (1999), 376-395, quote at 380.

⁷⁰ David Hume, *A Treatise of Human Nature* (1739; reprint, New York, 2007), 286.

⁷¹ Gregory and Cullen used Hume’s “double relation.” Gregory based his medical ethics on Hume, and Cullen was Hume’s friend, advocate, and physician. For Cullen’s relationship to

Jason Frank and Sarah Knott have written persuasively about medico-political sympathy in Rush, even if an isolated consideration of sympathy limits their arguments. Frank argues Rush followed “eighteenth-century moral sentimentalists” in “emphasiz[ing] both sympathetic communication and sympathetic cultivation, redirection, and reform: the art of sympathy.”⁷² This “art of sympathy” was not merely an innate reaction to circulating stimuli but a natural response that could be molded for social good. For Frank, Rush’s ideas about sympathy explain how parts—body, family, community, nation—could, together, produce a healthier whole. Quoting Hans Reill he connects this thinking to physiological discussions: “[Sympathy] enabled late Enlightenment life scientists to account for action at a distance and simultaneous reaction in widely dispersed parts of the organized body...Just as sympathy, in the work of the moral sentimentalists, explained the circulation of binding affections in the social body, physiological sympathy...was conceived as the working currency of a corporeal communicative economy.”⁷³ But, Frank notes, Rush’s idea of sympathy “cautiously departed from Whytt’s and Cullen’s influential writings”—Rush’s sympathy was always also divine.⁷⁴ Sarah Knott has recently come to compatible conclusions. Knott singles out Rush as a participant in the “sentimental project” she understands to be the American Revolution’s central reorganizing principle. Knott importantly finds “[t]he history of the American Revolution is in part a history of sensibility” and “[t]he sharing of sympathy drew on what people had in common; it emphasized the social

Hume and Smith, see John Thompson’s *An Account of the Life, Lectures, and Writings of William Cullen* (Edinburgh: Blackwood, 1859). For Gregory’s indebtedness, see McCullough, “Hume’s Influence.” Rush met Hume (see Benjamin Rush, *Travels through Life or Sundry Incidents in the Life of Dr. Benjamin Rush* (Lanoraie, PA, 1905), 28-9, 43 [meetings], 87 [indebtedness]).

⁷² Frank, “Sympathy,” 35.

⁷³ *Ibid.*, 37.

⁷⁴ *Ibid.*

interdependency and mutual malleability of individuals...American social union had to entail, it was believed, new bonds of interdependence...sensible selfhood—socially constituted, socially turned—shaped the American founding.”⁷⁵

This excellent scholarship, however, separates sympathy’s physiology from circulation and limits it to the nerves. Frank and Knott are mostly interested in interpersonal sympathy and sensibility as tropes for American unity and control in the early republic. They understandably use Rush’s medical and political theories to buttress these claims. Nevertheless, such arguments do Rush’s theorizing a disservice by considering sympathy and sensibility—secondary systems for Rush—separate from Rush’s governing mechanism for health. Curtailing Rush’s discussion to the nervous system limits the discussion to effects rather than causes and negates the coordinated workings of the body that permitted life.

Sympathy, for Rush, was a more specific function in a constellation of related concepts, including: irritability, excitability, and sensibility. These terms came from eighteenth-century European physicians Albrecht Von Haller, John Brown and William Cullen.⁷⁶ Rush defined “irritability” as “that property in the human body, which is capable of knowing motion excited in it by the action of impressions. This property has been called contractility, mobility, stimulability, and excitability.”⁷⁷ “Sensibility,” Rush lectured, was “a power of having sensation excited from the action of impressions.”⁷⁸ Each of these related to the body’s ability to be affected by stimuli; irritability/excitability were responses through motion, whereas sensibility was the body reaction through sensation.

⁷⁵ Knott, *Sensibility*, 4, 22.

⁷⁶ Editors’ footnote in Rush, “Animal Life,” 84.

⁷⁷ *Ibid.*, 83-4.

⁷⁸ *Ibid.*, 83.

Sympathy was a special case of sensibility—one in which Rush invested much hope for the healthy body. Rush introduces sympathy to his students as “a certain connection of feelings in the nerves” but clarifies: “1. That stimuli applied to one part of the body may extend over and affect every other part. 2. To give notice of diseases in insensible parts...3. That diseases might be diffused over the whole body and not be confined to our particular part, thus rendering it less moral. 4. That disease of the body generally might be cured by substances operating upon particular parts.”⁷⁹ Sympathy, then, was a mechanism by which the communication of one part of the body with another helped promote the health of the whole: vomiting might signal a kidney stone, and the diffusion of illness around the body might ameliorate a particular disease’s impact. In addition to these more general properties of sympathy, Rush described five modes of sympathetic response: continuity and contiguity describe direct (organ to organ) and indirect (organ-brain-organ) sympathetic connections, while reciprocal, nonreciprocal, and inverse reactions describe directionality and type of sympathetic response.⁸⁰ Sympathetic response might be contiguous and inverse: if one organ became hyperactive, the brain might enervate a spatially removed organ. But even this did not exhaust Rush’s sympathetic taxonomy. Rush delineates sympathetic pathways between all organs. That illness could circulate all over the body was terrifying, but sympathetic pathways reduced this terror. The specificity of pathways is what allowed physicians to intervene. Knowing the liver sympathized with the stomach—and vice versa—made purging a logical treatment for liver dysfunction. It also meant the liver would not cause respiratory problems. Specifying pathways and directions, Rushian sympathy made corporeal responses comprehensible, predictable, and increasingly manageable.

⁷⁹ Rush, “Of the Nervous System,” *Lectures on the Mind*, eds. Eric T. Carlson, Jeffrey L. Wollock, and Patricia S. Noel (Philadelphia: American Philosophical Society, 1981), 216-361, quoted at 238; *Ibid.*, 239.

⁸⁰ *Ibid.*, 241.

Rush also extends sympathy's reach. First a "feeling in the nerves," sympathy becomes the mechanism by which "stimuli applied to one part of the body may extend over and affect every other part."⁸¹ In fact, "sympathy is carried through other channels besides those of the muscles and nerves."⁸² Acting through various vital systems, sympathy was more pervasive than it might first appear.

Sympathy was an essential but secondary mechanism by which Rush imagined the body corralling the vagaries of circulation. Rush's sympathy must be considered in tandem with circulation, since he believed all bodily functions—"All! all!"—worked "for the benefit of the arteries" and that "all other parts are subservient." Through sympathy, the body received and reacted to elements with which it was brought into contact. Ultimately, it was the more conservative system that actively absorbed, negotiated and rejected stimuli, limiting the reactions to more predictable pathways. It shaped and ordered Rush's "tremendous oscillatory mass of matter."

Twinning Rush's discussions of circulation and sympathy makes sense not only on a corporeal level but also national and transnational levels. Thinking about sympathy alone helps explain how individuals within a nation join together under the banner of a particular set of ideas and emotions. Through bonds of sympathy individuals find a space of common ground through what Jason Frank has called the "mimetic" basis of sympathy.⁸³ But this vision of sympathy—wherein "affective communication between bodies" might "unleash...an 'anarchy of reciprocal imitations'"—attends only sympathetic relations of proximity and to transmittable body-to-body

⁸¹ Ibid., 239.

⁸² Ibid.

⁸³ Frank, "Sympathy," 30.

affect.⁸⁴ Mobs make sense here, global reverberations less so. The strength of this otherwise persuasive vision attenuates when imagining how global sympathies might function or how riot and revolution might spread across larger spatial and temporal divides. This was, of course, a matter of great concern for eighteenth-century thinkers who wanted to understand how the American Revolution might spur the French and Haitian Revolution, and, as Rush himself worried about, how those energies might circle back to inappropriately reinvigorate the American public. Furthermore, Rush worried about the effects of circulating materials that ranged from goods and ideas to bodies and pathogens. He was concerned not only about how one angry activist might spur dissent in another but how the arrival of West Indian coffee on Philadelphia's docks might bring disease and disorder to the nation's capital.

This global transmission of affect brings sympathy back to Rushian circulation. Through Rush's free-flow imperative, we understand exactly how an almost limitless number of heterogeneous stimuli might come into contact with a healthy body. It is important to think of Rush's ideas of sympathy in terms of his life-long concern with the life of the body in the world and the nation in its global networks of exchange. His "art of sympathy," then, his coordination of affects and bodies seems a careful orchestrated conservative response to his ideal of free flow. Organs, bodies, and nations needed to be open to stimuli, come what may, but health depended on that flow being channeled only in between certain parts, through specific channels, and in particular directions.

Physiology through Rhetoric

⁸⁴ Ibid.

If, as John Adams held, Rush pushed Thomas Paine to write, “furnished him with the arguments...and gave him his title of common Sense,” the impact of Rush’s rhetoric on national sympathies is enormous.⁸⁵ Adams furthered his support of Rush’s rhetorical efficacy after Rush implored Adams to write “a posthumous address...in which shall be inculcated all those great national, social, domestic, and religious virtues, which alone can make a people free, great, and happy;” Adams replied that could he “persuade my friend Rush...to write such a thing for me, I know not why I might not transcribe it.”⁸⁶ Rush spent his life promoting American health through his rhetorical “art of sympathy.”

Nevertheless, the broader force of Rush’s writing has been obscured by tonal shifts like a move to satire that at first seem oddly unscientific. For rising professionals from the late nineteenth century onward, they have been. Robert Veatch has persuasively argued, however, that Rush was instead partaking of an eighteenth-century physician-humanist model, where “leaders in medicine and in the humanities worked closely together [before...] physicians and humanists stopped talking.” Rush more than talked to humanities scholars. He wrote like them.⁸⁷

Rush’s turn to genres like sentimentality and satire demonstrates his use of rhetoric to channel American sympathies. Rush’s use of sentimentality is made explicit in his conclusion to *Medical Inquiries and Observations Upon the Diseases of the Mind*. After many harrowing descriptions of mental illness, Rush writes:

Here the reader and the author must take leave of each other....I shall only add, if I have not advanced, agreeably to my wishes, the interests of medicine by this work, I hope my labours in the cause of humanity will not be alike unsuccessful; and that the sufferings of our fellow creatures, from the causes that have been mentioned, *may find sympathy in the*

⁸⁵ John Adams, *The Works of John Adams*, ed. Charles Francis Adams (10 Vol., Boston, 1850), 3: 507.

⁸⁶ *Ibid.*, 9: 635-6.

⁸⁷ Robert Veatch, *Disrupted Dialogue: Medical Ethics and the Collapse of Humanist-Physician Communication (1770-1980)* (Oxford: Oxford University Press, 2005), book flap.

*bosoms, and relief from the kindness of every person who shall think it worth while to read this history of them.*⁸⁸

Concluding his medical work like a didactic sentimental novel, this first text of American psychiatry is an example par excellence of Rush's art of sympathy. Diffusing salubrious information through the arteries of print circulation, Rush promotes positive channels of sympathy to strengthen the nation. Rush is clear: he is most interested in social good. Instructing Americans about mental illness, he hopes will help knit individuals closer together so that they might alleviate the pains of their fellow distressed citizens.⁸⁹

Rush flexibly employed his rhetorical repertoire to teach citizens to be virtuous, properly feeling, republicans. When contemplating circulating dangers to the mind, Rush peppers his writing with sentimentality. Rush asks: "Can any thing be anticipated more dreadful than universal madness?" and exclaims, "How undescribable, and even *incomprehensible*, must be that state of mind, which thus extinguishes the deep seated principles of life!"⁹⁰ After a particularly harrowing description, Rush writes that he would like to "lay down my pen, and bedew my paper with tears."⁹¹ And "after the detail of symptoms and of general madness that has been given," he writes, "I feel disposed to look back...and contemplate, with painful and melancholy wonder, *the immense changes in the human mind that are induced by a little alteration in the circulation of the blood in the brain*. What great effects are produced in this instance by little causes! How slender the tenure by which we hold our intellectual and moral

⁸⁸ Rush, *MIDDM*, 364-5, emphasis added.

⁸⁹ Scholars who examine Rush's rhetoric have not seriously considered these generic shifts; rather, they focus on scientific language, constructed persona, and religious and Enlightenment rhetoric. See Wade Williams's "Religion, Science, and Rhetoric in Revolutionary America: The Case of Dr. Benjamin Rush," *Rhetoric Society Quarterly* 30.3 (Summer 2000): 55-72 and Etta Madden's "'To Make a Figure': Benjamin Rush's Rhetorical Self-Construction and Scientific Authorship," *Early American Literature* 41.2 (2006): 241-272.

⁹⁰ Rush, *MIDDM*, 94, 96.

⁹¹ *Ibid.*, 97.

existence!”⁹² That Rush, the revolutionary optimist, could claim “with painful and melancholy wonder” that “the tenure by which we hold our intellectual and moral existence” is “slender” strikingly illustrates the dangers the very mechanism of circulation posed. But in admitting the emotional stakes of his discussion for him and any reader, he instructs the reader how to feel. As in the sentimental or gothic novel, distressing information physically affects the reader. Rush not only proclaims this impact but also models it, creating the channels of sympathy he understood to be central to national health. “On Different Species of Mania” and “On Different Species of Phobia” work toward similar ends. Sentimentality taught readers to sympathize correctly; satire rent useful fissures.

Still, scholars have long missed the usefulness of Rush’s rhetoric. Since the late nineteenth century, sentimentality in medical writing has been read as unprofessional. Likewise, Rush’s satire has been lost on contemporary scholars. In *The Selected Writings of Benjamin Rush*, Dagobert Rune classifies “negro mania” under “On Natural and Medical Sciences.”⁹³ Decades later, Donald D’Elia also missed the joke. D’Elia believed Rush was proposing that in “southern states reason and Christianity were prevented from operating successfully by a collective mental disease, which Rush, in his investigations as a medical philosopher, called ‘negromania.’”⁹⁴ The point is not to show that commentators have been wrong, but rather to consider what this misreading exposes about Rush’s ideas about sympathy and circulation. If Rush believed vagaries of circulation were controllable through proper sympathetic training, misreadings of Rush’s text reveal sympathy was useful but inadequate for the maintenance of corporeal and national health.

⁹² Ibid., 162, emphasis added.

⁹³ Rush, “Species of Mania,” xii.

⁹⁴ Donald D’Elia, “Dr. Benjamin Rush and the Negro,” *Journal of the History of Ideas* 30 (1969), 413-422, quote at 421.

Rush could not guarantee his circulating prose would cultivate the desired sympathies. Rush broke from European medico-political models like those of Harvey and Cullen; he radically revised the concepts of circulation and sympathy to craft a physiology better fitted to the young republic. But Rush died in the middle of the War of 1812, just before Massachusetts threatened to secede. That this was Rush's final scene—a stark demonstration of his failure to produce healthy, united states—is tragic. But Rush's physiology acknowledged the possibility of such disappointment. Rush knew the contours of national unity were ever-shifting. Bodies and nations were, after all, “tremendous oscillatory mass[es] of matter.” One—even Rush himself—could try to anatomize avenues of health but routes were always changing. Maps would always be, at some level, temporary and inadequate. Rush's fluid physiological model was immensely influential and remains broadly useful as a corrective to current discussions of circulation and sympathy in the early republic.

Literary Medicine: Rebecca Rush's Corrective

In spite of the radical and equalizing spirit of Rush's revision, his theorizing remained troubling in terms of race and gender. His broad rationalist vision was still focused on the representative value of the white, male body and, as such, was deeply exclusionary. On one hand, this exclusion makes sense: Rush emphatically sought a *republican* ideal, not a democratic one. He thought of superlative, not numerically representative bodies. On the other hand, his vision is, perhaps, more restricted than his abolitionist and pro-women's education writings might lead scholars to believe. Dana Nelson writes: “The national manhood that Rush maps depends structurally on particular ‘white’ men” and “both Jefferson and Rush contribute to the

consolidation of national manhood through the production of the racial other.”⁹⁵ In Rush’s vision, women serve as conduits for better male-male exchange, and black bodies haunt the edges of his texts as intimately internal—but necessarily foreign—agents in the American body politic. For Rush, the American body was always the white, male body—circulation and sympathy were intended to promote the health of that limited entity.⁹⁶

Rush’s medical vision both applied to women and African Americans and did not. Women’s health (apart from midwifery, which was largely a separate, woman-dominated field) did not exist. As Thomas Lacquer has argued, physicians believed in a one-sex model; women were simply inverted men with the same sexual parts but different gender.⁹⁷ Pregnancy and menstruation were illnesses, or predisposing conditions for illness.⁹⁸ Likewise, black men were corporeally no different from white men for Rush, except that their skin color signaled disease. Thus, Rush was certainly focused on the health of white, male Americans; he also felt his findings could be extended (in a modified and qualified way) to African American and female bodies—that is, insofar as they were permutations of white men.

As Benjamin Rush’s writings traffic heavily in literary modes, it is not surprising that writers turned to literature to offer correctives. A number of Early American texts offer such

⁹⁵ Nelson, *National Manhood*, 16, 52.

⁹⁶ While it would be wonderful to explore Rebecca Rush’s critique in terms of a broader relationship with her uncle, almost no information on her life exists (see Nelson’s introduction to *Kelroy* for an excellent reading of this absence). The most that can be divined from city directories is that Rebecca Rush lived eight blocks from her uncle while she wrote *Kelroy*.

⁹⁷ For a discussion of the eighteenth century one-sex model from which this paradigm originates, see Thomas Lacqueur, *Making Sex: Body and Gender from Greeks to Freud* (Cambridge, MA: Harvard University Press, 1992). In *Making Sex*, Lacqueur argues that during the period from 1750 to 1850, ideas of sex and gender changed from a one-sex model (wherein, biologically, women were simply inverted men) to a two-sex model that understood women to be increasingly biologically distinct.

⁹⁸ For an example of the likelihood of “menstruation, pregnancy, and parturition” to cause madness, see *Medical Inquiries and Observations Upon the Mind*, 57.

reframing—from the now canonical Charles Brockden Brown’s *Ormond* and *Arthur Mervyn*, which will be featured in the next chapter, to more obscure anonymous texts like *The Hapless Orphan* (1793) by “An American Lady.” For the sake of the Rushian medico-literary dialogue, however, no text better illustrates this interdisciplinary discourse than the 1812 novel *Kelroy*, a novel published at the height of Rush’s medical career by his niece, Rebecca Rush (b. 1779), who lived just eight blocks away from the medical giant. In it, Rebecca Rush picks up Rush’s concepts and rhetorical moves—satire and sentimentality—to offer her own poignant rebuttal: a women’s model of Early American health.

Rebecca Rush’s *Kelroy* is not, ostensibly, about medicine. The novel opens with a missive on love, and *Kelroy*, a novel of manners about star-crossed lovers and a mother who plots to regain fortune through her daughters’ marriages, never strays far from the theme. Emily Hammond loves Kelroy; Kelroy loves Emily. Emily’s mother, Mrs. Hammond, who does not approve of the match, schemes to keep the two apart and succeeds in doing so. Despite her success, Mrs. Hammond quickly dies of a stroke, and soon after Emily and Kelroy both die heartbroken. A mix of sentiment and satire, *Kelroy* has invited scant scholarship. What criticism does exist treats topics like love and women’s rights, offering *Kelroy* up as a Jane Austen-meets-*Romeo and Juliet* story for post-Revolution Philadelphia.⁹⁹

⁹⁹ Rebecca Rush, *Kelroy* (1812; Reprint, New York: Oxford University Press, 1993). For extant scholarship on *Kelroy*, see Dana Nelson’s forward to the 1992 republication; Cathy N. Davidson, *The Revolution and the Word: The Rise of the Novel in America* (1986; rep. New York: Oxford University Press, 2004); Jill Kristen Anderson, “Remembering the Ladies: Imagining Equalitarianism in Early American Novels of Manners (Rebecca Rush, John Neal, Catharine Maria Sedwick)” (Diss., Michigan State University, 2006); Aspen R. Kunkel, “Rebecca Rush and Challenging Ideals of Independence through Post-Revolutionary Women’s Roles in Education, Marriage, and Motherhood” (Thesis, University of Wyoming, 2008). Only one article touches the medical aspects of Rush’s writing, but its purpose is to use aphasia more as a trope

Nevertheless, it is through sentiment and satire that *Kelroy* also explores corporeal and social health. Characters in Rush's novel suffer more than their fair share of illness. The novel opens with a death and proceeds through a catalog of medical ailments from feigned illness to cancer, fainting, nervous disorder, dislocation, broken bone, heatstroke, fever, stroke, aphasia, madness, and fatal grief. Doctors are only sometimes present at these scenes of illness and infrequently at critical moments. The two instances of physician care occur when Doctor Blake, the novel's only named physician, treats an injured servant and when an unnamed doctor treats Mrs. Hammond with "the usual remedies" for a "fit of hysterics"—but no doctor attends the bedsides of Mrs. Hammond, Emily, or Kelroy as they perish.¹⁰⁰

Furthermore, Doctor Blake is the novel's buffoon. Emily meets Blake as he aggressively courts her friend Helen Cathcart. Emily's first glance at the doctor prompts her to "suddenly [exclaim], 'For heaven's sake, Mr. Cathcart, who is that object strutting across the floor?'"¹⁰¹ Helen and her father share an "immoderate fit of laughter" over Blake's figure after which Cathcart irreverently replies: "You have at last the ineffable pleasure of beholding in that very respectable figure, Helen's faithful swain, the accomplished doctor Blake."¹⁰² Rush's characters continue to laugh at Blake for paragraphs—calling him "the most ridiculous man alive," "a fool," and "a perfect idiot."¹⁰³ After her characters have had at him, Rush's narrator continues the assault:

He was short, and somewhat corpulent, and was dressed in black, with a waistcoat of white dimity, tamboured round the edges. His knee-buckles were set with stone, in the fashion of twenty years back, and his shoe-buckles of the same pattern. His hair was

for understanding unstable communication in *Kelroy*. See Steve Hamelman's "Aphasia in Rebecca Rush's *Kelroy*," *South Atlantic Review* 62.2 (1997): 88-110.

¹⁰⁰ *Ibid.*, 106.

¹⁰¹ *Ibid.*, 15.

¹⁰² *Ibid.*, 15-6.

¹⁰³ *Ibid.*, 16.

plaistered back from his forehead, and powdered as white as snow; his face was round, and red, and his features remarkably small, particularly his eyes, which resembled a pig's, both in size and expression.¹⁰⁴

Even from across the room, Blake is clumsy, ill-spoken, anachronistic, and dense. Nor can Rush leave the attack there as Blake remains the butt of the joke for the remainder of the scene.

In spite of all this, Blake might even win the reader's heart, were Blake medically capable. *Kelroy* only offers one scene of his medical treatment, however, and Blake fails miserably. Blake attends to a servant of Dunlevy (Emily's future suitor) after he has fallen from a tree. The case appears extreme. All bystanders are amazed that the servant—who “dislocated one of his knees, and his right shoulder, and [broke] his left arm and collar-bone...and lay exposed to a burning July sun on the sand”—has survived the fall at all.¹⁰⁵ But as the scene continues, Blake's ineptitude emerges. Not only can Blake do nothing for the servant but recommend rest, he also cannot explain how the fall caused the servant's injuries and has the nerve to imply after the “hard work” of moving the servant to a bed, he should be repaid with a drink.¹⁰⁶ When Mrs. Hammond voices her dismay at Blake's professional limitations, the doctor “pompously” fumes: “The art of man has certain limits, beyond which it is impossible for the wisest, and most skilful of us ever to proceed in this world!”¹⁰⁷

Blake refers to his own medical shortcomings, but this statement might profitably serve as an indictment of physician authority in *Kelroy*. The wounded servant is not a serious object of medical concern, so much as romantic plot device; and Blake himself is less doctor than rejected

¹⁰⁴ Ibid.

¹⁰⁵ Ibid., 139.

¹⁰⁶ Ibid., 141.

¹⁰⁷ Ibid., 140.

lover.¹⁰⁸ And, as *Kelroy*'s only doctor, Blake's failure is magnified greatly. While illness, injury, and death litter Rush's novel, most often women care for women. Doctors are hardly found. Taken together, these failures read as a cutting indictment of her uncle's professional work. Antiquated, inept, pompous, dense, and ever absent at the crucial moment, professional medicine seems nothing more than frivolous play in a world of serious consequences. In fact, doctors make no appearance at all for *Kelroy*'s last thirty pages of death and destruction, a time when one might imagine them most needed.

Rebecca Rush may well have been reacting to her uncle's male-centered vision of health. For Benjamin Rush, women were fragile men whose bodies male authority needed to guard. Women are scant in his texts, except when he identifies specifically female conditions like pregnancy. Mostly, women's bodies were assumed to function much like men's. Women's health, as such, did not yet exist. Rebecca Rush went to great pains to recraft her uncle's male-centered model—*Kelroy* makes woman's body the default. In her creative reimagining of the therapeutic landscape, Rebecca Rush redeploys her uncle's concepts of circulation and sympathy in an alternatively gendered environment. *Kelroy* may open and close with the deaths of white men, but the health of society that occupies the pages between is concerned with everything but white men. In fact, as the story unfolds, Rebecca Rush places the female body (and one black body) at the center of her corporeal imaginings, relegating male bodies to the fringes of the narrative. These female bodies, repeatedly under attack from suitors, fire, strokes, and grief, must be cared for by a network of women better equipped to handle repeated corporeal assaults.

¹⁰⁸ Dana Nelson makes a similar point about Dunlevy's servant in her introduction to *Kelroy*: "The servant's work here is quite literally the master's play; his tragedy becomes the master's romance," xx.

Two key scenes strikingly illustrate this. The first is the fire that destroys the Hammonds' house. Kelroy saves both mother and daughter, but Mrs. Hammond's ailment arises later from "learn[ing] the entire destruction of all she possessed on earth; a blow so overwhelming, that she sunk beneath its pressure, and was carried to bed, where she lay in a state of alternate delirium, and insensibility, which soon made her life despaired of."¹⁰⁹ No doctor attends Mrs. Hammond, but Emily, "for some time severely indisposed" herself after the fire is spurred by her youth and "apprehensions for her mother" to recover, "and from the moment her strength permitted, she was constantly in her chamber, where she waited in sorrowful expectation of receiving her last sigh."¹¹⁰ Alongside Emily's unwavering attentiveness to her mother at the scene of crisis, Helen Cathcart exhibits "active kindness" and "Mrs. Cathcart, who had really a compassionate heart, did everything in her power to relieve and console the afflicted Emily."¹¹¹ In addition to being "extremely attentive both to her and her mother," Mrs. Cathcart eventually discovers what Dr. Blake in his care for the servant cannot: the etiology of the issue.¹¹² A network of women's sympathetic connections gird the ailing woman's body, keeping her from "the confines of the grave."¹¹³

The second scene that works to refigure lines of sympathetic association is that of Emily's death. After Mrs. Hammond dies, Emily learns her mother lied about Kelroy, which prompts a "death-like swoon...succeeded by a fever which reduced her to the borders of the grave."¹¹⁴ Emily recovers slightly but quickly declines, calling Helen—not a doctor—to her

¹⁰⁹ Ibid., 122.

¹¹⁰ Ibid.

¹¹¹ Ibid., 123-4.

¹¹² Ibid., 123. Mrs. Hammond discovers that a servant dropped a candle on trash when going to the cellar for beer.

¹¹³ Ibid.

¹¹⁴ Ibid., 189.

deathbed. Helen cares for her, receiving Emily's request to clear her reputation for Kelroy. Helen cannot save Emily, but she does what she can to circulate truth and heal the social disorders caused by Mrs. Hammond's lies.

As with Benjamin Rush, Rebecca Rush's somatic concerns mirror sociopolitical ones. In *Kelroy's* revision, women must safeguard the communal body; their actions promote or imperil both citizen bodies and the nation's former capital. As women's ailing bodies take center stage, they must rely on their own sympathetic allegiances rather than a network of male professionals for care and convalescence. But as female allegiances help, they can also harm. Rebecca Rush offers a model of the body politic dependent on networks of exchange largely crafted by women. These arteries of circulation are essential for the promotion (marriage) and maintenance of life, but they are also the routes along which corruption flows. Weighty acts like marriage and transnational travel may seem the domain of men, but in *Kelroy*, they are not. Mrs. Hammond arranges the weddings of both daughters and sends Kelroy to India, effectively engineering the functioning of society. Natural sympathies, of course would have facilitated healthier bonds and prevented the deaths of both Emily and Kelroy, but Mrs. Hammond's corrupting force has perverted these allegiances.

But Mrs. Hammond is not entirely to blame. As Dana Nelson points out, Mrs. Hammond shrewdly recognizes the position in which she has been placed.¹¹⁵ Her British-born husband squandered his wealth, leaving wife and daughters nearly impoverished. Mismanaging the currents of economic circulation, Mr. Hammond upset a healthy balance by overindulging. In ways that resemble her uncle's critique of "ambition and avarice," Rush offers this overindulgence, in addition to his wife's own "boundless ambition," as the reason for Mrs.

¹¹⁵ See Nelson's introduction to *Kelroy*, especially xvi.

Hammond's machinations.¹¹⁶ The result is that natural sympathies, such as mother-daughter and husband-wife affection, are diseased by the intrusion of the market.

Rebecca Rush's vision of the healthy body politic is also, like her uncle's, a white one. Dunlevy's injured servant—whose “battered body,” Dana Nelson points out, serves as romantic plot device—is ambiguously racial.¹¹⁷ A “negro” named “Sancho,” Dunlevy's servant falls ill when the plot needs him to be and recovers in time for Dunlevy to realize “he had been drawn [to Mrs. Hammond's house] in part by compassion for Sancho, but more by his admiration of the beautiful Emily.”¹¹⁸ In fact, the novel grows more violent toward black bodies as it continues, culminating in a slap-stick scene where the nouveau-riche father Mr. Gurnet chases a misbehaving “black Ben” for breaking a bowl—which he may or may not have done.¹¹⁹ The “howlings of Ben” as he is beaten produce much entertainment, especially for Gurnet's daughter who “hoped her father would give him a good licking!”¹²⁰ All “the young ladies” watch—even “Emily and the rest [are] impelled by curiosity.”¹²¹ Gurnet falls in a mud puddle, Ben slips away, and most virtuous characters' spectatorship and amusement implicate them in the scene of racial violence. Emily, Dunlevy, and Helen can barely restrain their laughter, and Gurney uses Dunlevy's cane to attack Ben. When Gurnet returns the cane, it still filthy from the incident.

Nor does Dunlevy's “bamboo cane” seem an accidental weapon.¹²² The disruptive force of transnational exchange haunts the edges of the narrative. However comical, Dunlevy's unwitting implication in racial violence occurs through his Eastern accessory. Transnational

¹¹⁶ Rush, *Kelroy*, 3.

¹¹⁷ *Ibid.*, xx.

¹¹⁸ *Ibid.*, 145.

¹¹⁹ *Ibid.*, 159, 161.

¹²⁰ *Ibid.*, 161.

¹²¹ *Ibid.*, 162.

¹²² *Ibid.*, 161.

engagement becomes a more serious threat in the case of Kelroy whose fantasy about Indian travel becomes the mechanism of his own undoing. Once a flight of fancy, Eastern travel becomes his persecution when Mrs. Hammond mandates it as the precondition for marrying her daughter. When Kelroy goes, the threat becomes more apparent. If a virtuous union based on love and sympathy represents and ensures the stability of the nation, Kelroy's Indian travels destroy America's future. Mrs. Hammond succeeds in destroying the fruit of natural sympathies only through trafficking in transnational networks of exchange. These extra-national routes of circulation are tenuous and uncertain. Letters—which might confirm and strengthen sympathetic bonds—can be and are forged; “natural” sympathies are destroyed. Only when Kelroy returns can he see that communications to and from Calcutta have been forged. But Emily is dead and Kelroy himself goes mad, choosing to reenter those dangerous transnational networks rather than remain on now-tainted U.S soil. Transnational circulation not only dashes his hopes but kills him; both his body and the novel are laid to rest uncomfortably in-transit, “in the depths of the ocean.”¹²³

Rebecca Rush borrows much from her uncle, but she also uses Benjamin Rush's satire and sentimentality to offer a poignant critique. Sympathy and circulation remain mainstays of her vision of health but the mechanisms through which they operate—those mechanisms so crucial to Benjamin Rush's policing of the American body politic—undergo a radical revision. For while the novel purports to be a novel of manners, a discourse on love safely bookended by two white male bodies, the life and well-being of the nation narrated in between depends on the women's healthy networks of sympathy. Doctors are ineffectual and absent. Twenty years out-

¹²³ Ibid., 194.

of-date, they cannot respond appropriately to post-Revolution America. Women must then depend on women to maintain national health.

Rush cannot agree with her uncle, but she has not found a satisfying model either. Published on the eve of the War of 1812, *Kelroy* cannot depict a healthy America. Opening with the death of an immoderate Brit, *Kelroy* plays out the attempts of a wife and two American daughters to heal the ills of the father. Nor is the novel optimistic. Despite virtue, love, and self-sacrifice on the part of some, *Kelroy* concludes with the corruption and repatriation of one daughter and the death of the other. In fact, the war itself appears to have stemmed the circulation of what might otherwise been a nationally instructive novel and a competing rendering of American health.¹²⁴ Certainly, Rush insists that women must safeguard women, but within the scope of the novel, this care fails. And the issues and bodies that litter the end of *Kelroy* suggest America still desperately needs a strong proscription for health.

¹²⁴ Dana Nelson hypothesizes the war of 1812 in her introduction to *Kelroy*: “Bradford and Inskeep’s advertisements in Philadelphia newspapers were quickly overshadowed by war talk and nationalist posturing” (xv).

Chapter 2: Narrative Inoculation: Charles Brockden Brown, Elihu Hubbard Smith, and the Circulation of Republican Health

“[...] as the benefits which may result from its success are limited to no description of men, we are more encouraged to solicit assistance from all whose situations enable them to afford it. *We address ourselves, therefore, not to physicians only, but to men of observation, and to the learned, throughout the United States.*”

- From “Circular Address,” which circulated prior to the publication of the first edition of *The Medical Repository*

Not far into Charles Brockden Brown’s *Arthur Mervyn; Or, Memoirs of the Year 1793* (1799-1800), Brown’s eponymous protagonist hears a “rumor” of the 1793 yellow fever epidemic overtaking Philadelphia. “This rumor,” Mervyn muses, “was of a nature to absorb and suspend the whole soul.” Reposing safely in the countryside, shielded from the havoc of the nation’s capital, Mervyn continues:

A certain sublimity is connected with enormous dangers, that imparts to our consternation or our pity, a tincture of the pleasing. This, at least, may be experienced by those who are beyond the verge of peril. My own person was exposed to no hazard. I had leisure to conjure up terrific images, and to personate the witnesses and sufferers of this calamity. This employment was not enjoined upon me by necessity, but was ardently pursued, and must therefore have been recommended by some nameless charm.¹

Perversely, Mervyn derives a good deal of enjoyment from hearing about Philadelphians’ death and destruction. Mervyn associates the fever, which would claim nearly 2,500 lives and temporarily dismantle the U.S. government, with the sublime; he unabashedly admits he received it with “a tincture of the pleasing” and “some nameless charm.”² Mervyn lets his imagination roam, vicariously inhabiting the bodies of the ill—both visually and emotionally—not out of

¹ Charles Brockden Brown, *Arthur Mervyn; Or Memoirs of the Year 1793* (1799-1800; rep. Kent, OH: Kent State University Press, 1980), 130.

² From Sydney J. Krause and S.W. Reid’s appended “Historical Essay” (Brown, *Arthur Mervyn*, 449).

concern but pleasure. Mervyn “conjure[s] up terrific images” and “personate[s] the witnesses and sufferers of this calamity.” This morbid role-playing is motivated by his feeling of security; as a citizen removed from the site of danger, Mervyn’s “pity” and “consternation” are but perversely delightful sympathies.

But Mervyn quickly offers a different listener:

Others were very differently affected. As often as the tale was embellished with new incidents, or inforced 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. Some were haunted by a melancholy bordering upon madness, and some, in consequence of sleepless panics, for which no cause could be assigned, and for which no opiates could be found, were attacked by lingering or mortal diseases (130).

Picking up on Dr. Elihu Hubbard Smith’s belief that too much imaginative sympathy could sicken the listener, Mervyn describes narratives that infect. For these, more sensitive souls, the spreading stories of disease are inextricably entwined with the disease itself. They cause “chilled” blood, stomach sickness, “a temporary indisposition...in many” and, for some, madness and death.

The second scenario, that of narrative contagion, is a story Brown would tell again in “The Man at Home” (1798) and in *Ormond; Or the Secret Witness* (1799).³ Imaginative contagion is the cautionary tale Brown’s close friend and intellectual interlocutor Elihu Hubbard Smith would tell about the fever until he died of it in the 1798 New York epidemic. Smith railed against this “fever talk”: “Wherever you go, the Fever is the invariable & unceasing topic of conversation...People collect in groups to talk it over and *to frighten each other into fever, or flight*...In one shape, or the other, the fever is constantly brought into view; and the soul sickens

³ Here I refer to the scenes in both texts where Baxter falls ill after thinking he witnessed the burial of an infected corpse. In *Ormond*, Baxter suffers “the prevailing malady” in “its severest form.” “An example,” the narrator writes, “of the force of imagination” (*Ormond; Or the Secret Witness*, ed. Stephen Shapiro and Philip Bernard [Indianapolis: Hackett, 2009], 55).

with the ghastly and abhorred repetition.”⁴ Smith considered neither fever nor flight acceptable outcomes. In fact, he helped found the *Medical Repository*, America’s first medical journal, in part to counteract this spread of dangerous information.

But Brown’s protagonist identifies with the first scenario and not with Smith’s vision. In Brown’s novel, sympathy has gone awry; information meant to inform and instruct Mervyn instead prompts a gruesome pantomime of the sick for the enjoyment of the well. In so doing, he poignantly enacts what Susan Sontag has described as the split between the “kingdom of the well” and the “kingdom of the sick.”⁵ It is, truly, a gothic vision of informational circulation—and one Brown more readily identified with himself after Smith’s passing. Chastising himself retrospectively for his own levity in the face of fever, Brown wrote his brother: “My sensations, in this state of things are so different from my sensations last summer...I do not wonder that I remained in the city, but that...I could muse and write cheerfully in spite of the groans of the dying and the rumbling of hearses, and in spite of a thousand tokens of indisposition in my own frame.”⁶ The split between these two responses, I argue, is more broadly emblematic for rethinking the Brown-Smith conversation about the body and body politic. Smith was the optimist. Smith’s national physiology figured the US as perfectible through the flow of healthy information throughout the body politic. He was worried about national sympathies but ultimately imagined them tamable through reason. But Brown, who watched Smith die while

⁴ Elihu Hubbard Smith, *The Diary of Elihu Hubbard Smith (1771-1798)*, Ed. James E. Cronin (Philadelphia: American Philosophical Society, 1973), 60 (emphasis added). Also see Catherine O’Donnell Kaplan’s discussion in *Men of Letters in the Early Republic: Cultivating Forums of Citizenship* (Chapel Hill: University of North Carolina Press, 2008), 87.

⁵ Susan Sontag, *Illness as Metaphor* (from *Illness as Metaphor and AIDS and Its Metaphors* (1978 rep., New York: Picador, 2001), 3.

⁶ Charles Brockden Brown to James Brown, 26 July 1799 quoted in William Dunlap’s *Memoirs of Charles Brockden Brown: The American Novelist, With Selections from His Original Letters and Miscellaneous Writings* (London: Henry Colburn and Co, 1822), 205.

trying to nurse a fellow physician back to health just months before the publication of the first half of *Arthur Mervyn*, could not blithely champion a vision of salubrious circulation or the triumph of reason over sympathy. This chapter explores the collaborative conversation between Brown and Smith about the physiology of the healthy body and, by extension, the body politic. I argue that the friends were not perfectly aligned in their views, but rather, especially in the wake of Smith's death, that Brown broke with Smith's model and used to gothic modes to promote sympathy among citizens. Whereas Smith believed that the diffusion of authoritative medical information could stem pernicious "rumors," for which Smith's journal the *Medical Repository* was intended, Brown recognized the danger of rumors but repurposed them through fiction to promote national health.

In *Arthur Mervyn*, gothic turmoil and narrative uncertainty force readers into a situation of discomfort or, quite literally, *disease* in order to foster a new kind of empathy and a compulsion toward social engagement—a mechanism I am calling narrative inoculation.⁷ Whereas Benjamin Rush, Rebecca Rush, and Elihu Hubbard Smith all celebrated circulation even as they feared it, Charles Brockden Brown's *Arthur Mervyn* proposes an innovative solution. A hotly contested medical practice, inoculation exposed the circulatory systems of healthy individuals to disease. It might make them temporarily sick, but it ultimately inured them to more potent exposure. Narrative inoculation, then, placed able-bodied readers in the emotional and psychological position of the sick to inure them against narratives of disease that might actually harm them. Because of Smith and Brown's belief in the physiological effects of

⁷ For compatible but distinct takes on the relationship between narrative and contagious disease throughout U.S. history, see Priscilla Wald's *Contagious* and Cristobal Silva's *Miraculous Plagues*.

narrative, narrative inoculation was not only a psychological but a physiological prophylactic. It also offers a new model for the cultural work of fiction.

Brown, Smith, and The Friendly Club

Charles Brockden Brown (1771-1810) and Elihu Hubbard Smith (1771-1798) maintained a close friendship and a vibrant intellectual exchange that began in Philadelphia. Brown had been born just outside of Philadelphia and moved to the city to study law in 1790. Smith was born and raised in Connecticut but had come to Philadelphia to study medicine with Benjamin Rush. To some the friendship seemed odd—friend and fellow Friendly Club member William Dunlap would write, “No two men were ever more sincerely attached to each other...yet in many particulars no two men were ever more different.”⁸ Despite their temperamental and intellectual differences, Brown and Smith grew quite close during the last eight years of Smith’s brief life. Their relationship flourished amid a network of bright and talented young men working in fields that included medicine, literature, politics, law, and theatre.

Both Brown and Smith were literary men, and neither considered literature a hobby. Brown edited magazines and wrote novels, stories, poems, and political pamphlets. He is often referred to as America’s first professional novelist. Smith, who was committed to both literature and medicine, stayed in Philadelphia for five months in 1791 after his medical apprenticeship to work on his writing.⁹ He published poetry, wrote drama for public productions, and produced the

⁸ Dunlap, *Memoirs*, 44.

⁹ Cronin, *The Diary*, 8; Charles E. Bennet, “A Poetical Correspondence among Elihu Hubbard Smith, Joseph Bringham, Jr., and Charles Brockden Brown in ‘The Gazette of the United States,’” *Early American Literature* 12. 3 (Winter, 1977/1978): 277-285, quote at 278.

first anthology of American poetry. Some scholars have worked to elevate Smith as a significant literary figure.¹⁰

During Smith's five-month apprenticeship with Rush in the fall and winter of 1790-1, Smith and Brown struck up a literary friendship. From February to August of 1791, Smith, Brown and Brown's friend Joseph Bringham Jr. engaged in a thirty-five-poem literary dialogue in the pages of *The Gazette of the United States*.¹¹ The two continued to hash out literary concerns over the years as they read and commented on each other's work. Smith, for example, was concerned enough about the "literary character" of the *Medical Repository* that he asked for Brown's critique and strived for what he termed "medical eloquence."¹² Just two months before his death, Smith wrote in his diary: "Finished what Brown has written of 'Wieland.' Corrected a proof of Repository & one of Wieland."¹³ These medical and literary exchanges continued to occupy not just the same day but the same sentence.

Smith soon moved to New York to practice medicine but returned to visit Brown. And when Brown moved to New York, he roomed with Smith and joined his intellectual society. The Friendly Club included Smith, Brown, playwright William Dunlap, state Supreme Court justice James Kent, Doctors Samuel Latham Mitchill and Edward Miller, Reverend Samuel Miller, and John Adams's son Charles, among others, who collaborated with Smith on the *Medical Repository*. As both Bryan Waterman and Catherine Kaplan have persuasively argued, the

¹⁰ Cronin's introduction to *The Diary of Elihu Hubbard Smith* is an excellent source for such biographical information about Smith, as are Kaplan's *Men of Letters* and Waterman's *Republic of Intellect*. Bennett, for example, asserts that Smith may have been America's first sonneteer, suggesting Smith "may be as able and significant a poet as his friends," deserving of "a more conspicuous place in our histories and anthologies," 282-3.

¹¹ Charles E. Bennett, "A Poetical Correspondence Among Elihu Hubbard Smith, Joseph Bringham, Jr., and Charles Brockden Brown in *The Gazette of the United States*," *Early American Literature* 12.3 (Winter 1977/1978): 277-285.

¹² Quoted in Waterman, *Republic of Intellect*, 206.

¹³ Smith, *The Diary*, 458.

Friendly Club played a crucial role in the formation of American letters.¹⁴ It was the perfect setting for exchanging ideas about literature, medicine, and politics.

This next section details the relationship between Rush and Smith's philosophies of circulation, distinguishing their theories in order to more accurately limn physicians' ideas about physiology. Rush's theories, while dominant, did not dominate the variegated landscape of early American medicine. Smith's distinctive ideas about circulation and sympathy set the stage for his collaborative conversation with Brown about the public health. It was this national physiology that informed the medical and political bent of Brown's fiction.¹⁵

Circulation and Local Origins

Elihu Hubbard Smith was an enthusiastic apprentice of Benjamin Rush, though he resisted elements of his mentor's thinking. In support of Rush's work, Smith circulated a manuscript copy of the notes he took in Rush's lectures and continued to seek Rush's advice throughout his life.¹⁶ He believed in Rush's unitary model, likewise linked medical and political

¹⁴ For biographical account of Charles Brockden Brown see Friendly-Club-member William Dunlap's *Memoirs of Charles Brockden Brown: The American Novelist, Author of Wieland, Ormond, Arthur Mervyn, &c. With Selections From his Original Letters and Miscellaneous Writings* (London: Henry Colburn and Co, 1822); for Smith's life, see *The Diary*; and for an excellent treatment of the Friendly Club, see Bryan Waterman's *Republic of Intellect: The Friendly Club of New York City and the Making of American Literature* (Baltimore: Johns Hopkins University Press, 2007).

¹⁵ Scholars who have linked Brown directly to Rush problematically elided the distinctions between Smith and Rush's thinking, believing Rush can stand for all early Republican medical thought. As I will show in the final section, scholars have aligned Brown's novels with a variety of contradictory medical stances, largely to the ends of their own arguments. See for example William L. Hedges's "Benjamin Rush, Charles Brockden Brown, and the American Plague Year," *Early American Literature* 7.3 (Winter 1973): 295-311.

¹⁶ Smith's copy of Rush's *A Course of Lectures on the Theory and Practice of Medicine. By Benjamin Rush M.D. Professor on Theory & Practice of Medicine in the College of Philadelphia &c. &c. Read in the College from November 1st 1790 to February 1st 1791* is held at Yale's Cushing/Whitney Medical Historical Library.

health, and largely agreed with Rush's local-origin theory of yellow fever, the disease to which he devoted most of his lifework.¹⁷ Supporting Rush's theories against importationist stances, Smith writes: "People make use of this as an argument, That Yellow Fever always first appears or appears only in Sea Ports. The reason is obvious—[...] In the country, vegetation & ventilation unite to dissipate or neutralize the pestiferous miasma [...] but] It would be, perhaps, impossible to create such diseases, by any importation, in well built, & ventilated towns, the inhabitants of which were temperate & cleanly."¹⁸ Healthy circulation in and through local spaces in the body politic maintains healthy circulation of the blood.

Nevertheless, Smith's position on the circulatory disturbances of yellow fever subtly differed from Rush's. Whereas Rush forcefully promoted the local-origins theory of disease, he also proclaimed that the 1793 epidemic was caused by rotting coffee on the docks—the refuse of circum-Atlantic trade. Smith admits no such possibility: "Every fact recorded, when rightly considered, tends to prove, not only that Fevers are of local birth, but that they are rarely exported."¹⁹ Though this statement reads like a promotion of Rush's later claims, Smith's position is more extreme. Rush depicts yellow-fever stomach degeneration "resembling coffee impregnated with its grounds," language that reveals the vestiges of his initial claims and aesthetically links the fever to foreign imports.²⁰ Smith, however, adamantly rejects the metaphor; instead, he describes a vomit "of a blackish appearance, commonly described as resembling coffee-grounds; but bearing a nearer resemblance to blood partly burnt + diluted with

¹⁷ In 1796, Smith wrote to Rush that he had "not the least doubt of the justice of your [local-origins] doctrine, which considers all Fevers, of this kind, as varying only in *degree*," Ibid.

¹⁸ Smith, *The Diary*, 215.

¹⁹ Smith, *The Diary*, 215.

²⁰ Rush, *Medical Inquiries*, Vol 2, 111.

muddy water.”²¹ This aesthetic refusal is not accidental. Smith continues, “I never saw an instance of that tar-like vomit, which has been noticed by some writers. But, of all others, that which struck me as evidential of the greatest derangement of the Stomach, was the vomiting up of, what appeared to be a thin blood, in which floated a flaky, filmy substance, which I supposed to have been the villous coat of the stomach.”²² Tar was a naval staple, used most frequently to make and seal ships. Smith rejects even hackneyed similes that linked yellow fever to transnational trade. In opting for medical precision over dangerous analogy, Smith clarifies his commitment to the circulation of accurate information. But, as a doctor with literary aspirations, Smith’s refusal also demonstrates a resistance of the medical metaphors’ tendency to collapse the various etiological theories of fevers, the distinctions between American bodies and goods of trade, and physiological fact with imaginative fancy. Smith planned to develop his own physiological theories of circulation further through research and experimentation, but his life was cut short before he could begin.²³

²¹ Smith, *The Diary, Vol 3* (manuscript held at Cushing/Whitney Library), 109. Note: Cronin’s edition of Smith’s diary is incomplete. Where “*The Diary*” is followed by a volume number, it refers to the Yale manuscript edition.

²² Ibid. Though tar was made locally, it was primarily used to seal ships.

²³ Smith respectfully disagreed with Rush on other features of the fever as well—most specifically on the appearance of the blood drawn in the fever. In the enumeration that closes his September 9th letter to Rush, he details five objections to Rush’s theories, the longest of which describes “the appearances exhibited by the blood,” Smith, *The Diary*, 218. Contrary to Rush’s beliefs, the blood did not resemble “hyper-oxygenation,” looked different from pneumonia and consumption, rarely contained “Scarlet sediment,” and only once appeared as “greenish black, coagulated Blood,” Ibid. In his concerns about the appearance of drawn blood Smith extends his critiques of expelled blood to further distinguish his ideas from Rush’s. However, in deference, Smith backpedals, asserting only that physicians must learn more about internal circulation and that he plans to undertake the research: “I pretend not to decide on this subject. The blood has been very imperfectly examined; it is a most interesting object of curiosity...Dr. Mitchill & myself purpose to institute a series of experiments on the Blood, at some future time. Perhaps we may be able to gain some knowlege (sic) in this almost unexplored field,” Ibid.

Smith did, nevertheless, experiment with national circulation through the *Medical Repository* and through his politically-inclined literary forays. This activity, like his corporeal theories of circulation, differed subtly from Rush's. While Rush circulated salubrious information largely through lectures, books, and other top-down fora, Smith diffused information through the *Medical Repository*, a volume for many things including "general diffusion of knowledge, and turn for observation, among all classes of [the country's] citizens."²⁴ Smith humbly believed that "when thus completed, the volume of every year will form the history of health of the United States...a single glance of the eye will be equal to perceive what diseases prevailed at the same time, in all the intermediate situations, from St. Mary's to St. Croix, and from the Mississippi [sic] to the Atlantic; and individual experience, as well as new discoveries, will be propagated with unexampled benefit and celerity, to every part of the United States."²⁵ Notably, Smith's vision of the *Medical Repository*'s circulation and early American reading practices far exceeds the possibilities of any textual circulation in the circum-Atlantic basin with the exception of the Bible.²⁶ Smith's imagination that his medical journal will "form the history of the health of the United States" articulates grand claims about a still fledgling print culture that balloon into circum-Atlantic fantasies by the time he reaches the Caribbean and the British Isles.²⁷

²⁴ Elihu Hubbard Smith, "Circulatory Address," *Medical Repository*, 1.1 (1796): viii-xi, quote at viii.

²⁵ Smith, "Circulatory Address," *Medical Repository*, 1.1 (1796): xi.

²⁶ For detailed accounts of this circulation, see Michael Warner's *Letters of the Republic* and Cathy Davidson's *The Revolution and the Word*.

²⁷ St. Mary's is an island in southeastern England and St. Croix did not become a U.S. territory until 1917.

Smith sought Rush's assistance starting the *Repository*, but Rush, to Smith's immense disappointment, declined.²⁸ Smith laments, "there is good reason to believe Dr. Rush cool, at least, if not hostile to the *Repository*."²⁹ That Smith let Edward Miller talk to Rush instead of going himself further suggests Smith's awareness that Rush might not endorse the project and that he and Rush disagreed when it came to circulating medical information. Nevertheless, Rush's refusal caused Smith to fear that the *Repository* would "come to nothing."³⁰ This split was important, and it is Smith's unfinished work *The Institutions of the Republic of Utopia* that offers the most revealing picture of Smith's divergences from Rush and his particular views about circulation.

A Healthy Utopia

Smith's *Utopia* presents a fantastical vision of a perfect republican state in what was, at the time, the sparsely populated Northwest Territories.³¹ "Utopia" is, aggressively, a "kingdom of the well." Catherine Kaplan explicitly connects Smith's literary treatise and political vision with his medical hopes: "Although Smith once referred to his utopian project as laying 'the aerial foundations of the visionary republic of Utopia,' it was, then, more properly a kind of prescription, a recipe for health written in the face of disease."³² But Smith's *Utopia* is not merely a prescription for health—it is a treatise on physiology. In intricately tying function to

²⁸ Kaplan, *Men of Letters*, 94.

²⁹ Brown, *The Diary*, 410.

³⁰ Ibid.

³¹ See Catherine Kaplan's reprinting, "Elihu Hubbard Smith's 'The Institutions of the Republic of Utopia,'" *Early American Literature* 35.3 (2000): 294-336—particularly her wonderful introduction.

³² Kaplan, Introduction to "Utopia," 298.

flow in this ideal national space, Smith offers a vision of health for citizens' bodies and the nation.

Utopia's geography highlights the differences between Smith's and Rush's national physiology. Smith's newly incorporated republican ideal "is a territory of sixty miles square, situated in the interior of the United States, nearly equi-distant from the Atlantic & the Mississippi."³³ Lest readers miss the important isolation of Utopia—far from commercial ports—Smith emphasizes:

[T]he people can never engage extensively in commerce or manufactures; that what are commonly called the luxuries of life, must be procured at an increased expense; & that being, from the very nature of their situation, obliged to cultivate the earth, they must, of consequence become a hardy, temperate, frugal, laborious, & enterprising race of men.—The long transportation of foreign articles & defect of water-carriage, obliges [citizens] to keep up domestic manufactures, while it prevents the growth of manufactories. The same cause confines consumption of the produce of their own labour, more to themselves than would otherwise be the case; & makes them rather the providers for their neighbors, than for foreign nations.³⁴

Smith begins this discussion by suggesting that remoteness is necessary for keeping corrupting excess ("luxuries") at bay and promoting the yeoman-farmer ideal, but he quickly clarifies that these advantages extend beyond such goals: Utopia's remoteness is at least as useful for its isolation from global networks of exchange. Smith delights in the fact that the "long transportation of foreign articles & defect of water-carriage" makes international commerce impractical. "Fertilizing streams" exist, but they originate in the mountains, not other states, and "no stream, navigable for vessels of more than forty tuns (sic), is to be found in all this territory."³⁵ Waterways help farmers cultivate their own lands, invest themselves further in those lands, but they will not support external exchange. What manufactures exist are locally

³³ Smith, "Utopia," 310.

³⁴ Smith, "Utopia," 311.

³⁵ Ibid.

produced. In fact, Smith's *Utopia* is almost anti-Federalist in its insistence on insularity. The goods that circulate through this isolated space are "the produce of [the denizens'] own labour," and what movement of goods occurs in and around Utopia is almost exclusively local. When Utopia trades, it circulates its goods outward and traffics with "neighbors" rather than "foreign nations." This isolationist ideal extends Rush's early fantasies about unidirectional flow of circulation in "The Paradise of Negro Slaves," although Smith's vision extends to U.S. soil as well.³⁶

As in his vision of corporeal circulation, Smith's ideal of national and transnational circulation importantly diverges from Rush. Whereas Rush worries about the effects of transnational circulation while nonetheless stressing its centrality for American health, Smith harbors no such fantasies; where possible, Smith handles the vagaries of extranational circulation by eliminating them. Whereas Rush regards international commerce as essential to the health of the Republic—"the magnet of talents and cherisher of virtue...calculated to restore men to their original equality"—Smith was concerned almost exclusively with what I have termed "internal circulation."³⁷ Rush had seated the body's control in the brain, which he likened to a "large city accessible by many different ways—By canals under ground—by passing through the air, or by sailing into the Harbour."³⁸ The major centers of Rush's body and body politic were necessarily laid open to the traffic of national and global networks of exchange. (Rush's brain looks a lot like Philadelphia.) Conversely, "Utopia" works to eliminate these routes from its American ideal. Just as Smith rid his medicine of any importationist imaginings, his American body politic is also insistently insular.

³⁶ See Chapter 1.

³⁷ "Leonidas," "The Subject of an American Navy Continued," *Pennsylvania Gazette* (Philadelphia), July 31, 1782. See discussion in Chapter 1.

³⁸ Rush, *Notes on Physiology*, 153.

It is important to recognize briefly that Rush and Smith's local-origins dogmatism channels the same circum-Atlantic fears as the importationist models of fever. While importationists openly warned of the dangers of external circulation, local-origin promoters more optimistically argued for America's immunity from circulating dangers.³⁹ Nonetheless, Rush's fears about circulating revolutionary energies, bodies, and ideologies and Smith's retreat from transnational networks clearly indicate very present anxieties.

In Smith, this local-origins anxiety manifested itself in fantasies of a white utopia isolated from the dangers of what Rush had conveniently imagined as the disease of blackness. While Rush worked to send African Americans back to Africa, Smith simply avoided the topic of race all together. No African Americans settle in Utopia, and the moral contagion of slavery and transnational trade enters only through its absence: "Several salt-springs are found in the country," Smith writes, "so that it is not indebted to the Atlantic States for this article; & the Sugar=Maple has been made, for several years, a subject of legislative attention, & as will be shown hereafter, is cultivated in every part of the State."⁴⁰ Implicitly, then, Utopia need not be party to the traffic of human bodies. The republic's self-sufficiency relieves it not only of any dependency on the Atlantic-world slave economy but also of any need to think about those corrupting exchanges. Of course, no part of the U.S. was actually free of such ties, and Smith, the staunch Federalist turns almost Anti-Federalist in his acrobatic attempts to sure up the integrity of his white body politic.

Turned inward, Utopia depends almost exclusively on the maintenance and careful orchestration of its internal circulation for its health. The order and cleanliness of Smith's fantasy

³⁹ See chapter 1 for a more extensive discussion of the ties between yellow fever discourse and American fears of political contagion.

⁴⁰ Smith, *Utopia*, 310.

streets, for example, directly contrasted with the filthy, twisted geography of Smith's adult life.⁴¹ Utopia's broad, rectilinear avenues promote a free flow ideal without the dangers of internal festering or external contagions. Smith manages the potential vagaries of circulation by meticulously structuring the distribution of information and power in Utopia. Each "sixty miles square" territory "is divided into Nine Counties,—each twenty miles square; each County is subdivided into nine Towns, of equal size—i.e., a little more than six miles & a half square; each town is still further divided into Five Societies—lastly, each of these Societies comprehends Four District."⁴² With this rigid system in place, Smith is free to declare that each of the counties, "to a certain degree, is independent of every other County, indued (sic) with the necessary powers to regulate it's (sic) internal concerns, compel the obedience of it's (sic) citizens, &c. &c. Each town is a lesser community, invested with similar civil, political, & economical authority."⁴³ Nevertheless, this democratic-sounding structure still "absolutely exclude[s]" women from "all political privilages (sic)," and foreigners, who must wait ten years for their citizenship, can never hold office.⁴⁴

With these regulatory measures in place, Smith's Utopia can allow the open flow of stimuli—here information—through the polis. This spread of information is what keeps Utopia healthy; its rational, male citizens produce their own health by acting on the useful knowledge they acquire.⁴⁵ Government is largely conducted through structured conversation, attendance at

⁴¹ Catherine Kaplan notes in her introduction to *Utopia*: "Utopia's wide, straight boulevards are the precise opposite of the 'streets narrow, crooked, & unpaved' that Smith believed collected water and filth and so contributed to New York's deadly epidemics," quote at 298.

⁴² Smith, *Utopia*, 311.

⁴³ Ibid.

⁴⁴ Smith, *Utopia*, 312.

⁴⁵ Catherine Kaplan avers: "Information is what Utopia's government makes and circulates, extracts from its citizens and bestows on them" (Kaplan, Intro to *Utopia*, 300).

legislative meetings is strictly enforced, and “all business is done with open doors.”⁴⁶

Furthermore, all information is publicly announced, recorded, and circulated, “open to the inspection of every citizen.”⁴⁷ The business of the state is conversing, voting, legislating, and circulating of helpful information. Utopia has little need for defense or law enforcement because its citizens are so rational, and criminals are punished only through disenfranchisement.⁴⁸

Smith emphasizes the importance of informational circulation by placing schools and other institutions of learning at the heart of each district. “Primary, or elementary” school can be found “as near as may be” to the center of each district and with another school near the “Meeting-House or Church”—as if to regulate the potentially dangerous enthusiasm of the church—where “reading, writing...geography, arithmetic, morals, & Physics” are taught.⁴⁹ Academies are also centrally located in each town where students learn math, geography, “Natural Philosophy & Natural history,” elocution, morality, politics, economics, history, French, German, and housekeeping skills.⁵⁰ Centrally located colleges and universities follow suit, all of which are “under the immediate patronage of the State.”⁵¹ Like Benjamin Rush, Smith

⁴⁶ Smith, *Utopia*, 314.

⁴⁷ Smith, *Utopia*, 320.

⁴⁸ Smith, *Utopia*, 312. Kaplan sees Foucauldian resonances in “Smith’s system, with its internalized civic discipline and the faintly sinister benevolence of its government surveillance” (309) She is right to note the panoptic qualities of Utopia, but I would encourage a reading of *Utopia* as emblematic of Smith’s naïve, optimistic faith in the beneficial qualities of available information.

⁴⁹ Smith, *Utopia*, 316. Smith was ambivalent about organized religion. His suspicions about religion are understandable, given his upbringing in northwestern Connecticut, the seat of early Second Great Awakening stirrings. In typical fashion, Smith suggests there will be no explicit need for stringent religious control because Utopians’ religious beliefs are homogeneous: “No Quakers, no Methodists, no Catholics are in Utopia. The law, therefore, is not oppressive, but springs out of the condition of Society,” 323. Smith includes religion but does not discuss its role in Utopia.

⁵⁰ Ibid.

⁵¹ Ibid.

believed schools made good citizens. Thus, he frequently refers to laws on the books that have become unnecessary through Utopians' education and good habits.

Medicine is at the center of Utopia's informational flow. Like schooling and government, access to medicine is evenly distributed across the state. It is in the medical societies in each county where this information is produced, recorded, and dispersed. In addition to frequent meetings, this information is stored and distributed in print:

[E]ach meeting any member proposes whatever Hint, Doubt, & Inquiry he please. These are registered by the Clerk...Every thing on these topics is entered into a book denominated the Register of Hints, Doubts, & Inquiries. Beside this there is a Register of Facts...The County Societies have each a periodical publication. It appears quarterly, & consists of such extracts from these Registers...Nor are these Society publications limited to their own materials. They may extend, by means of Appendices, to all new papers from abroad, as well as in other parts of the United States, & to all articles of Medical Intelligence. Beside, they contain Meteorological tables of every town in the county...Another important addition is a quarterly Report of Health from every town, constructed in the same way. These publications are reckoned valuable.⁵²

This detailed list of Utopia's circulating medical information demonstrates the centrality of medical information's free flow to American health. Like Smith's plan for the *Medical Repository* in New York, Utopia has a sophisticated mechanism for corralling, organizing, and distributing important medical information.⁵³ This flow is so valuable that it ruptures Smith's otherwise rigidly imagined boundaries. Circulating "all new papers from abroad, as well as in other parts of the United States," depends on having them. As Kaplan wryly notes: "Those rivers too narrow to carry dangerous luxuries are apparently broad enough to bear medical

⁵² Smith, *Utopia*, 326.

⁵³ For more on the relationship between *Utopia* and the *Medical Repository*, see Kaplan's third chapter: "Two Visions of Circulation: The *Medical Repository* and "The Institutions of the Republic of Utopia." This is an excellent chapter on Smith's ideas about each project and their practical circulation through the republic, but it does not connect print circulation to medicine beyond general discussions of health and Smith's fears of Yellow Fever.

communications from all corners of the globe.”⁵⁴ While Smith’s description of global exchange is more limited than Rush’s, it nonetheless bears the hallmarks of Rush’s fantastical thinking about circulation that might more disparagingly be termed utopian.

Perhaps the most surprising element of Smith’s national physiology is that it grants no space for sympathy. In fact, the words sympathy, empathy, feeling, emotion, and their variants are all absent from *Utopia*—notable omissions in a work of late-eighteenth-century political philosophy. Given the dominance of sympathy in medical and political discourse and Rush’s own understanding of sympathy as a crucial (if secondary) mechanism of health, Smith’s omission is telling. For Rush, as for Brown, education makes possible the cultivation of salubrious sympathies that kept American bodies and the nation healthy. The nurturing of such sympathies was largely the point of Republican education, but Smith’s utopia moves from education to health without sympathy. Instead, rational thought built from the circulation of information facilitates health without what Smith recognizes to be the dangerous and surprising effects of sympathy.⁵⁵ As with *Utopia*’s structural insularity, Smith’s neglect of the emotional and corporeal responses of his citizens appears to be a naïve retreat. Fretting about the proliferation of inappropriate sympathies like those stirred by disease rumors, Smith banishes all sympathy from his fantasy of health.

In his last months, Smith, perhaps, recognized the untenable nature of *Utopia*’s vision, largely abandoning the project in favor of his work on the *Medical Repository*. In other words, in the face of the next inevitable epidemic—the one that would take his life—Smith chose concrete action over utopian fantasy. Of course, the *Medical Repository* was a utopian project, too—one

⁵⁴ Kaplan, Introduction to *Utopia*, 301.

⁵⁵ For a full discussion of sympathy’s unpredictable effects in the eighteenth and early nineteenth centuries, see David Marshall’s *The Surprising Effects of Sympathy*.

imagined to spread health from the Mississippi to the Atlantic and the Caribbean to the British Isles. By throwing himself into its production, he could imagine immediate salubrious effects rather than more troubling philosophical problems. In concentrating on disseminating accurate medical information, Smith could think more about a readership of rational citizens—physicians and “men of observation”—than about emotional readers who might be inappropriately swayed by his writing.

Charles Brockden Brown did not harbor Smithian fantasies. While Smith was at work on *Utopia*, Brown penned some of the most disturbingly dystopian fiction of the era. Relying on Smith for medical information but lacking Smith’s faith in systems, Brown reshaped Smith’s ideas about circulation and engaged the fraught concept of sympathy; in so doing, he recast the physiological discussion in gothic terms. Brown watched Smith’s local-origins system fail him as Smith contracted yellow fever while attempting to nurse an infected fellow physician Giambattista Scandella—a travelling foreigner—back to health. Both men died. Brown was determined to find alternate means to national health.

“The Vanity of Systems”: Rumors, Fiction, and *Arthur Mervyn*

When Smith died, Brown wrote despairingly to his brother James: “The die is cast. E.H.S. is dead. O the folly of prediction and the vanity of systems!”⁵⁶ Brown was distraught by his loss, but he was also articulating an important distinction between the friends’ philosophies that guided their respective work. William Dunlap limned their divergent orientations: “Brown was without system in everything; Smith did nothing but by rule.”⁵⁷ Elihu Hubbard Smith built

⁵⁶ Quoted in Dunlap, *Memoirs*, 87.

⁵⁷ Dunlap, *Memoirs*, 45.

prophylactic projects like *Utopia* around the predictable nature of systems; *Arthur Mervyn*'s allopathic interventions, conversely, promote health beyond the "vanity of system."

Arthur Mervyn resists easy summary. The novel follows the young Mervyn as he transforms himself from naïve country bumpkin into sophisticated urbanite. After his mother and siblings die and his father remarries, Mervyn leaves home to try his fortunes in the Philadelphia. Upon arriving, he finds himself destitute and is forced to work for a nefarious forger, Welbeck. When the criminal reveals himself for what he is, Mervyn leaves the city to discover a pastoral retreat with the Hadwins, who offer Mervyn a potential surrogate for his lost yeoman inheritance. Nevertheless, the fever compels Mervyn to return to the city during the height of the epidemic in search of his sweetheart's sister's lover. Mervyn contracts yellow fever and finds himself on the doorstep of Stevens, the empathetic doctor who records his story. This is the event that prompts the novel's narration. The second volume tests the fine points of Mervyn's story. Upon recovering, Mervyn circulates through the city, apparently trying to right the wrongs of Welbeck, in whose deeds he (unwittingly?) took part. Mervyn also begins his medical training to try to remedy the social and physical ills of yellow fever. He abandons rural life for a career as a physician and the love of Ascha Fielding, the intellectual, cosmopolitan, wealthy partner he now deserves. The novel is divided between the first half (1799), which Stevens narrates, with frequent breaks and embedded narratives, and the second half (1800) in which Mervyn tells his own story. Brown began the first half before Smith fell ill and completed the second half in the year after Smith's death.

Brown's preface to *Arthur Mervyn* confidently details the novel's medical potential:

Amidst the medical and political discussions which are now afloat in the community relative to [the epidemic], the author of these remarks has ventured to methodize his own reflections, and to weave into an humble narrative, such incidents as appeared to him most instructive and remarkable among those which came within

the sphere of his own observation. It is every one's duty to profit by all opportunities of inculcating on mankind the lessons of justice and humanity... Men only require to be made acquainted with distress for their compassion and their charity to be awakened. He that depicts, in lively colours, the evils of disease and poverty, performs an eminent service to the sufferers, by calling forth the benevolence in those who are able to afford relief, and he who portrays examples of disinterestedness and intrepidity...rouses in the spectators, the spirit of salutary emulation.⁵⁸

In this passage Brown articulates a belief about the medical value of his novel, clearly echoing Smith's sentiments, especially in *Utopia* and the *Medical Repository*, about the salubrious value of circulating information. He offers *Arthur Mervyn* as "methodize[d]" reflections that will add to the "medical and political discussions" circulating about the epidemic. Nevertheless, the preface makes claims about the medical work of narrative that (it should be apparent from the opening vignette) stand at odds with the medical work of narrative offered by the novel as a whole. Brown avers that "men only require to be made acquainted with distress for their compassion and their charity to be awakened," but, as Brown admitted in his letter to James, he did not even believe that to be true about himself. Brown ought not, then, to be taken at the preface's word; rather, *Arthur Mervyn* develops a more complex relationship between fiction and public health. Brown's sly preface, like Mervyn himself, both articulates truth and lies, creating a narrative instability necessary for promoting productive, healthy sympathies in Brown's American readership.

Like Smith, Brown saw circulation as the key mechanism of medical and political health. The term has long been central to *Arthur Mervyn* criticism. From Jane Tompkins's "The Importance of Merely Circulating" to more recent scholarship, critics have detailed the novel's

⁵⁸ Brown, *Arthur Mervyn*, 3.

medical, economic, discursive, and political networks of exchange.⁵⁹ Nevertheless, critics are split on the salubriousness of circulation in the novel. As with Rush and Smith, Brown recognized that circulation was the key to both life and disease. Scholars who privilege the corrosive potential of this movement trace the dangers that circulating goods, bodies, and information pose to the nation as they course through Philadelphia's twisted, clotted, ill-tended arteries. Following a contagionist model, for example, Andy Doolen sees "the novel enact[ing] a crisis of national identity in which engagement with and dependence on West Indian markets inflicts a deadly pestilence on citizens living in Philadelphia."⁶⁰ Similarly, Sean Goudie writes that the movement of West-Indian currency destabilizes national order: "Brown transforms the Hamiltonian empire for commerce into a chronotopic zone of instability wherein West Indian and Anglo-American cultures and commodities circulate in ways that resist U.S. attempts to sustain hierarchical distinctions between them."⁶¹ Teresa Goddu has traced the novel's "diseased

⁵⁹ Jane Tompkins, *Sensational Designs: The Cultural Work of American Fiction, 1790-1860* (New York: Oxford University Press, 1985), Chapter 3. For other recent work on circulation in *Arthur Mervyn*, see Teresa Goddu's chapter, "Diseased Discourse: Charles Brockden Brown's *Arthur Mervyn*;" Louis Kirk McAuley's "'Periodic Visitations': Yellow Fever as Yellow Journalism in Charles Brockden Brown's *Arthur Mervyn*" *Eighteenth Century Fiction* 19.3 (Spring 2007): 307-340; and Sian Silyn Roberts's "Gothic Enlightenment: Contagion and Community in Charles Brockden Brown's *Arthur Mervyn*" *Early American Literature* 44.2 (Summer 2009): 307-332. For the seminal work on the politics of Brown's fiction, see Bill Christophersen's *The Apparition in the Glass: Charles Brockden Brown's American Gothic* (Athens, GA: University of Georgia Press, 1993) and for more recent discussion, see Samuel Otter's *Philadelphia Stories: America's Literature of Race and Freedom* (New York: Oxford University Press, 2010), esp. 58-69.

⁶⁰ Andy Doolen, *Fugitive Empire: Locating Early American Imperialism* (Minneapolis, MN: University of Minnesota Press, 2005), 77.

⁶¹ Sean X. Goudie, *Creole America: The West Indies and the Formation of Literature and Culture in the New Republic* (Philadelphia: University of Pennsylvania Press, 2006), 174. Significantly, scholarship interested in Brown's treatment of the Caribbean tends to align Brown with contagions, thus also differentiating his treatment of the fever from Smiths, though, as I have suggested, Smith's relationship to contagionists is more complicated than he liked to acknowledge.

discourse” which Louis McAuley Kirk argues moves “virus-like” through republican print culture.⁶²

Other critics see healthy circulation in *Arthur Mervyn*. Bryan Waterman, for example, argues that the novel works to distribute healthy medical information through the republic. Taking Brown’s preface at its word, *The Republic of Intellect* argues that *Arthur Mervyn* and Brown’s other novels “[share] with the medical writings of other Friendly Club members...attempts at bodily, narrative, and audience control. The ideas ‘afloat’ in the community, which Brown noted in his preface, were as dangerous as the floating miasmata that generated the pest.”⁶³ For Waterman, *Arthur Mervyn* parallels the medical efforts of Smith and other Friendly Club members, reining in pernicious “rumor” through Mervyn’s methodical ascendancy toward scientific knowledge and narrative authority; “the idea of narrative control as both prophylactic and treatment for disease is most extensively illustrated by Mervyn, who cures himself by gradually becoming the sole narrative voice.”⁶⁴

This divided scholarship on *Arthur Mervyn* highlights Brown’s shared ambivalence with Rush and Smith about the necessities and dangers of this flow. But, unlike readings that imagine a triumphant Mervyn conquering the vagaries of circulation, I am arguing for the productive potential of Mervyn’s uncertain triumph over the chaotic, anxiety-producing, dark vision of circulation. *Arthur Mervyn*’s medical project diverges from that of the *Medical Repository* and *Utopia*. As Brown’s despair about the “vanity of systems” suggests, Brown was not convinced that he had a recipe for healthy circulation. Smith’s unfinished, unshared, unpublished *Utopia* is testament to the fallacy of such idealistic thinking.

⁶² Goddu, *Gothic America*, 31; McAuley, “Periodic Visitations,” 2.

⁶³ Waterman, *Republic of Intellect*, 230.

⁶⁴ *Ibid.*, 220.

Any reading of Mervyn's triumphant rise in a world he learns to manage neglects an issue at the heart of the critical debate over the novel: can Arthur Mervyn be trusted? This uncertainty over Mervyn's honesty and the effect it produces in Brown's readers are crucial for the cultural work of the novel. On this point there are essentially two camps. The first finds Mervyn trustworthy. These authors variously claim Mervyn as "Brown's American hero," a character imbued with "the indefatigability and creativity with which he attempts to make himself useful to others," and "a new kind of hero: the successful and moral American."⁶⁵ Other commentators insist on Mervyn's duplicity: sometimes tamely, as a "meddlesome, self-righteous bungler who comes close to destroying himself and everyone in his path," and sometimes viciously as a "chameleon of convenient virtue" or a "chameleon of convenient vice."⁶⁶ Teresa Goddu proposes a third reading that productively recasts Mervyn's uncertain honesty in terms of wellbeing: "the critical debate," she writes, "depends on a dichotomy that the novel proposes and then subverts...*Arthur Mervyn* collapses the difference between confidence and contagion, making the Enlightenment narrative of good health indistinguishable from the gothic narrative of disease."⁶⁷ Linking Goddu's reading with Cathy Davidson's description of early American novels underscores the political and cultural work such narratives performed. "The early American novel," Davidson asserts, "carved out its literary territory in the here and now of the

⁶⁵ Dorothy Hale, "The Profits of Altruism: Caleb Williams and Arthur Mervyn," *Eighteenth-Century Studies* 22.1 (1988): 47-69, quote at 61; James H. Justus, "Arthur Mervyn, American," *American Literature* 42.3 (1970): 304-324, quote at 304. Also see Michael Warner's praise of righteous Mervyn in his chapter on the novel in *The Letters of the Republic*.

⁶⁶ Patrick Brancaccio, "Studied Ambiguities: *Arthur Mervyn* and the Problem of the Unreliable Narrator," *American Literature* 42 (1970): 18-27, quote at 22; Warner Berthoff, "Introduction," *Arthur Mervyn* (1799-1800; Rep. New York: Holt, Rinehard, and Winston, 1962), xvii; James Russo, "The Chameleon of Convenient Vice: A Study of the Narrative of *Arthur Mervyn*," *Studies in the Novel* 11.4 (Winter 1979): 381-405.

⁶⁷ Teresa A. Goddu, *Gothic America: Narrative, History, and Nation* (New York: Columbia University Press, 1997), 40.

contemporary American social and political scene and commented upon and criticized that scene, but left the solution of these problems up to the individual reader—the indeterminacy of the solution as basic to the form of incisiveness of its critique.”⁶⁸

To proceed according to this “indeterminacy,” which confirms Goddu’s observation that virtue and vice—or candor and counterfeit—are “indistinguishable” in the novel, complicates what scholars have readily accepted as Brown’s aversion to “rumor.” It is easy to dismiss the vignette that opens this chapter if the reader places interpretive emphasis on the word “rumor” in Mervyn’s description. “Rumor” of the fever arrives from Philadelphia that prompts Mervyn and rural locals to perform distasteful mockery or fall ill from inappropriate empathy. Readings that privilege the distinction between rumor and fact easily dispense with Mervyn’s musings as an illustration of the need for true stories. But these readings forget that *Arthur Mervyn* is a novel, not a medical repository, and early American fiction functions like rumor: it spreads quickly from person to person, asserting some dubious claims to truth. Rumor, for Brown and Smith, is always a fiction, a compelling perversion of the truth. In choosing fiction to promote health, then, Brown has engaged in a dicey proposition—unless we understand his relationship to circulating fictions as more complicated than such readings suggest. Fiction—and particularly gothic fiction—was, in fact, central to Brown’s unorthodox medical project.

Brown did not merely expose the pernicious effects of yellow-fever fictions but used those fictions to inoculate his readers narratively, directing contagious disease stories toward the ends of public health. Though publishing in a culture that inherently distrusted novels, Brown understood that he could not blithely privilege fact. Acknowledging the fine, sometimes indiscernible, line between fact and fiction, *Arthur Mervyn* uses narrative uncertainty to place the

⁶⁸ Davidson, *Revolution*, 303.

reader in the insecurity position of not knowing—one which throws all the ordinary assumptions of able-bodied readers into question. In other words, Brown places his readers in the epistemic position of the ill.

Arthur Mervyn manages to avoid reproducing in its readers either of the problematic reactions to illness narratives mapped by Mervyn. This refreshingly illuminating narrative of illness neither allows for perverse pleasure nor imperils the reader through contagious and pestilential exposure. What *Arthur Mervyn* manages to generate is a productive empathy on the part of readers who, fortified by experience and some measure of exposure, may then go forth better socially, morally, and medically equipped to handle the next yellow fever outbreak. In order to accomplish this, Brown writes a novel that reproduces the fracturing experience of illness in the minds of his able-bodied readers. This experience does not debilitate readers as Mervyn suggests it might but rather thrusts them into a surrogate “kingdom of the sick,” mobilizing their capacity for empathy.⁶⁹

Contemporary theories of pathography help illuminate the cultural work of Brown’s fiction.⁷⁰ Anne Hunsaker Hawkins defines pathography as “a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death. ‘What it is like to have cancer’ or ‘how I survived my heart attack’ or ‘what it means to have AIDS.’”⁷¹ Illness narratives, she argues, move us “out of the familiar everyday world” into one in which

⁶⁹ See footnote 5.

⁷⁰ Pathographies are a particular postwar twentieth/twenty-first century form. Nevertheless, illness narratives date back much further. The evolution of the illness narrative into the specific form of pathography is beyond the scope of this argument, but others have argued illness memoir recuperates the personal experience of the sick in the face of professional medicine’s exclusionary position. For arguments along these lines, see Arthur Frank’s *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1995).

⁷¹ Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography* (1993; rep. West Lafayette, IN: Purdue University Press, 1999), 1.

our comfortable, familiar spaces have been radically altered by the presence of disease.⁷²

Hawkins argues that pathography

offers us cautionary parables of what it would be like *if our ordinary life-in-the-world suddenly collapsed*. And indeed most of us, at some time or another, have recognized that the apparent orderliness and coherence of our lives is something of an accident, or a gift, or a miracle that renews itself day after day. Yet most of us behave as though this miracle were quite natural—a constant around which we can organize our lives. Thus we plan for the next day, and we go to sleep at night in confidence that the world (and we ourselves) will be the same the following morning. *Pathographical narratives offer us a disquieting glimpse of what it is like to live in the absence of order and coherence.*⁷³

Significantly, Hawkins draws attention to the fictional quality of our perceptions of the world's coherence. "At some time or another," she claims, events cause us to recognize "that the apparent orderliness and coherence of our lives" is only a temporary reality or a crafted fiction we have fooled ourselves into believing. Hawkins moves beyond Sontag's initial division between the "kingdom of the sick" and the "kingdom of the well" to articulate a more nuanced relationship between these citizenships, privileging illness as a state in which we are better able to see the lack of cohesion in our daily lives. Illness enacts the inevitable "interruption" of the "meaning and purpose" we attribute to our lives and fractures the unified narratives we have woven about our selves in the world.⁷⁴ In depicting illness as a *more accurate*, if frightening, window into our own lives, Hawkins reintegrates unwell bodily states back into the lived experiences of healthy readers. Furthermore, Hawkins's descriptions of twentieth-century pathographies sound a lot like Brown's novels.

Hawkins, however, argues for more than chaos and rupture of pathographies; she insists on the medical work of narrative. "The task of the author of a pathography," Hawkins

⁷² Ibid.

⁷³ Hawkins, *Reconstructing Illness*, 2 (emphasis added).

⁷⁴ Ibid.

announces, “is not only to describe this disordering process but also to restore to reality its lost coherence and to discover, or create, a meaning that can bind it together again.”⁷⁵ If illness necessarily enacts a rupturing of reality, pathography collects the pieces. Telling stories about illness, then, performs a reparative function, patching or recrafting the jolted individual’s perception of the world such that she (and the reader) has a paradigm from which to reengage the world. Able-bodied paradigms of coherence may be fictions, as illness often reminds us, but stories sew the pieces together and produce models from which we heal our fractured lives.

Like pathography, *Arthur Mervyn* performs allopathic functions not by disseminating medical truths, as Smith would have liked, but by creating an empathic connection between Brown’s readers and those who suffer and by exposing readers to tales of disease to fortify them against subsequent encounters. Brown specifically engages the sympathy Smith feared. To do so, Brown uses four principle strategies to place his healthy readers in the condition of the ill. First, he offers illness as the norm, not the exception. Second, he crafts an account of illness in which disease itself is both pervasive and not easily locatable. Third, as Arthur Mervyn’s movement in the novel replicates that of disease, the reader’s choice to follow him through to the end necessarily brings the recipient of the story into close proximity with infection. And, finally, Brown never resolves the complexities he weaves into the novel’s plot, leaving his readers cognitively and emotionally “ill” by the final page. These structural elements deny the reader the option of retreating into either of the recipient roles Mervyn outlines in the middle of the novel. In the absence of narrative resolution, Brown’s reader cannot become either Mervyn’s troublingly blithe or his imperiled recipient. Instead, *Arthur Mervyn* demands that readers spend five hundred pages emotionally and imaginatively inhabiting the “kingdom of the sick,” living

⁷⁵ Hawkins, *Reconstructing Illness*, 3.

that experience so that they might emerge better caretakers, and, thus, better republican citizens. In this manner, the novel enacts a kind of narrative inoculation: it intimately exposes readers to diseased states, better fortifying them for subsequent yellow fever outbreaks, and impelling them to take social action to ease the discomfort they feel when finishing the novel.⁷⁶

Brown would have been very familiar with the allopathic value of inoculation. Not only had the technique been used for almost a century to prevent small pox, but Smith had been immensely interested in the procedure. In fact, the first essay published in the first volume of the *Medical Repository* was an essay by Smith on inoculation. Culling the observations and practices from a number of doctors in disparate places, Smith offers some initial observations on how much viral material should be administered and to what extent to initial health of the patient predicts the patient's reaction to the procedure. Rather than draw conclusions, Smith muses: "It seems highly interesting to determine how far [inoculation's] influence extends; and whether any, and what, effect is to be attributed to the greater or lesser quantity of variolous matter, introduced into the system, by inoculation."⁷⁷ He then invites others to weigh in on the subject.⁷⁸ While Smith remained wary of allopathy's potential to bring on stiffness, inflammation, and the fever, he nonetheless believed in and administered inoculations. Though imperfect, inoculation

⁷⁶ The inoculation trope repeatedly emerges in critical discussions of Brown's novels, though it is put to different uses. The use of this trope is notable since the eighteenth century, no yellow fever vaccine existed. See, for example, Sean Goudie writes: "As the practice of inoculation suggests, Mervyn can contain the potential contagion signified by the West Indies only after being exposed to the pervasive presence of West Indian figures circulating through the American urban landscape." ("On the Origin of American Specie(s): The West Indies, Classification, and the Emergence of Supremacist Consciousness in *Arthur Mervyn*," *Revising Charles Brockden Brown: Culture Politics and Sexuality in the Early Republic* [Knoxville: University of Tennessee Press, 2004], 69).

⁷⁷ Smith, "Inoculation," *The Medical Repository* 1.1 (1796): 96.

⁷⁸ *Ibid.*

was a crucial prophylactic measure for a diseased environment. Smith was ultimately both deeply committed to inoculation and eager to participate in broader discussions of it.

As Smith's roommate and collaborator, Brown would have been exposed to this inoculation discourse, and *Arthur Mervyn* uses a number of strategies to enact a narrative inoculation. Its first technique is the pervasive representations of illness. Illness permeates the novel. Sick individuals often suffer not only a heightened awareness of their own bodies but also an acute awareness of the pervasiveness of illness. (Those with the flu begin to notice everyone who coughs, individuals diagnosed with chronic illness begin to see how many people suffer, and people recently injured begin—often for the first time—to see casts, canes, and wheelchairs everywhere.) Brown's novel opens with just such an awareness of incapacitated bodies through Dr. Stevens's detailed description Mervyn's ailing body. The novel then moves relentlessly through a litany of ailing bodies. Sickness pervades most chapters, not just those featuring the spectacular epidemic. Early in Mervyn's narrative he reflects on his mother's passing, meditates on his siblings' early consumptive deaths, and reminisces about the dying Clavering. Later in the novel, other main characters—Susan Hadwin, Edward Hadwin, and Welbeck—die, but none of them from yellow fever. And Mervyn muses on his fated early death when he contemplates returning to fever-stricken Philadelphia: "The seeds of an early and lingering death are sown in my constitution," he decides, "We are a race...exposed, in common with the rest of mankind, to innumerable casualties; but if these be shunned, we are unalterably fated to perish by *consumption*."⁷⁹ Here Mervyn stakes out his exceptional susceptibility to illness but also reminds his readers of their constitutional frailty. Mervyn's paranoid and pervasive awareness of illness cannot but prompt a heightened awareness in readers of their own mortality.

⁷⁹ Brown, *Arthur Mervyn*, 135 (emphasis in original).

Likewise, the omnipresence of illness in *Arthur Mervyn*—both a specific and a diffuse force—replicates the experience of the ill. The novel begins with Mervyn’s body, half-dead on a doctor’s doorstep. Dr. Stevens contemplates this danger and the possible peril of Mervyn’s body to his own family when he welcomes the sick Mervyn into his home and receives his illness narrative. For the first half of the novel, we get what we expect: a bildungsroman that also traces Mervyn’s entry into the “kingdom of the sick,” presumably to emerge a perfect, tested, republican citizen. But the story in fact offers little description of Mervyn’s illness. Despite this lack of specificity, from the end of chapter thirteen and continuing relentlessly through the end of chapter twenty-three, Mervyn finds that “effluvia of a pestilential nature, assailed me from every corner.”⁸⁰ Philadelphia’s unhealthy environment is inescapable, but descriptions of Mervyn’s actual condition are frequently overwhelmed by chaotic, incomprehensible impressions and descriptions of other sick bodies. The reader expects a narrative of Mervyn’s illness, but the early scenes of the novel instead depict the diffuseness of (largely non-fever) illness; disabling conditions migrate from person to person, moving from Clavering to Mervyn’s siblings to the countless ailing bodies Mervyn passes on his way into the city to Mervyn’s sister to Mervyn himself to Welbeck to Wallace to Mr. Hadwin to Susan Hadwin. Thus, *Arthur Mervyn* depicts a “kingdom of the sick” more than a particular illness and thus forces the reader to confront illness’s relentless omnipresence.

The novel’s complex and diffuse mapping of illness is made possible by the narrative focus on Mervyn. His detached, peripatetic lifestyle provides a more complete social map than a domestic novel would allow. In fact, Arthur Mervyn’s movement through the landscape traces a

⁸⁰ Ibid., 165.

contagionist's nightmare.⁸¹ As Teresa Goddu writes, "Despite his motives, then, Arthur serves in part 2 as the agent of disruption and the carrier of diseased discourse," if not the agent of disease itself.⁸² Not only do instances of disease collect around Mervyn, but Mervyn's movements into and around the city also trace the path of the epidemic. Mervyn repeatedly enters without knocking; he moves uninvited through spaces, trespassing and generally arriving unwelcome and unknown. Doors are never locked when he enters, but Mervyn often has trouble leaving; in this he mimics the movement of the epidemic itself. To excuse the fact that doors often "yielded to [his] hand," Mervyn describes such events as "involuntary" or offers thin explanations such as: "It was evident that, at present, it was without inhabitants...Beds or sofas might be found, on which a sick man might rest," "I forgot to knock at the door. No evil was intended by my negligence," and "[t]his intrusion, when I have explained the reason of it will, I hope, be forgiven."⁸³ Following Stevens's cue, we, too, are cajoled and persuaded by his tale, and we, too, allow Mervyn—like a disease—to infiltrate. Far from patching up fragmentation wrought by illness, Brown's narrative exposes the reader to infection through the act of storytelling.

Arthur's movement troublingly resembles contagionist models of disease, though the etiology of disease, like so many things, is an issue the novel refuses to settle. Certainly the possibility of *Arthur Mervyn* as a contagionist narrative clearly distinguishes it from Smith's local origins theory, but the scholarship remains divided. Scholars like Andy Doolen, James Dawes, and Sean Goudie—many of whom highlight Brown's transnational concerns—

⁸¹ For other perspectives on the metaphor of contagion in *Arthur Mervyn* see Andy Doolen's "Imperial Geographies and *Arthur Mervyn*" in his book *Fugitive Empire: Locating Early American Imperialism* (Minneapolis: University of Minnesota Press, 2005) and Goudie's "Charles Brockden Brown's West Indian Specie(s)" in *Creole America: The West Indies and the Formation of Literature and Culture in the New Republic* (Philadelphia: University of Pennsylvania Press, 2006).

⁸² Goddu, *Gothic America*, 43.

⁸³ Brown, *Arthur Mervyn*, 143, 181, 355, 379.

emphasize models of contagion, while those who align Brown with Rush and Smith's medical theories see his work supporting local-origins theories. Again, instead of aligning *Arthur Mervyn* with a single theory, the novel's refusal to settle the question of etiology produces feelings of *disease* in Brown's reader.

Finally, the novel's proliferating loose ends, its lack of narrative resolution, demands that the reader perceive the world from the perspective of the ill. As in all of Brown's gothic novels, numerous *Arthur Mervyn* plot points remain mysterious and the conclusion provides little resolution. A few choice examples include an unexplained changeling, the improbable intrusion of the voice of Mervyn's dead sister's seducer, and the problematic dropping of the novel's initial framing. Finally and most impressively, of course, the novel never settles the question of Mervyn's narrative reliability. Like Hawkins's "[p]athographical narratives," *Arthur Mervyn*, provides "a disquieting glimpse of what it is like to live in the absence of order and coherence"; however, unlike pathographies, Brown refuses "the task of the author" to "not only to describe this disordering process but also to restore to reality its lost coherence and to discover, or create, a meaning that can bind it together again."

No instance of this narrative instability or unreliability seems more revealing than the story of Clavering. Early in the novel, Arthur Mervyn describes his attachment to this young man who arrives sick on his family's doorstep, pencils a portrait of himself, and dies. In those three days, Mervyn describes an incredible attachment both he and his mother developed for their dying, possibly deceitful guest. Clavering tells Mervyn that "some mistress who had proved faithless" drove him insane, but "[h]is speeches seemed...like the rantings of an actor, to be rehearsed by rote, or for the sake of exercise" (29-30). Clavering quickly catches "the fever" (though it is unclear which kind, since this predates the appearance of the 1793 yellow fever

epidemic in Philadelphia) and dies. Nevertheless, Clavering—whose physical description and storyline echo Mervyn’s and whose name comes from the Latin root for key—seems to offer some possibility for unlocking the secret to all of the confusion, lies, and misrepresentations offered by the novel. After all, it is Clavering’s self-portrait that Mervyn bundles at the center of his worldly possessions when he enters the city and Clavering’s house (and possibly even clothes) that Mervyn comes to inhabit. And it is even Mrs. Wentworth, the only remaining representative of Clavering’s family, who encourages Mervyn to record the testimony that composes the novel. When Mervyn loses his bundle with Clavering’s image at its core, the narrative suggests that were Mervyn able securely to repossess the picture of his double and were the reader able to decipher Clavering’s fate (Did Mervyn see him die? Is he in Europe? Is the testimony of the South Carolina planter true?), all—or at least some—circulating narrative elements might be comfortably resolved. Because Clavering’s presence in the story exceeds any plausible explanation offered by the novel, his uncanny resemblance to Mervyn is all the more striking. At the very least, if we could only learn more about Clavering, we might better know Mervyn. But *Arthur Mervyn* does not offer such knowledge. Though Mervyn locates the lost image, it is never returned to him. And, though Mervyn has ostensibly—seemingly accidentally—entered the city as a body-double for Clavering, we are never sure what happened to the original.⁸⁴ Unlike pathographies in which narrative is used to recraft a cogent life trajectory where earlier happenings once more fit logically into later events, Brown’s novel denies the reader this comfort. As in the experience of illness, the narrative and identity remain fractured.

⁸⁴ James R. Russo goes so far as to announce that Arthur Mervyn *is* Clavering. Russo avers that Clavering simply appropriates Mervyn’s persona to facilitate various ill-intentioned schemes throughout the novel, 388.

At the novel's close, we know only that Mervyn's pathographical bildungsroman has been eclipsed by a story of love for which Mervyn will finally "abjure" his pen and cease its "prattle."⁸⁵ Though Mervyn has fallen for just about every eligible woman he has set eyes on and has even planned to marry (or seduced?) another, we are asked to believe that he has *truly* fallen for a wealthy British Jewess for whom he will finally forsake his pen and complete his medical training. As some have pointed out, love infects Mervyn much like fever. Set on by love, Mervyn's narrative becomes frenzied: "Move on, my quill! wait not for my guidance. Reanimated with thy master's spirit all-airy light! An hey day rapture!"⁸⁶ This unbalanced fervor surprisingly destabilizes even the most stabilizing of narrative forces, the marriage plot. Has Mervyn become an ideal cosmopolitan now worthy of Ascha's love? Does he marry Ascha for money? Can he be a virtuous republican if he is, ostensibly, Eliza's seducer? Thus, even the novel's seeming resolution leaves only a number of questions.

Brown's gothic fiction not only gave readers the sense of what it was like to be ill but, Brown believed, could make readers a little sick as well. James Dawes writes persuasively of the corporeal reactions to Brown's narrative techniques: "our pupils dilate slightly, we feel a sudden chill as the down on our arms and legs bristles."⁸⁷ "It is not only a question of how fiction makes us care," Dawes concludes, "but how it makes us sick."⁸⁸ In arguing for the capacity of Brown's fiction to enfeeble the reader physically Dawes takes seriously an early-nineteenth-century reviewer who noted Brown's fiction affects "the liveliest sense of danger....If we do not return to

⁸⁵ Ibid., 446.

⁸⁶ Ibid., 413. For a reading of love as disease in the novel, see Waterman, *Republic of Intellect*, 232.

⁸⁷ James Dawes, "Fictional Feeling: Philosophy, Cognitive Science, and the American Gothic," *American Literature* 76.3 (September 2004): 437-466, 438.

⁸⁸ Ibid.

[his novels], it is to avoid suffering.”⁸⁹ Dawes interprets this sickening as an aesthetic strategy, hoping to understand why we read gothic fiction, but his observation can and should be extended to medical and political ends. If, as a contemporary review contends, readers find themselves “sometimes oppressed and sickened” by Brown’s fever tales, we should understand these reactions in the context of Smith and Brown’s belief that stories could sicken and kill.⁹⁰ The novel, then, provides a perfect venue for the harnessing of dangerous rumor. Gothic novel compels reading through mystery, suspense, and the desire for restored order, but, unlike rumor, these elements are contained in the pages of a book the reader can always put down. *Arthur Mervyn* might make a reader feel or even fall a little ill, but it does so to fortify. Brown’s reader temporarily enters the “kingdom of the sick,” so as to emerge emotionally and physically prepared to meet the plague—the reader emerges inoculated.

These various levels of instability are productive for the novel; they perform the novel’s narrative inoculation. Brown cannot have believed that his story, though fiction, would make his readers ill, or he would not have written it. Brown’s first-hand exposure to yellow-fever “calamity,” his experience of his close friend’s death, and his commitment to “[call] forth benevolence in those who are able to afford relief” suggest that he might have imagined his novel doing something more productive. Despite Smith and Brown’s concerns about the dangers of “rumor,” Brown looks for a medical solution in gothic fiction. *Arthur Mervyn*’s effect—its narrative inoculation—exposes readers to a *fictionalized* account of the yellow-fever epidemic and asks them to empathize deeply with yellow-fever sufferers, but in so doing Brown does not imperil the health of his readership. Readers who risk growing too deeply enmeshed in the experience find relief in their always simultaneous knowledge of the novel as fiction. But, the

⁸⁹ Quoted in Dawes, *Ibid.*

⁹⁰ Quoted in Dawes, “Fictional Feeling,” 439.

novel's realistic depictions provide the necessary dose of exposure to acquaint people with the circumstances of the disease and allow them to feel its discomfort, better equipping them to handle the repeated outbreaks Brown and his readers had come to expect. Inoculation exposes the body to a small quantity of a disease so that it may become acquainted with it, build up useful defenses, and actively respond to promote health; likewise, narrative inoculation educates the reader about the experience of illness, allows the reader to build up informed defenses against the disease, and stimulates an active and salutary response within the community.⁹¹

Sympathy, Race, and Early Republican Health

When William Dunlap insisted on the differences between Smith and Brown, he suggested that their divergences were necessary complements. Smith was the doctor, Brown the writer; Smith was systematic, Brown without system. "They were both," Dunlap writes, "recorders of the passing events of their lives, their studies, their thoughts, and their actions; but in this as in other things Brown was fitful and irregular, while Smith was uniform, diligent and orderly."⁹² But these differences unravel at the slightest pull. Brown and Smith were opposites whose compatible projects relied on each other's existence. Smith grappled with the vagaries of circulation and cosmopolitan life, though he fantasized about escaping them. And Brown could delve deeper into gothic horror—and could believe in its power to inure citizens—because Smith (and Mitchill and Miller after him) salubriously circulated corrective scientific information.

Opposites, yes, but complimentary thinkers who, through varied genres, took different tacks

⁹¹ In Sean Goudie's chapter on *Arthur Mervyn* he treats inoculation as a metaphor of West Indian political, social, and economic contagion, arguing Mervyn's role "can only be performed by an agent hardened through exposure. As the practice of inoculation suggests, Mervyn can contain the potential contagion signified by the West Indies only after being exposed to the pervasive presence of West Indian figures circulating through the American urban landscape," 187.

⁹² Dunlap, *The Life*, 57.

toward the same end. Thus, when Smith addressed the *Medical Repository* “not to physicians only, but to men of observation, and to the learned, throughout the United States,” he meant men like Brown. And when Brown’s faith in medical solutions was shaken in the wake of Smith’s death, he did not abandon the project but crafted innovative techniques to circulate material about and to promote health as Smith had so often urged “men of observation” to do.

Still, Brown departed from Smith on one key concept: sympathy. Following Rush, Brown and Smith concerned themselves largely with circulation; but Brown turned to sympathy for a solution while Smith remained wary. For Smith, sympathy was dangerous and uncontrollable—potentially productive, but ideally avoided. Brown understood the vagaries and “surprising effects” of sympathy but counted on his readers’ sympathies to staunch the flow of epidemic contagions that coursed through America’s young communities.

Nevertheless, Brown’s sympathy was structurally limited. Unlike Smith, Brown’s sympathetic community did extend to foreigners and women, as Mervyn’s union with an equal partner—the British Jew Ascha Fielding—suggests.⁹³ But it stopped short at African Americans. The fears and categorical exclusion of black bodies in *Arthur Mervyn* has been well-documented by Brown scholars. The paired scenes where Brown frighteningly looks in the mirror only to find a black face (and vice versa) prompted Bill Christophersen’s lucid analysis of Brown’s politics in his aptly titled *The Apparition in the Glass*. Likewise, numerous critics have noted Mervyn’s taxonomical impulse to compare and contrast a French West-Indian, two black women, and a monkey during his ride south in a stagecoach with Samuel Otter. Otter observes that Brown’s racial

⁹³ This union is, like everything else in Brown’s novel, uncertain. But whether we see Mervyn’s love as illness, con, or resolution, the novel indisputably ends with the incorporation of Ascha Fielding into Mervyn’s Philadelphia community. Brown’s defense of women’s active participation in American society and politics as can be more clearly seen in *Ormond* and *Wieland*.

taxonomies are messy despite Mervyn's effort to shore up the boundaries through science—that Mervyn's dubious movements align him with suspicions leveled at “black nurses” who supposedly took advantage of the unguarded city—even as we must still recognize that interracial sympathies in the novel are still always also antisocial (lying, thieving, trespassing).⁹⁴ Such arguments make clear the limits of Brown's salubrious networks of American sympathy. Brown's vision may have been more inclusive than Smith's, but the “men” for whom Brown “methodize[d] his reflections,” those “men of observation” in whom Brown sought to cultivate healthy sympathies, still constituted a white body politic.⁹⁵

The 1790s debates over national physiology—over circulation, sympathy and (racial) division in the American body politic—would only grow more pressing in the decades to come. In the early republic, Smith and Brown could imagine a reading public that might be unified

⁹⁴ Otter, *Philadelphia Stories*, 63-4.

⁹⁵ The debates about racial sympathy and fever were much bigger than Brown. West-Indian slaves were associated with the transmission of yellow fever both through fears that Caribbean slaves had transmitted the disease and through the feeling that yellow fever was moral retribution for participation in the slave trade. Benjamin Rush famously supported the theory that African Americans were immune to yellow fever and thus capable of assisting ill whites, though he quickly rescinded the claim. A print war over the role of African Americans during the plague flared between Philadelphia printer Matthew Carey and prominent African Americans Absalom Jones and Richard Allen. The two parties debated whether African Americans who offered assistance “extorted” money and “[plundered] the houses of the sick,” as Carey averred, or whether Carey's account had heaped unmerited and “censorious epithets” on the heroic acts of Philadelphia's black residents. In short, the pamphlets argued over whether African Americans had displayed salubrious—née heroic—sympathies or whether they had revealed themselves to be incapable of properly sympathizing with an ailing American bodies. *Arthur Mervyn* follows Carey's account with its cameo appearances by menacing blacks who, among other things, threaten to bury Mervyn alive. For Rush's theory see Benjamin Rush, *An Account of the Bilious Remitting Yellow Fever, as it Appeared in the City of Philadelphia in the Year 1793* (Philadelphia, 1794), 95-6. For more on the Carey, Jones, and Allen print war also see Thomas E. Will's “Liberalism, Republicanism, and Philadelphia's Black Elite in the Early Republic: The Social Thought of Absalom Jones and Richard Allen,” *Pennsylvania History* 69.4 (Autumn 2002): 558-576 and Otter's treatment in *Philadelphia Stories*.

through the flow of information that promoted either through reason or sympathy.⁹⁶ As the first decades of the nineteenth century passed, however, this community would grow harder to imagine.⁹⁷ Political factions, racial taxonomies, expanding territories, an increasingly varied electorate, and burgeoning democracy all would strain the sinews of national unity and challenge the universality of sympathies. As these fractures grew more pronounced, medical and cultural emphases shifted away from circulation and toward sympathy. For the next generation of Philadelphia intellectuals, what mattered was not merely circulating useful material, but ensuring that that material was properly received. As a concern, circulation as a mechanism of health would be largely abandoned, for it depended on the predictability of individual reactions, an assumption that grew increasingly difficult to hold on to in the shift from an Enlightenment, republican model to a democratic state. How stimuli were received, whether they could be processed, and whether there were, in fact, any common sympathies on which national cohesion could be based became central concerns for Jacksonian America.

⁹⁶ For more on print in the early Republic, and particularly Brown's engagement with it, see Michael Warner's chapter on *Arthur Mervyn* in *Letters of the Republic*.

⁹⁷ For the role of print in the creation of national identity see Benedict Anderson's *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (1983, rep. New York: Verso, 2006).

Chapter 3: “The Consent of Parts”: Robert M. Bird, Nathaniel Chapman, Samuel Morton, and the Jacksonian Body

To Samuel George Morton, MD.

An honourable Graduate of two Universities,/An accomplished Physician,
And/A warm Friend,/These Notes are respectfully inscribed,/

By/ His Friend/And/Servant,
The Author.

- Dedication Page of Robert Montgomery Bird's
Medical Thesis, *Notes on Pulmonary Consumption*
Philadelphia 1826¹

One evening in March 1833, the novelist Dr. Robert Montgomery Bird (1806-1854) dashed off a quick note to the physician Samuel George Morton (1799-1851) letting Morton know that Bird had to leave town and could not finish the drawing he had promised. “So great has been the bother of preparation for my journey,” Bird writes, “that I have not been able to do anything of the least consequence to the sketch. I hope you will receive my apology, for really I was desirous of finishing.”² Bird’s letter refers to the trip he was about to take with friend and popular actor Edwin Forrest through the West and South, with the hope of reaching Cuba, Mexico, and South America “in order,” according to biographer Clement Foust, “to study the people, archaeology, and customs of these lands.”³ Despite leaving the sketch unfinished, Bird promised to wait from seven thirty until midnight to see Morton before he departed, perhaps for Morton’s advice on an undertaking that would have greatly interested him.⁴ This note and the trip’s aims suggest that Bird, whose artistic talents had been recognized early, may have been

¹ See Bird’s thesis “Notes on Pulmonary Consumption” Collection of Medical Theses on Pulmonary Consumption at the University of Pennsylvania (UPenn) Van Pelt Archives.

² Letter at the American Philosophical Society (APS) (Film 403, frame 6).

³ Clement Edgar Foust, *The Life and Dramatic Works of Robert Montgomery Bird* (New York: Lenox Hill, 1919), 55.

⁴ Bird-Morton Letter.

commissioned to sketch Morton's collection of skulls for what would become *Crania Americana* (1839). As his wife notes, Bird's "accurate pencil was put in frequent requisition" for Morton.⁵ *Crania Americana* was the founding text of the American School of Ethnography and seminal for the development of the scientific racism that would, by the end of the century, breed eugenics.⁶ Although Bird is not credited with sketches in *Crania Americana* or its sequel *Crania Aegyptica* (1844), but the note hints Bird's possible involvement in Morton's early skull work. Bird's effusive dedication of his doctoral thesis to Morton, the professional relationship between the two at Pennsylvania Medical College, and their intimate letters over the years demonstrate, at least, long, close friendship.⁷

Indeed, Bird had a number of acquaintances who were prominent scientific and medical men. Nathaniel Chapman's (1780-1853) relationship with Bird, for example, was less direct but not less significant. Chapman, Benjamin Rush's successor, American Philosophical Society president, and first American Medical Association president, was also Bird's professor at the University of Pennsylvania medical school. Bird reckoned with Chapman's theories during this

⁵ Samuel George Morton, *Crania Americana; Or, A Comparative View of the Skulls of Various Aboriginal Nations of North and South America* (Philadelphia: John Pennington, 1839); Bird, Mary Mayer. *Life of Robert Montgomery Bird*, ed. Seymour Thompson (Philadelphia: Univ. of Pennsylvania Library, 1945), 30. Morton acknowledges the time and effort the meticulous lithographs and variety of specimens *Crania Americana* required, 5. Of the numerous artists who drew for Morton, only a handful are listed. In this early works, Morton attributes almost all the sketches, but the majority of *Crania Americana* sketches are uncredited. No cranial sketches exist in the University of Pennsylvania (UPenn) Bird collection, but the sketches at UPenn represent a tiny number of Bird's sketches, many of which Mary Bird notes Bird burned.

⁶ Francis Galton did not define "eugenics" as "conditions under which men of a high type are produced" until 1883; nevertheless, Morton was the originator of the anthropometric study in which Galton was engaged.

⁷ Letters between Morton and Bird can be found at the APS and UPenn. As with many friends who spent a great deal of time in the same location, not many letters stand. Nonetheless, the tone of these letters is warm and confidential.

“Medical Age of Chapman,” even if he did not always agree.⁸ Bird would use Chapman’s scholarship in the 1840s to teach *Materia Medica* (the study of medication for which Chapman had written a popular textbook).⁹ Chapman made his name revising Rush’s work and heralding “sympathy” between disparate parts as the governing feature of both the healthy body and the nation. He defined sympathy by the richly suggestive phrase “the consent of parts.”¹⁰ Whereas Morton sought to delineate the differences between American bodies, Chapman was interested in their connections. Bird recognized that these poles of American medicine could not be thought separately; America needed to understand its sympathies and divisions together to produce a viable model for the emergent body politic.

This chapter takes seriously Robert Montgomery Bird’s long-disparaged connections to this Philadelphia medical world. Bird used his novels, particularly *Sheppard Lee; Written by Himself* (1836), to engage and explore the range of Jacksonian medical thought, testing his theories about the body and the body politic through fiction. Involved in myriad forms of cultural production as a doctor, novelist, playwright, draftsman, photographer, historian, professor, congressional candidate, and newspaperman, Bird understood well that genres were representational strategies and that he could use them to explore his evolving ideas about medical and political health. Fiction, in particular, offered an opportunity to experiment imaginatively with American bodies in a moment when access to bodies was quite limited and medicine largely

⁸ Irwin Richman, *The Brightest Ornament: The Biography of Nathaniel Chapman, M.D.* (Bellefonte, PA: Pennsylvania Heritage Inc, 1967), 1. For a discussion of the Rush-Chapman relationship, see Richman’s seventh chapter.

⁹ For example, see detailed page in Bird’s “Medical Lectures” (UPenn) titled “Tonics (Chapman’s List).” Morton’s *Materia Medica* monograph “long maintained distinguished popularity among the works of *Materia Medica*” and “occupie[d] a high rank as a book of reference,” in R.M. Huston, “Death of Nathaniel Chapman, M.D.,” *The Medical Examiner and Record of Medical Science, Vol 9* (Philadelphia: Lindsay and Blakiston, 1858), 535.

¹⁰ Chapman, *Discourses*, 49, 51.

theoretical.¹¹ This essay briefly sketches the period's intersecting medical and political paradigms before turning to Bird's engagement with prominent Jacksonian physicians, Chapman and Morton. Dissatisfied with the medicine of the time, Bird turned to fiction as a fertile venue for conceptual experimentation with medical and political health; *Sheppard Lee* works through the central contending medical concepts of the Jacksonian period – sympathy and division – to chart its own vision of national health.

Bird reaches no happy conclusions. Following antebellum physicians' custom of mapping medical paradigms onto the body politic, Bird explores a racially divided nation where, thanks to the market revolution, American sympathy has come to mean self-interest. He discovers that citizens are bound together only by envy and greed—there is no meaningful “consent of parts.” Though *Sheppard Lee* ultimately withdraws from sympathy, it does not wholeheartedly embrace a racializing division of types like that promulgated by Morton. Bird neither uncritically accepts Chapman's sanguine vision of sympathy nor concedes the ramifications of Morton's deeply segregated order. This retreat provides a searing critique of Jacksonian democracy but is, at the same time, untenable as a model for civic health. *Sheppard Lee* concludes by foregrounding Bird's ambivalence about available paradigms for national health and his skepticism about those paradigms' effectiveness for shaping and guiding either American politics or American selves.

¹¹ During the eighteenth and early nineteenth centuries it was quite difficult for Americans to get access to bodies either as dissection specimens or through physical examination. For more on this limited access to bodies for dissection see Michael Sappol's *A Traffic of Dead Bodies* and for history of the medical examination see Roy Porter's “The Rise of the Physical Examination” in *Medicine and the Five Senses*. Michel Foucault also notes the transition from rationalist to empiricist modes of medical thinking—a transition that happened later in America (*Birth of the Clinic*).

“The Consent of Parts”: Politics and Medicine, 1815-1846

Robert Montgomery Bird moved to Philadelphia—the medical and former U.S. political capital—to study medicine in August 1824 on the eve of the “Corrupt Bargain” between John Quincy Adams and Henry Clay, one of the nation’s most notorious presidential elections and a flashpoint of the Jacksonian era.¹² The period had begun at the close of the War of 1812, after which Americans emerged more confidently into a national identity. But if national boundaries were more secure, internal relations were less so. The war itself revealed the tenuousness of federal unity when Massachusetts almost seceded.¹³ The years were punctuated by crises that threw tensions into relief: the Compromise of 1820 highlighted state strains over slavery, the presidential elections of 1824 and 1828 pointed to an increasingly fragmented electorate, and the Nullification Crisis of 1832 tested the duty of states to the union. Shifting political structures, race riots, and general public fervor foretold crises to come.

Despite appropriate scholarly debate about Andrew Jackson’s centrality to the period, Jackson’s contested legacy is, nonetheless, broadly useful for understanding the era’s bifurcating political trends.¹⁴ Jackson’s victory marked, on one hand, the growth of new U.S. constituencies, the multiplying of national interests, and the rise of American democracy and, on the other hand, the expansion of a racist, restrictive, genocidal culture. Jackson is equally heralded as the pioneer

¹² In this ugly campaign eastern monied interests brokered questionable deals to keep power from western farmers and eastern laborers. Far from anomalous, it was representative of growing factionalism. Over the course of Bird’s career, such tensions would grow, straining national cohesion. See chapter 8 of Sean Wilentz’s *The Rise of American Democracy: Jefferson to Lincoln* (New York: Norton, 2005).

¹³ See, for example, Richard Buel Jr.’s *America on the Brink: How the Political Struggle Over the War of 1812 Almost Destroyed the Young Republic* (New York: Palgrave Macmillan, 2005).

¹⁴ See Daniel Walker Howe, *What Hath God Wrought* (Oxford: Oxford University, 2007). His article “Goodbye to the ‘Age of Jackson?’” offers a useful overview of the period and speculates that Arthur Schlesinger Jr.’s term “the Age of Jackson” skew historical treatments (*New York Review of Books*, May 28, 2009). I have retained “Jacksonian” for lack of a better term.

of American democracy and the rabid racist who fought aggressively to extend slavery and exterminate Indians. During this period, the nation grew both more and less democratic: the white, male franchise expanded dramatically in tandem with the exclusion, incarceration, and slaughter of non-white bodies.¹⁵

These structures of sympathy and division were worked out not only at the national level but also corporeal ones, despite historians' long-held belief that unlike almost every other social phenomenon to which the Jacksonian era brought sweeping change, professional medicine remained unaltered. Current scholarship offers two descriptions of early/antebellum U.S. medicine. One, which stems mainly from Foucault's *Birth of the Clinic*, traces a Euro-American shift from rationalism to empiricism but footnotes American medicine as a European copy. The second charts the rise of Benjamin Rush-led heroic medicine—bloodletting, blistering, purging—but suggests that after Rush's death in 1813 little innovation occurred before the Civil War except, perhaps, the waning of medical authority.¹⁶ Though the period is commonly

¹⁵ For excellent recent scholarship on Andrew Jackson and the American transition to democracy see Daniel Walker Howe's *What Hath God Wrought*, David S. Reynolds's *Waking Giant: America in the Age of Jackson* (New York: Harper Perennial, 2008) and Sean Wilentz's *The Rise of American Democracy*. For enduring classics see Charles Sellers's *The Market Revolution: Jacksonian America, 1815-1846* (Oxford: Oxford University Press, 1991), Edward Pessen's *Jacksonian America: Society, Personality, and Politics* (1969; rep., Homewood, Ill.: Dorsey Press, 1978), Robert V. Remini's *The Life of Andrew Jackson* (1981; rep., New York: Harper Collins, 2001), and Arthur Meier Schlesinger Jr.'s *The Age of Jackson* (Boston: Little, Brown, and Company, 1945). For Jackson's treatment of American Indians, see Michael Paul Rogin's *Fathers and Children: Andrew Jackson and the Subjugation of the American Indian* (New York: Knopf, 1975).

¹⁶ See, for example, Paul Starr's *Social Transformation of American Medicine*, Morris J. Vogel and Charles E. Rosenberg's *Therapeutic Revolution: Essays in the Social History of Medicine* (Philadelphia: University of Pennsylvania Press, 1979), and William G. Rothstein's *American Physicians in the 19th Century*. Paul Starr summarizes this low estimation: "From the perspective of democratic thought in the early nineteenth century, the seeming complexity of medicine was artificial; if properly understood, medicine could be brought within reach of 'common sense'" and professional medicine rendered unnecessary (Starr, *Social Transformation*, 57-8). Starr and Richard Shyrock agree European medicine, at least, was making revolutionary advances but

considered a nadir of professional authority, prominent physicians like Morton and Chapman flourished, and their medicine always tied the health of the nation to the health of its citizens.¹⁷

Like political philosophers of his era, Nathaniel Chapman believed sympathy was the key to healthy unity. “Sympathy” was a central but contested term for the Enlightenment thinkers who preceded Chapman. Adam Smith, David Hume, Edmund Burke, and Frances Hutcheson all considered the term an indispensable part of their philosophical systems. Scotsman Robert Whytt linked medicine to the eighteenth-century physiological discourse of sympathy, defining it as a specific medical term.¹⁸ Nevertheless, definitions of sympathy were far from stable and, though

Americans lagged. Shyrock declares: “the most hopeful period in the history of medicine was the one in which the public looked to medicine with least hope” (Richard Shyrock, *The Development of Modern Medicine* [New York: Knopf, 1947], 249). Joan Burbick and John Harley Warner come closest to mapping distinctive American medical discourse for the period after Rush. Burbick’s *Healing the Nation: The Language of Health and the Culture of Nationalism in Nineteenth-Century America* charts an American narrative but focuses on anti-physician texts, stressing what the other accounts do: the loss of physician authority. Warner’s *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* and *Against the Spirit of the System* correct both from an institutional view, offering a fascinating and in-depth look into physician thought and practices but do not offer a specific, competing intellectual history. Far from mutually exclusive, these histories all narrate physicians’ fall after 1815 and celebrate the rise of Thomsonian herbalism, domestic medicine, and lay practice—as well as ‘empiric’ quackery.

¹⁷ Anti-physician rhetoric of the period is largely responsible for the perception that medical authority waned. The story, however, is far more complicated, though space limitations do not allow me to explore it fully. A quick example: John Gunn in his bestselling *Domestic Medicine* announces the “latest and most approved” medical advice “in plain language, free from doctors’ terms...in which the practice of medicine is reduced to principles of common sense,” John C. Gunn, *Domestic Medicine, Or Poor Man’s Friend, in the Hours of Affliction, Pain, and Sickness*. 4th Edition. (Springfield, Ohio; John M. Gallagher, 1835), title page. Within the text, however, Gunn buttresses numerous claims with physicians’ testimony, *Ibid.*, e.g. 192, 557, 571. Gunn rejects the terminology but not the theorizing of Philadelphia physicians.

¹⁸ Christopher Lawrence, “The Nervous System and Society in the Scottish Enlightenment,” *Natural Order: Historical Studies of Scientific Culture*, ed. Barry Barnes and Steven Shapin (Beverly Hills: Sage, 1979), 27.

ubiquitous, often ranged greatly even within the work of any given author.¹⁹ This continual impulse to (re)define sympathy speaks to its primacy: eighteenth-century thinkers understood sympathy as a structuring paradigm for their bodies, relationships, institutions, and governments.

Chapman, who studied in Philadelphia, London, and Edinburgh, was attuned to these transnational conversations, formulating his own notion of sympathy for the American body.²⁰ In so doing, he broke with earlier American medical models. As early as 1810, Rush complained to John Adams that Chapman had “publicly renounced my medical principles, and said all I have ever written ‘is fit only to rot upon a dung-hill.’”²¹ Chapman believed that once physicians “utterly deserted” Rush’s circulation, they would be “forced to recur to sympathy...as affording the only explanation.”²² Chapman did not place faith in the circulation of blood around the body; he was a solidist, which meant he insisted the body’s health depended on organs and the “sympathy” between them.²³ Current scholarship treats medical sympathy as nervous, but for Chapman sympathy governed the whole body.²⁴ Chapman insists: “It would seem, however, that in neither [internal nor external sympathy] is it to be exclusively referred to the mediation of the nerves, as is commonly supposed....There are many other sympathies, not less conspicuous,

¹⁹ Evelyn Forget, “Evocations of Sympathy,” 288.

²⁰ For evidence of Chapman’s engagement with transnational thought, see his edited five tomes of speeches, *Selected Speeches, Forensick and Parliamentary* (Philadelphia: Hopkins and Earle, 1807).

²¹ 29 Rush MSS 71 and 75 (LCP). The Library Company of Philadelphia has the complete correspondence (29 Rush manuscripts 69-77).

²² Ibid. Rush had his own concept of sympathy, but he considered it subordinate to circulation.

²³ Solidism was a theory developed in Edinburgh by Scottish doctor William Cullen that held the solid parts of the body were responsible for life and health with nerves responsible for communication between organs.

²⁴ See, for example, Forget, Frank, and Justine S. Murison, *The Politics of Anxiety in Nineteenth-Century American Literature* (New York: Cambridge University Press, 2011).

between parts, the nerves of which have not the slightest connection.”²⁵ He understood non-neural sympathy to be a “habit of concerted action.”²⁶

For Chapman, sympathy was the unitary mechanism for health. “It is to [sympathy],” Chapman announces, “uniting all the organs of the animal economy, that we are to impute the wonderful concurrence and perfect harmony which is observable in its complicated actions, during health.”²⁷ It managed all elements inside and outside the body, even if that hegemony is partially obscured by differing characteristics in different environments.²⁸ “A set of actions is raised, every one of which is precisely similar, provided they are confined to the same system,” Chapman writes, “If, however, the chain runs into other systems, it loses its homogeneous character, the actions being modified by the peculiar organization of the parts in which they may take place.”²⁹ Sympathy behaves predictably within particular organs (a lung disturbance prompts coughing; emetics cause vomit) but alters when sympathy spreads a disturbance between disparate parts. The digestive track might sympathize with the skin, but the skin will not vomit. Attempting to unify these diffuse and particular connections, Chapman defines “sympathy” broadly as the “consent of parts,” a description that, like much of Chapman’s thinking, bears clear political implications.³⁰

Chapman’s sympathy may sound vague—it is. As a unitary mechanism, it describes both everything and nothing. “It must be confessed, at present,” Chapman writes, “we have no very

²⁵ Chapman, *Discourses, Vol I*, 51.

²⁶ *Ibid.*

²⁷ *Ibid.*, 52.

²⁸ “Whenever a medicinal substance is applied to a susceptible portion of the body externally or internally, an action is excited, which is extended more or less, according to the diffusibility of the properties of the substance, or the degree of sympathetic connection which the part may maintain with the body generally,” *Ibid.*, 49.

²⁹ *Ibid.*, 49-50.

³⁰ *Ibid.*, 49, 51.

distinct intelligence relative to its nature.”³¹ Nevertheless, he rallies his readers: “Are we, on this account, to question its existence?” Chapman argues for proof by effect rather than demonstrable mechanism, but admits “we know nothing except from the experience of its effects, the precise essence or nature being occult, and concealed.”³² Choosing one of the eighteenth century’s most contested and unstable terms, Chapman cornered himself. To make sympathy totalizing, he also had to make it vague and mysterious.

Bird, however, was not satisfied with Chapman’s imprecision, and he wrote *Sheppard Lee* as his own medico-political treatise on sympathy. Bird’s conclusions, however, revealed more ambivalence than assurance, and, as the second half of this chapter will show, led Bird into the territory of racial division and the work of Samuel George Morton.

Bird’s Revision: Sympathy and Division in the Jacksonian Body

Sheppard Lee is the nominal autobiography of the eponymous character who lives a dissatisfied life as a farmer before he dies. In this complex picaresque, Sheppard tours the country (though mostly around Philadelphia) through the host of corpses he sequentially reanimates. Requesting refuge in each, Sheppard’s soul tries and fails to find a happy resting place. Bird’s protagonist explores the national body through a variety of representative American bodies—yeoman farmer, wealthy merchant, Northern dandy, Quaker philanthropist, Southern gentleman, black slave—driven by the twin desires for happiness and wealth. Grounding American experiences in radically different bodies, Bird explores the connections and divisions between Jacksonian types. Sheppard’s propensities and beliefs change drastically within each, prompting recurring meditations about whether sympathy can link divided constituents through

³¹ Ibid., 50.

³² Ibid.

one American soul—a “Sheppard Lee.”³³ *Sheppard Lee* provides a more complicated and sustained look at medico-political discourse than Bird’s other novels: Interrogating the anatomy of a nation, it offers a prolonged, if comically pessimistic, meditation on somatic and national health.

Reading *Sheppard Lee* as medical philosophy may seem odd. Bad physicians flit in and out of the novel, ranging from the ineffective drunk Boneset to the absurd Tibbikens who prescribes to please a love-interest. The novel’s most significant doctor, Feuereteufel, “in German, Fire-devil,” is an alleged counterfeiter, conjurer, fortune hunter, and “devil, his appearance being somewhat grim and forbidding.”³⁴ Initially wary, Sheppard counts “Fire-devil” his antagonist when he hears Feuereteufel has stolen his original body for dissection and witnesses himself the doctor’s mummy. Though his family suggests Feuereteufel cared for Sheppard during his illness, Feuereteufel’s face persecutes Sheppard, who recovers only when the doctor leaves the state.

Bird’s mostly negative representations of physicians reflect his growing ambivalence about his own practice of medicine, which by the late 1820s he had largely abandoned for other pursuits (among them literature).³⁵ Even when he returned to teach medicine in the 1840s, it was principally for financial gain.³⁶ His 1843 address to Pennsylvania Medical College graduates betrays concern: as students “depart to enter upon a new sphere of life and duty” he warns they will “prove to your fellow-men agents of good or ministers of evil...you will win honor for

³³ This account contrasts John Collins Kilman’s “From Medicine to Literature” in “Robert Montgomery Bird: Physician and Man of Letters” (Dissertation, Univ. of Delaware, 1978). Kilman’s analysis depends on the popular dismissals of American medicine and mistakes Bird’s frustrations with medical limitations for a wholesale rejection of the field.

³⁴ Bird, *Sheppard Lee*, 37.

³⁵ Foust, *The Life*, 124.

³⁶ *Ibid.*

yourselves and the profession to which you belong, or you will bring upon both such discredit as attaches to the incompetent physician, and to the profession of which he has the misfortune to be a member.”³⁷ Grimly, Bird sees the field overrun by Bonesets and Tibbikens. Writing dejectedly of his medical teaching, Bird complained to his wife: “The work expended on my lectures would have written my hist[ory] of U.S.; but I don’t know, indeed, that the history would have paid me better, these hard times.”³⁸

Bird was disparaging of the profession, but his was a frustration of born of commitment. Bird’s plans for Pennsylvania Medical College gesture at this complexity. He may have been disaffected, but Bird was also enthusiastic about the prospect of revitalizing the medical profession. His medical jeremiad—and the fact he was asked to deliver it—signals his commitment. Bird concludes by exhorting students: “be what you know physicians *ought* to be, men of professional learning, of lofty principles, and blameless lives.”³⁹ In March of 1843, Bird plotted the revamping of Pennsylvania Medical College. He writes excitedly of “zeal” and “go ahead” in this “‘confidential’ business.”⁴⁰ Detailing the innovative courses and divisions of labor he proposes, Bird proclaims: “I agree to the ten or a dozen additional lectures with Institutes, and am willing to go further.”⁴¹ Elsewhere, Bird composed “Plans of a Medical School.”⁴² He might have done more had the college not closed. Seemingly, then, what depressed Bird was not medicine but how it was practiced and taught.

³⁷ Robert Montgomery Bird, *Valedictory Address Delivered Before The Graduates of Pennsylvania Medical College; Session of 1842-3* (Philadelphia, 1843), 5.

³⁸ Quoted in Foust, *The Life*, 124.

³⁹ Bird, *Valedictory Address*, 11, Bird’s emphasis.

⁴⁰ Robert Montgomery Bird. Letter from New Castle dated Sunday, March 14, 1843 to “Doctor” in Philadelphia (UPenn Bird collection, “Miscellaneous Manuscripts”).

⁴¹ *Ibid.*

⁴² “Miscellaneous Manuscripts.”

It is also more than happy accident that Bird equated his medical lectures with his writing of American history. Though they competed for his time, Bird saw such seemingly disparate enterprises as related. Bird wrote poetry while he studied medicine (as did Morton), and his extant medical lectures exist exclusively on the backs and in the margins of history, drama, and fiction manuscripts.⁴³ His lecture on “artificial stimulants,” for example, is fittingly inscribed on the back of a diatribe against U.S. business practices from *Peter Pilgrim*.⁴⁴ Bird’s scrawled *Materia Medica* notes on “Class III. Specifics” on the back of a page treating race and immigration.⁴⁵ Bird does not overtly connect these projects, but their repeated proximity—often on the same pages—suggests he was working simultaneously on them and that they may well have informed each other. When it became clear that the Pennsylvania Medical College was failing, Bird fled briefly to politics. “[I]f I turn congressman,” Bird wrote Morton, “I must quit professoring, and forget calomel and jalap in the mysteries of finance, patriotism and bunkum.”⁴⁶ Bird viewed this body-body politic substitution with characteristic good humor and wariness. He lost the election.

It is in this context that I turn to consider *Sheppard Lee* as a work of medico-political philosophy and, particularly, a response to Chapman’s theory of sympathy. In doing so, I pick up on the excellent scholarship of Russ Castronovo and Justine Murison, who have demonstrated that early American medical models prove useful for understanding antebellum literary

⁴³ Kilman, “Robert Montgomery Bird,” 38; “Miscellaneous Manuscripts.” These may simply be the preserved lectures, but the 75 pages in UPenn’s collection suggest common practice.

⁴⁴ From Bird’s “Medical Lectures” (UPenn), including manuscript for *Peter Pilgrim*, Vol. 1 (Philadelphia: Lea and Blanchard, 1838), 178.

⁴⁵ Ibid.

⁴⁶ Letter from Bird to Morton, June 26, 1842 (APS, Film 1413).

production.⁴⁷ Castronovo's *Necro Citizenship* helps contextualize *Sheppard Lee*'s "political necrophilia" (in its equation of death with the freedom of ideal citizenship), while Murison nevertheless reminds us that fantasies about the antebellum American body were also always staunchly material.⁴⁸ Murison's *The Politics of Anxiety* positions the nervous system—and nervous mechanisms like sympathy—at the center of nineteenth-century culture.⁴⁹ In her discussion of *Sheppard Lee*, Murison uses nineteenth-century discourses of the nerves to suggest that Bird's novel offers a lesson in what she terms "anti-sentimental" sympathies to cure Americans of their unhealthy anti-slavery feelings.⁵⁰ While Murison's argument deftly opens up Bird's engagement with sympathy and race, this chapter departs from the argument offered in *The Politics of Anxiety* by considering Bird's novel more broadly as a medico-political treatise on the Jacksonian body—rather than an anti-reform text—that was simultaneously deeply invested in and ambivalent about contemporary medical and political discourse.⁵¹ And, while these critics demonstrate that fiction is particularly useful for examining the cultural and political

⁴⁷ For recent scholarship on medicine and literature in early America see Castronovo, *Necro Citizenship*; Bryan Waterman, *Republic of Intellect: The Friendly Club of New York City and the Making of American Literature* (Baltimore: Johns Hopkins, 2007); Murison, *The Politics of Anxiety*; and Cristobal Silva, *Miraculous Plagues: An Epidemiology of Early New England Narrative* (New York: Oxford, 2011).

⁴⁸ Castronovo, *Necro Citizenship*, 25. For Castronovo, "political necrophilia" is the nineteenth fantasy of a "political death" that makes possible an abstract ideal citizenship unfettered by material complications (e.g. slavery, race, gender). While I do not have space to flesh how *Sheppard Lee* literalizes this death drive, it is worth noting that Sheppard repeatedly imagines that death will provide a solution to his material constraints.

⁴⁹ Murison's illumination of the role of the nervous system in nineteenth-century is important, though this essay is invested in seeing sympathy, after Chapman, as being more than nervous.

⁵⁰ Murison, *Politics of Anxiety*, 13.

⁵¹ Murison concludes that "Lee's fantasies of bodily escape simply reinforce the role of physiological sympathy" that Sheppard learns to guard safely and finds interracial negotiations effectively quarantined by the novel, 45. There is much to admire in Murison's reading, though this essay's conclusions about medicine, sympathy, and race differ significantly.

reaches of medical thought, some nineteenth-century fiction also advanced medico-political theories of its own.

Bird's concerns about and investments in the current state of antebellum medicine make it less surprising that he, like other nineteenth-century physicians, turned to other genres to write his medical philosophy. Bird's shift to fiction makes even more sense in light of the era's belief that fiction had the power to mold the sympathies, minds, and even bodies, of its reading public.⁵² Bird, I argue, uses a novel to interrogate the medical notions of sympathy and division, querying the nation's ability to function through a sympathetic "consent of parts."

Sympathy

Sheppard Lee's most apparent medical engagement with Chapman is a cutting critique that foregrounds Bird's distance from his professor's theories. Chapman considered the stomach the most important space in the body for physician intervention. "Never am I called to a disease," Chapman lectured, "that I don't ask myself 'What concern has the stom[ach] to it?'"⁵³ Breaking with Rush's bloodletting treatment, Chapman believed medication, once ingested, could be sympathetically distributed to—and thus cure—the rest of the body.⁵⁴ Mocking Chapman, Bird offers the digestively impaired Arthur Megrim whose stomach pains turn the heart "into the heels

⁵² See Tompkins's *Sensational Designs*, Julia Stern, *The Plight of Feeling: Sympathy and Dissent in the Early American Novel* (Chicago: University of Chicago Press, 1997), and, Sarah Knott, *Sensibility and the American Revolution* (Chapel Hill: University of North Carolina Press, 2009). The well-known debates around novel reading during this period further attest their presumed persuasiveness. Medically, Benjamin Rush argued novels and the emotions they stirred could stimulate disease or wellbeing, see *Medical Inquiries and Observations Upon the Diseases of the Mind* (1812, rep., Kila, MT: Kessinger Press, 2006).

⁵³ From John E. Espy's notes of Chapman's 1816-17 lectures at the Univ. of Pennsylvania (UPenn), 76.

⁵⁴ "No viscous organ," Chapman writes, "can be compared to [the stomach], in this respect, or which occupies so important a station in the animal economy," Chapman, *Discourses*, 52-3.

of a hornpipe-dancer, and [ply] thy ribs, lungs, and diaphragm with the energy of an artiste in the last agony.”⁵⁵ “What care those devils,” Sheppard rails about full-body pain, “for the youth, the wealth, the independence, the gentility of a man whose digestive apparatus is out of order?”⁵⁶ He has “stumbled upon a grief that concentrated in itself all others of which human nature is capable.”⁵⁷ Arthur Megrim should be the happiest of men—free of “labor, pain, and care”—but his diseased “digestive apparatus” sympathetically afflicts the rest of his body. Megrim’s stomach trouble, however, is a disease of privilege, “ennui” suffered only by those free of other cares. Sheppard-as-Megrim blames his troubles on “indolence,” “not well knowing how to dispose of his time unless at the table.”⁵⁸ Scenes like this—Megrim’s stomach-sickness parody, Higginson’s gout, and the novel’s cruel animal experimentation—all explicitly mock Chapman’s medicine.⁵⁹

But, as with his other seeming rejections, Bird mocks only to clarify his critical distance; he is interested in sympathy but wary of Chapman’s totalizing constructions. In fact, *Sheppard Lee* delves quite deeply into Chapman’s ideas, narratively interrogating the solidist claims Chapman and others made about the power of sympathy and examining the sympathies that are imagined to keep the distinct solid parts of the national body together. Bird’s original plans for the book included a parson, a Christian bigot, a Mormon, a schoolboy, a schoolmaster, an editor,

⁵⁵ Ibid., 391.

⁵⁶ Ibid.

⁵⁷ Ibid., 384, 390.

⁵⁸ Ibid., 387, 389.

⁵⁹ Compare the language between Chapman’s animal testing which “produc[ed], at first, great distress to the animal, as was indicated by its movements and cries, followed by difficult panting respiration, vomiting and purging, nervous tremors, convulsions, and death” and Higginson’s feline poison test: “that I might know in what manner it operated, I gave a quantity [of prussic acid] to a neighbor’s cat [. . . who] was thrown into such horrible convulsions, and set up such a diabolical yell” and “was stone-dead in less than half a minute,” Chapman, *Discourses*, 45-6; Bird, *Sheppard Lee*, 86.

a critic, an author, a patriot, and a physician, with each providing a body for Sheppard to inhabit; the “various possibilities that occurred to Bird’s mind in the course of plotting out his novel,” Christopher Looby writes, show “that he wanted to provide a map of the American society, and a taxonomy of American social types and roles.”⁶⁰ As Sheppard moves between bodies, the novel investigates the degree to which those bodies are linked through sympathy. And, depicting such an action, Bird explores the possibility of a unifying American spirit in a radically shifting Jacksonian world.

This Jacksonian impulse spurs Sheppard to begin investigating the sympathies of different social types before death. Unhappy with the early republican ideal of the yeoman farmer, Sheppard hires an overseer. Experimenting as a hunter, gambler, recreational traveler, and suitor, Sheppard returns dissatisfied and defrauded of his pastoral patrimony. But rather than take up the hoe or spade to farm, Sheppard drags his farming tools to an abandoned churchyard to dig for Captain Kidd’s treasure. Enacting the fears and fantasies of many Jacksonians, Sheppard hopes for speculative benefits in place of land-based rewards.⁶¹ In an early sketch of the novel, Bird imagined it thus: “Sheppard Lee is confined in a madhouse (in Phil.) and a Penitentiary (Auburn, or Sing Sing). In these he hears the stories of men ruined by divers [sic] American propensities (chiefly the urge to grow rich).”⁶² Sheppard’s story compulsively repeats and critiques the “American propensit[y]” to confuse the pursuit of happiness with the “urge to grow rich.”

Charles Sellers aptly characterizes this shift from an agrarian ideal to a market-based and speculative fantasy as revolutionary. Arguing that opening global markets during the Jacksonian

⁶⁰ Looby’s introduction, *Sheppard Lee*, xxvii-xxix. For a complete list see UPenn’s Bird Collection, Box 11.

⁶¹ For an excellent account of this change, see Charles Sellers’s *Market Revolution*.

⁶² In UPenn Bird papers, MSS Collection 108, Box 11.

era fomented cultural, social, economic, and political change, Sellers writes: “The postwar [of 1812] boom ignited a generation of conflict over the republic’s destiny. History’s most revolutionary force, the capitalist market, was wresting the American future from history’s most conservative force, the land.”⁶³ Sellers goes on to describe how the market revolution drove “Americans into unparalleled mobilization, both spiritual and political” partly because of market allure and partly because agriculturally dependence became more tenuous in a global market.⁶⁴ This “mobilization” took myriad forms, Sellers argues, from the election of Jackson to shifting gender roles to the founding of Mormonism, “driven by feelings of insecurity and powerlessness as the market disrupted ordinary lives.”⁶⁵ *Sheppard Lee* plays out this mobilization quite literally as Sheppard’s agricultural failure and hunt for Kidd’s treasure—itsself the spoils of global exchange—push Sheppard into new relationships with the bodies of fellow Americans.⁶⁶

The speculative pursuit of happiness fomented by the market revolution propels Sheppard between bodies, and—despite the vast social, economic, political, temperamental, racial, ethnic, and ideological differences these bodies represent—encourages sympathy and desire between them. Ironically, perhaps, this sympathy is spurred by envy, the ability to imagine oneself in another’s place and desire it. This affective state creates a closeness between bodies that often otherwise revile each other. In fact, it is the desire to attain wealth and happiness without hard work—the fantasy of the global market—that unites Sheppard’s incarnations. Each new

⁶³ Sellers, *Market Revolution*, 4.

⁶⁴ Ibid. For a complete discussion, see Sellers’s first chapter “Land and Market.”

⁶⁵ Ibid, 32.

⁶⁶ Despite its overwhelming popularity, many have critiqued Sellers’s “Market Revolution”—including David S. Reynolds’s *Waking Giant: America in the Age of Jackson* (New York: Harper Perennial, 2008) and Daniel Walker Howe in *What Hath God Wrought*—arguing the market revolution came earlier if at all. I use the term, however, because I still find Sellers’s shifting economic circumstances a productive way to understand the period.

embodiment is a speculative venture. Weighing both the imaginative and the instrumental value of these bodies, Sheppard considers what they might feel like and what he stands to gain.

This negotiation is clear from the beginning. Having inadvertently killed himself with his own farming implements, Sheppard becomes a spirit and encounters the wealthy brewer Higginson's corpse. "How much better it would be," Sheppard fancifully muses, "to inhabit his body than my own! In my own fleshly casing, I should revive only to poverty and trouble...in the body of Squire Higginson, I should step out into the world to possess riches, respect, content, and all that man covets. Oh that I might be Squire Higginson!"⁶⁷ Speculative desire unites these men, rather than like thought or communal interest. Once in Higginson's body, however, Sheppard discovers that gout and a nagging wife prove worse than poverty, leading Sheppard-as-Higginson to contemplate suicide (something Sheppard Lee never did). Sheppard proclaims, "I was in such a horrible quandary that I wished the devil would fly off with my new body, as he had done before with the old."⁶⁸ Sheppard soon comes across a second body that compels intimacy. Thinking wife and illness his only problems, Sheppard wishes his soul into the dandy I.D. Dawkins's body, but soon discovers Dawkins's life is similarly miserable. An insolvent liar, Dawkins produces the appearance of ease only by managing a rapidly disintegrating illusion. So the novel continues.

Of course, Sheppard should have known this. If Sheppard's body-to-body sympathies are motivated by envy, they are made possible only by misrecognition; paradoxically, the failure of imaginative sympathy is the precondition for physical sympathy. Higginson chooses Dawkins despite watching Dawkins commit suicide. Dawkins chooses the greedy usurer Abram Skinner though Philadelphia reviles him. Wishing to rid himself of Skinner's mournful loneliness,

⁶⁷ Bird, *Sheppard Lee*, 52.

⁶⁸ *Ibid.*, 79.

Sheppard selects Zachariah Longstraw and soon regrets entering the Quaker's mangled corpse: "I took but little time for reflection; or perhaps I should not have been in such a hurry to attempt a transformation...it would have been wiser had I thought of *that* [the painful treatments for Zachariah's injuries]—but unluckily I did not: I was in too great a hurry to think of anything save the transformation itself."⁶⁹ Sheppard regrets most incarnations almost instantly. If Sheppard could properly sympathize with bodies as, for example, Adam Smith suggests a viewer does with the hanged man, he would not leap from body to body so readily. But this failure of one facet of sympathy is the prerequisite for another. If Sheppard saw the misery of Dawkins, Higginson, or Longstraw, he would leave them to their fates. Sheppard *must* misrecognize the state of each new body to share his spirit—a searing indictment of democracy's glue.

Through this experiment in corporeal connections, Bird probes sympathy's nuances. New physical sympathies produce new sympathetic opportunities and challenges. Premised on the idea that (as Benjamin Rush had also thought) the mind is, first and foremost, an organ in the body, Bird's novel raises the stakes of such experiments.⁷⁰ Inhabiting a body, Sheppard's spirit needs to negotiate the former inhabitant's brain. Instead of developing sympathetic harmony through a seamlessly unified consciousness, Sheppard repeatedly experiences uncomfortable (and comical) frictions. The result is not a concordant union of brain and spirit but rather the effacement of Sheppard Lee's spirit. In Sheppard's first incarnation, Higginson's mind takes over almost immediately when Sheppard-as-Higginson shoots Sheppard's faithful dog Bull. Remnants of Sheppard's spirit, which re-emerge because Higginson must repeatedly account for

⁶⁹ Ibid., 247.

⁷⁰ This view emerges repeatedly in the novel: in the comical scene where Tom's body is reanimated by electricity to act as it had in life, in Sheppard's assertions that Skinner body's takes over his thoughts and actions, and in the tendency of Sheppard's bodies to take over his speech, thoughts, and movements.

Sheppard's fate, cause only confusion. "There was a great search made for my—that is, Sheppard Lee's—body," Sheppard-as-Higginson haltingly narrates, "the general belief being that I—that is John H. Higginson—had cast it into the swamp."⁷¹ Sheppard and Higginson—impoverished farmer and wealthy brewer—share few sympathies, but this ill fit does not matter much because Higginson's principal concerns are physical and situational. Likewise, the oddness of a fused consciousness still occasionally surfaces, as when Zachariah Longstraw's Quaker "verily"s infect Sheppard's prose, but the effect is largely comical and non-threatening.⁷²

As the novel continues, this spirit-brain friction diminishes in the white bodies Sheppard inhabits not because his spirit sympathizes much with Longstraw's benevolence, Dawkins's foppishness, or Megrim's privilege but because the bodies' habits take over in ways that align sympathetically with Sheppard's original goals of wealth and happiness. These sympathies are, as Chapman believed, "habit[s] of concerted action," though this focus on habit foregrounds the lack of ideational consensus between Sheppard's incarnations. And, thus, the fused consciousness then remains somewhat serene until Sheppard discovers himself unhappy. This jarring discovery prompts the return of Sheppard's striving spirit—and the American compulsion for happiness and wealth—that drives the burgeoning (if fraught) democratic spirit of the novel. The repeated return of Sheppard Lee's spirit to these white bodies is relieving: it reminds us that the terrible states of Higginson, Longstraw, Dawkins, and Megrim are short-lived conditions and that Sheppard is free to find a new body in which to continue his quest. But, as the novel makes a temporary peace by eliding the disjunctive spirit-brain fusions between Sheppard and his white embodiments, it highlights the more disturbing failures of imaginative sympathy between the variously embodied Sheppard and other men.

⁷¹ *Ibid.*, 63.

⁷² See the use of "verily" three times in one paragraph (277).

Bird's ambivalence about Chapman's "consent of parts" is strikingly illustrated in the bodies of Longstraw and Megrim. Longstraw, who sympathizes with everyone, is repeatedly punished for mistaken leaps of imagination. Not only is Longstraw murdered by the prisoner he helped, but Sheppard's experiences as Longstraw also relentlessly highlight sympathetic misjudgment. One particularly comic passage lists nineteen such errors for which only Longstraw pays: he is mocked, beaten, scolded, scratched, shoved, whitewashed, tarred-and-feathered, scalded, kicked, gored, and on his way to being killed a second time for his sympathies.⁷³ Similarly, Megrim's sympathies are madness.⁷⁴ Collapsing his interests with those of animals and inanimate objects, Megrim, too, needs to be physically beaten out of sympathy.

But Bird's interrogation of sympathy is more richly imaginative than Chapman's and implicitly critiques his professor's vagaries. One of the most unique and exciting features of *Sheppard Lee* is its experimentation with interracial unions—a literalizing that tests the scope of Chapman's belief that sympathy could exist, though "it loses its homogenous character," between very different parts. In *Sheppard Lee*'s willingness to fuse a white mind with black and Jewish bodies, Bird offers a unique and vivid experiment in miscegenated sympathies. In so doing, he imaginatively probes one of the most contested sites of Jacksonian medical and political thinking. Bird's complicated ambivalence about available medical and political models pushes him toward inventive and exciting interracial sympathies.

Nevertheless, Bird cannot capitalize on the radical potential of his imaginative leaps, and failures of sympathy grow more pronounced when Sheppard's mind inhabits non-white bodies. Choosing sympathy over death, Sheppard requests "refuge" in his "sable brother" Tom, a

⁷³ Ibid., 284-5.

⁷⁴ See Murison's *The Politics of Anxiety* for a fuller discussion of Longstraw and Megrim's sympathies.

Virginia slave, announcing, as if to excuse himself: “better to be a slave than a dead man.”⁷⁵ Getting over his initial revulsion (a reaction, it seems, of his white spirit), Sheppard soon discovers he is happiest as the unthinking Tom. Relinquishing any desire to “think of my own bitter servitude,” Sheppard-as-Tom is “filled with a foolish glee,” dropping to his hands and knees to “trot, and gallop, and rear, and curvet over the lawn” with his master’s son on his back.⁷⁶ Tom revels, “dancing with all my might, and singing, and clapping my hands, the merriest and happiest of them all.”⁷⁷ Remarking on his newfound happiness, Sheppard muses, “perhaps my mind was stupefied.” “I had ceased to remember,” he writes, “all my previous states of existence. I could not have been an African had I troubled myself with thought of anything but the present.”⁷⁸ This joy is predicated on a simultaneously fuller engagement with and a more complete retreat from sympathy; Sheppard and Tom form the happiest body-spirit union, but their contentment is made possible only by forgetting the soul of Sheppard Lee and all other white bodies.

Likewise, Sheppard’s embodiment as the Jewish Abram Skinner—the text’s other racially marked body—offers one of the text’s most creative and capacious acts of sympathy, while also denying and then punishing such imaginative acts through aggressive racial violence. Sheppard leaps into the usurer’s body only to explain, “Abram Skinner destroyed every trait that had belonged to Sheppard Lee.”⁷⁹ Emphasizing the failure of sympathy, Sheppard-as-Skinner continues, “as for those [traits] I had taken from John H. Higginson and I.D. Dawkins, they were lost in like manner. I was Abram Skinner and nothing but Abram Skinner. I scarce remembered

⁷⁵ *Ibid.*, 326-7.

⁷⁶ *Ibid.*, 339.

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*, 341.

⁷⁹ *Ibid.*, 210.

that I had been any thing else.”⁸⁰ A shared consciousness accretes between white bodies, however uneasy, that this Jewish body “destroy[s].” Explaining this impossibility of sympathy between a white mind and a raced body, Sheppard writes, “strong minds may be indeed operated upon without regard to bodily bias, and rendered independent of it; but ordinary spirits lie in their bodies like water in sponges, diffused through every part, affected by the part’s affections, changed with its changes, and so intimately united with the fleshly matrix, that the mere cutting off of a leg, as I believe, will, in some cases, leave the spirit limping for life.”⁸¹ When Bird inhabits heavily raced bodies—black and Jew—the “bodily bias” is so strong, the soul “so intimately united with the fleshly matrix” that the somatic life *becomes* the life of the “spirit.” Simultaneously mocking and adopting language that could easily pass for Chapman’s, Bird writes that diffused sympathy—or “spirit”—is “affected by the part’s affections, changed with its changes.”

These scenes foreground Bird’s ambivalence: they are simultaneously complex and daring experiments in sympathy and forceful critiques of interracial bonds. Though richly inventive, Bird will not take the next logical step and imagine a negotiated interracial consciousness. In racially marked bodies, Sheppard Lee loses himself to the strength of corporeal difference. Justine Murison notes, for example, that the narration resists depicting the white-spirit/black-body fusion: “Bird never seamlessly integrates Tom’s voice with Lee’s voice.”⁸² Whereas in other bodies Sheppard appropriates dialect, Bird resists melding Tom’s language with Sheppard’s. Despite the progressive potential of these scenes, Bird retreats. As the failure of

⁸⁰ Ibid.

⁸¹ Ibid., 141.

⁸² Murison, 12.

imaginative sympathy made corporeal sympathy possible, in racially marked bodies, corporeal sympathy checks the possibility of imaginative sympathy.

Bird could not manage the radical possibilities he had mobilized, and, thus, the resurfacing of interracial sympathy ends in devastation. In Tom's body, an anti-slavery pamphlet, meant to rouse the sympathies of white slave owners, instead revives Sheppard's white spirit, prompting him to realize he can read. This vestige of his white Sheppard-Lee soul causes an insurrection culminating in biracial massacre and the second destruction of Tom's body. Like Skinner, whose sons kill themselves as a direct result of their father's reanimation, Sheppard's embodiment as Tom causes pain and devastation, rupturing the sympathetic bonds between Tom and those around him; the sympathy between Sheppard's spirit and white bodies may be uncomfortable and ultimately untenable, but interracial sympathy is cataclysmic.⁸³ Recapitulating polygenist arguments about the "unproductive" couplings of different races, Sheppard's white spirit coupled with racially distinct bodies produces bloody catastrophe. In a jarring inversion of productive sympathetic identification, interracial sympathy brings bodies together only for destruction. The murderous bloodshed underscores the destructive limits of Bird's imagination of national sympathy.

Division

In its firm limits and disastrous illustrations of the results of interracial sympathy, *Sheppard Lee* implicitly invokes Bird's friendship with Morton and familiarity with his ideas. Though polygenesis arguments had circulated prior to the publication of *Crania Americana* and

⁸³ Their father's stereotypical cold greed corrupts the young Skinners, and they celebrate his death with "mirth and festivity," 193. When Sheppard reanimates Skinner's body, the sons despair. Abbot attempts patricide and dies a raving lunatic. Ralph slits his own throat, 225.

Morton himself was undecided about racial origins, Morton's book facilitated an unprecedented level of taxonomical thinking in American race science.⁸⁴ "Fair skin[ned]," "large and oval"-skulled Caucasians, Morton writes, are "distinguished for the facility with which [they attain] the highest intellectual endowments," while Mongolian, Malay, and American races exhibit diminishing capacities. Ethiopians, with their "black complexion, black woolly hair; the eyes large and prominent, the nose broad and flat, the lips thick, and the mouth wide: the head...long and narrow, the forehead low, the cheek-bones prominent, the jaws projecting, and the chin small," exhibit the fewest intellectual qualities.⁸⁵ "The negro is joyous, flexible, and indolent," Morton continues, "while the many nations which compose this race present a singular diversity of intellectual character, of which the far extreme is the lowest grade of humanity."⁸⁶ In fact, Morton's discussion of racial hierarchy extends for almost a hundred pages before he reaches his ostensible subject, the cranioscopic analysis of American Indian peoples. *Crania Americana's* most controversial inclusion is a "Note: On the Internal Capacity of the Cranium in the different Races of Men" where Morton posits that Caucasian cranial capacity—and thus mental capacity—is far larger than other races and Ethiopian far smaller.⁸⁷ These scientific discussions, like Chapman's, were as political as they were scientific. Morton's skulls were often labeled

⁸⁴ Despite the antebellum celebration of Morton as poster child of rising scientific empiricism, praise faded to anger and accusations of racism. Stephen Jay Gould calls *Crania Americana* "primarily a treatise on the inferior quality of Indian intellect," whose "summaries are a patchwork of fudging and finagling in the clear interest of controlling a priori convictions" (Gould, 89, 86). Eddie Glaude further illuminates its antebellum ideological uses: "proponents of slavery and racism interpreted Morton's conclusions as evidence for the inherent inferiority of black folk" (*Exodus! Religion, Race, and Nation in Nineteenth-Century Black America* [Chicago: University of Chicago Press, 2000], 129).

⁸⁵ Morton, *Crania Americana*, 5-7.

⁸⁶ Ibid.

⁸⁷ Ibid., 260.

according to territorial borders such as “Mexican” and “Peruvian.”⁸⁸ An expensive color map of the globe according to race, included in *Crania Americana*, only further illustrates this connection. Unsatisfied with Chapman’s sympathy, Bird explored the medico-political terms of Morton, but ultimately displayed deep ambivalence about the disturbing implications of this new order.

Parroting Morton’s taxonomies, Sheppard-as-Longstraw describes the natural aversion of white minds to black bodies while trying to justify his seemingly ill-conceived sympathies: Africans have “black faces, woolly heads, and an ill savour of the body. For myself, verily, if they were not comely in my sight, nor agreeable to my nostrils, I said, ‘Heaven hath made them so;’ and although my nephew Jonathan insisted that Heaven had done the same thing with other animals...I perceived they were my brethren.”⁸⁹ Picking up on Morton’s language, Sheppard-as-Longstraw assesses African Americans’ stark physical differences only to decide that Quaker teachings compel him to acknowledge them as “brethren.” Here Bird directly examines the tensions with which Morton grappled, tensions between his Quaker beliefs and the polygenetic suggestions of his research.⁹⁰ Longstraw’s worldly nephew Jonathan reminds him that in considering black men, despite their repellant bodies, “brethren” he forges unnatural sympathies. Still, “prevail[ing] over the weaknesses of the old Adam,” Longstraw “was the African’s friend.”⁹¹

While engaging in expansive racial imaginings, *Sheppard Lee* nevertheless chastises sympathies that breach *Crania Americana*’s racial divisions. Not only does Jonathan make

⁸⁸ Unpaginated skull drawings in *Crania Americana*.

⁸⁹ Bird, *Sheppard Lee*, 276.

⁹⁰ *Crania Americana* does not cavalierly promote polygenisis (the belief that different races were distinct species). For Morton’s Quaker views and changing attitude toward polygenisis, see Jane E. Buikstra’s introduction to *Crania Americana* (Davenport, IA: Gustav’s Library, 2009).

⁹¹ *Ibid.*

Longstraw look foolish and imprudent, but the following paragraph also describes Longstraw's misguided affections in detail.⁹² Though Sheppard-as-Longstraw "laboured to do good to my fellows," he doubts that "toil[ing] with the same energy to injure and oppress" would have "rewarded [him] with more manifold outpourings of wrath and fury."⁹³ Sheppard-as-Longstraw's erroneous sympathy with black bodies is instructively literalized when crooks kidnap and sell him down south to an angry lynch mob. Finally, in Tom, Sheppard's next body, Bird cements the dangers of interracial sympathies; Sheppard learns the catastrophic effects of Morton's "joyous, flexible, and indolent" blacks by a direct engagement with their supposed scientifically small brains.

But Bird articulates his most complicated and equivocal treatment of sympathy and division in Sheppard's handy, clever, and loyal slave Jim Jumble, who appears to thwart Morton's divisions. Though "glad half the time to be rid of him," Sheppard loves and respects his "one friend."⁹⁴ Jim is superstitious and lazy, but he also proves to be the useful member of society Sheppard cannot be. While Sheppard's white overseer ruins him, Jim remains hardworking and loyal: "I found [Jim] exceedingly useful during all my difficulties. What labour was bestowed upon the farm, was bestowed almost altogether by him and his wife Dinah. It is true he did just what he liked, and without consulting me,—planting and harvesting, and even selling what he raised, as if he were the master and wonder of all things, and laying out what money he obtained from the sales, just as his own wisdom prompted; and finding I could do

⁹² Samuel Otter notes this affectionate link is odd and considers it an "evasion" of more difficult racial-sympathy questions: "the logical body for Lee to enter would not have been a Virginia slave but a member of Philadelphia's African American aspiring classes...given the setting of the book, its status concerns, [etc]" (*Philadelphia Stories: America's Literature of Race and Freedom* [New York: Oxford University Press, 2010], 103.

⁹³ Bird, *Sheppard Lee*, 277.

⁹⁴ *Ibid.*

nothing better, I even let him have his own way; and it was perhaps to my advantage that I did.”⁹⁵ In his master’s indolence, Jim cares for Sheppard’s patrimony, like an ideal yeoman farmer. Jim plants, harvests, and sells “as if he were the master,” making the farm almost productive. Sheppard criticizes Jim’s laziness, but Jim and Dinah are the farm’s most active inhabitants, ironically performing the work of the virtuous Jeffersonian citizens they cannot be. Inverting racial logic to illuminate an incomplete “biological” hierarchy, Jim chastises Sheppard for having “no more sense than a nigger.”⁹⁶

The novel further tests Morton’s scientific hierarchy and the limits of interracial sympathy by figuring Jim as the spur for Sheppard’s participation in white Jacksonian fantasies. At Jim’s hint, Sheppard exchanges agriculture for quick fortune at Captain Kidd’s Hole. This ubiquitous fantasy of speculative riches is offered, surprisingly, by Jim, who had “often tried his luck in digging for the money without success.”⁹⁷ Even when Sheppard finally embraces yeoman farming, he only fills the role Jim held for him from the beginning. Sheppard’s family helps him financially, but Jim teaches Sheppard to be an industrious American and to find “the truest source of health, self-approbation, and happiness” in the land.⁹⁸

In short, Jim jumbles Morton’s racial topography, though Bird could not convert this skepticism into a new social order. Jim’s ability, loyalty, and intelligence, as well as his friendship with Sheppard, should provide a harsh critique of the established racial, social, medical, economic, and political system, but they do not. Bird manages the radical racial politics of this master-slave inversion by naming Jim’s desire the status quo. The “self-willed” Jim

⁹⁵ *Ibid.*, 21.

⁹⁶ *Ibid.*

⁹⁷ *Ibid.*, 29.

⁹⁸ *Ibid.*, 424.

almost immediately declares his “extreme aversion to being made free.”⁹⁹ In fact, when Sheppard offers to liberate him, Jim threatens to call “the law” to enforce the existing power structure.¹⁰⁰ This vociferous rejection is somewhat stabilizing, tethering Bird’s charged experiments to a naturalized racial hierarchy. Jim can act the good citizen precisely because he refuses to be one. The novel ends with this affirmation: “Jim Jumble is as independent and saucy as ever, but I can bear with his humours, he is so faithful, industrious, and...so happy to see his master once more prospering in the world.”¹⁰¹ Jim retains his basic characteristics while ceding his yeoman occupation to Sheppard. In a comedic restoration of order, Jim is “so happy” to see this shift that he and his wife revert to stereotypical roles, “singing all day long.”¹⁰²

But, in this, too, Bird’s ambivalence is laid bare. While Jim ultimately reaffirms the now scientifically established “natural” order, the dark specter of the Tom episode destroys the easy comfort of this conclusion. The racist arguments that gird American slavery are only satisfying if they are consistent.¹⁰³ Either white-black sympathies reaffirm natural hierarchies or they spectacularly implode. Independently, either conclusion would support a racist order, but Bird’s refusal to settle on a coherent representation of inter-race relations—his push/pull articulations of interracial sympathies—underscores his uncertainty about available articulations of sympathy and division.

“An Astounding Hardiness of Constitution”: Retreat, Critique, Conclusion

⁹⁹ Ibid., 20.

¹⁰⁰ Ibid.

¹⁰¹ Ibid., 424.

¹⁰² Ibid.

¹⁰³ These incommensurate pro-slavery depictions of course existed simultaneously were clearly both powerful defenses of race relations in Jacksonian America. Though these competing views of race relations existed simultaneously, the paradox is thrown into relief by Bird’s inclusion of both in a single text that interrogates discourse about American sympathies and divisions.

Sheppard Lee is a deeply ambivalent text. If *Sheppard Lee* cannot quite shore up the boundaries of the Jacksonian white body (politic), neither can it reaffirm the sympathies within. What of the disparate parts and their sympathies? Can those parts develop meaningful or lasting American sympathies? What does the dandy owe the philanthropist or the brewer the southern gentleman? Concerning American sympathies and divisions, *Sheppard Lee* remains acutely equivocal.

Discovering only unsatisfying options, Bird's novel withdraws from its experiments with theories of sympathy and division. Recommitting himself to his farm, Sheppard retires even from the circulation of his pre-death peripatetic ventures. Sheppard has toured the bodies of the nation only to discover that he wishes nothing to do with them at all. Though his "estate is small, and it may be that it will never increase," Sheppard is happily removed in his isolated community; "I am, however, content with it," he writes, "At all events—be my body what it may, hardy or frail, stiff or supple, I am satisfied with it, and shall never again seek to exchange it for another."¹⁰⁴ Retreating from the market economy and from his fellow Americans is ultimately the secret to Sheppard's happiness. *Sheppard Lee* went to press in the wake of the Indian Removal Act, as Jackson killed the Second U.S. Bank and the House banned congressional discussions of slavery. The fantasy it promotes is a withdrawal from these tense Jacksonian negotiations of sympathy and division to a yeoman farmer lifestyle—even as the promises of that lifestyle were rapidly diminishing. Bird's novel tours the contemporary American landscape only to recoil. Sheppard falls back on the "hardiness" only of *his own* "constitution" to enact a Jeffersonian retreat from a Jacksonian world.¹⁰⁵

¹⁰⁴ Ibid., 424-5.

¹⁰⁵ Ibid., 425.

But Sheppard's narrative is wildly implausible, and its wildness foregrounds Bird's ambivalence about both Chapman's pan-U.S. sympathy and Morton's scientific divisions. Despite a "philosophic defence [sic] of the Author's credibility," the novel hints at Sheppard's hereditary insanity.¹⁰⁶ At first this prospect provides a certain comfort: rather than understand that Americans have grown so disparate they lack commonalities, Bird cleverly suggests *Sheppard Lee's* crises of sympathy may be self-created, delusion wrought from mania. The protagonist has possibly been nowhere but his own bed. At second glance, however, the prospect is more troubling. While the novel attempts to suture rifts rent by Sheppard's story, the reader is left with not merely an unreliable, but an *unhinged*, narrator. While Bird supported Morton's system, he was not comfortable with its ramifications. Perhaps sympathy was bankrupt, but Sheppard's withdrawal from the new structures of the Jacksonian community suggests he could not back burgeoning figurations of racial division and oppression either. Bird mocks the shallow insufficiency of narrative healing a neat conclusion might offer and refuses a positive prognosis for either Sheppard or America. For though Sheppard claims an "astounding hardness of constitution," this resolution is spoken by, at best, a fragile sanity and, at worst, an untethered soul.

Sheppard Lee's lack of resolution lays bare the insufficiency of Jacksonian medical and political paradigms. Morton delimited stark biological, social, and racial divisions that were increasingly, terrifyingly, rigid. Burgeoning polygenesis not only justified incarceration and genocide but also (with its hierarchy of seven Caucasian families) troubled politically necessary sympathies in a nation of immigrants.¹⁰⁷ Chapman vociferously advocated the power of sympathy to unify the disparate parts, but his sympathy was also unsatisfying, without a "precise

¹⁰⁶ Ibid., 418.

¹⁰⁷ Morton, *Crania Americana*, 5.

essence or nature.” That Bird’s novel spends 400 pages negotiating sympathy and division only to retreat into probable delusion is a cop-out but also a comment on Jacksonian America. The American spirit, Sheppard Lee, is, after all, a crackpot.

Dissatisfied with existing paradigms but unwilling to accept the dark and violent solutions available, *Sheppard Lee* offers a radical critique of America’s “united states.” Sympathy is only ever born out of a speculative fantasy that is always also a misreading. Self-interest is the common interest of the U.S. and can never create lasting national unity. Avarice and envy will tear America apart—but they are also the only things holding it together. Ironically, only Jim Jumble and Tom are exempt from these character flaws, but their anti-materialist happiness is based on racial inferiority, segregation, and slavery—their corporeal and categorical exclusion from American sympathies. And unequal race relations are, paradoxically, both natural and cataclysmic. Perhaps registering the explosive potential of these dire conclusions, Bird sought geographical and professional distance from his own novel. Bird published *Sheppard Lee* anonymously in New York and never publicly claimed it.

But Bird’s ambivalence is more suggestive than failed. In exploring the contours of Jacksonian physical and political life, Bird ambitiously bumped up against the limits of the national imaginary. Jacksonian America was both increasingly democratic, with an ever-broadening network of sympathies, and also divisive, fettered, and murderous. While today we understand the reciprocal development of these forces as a part of a long, evolving history of American sympathies and separations, they were new, hotly contested issues in the mid-1830s. *Sheppard Lee* provides a useful reminder of just how complicated these cultural turns were for the Americans who lived them and reveals that the stakes of debates about fragmentation and

unity—the extent and limits of a democratic society—were written starkly not only onto American politics but American selves.¹⁰⁸

Finally, written before the late-nineteenth-century art/science split, *Sheppard Lee* provides a particularly vivid illustration of a conversation between literature and medicine. Offering a complex medico-political vision of the Jacksonian body in a novel, Bird demonstrates his faith that fiction can do medical work. Rather than see Bird's career as medical then literary then medical then political, it seems more fruitful to view Bird's ventures as an evolving, publicly articulated set of concerns about the body and the body politic. Bird wrote medical notes on the same leaves as fiction and politics; he knew no two-culture divide. Our current blindness to the porousness of this discourse has more to do with twenty-first century expectations about disciplinary form than the structure of Jacksonian discourse. This chapter suggests the need to reexamine nineteenth-century American fiction for complex conversations about literature, politics, and medicine in a proto-disciplinary era—both for the shape of those conversations and for the histories of how they fell apart. Doing so will not only expand our ideas about the cultural work of American fiction but will also demonstrate how very strange and short-lived the separation between literature and medicine has been.

¹⁰⁸ For a distinct but compatible reading of these political tensions in the bodies of Americans see Christopher Castiglia's *Interior States: Institutional Consciousness and the Inner Life of Democracy in the Antebellum United States* (Durham: Duke, 2008).

Chapter 4: “Fiction Anticipates Science”: The Gothic Medicine of Edgar Allan Poe and J.

K. Mitchell

“Edgar Allan Poe is dead,” Rufus Griswold (1815-1857) wrote matter-of-factly in the *New-York Daily Tribune* on October 9, 1849, “[t]his announcement will startle many, but few will be grieved by it.”¹ Griswold’s continues:

He was at all times a dreamer...He walked the streets, in madness or melancholy, with lips moving in indistinct curses, or with eyes upturned in passionate prayers, (never for himself, for he felt, or professed to feel, that he was already damned), but for their happiness who at the moment were objects of his idolatry — or, with his glances introverted to a heart gnawed with anguish, and with a face shrouded in gloom, he would brave the wildest storms; and all night, with drenched garments and arms wildly beating the winds and rains, he would speak as if to spirits that at such times only could be evoked by him[...]²

In Griswold’s vision of Edgar Allan Poe (1809-1849), the author becomes one of his own mad, romantic subjects. Indistinguishably overcome by “madness or melancholy” Poe mumbles expletives, gestures and stares wildly, and joins the wild and tempestuous elements—which we are invited to read, through the pathetic fallacy, as indicative of his wild and tempestuous interior. Poe was a brilliant man, Griswold avers, but also a sick one—and the two were intimately related. “We have suggested the influence of his aims and vicissitudes upon his literature,” Griswold writes, announcing that all of Poe’s writing, especially toward the end, “was in some sense biographical; in draperies of his imagination, those who had taken the trouble to trace his steps, could perceive, but slightly concealed, the figure of himself.”³

Griswold’s posthumous evaluation, coupled with Poe’s mysterious early death—overdose?

¹ Ludwig [Rufus Griswold], “Death of Edgar A. Poe,” *New-York Daily Tribune*, October 9, 1849, 2.

² Ibid.

³ Ibid.

delirium tremens? rabies? cooping?—has infamously shaped Poe scholarship to the present. Though Poe perversely charged Griswold with executing his literary estate, there was, of course, no love lost between them; Poe repeatedly excoriated Griswold in print and was his one-time romantic rival.⁴ Sarah Helen Whitman would later call Griswold's *Tribune* piece a "scandalous anecdote" that Griswold did not even have the decency to own.⁵ Griswold later confessed to Whitman, "I wrote, as you suppose, the notice of Poe in *The Tribune*, but very hastily. *I was not his friend, nor was he mine.*"⁶

Griswold's vengeful renderings of Poe as the sick artist remained the principle sources for Poe's life for twenty-five years after his death.⁷ And scholars and lay readers alike have remained captivated to this day by Poe's wellbeing—or, rather, his lack thereof. A representative trip through the decades of Poe scholarship illustrates the point: In a 1920 article titled "Edgar Allan Poe, Pathologically," Merton S. Yewdale writes: "No greater injustice can be done to the memory of Edgar Allan Poe than to acquit him wholly of his vices."⁸ We ought to pathologize him, Yewdale argues, seeking "not to judge Poe according to the Beatitudes, but... only to analyze the causes of his aberrations."⁹ In 1951, Philip Young continued along the same lines: "There has never been much doubt," he writes, "that something was very much the matter with

⁴ Shawn Rosenheim, "Forward," in Arthur Hobson Quinn, *Edgar Allan Poe: A Critical Biography* (rep. 1998, Baltimore: Johns Hopkins), xii.

⁵ Letter dated August 1873, quoted in William Fearing Gill, *The Life of Poe* (New York: C. T. Dillingham, 1877), 228.

⁶ Second letter dated December 17, 1849, *Ibid.*, 228-229.

⁷ The first non-Griswold biography to be published on Poe was Gill's 1877 *The Life of Poe*. For more information on the Poe-Griswold relationship see "Edgar Allan Poe and Rufus Wilmot Griswold," on the Edgar Allan Poe Society website.

⁸ Merton S. Yewdale, "Edgar Allan Poe, Pathologically," *The North American Review* 212.780 (Nov 1920): 686-96, quote at 686.

⁹ *Ibid.*, 687.

Edgar Allan Poe.”¹⁰ In 1996, a medical professor at University of Maryland declared Poe had really died of rabies, which Matthew Pearl contested in 2007 when he declared Poe suffered from a brain tumor.¹¹ In addition to these wide-ranging speculations, Poe has been depicted as a sometime drunk, drug addict, depressive, maniac, and general madman. In other words, Poe and Poe scholarship remain haunted by Griswold’s shadow: the portrait of an ailment-addled artist whose fiction was a coping strategy for his serious and myriad personal, psychological, and medical problems.

Critics have long looked to Poe’s stories for confirmation of his pathologies. F.O. Matthiessen generalized long ago: “those who believe that he was a drug-addict point to the hero’s confession [in ‘The Fall of the House of Usher’] of being caught in the trammels of opium.”¹² Decades later, Silas L. Warner linked Poe’s psychological pathology to his prose: “Poe’s father deserted the family when Edgar was two years old, and his mother died of tuberculosis when he was three. Poe’s stories helped him to accommodate to these early traumatic losses.”¹³

But there is another strain of Poe scholarship easily confused with the former—one that posits Poe as a medical observer par excellence. In fact, decades of academics have scoured Poe’s stories for representations of illness. Scholars have suggested that “The Black Cat,” “The Tell-Tale Heart,” and “Bernice,” exemplify monomania and “Metzengerstein” elucidates

¹⁰ Philip Young, “The Earlier Psychologists and Poe,” *American Literature* 22.4 (January 1951): 442-454, quote at 442.

¹¹ Times staff, “Poe Died of Rabies, Not Alcoholism or Drug Abuse, Doctors Believe,” *The Los Angeles Times* September 12, 1996; Leon Neyfakh, “Poe’s Mysterious Death: The Plot Thickens!” *The New York Observer*, October 16, 2007.

¹² F.O. Matthiessen, “Poe,” *The Sewanee Review* 54.2 (1946): 175-205, quote at 181.

¹³ Silas L. Warner, “Princess Marie Bonaparte, Edgar Allan Poe, and Psychobiography,” *Journal of the American Academy of Psychoanalysis* 19.3 (Fall 1991): 446-61.

delirium tremens.¹⁴ Poe's "prescient descriptions" have also been celebrated in elite medical journals such as *The Journal of the American Medical Association* and *The Lancet*. "The Business Man," for instance, is good to have anticipated what we now understand to be frontal lobe syndrome later made famous when a tamping iron penetrated the skull of railroad worker Phineas Gage;¹⁵ two physicians conclude that "The Fall of the House of Usher" discovered porphyria seventy-five years before medicine did;¹⁶ and "William Wilson," another scholar delightedly concludes, presents a very early illustration of what physicians now understand to be the "syndrome of reduplicative paramnesia."¹⁷ Titles like "Fiction Anticipates Science" repeatedly attend Poe scholarship.¹⁸

In a sense, then, Poe's fiction has long been considered a source of medical information. In this chapter, I push these observations further, reclaiming Poe not merely as an excellent recorder of medical phenomena but as a medical theorist in his own right. In particular, I illuminate Poe's medico-political theorizing about the body in "Maelzel's Chess Player" and "The Fall of the House" and reveal its impact on the medical writing of John Kearsley Mitchell (1789-1858). In so doing, I demonstrate that medical theorizing in fiction could and did impact antebellum American medicine. This chapter might approach this topic through many avenues,

¹⁴ For the latter see Matthew Warner Osborn, "Diseased Imaginations: Constructing Delirium Tremens in Philadelphia, 1813-1832," *Social History of Medicine* 19.2 (2006): 191-208.

¹⁵ Eric Lewin Altschuler, "Prescient Description of Frontal Lobe Syndrome in an Edgar Allan Poe Tale," *The Lancet* 363 (2004): 902.

¹⁶ Leland S. Rickman and Choong R. Kim, "Poe-phyria: Madness, and The Fall of the House of Usher," *Journal of the American Medical Association* 261.6 (1989): 863-864. Porphyria was not isolated by doctors until 1923.

¹⁷ J. M. Schneck, "Edgar Allan Poe's "William Wilson" and Capgras Syndrome," *Journal of Clinical Psychiatry* 51 (1990): 387-388.

¹⁸ "Fiction Anticipates Science" *New York Times* (May 7, 1895): 4.

as Poe and Mitchell had numerous vibrant exchanges.¹⁹ But, in keeping with the flow of the larger argument, I examine Poe and Mitchell's exchanges about corporeal dynamism, particularly as they were articulated through anxieties about rising anatomical paradigms—which depicted a body that was far too rigid—and about the dangers of a too-flexible physiological paradigm that left the body perilously at risk. This is also the story of how flexible paradigms—both of national physiology and of cross-genre collaboration—began to collapse.²⁰

A Medico-Literary Friendship

Edgar Allan Poe and John Kearsley Mitchell's literary friendship dates back at least to the late 1830s. Mitchell was Poe's friend and physician and the prized pupil of Nathaniel Chapman.²¹ His medical and literary writings date back as early as the 1820s, but they did not take a gothic turn until Mitchell met Poe. Mitchell was not the first physician-poet Poe befriended. He was one of at least four—including also Thomas Chivers, Joseph Snodgrass, and Pliny Earle—all of whom played prominent roles in Poe's life and whose poetry Poe published and praised. Chivers would, most notably, offer Poe a home in Georgia and later accused Poe of plagiarizing his poetry, and Snodgrass was the old friend from whom Poe sought help during his last days in Baltimore.

But Poe's relationship with Mitchell was especially close and long-lasting. In the first issue of Burton's *Gentleman's Magazine* (1839) edited by Poe, Poe published a long, laudatory

¹⁹ It would certainly be worthwhile, for example, to examine Poe and Mitchell's collaborations over ideas about mesmerism and mechanics.

²⁰ Poe's room at the University of Virginia was steps from the anatomy theater, and medicine and literature were linked throughout Poe's life.

²¹ Chapman and Mitchell were close enough for Mitchell to dedicate his book of poems *Indecision; A Tale of the Far West* to his mentor. In good, antebellum fashion, Mitchell also named one of his sons Nathaniel Chapman Mitchell. For more on Chapman, see the previous chapter.

review of Mitchell's book of poetry, *Indecision; A Tale of the Far West*, that (unusually) reprinted columns full of the original; a Mitchell poem was the second piece published in the first issue of *Graham's* announcing Poe's editorship; and when, in 1843, Poe reviewed Griswold's *Poets and Poetry of America*, he presciently railed against Griswold's appraisal of Mitchell among his pantheon of American poets and criticizes: "how came [Griswold] to alter Dr. J. K. Mitchell's song in such a manner that the author scarcely knows his own production? Just think of the impudence of the thing—Rufus Wilmot Griswold altering a production of Dr. J. K. Mitchell!"²² During Poe's years in Philadelphia, a young Weir Mitchell recalled Poe's visits to the house.²³ Mitchell even lent Poe money.²⁴

Poe and Mitchell's mutual support throughout their Philadelphia years and Mitchell's medical care of Poe suggest a complicated and dynamic relationship. It is very likely that Mitchell read the stories Poe published while in Philadelphia, first in *Burton's* and *Graham's*, since Mitchell had appeared in each early on and had both a personal and professional relationship with Poe. Mitchell also likely read *Tales of the Grotesque and Arabesque* (1840)—in which the stories from *Burton's* and *Graham's* were reprinted while Poe was still living in Philadelphia. The printing of these stories occurred at a critical moment in Mitchell's development—just as he moved from teaching chemistry in 1839 to occupying a professorial chair at Jefferson College in of the Theory and Practice of Medicine just two years later. And, as

²² Poe, *Complete Works*, 11: 241-2. Rufus Griswold would, of course, famously get his revenge as Poe's literary executor just a few years later. The review of *Indecision* is unsigned, but it appears beside other authors with whom Poe corresponded such as Nathaniel Parker Willis and Robert Montgomery Bird.

²³ J.A.T. Lloyd, *The Murder of Edgar Allan Poe* (London: Stanley Paul & Co, 1928), 117.

²⁴ *Ibid.* Though only one letter between the two is extant, two men living in close proximity need not have written much to play important roles in each other's lives. (For this reason letters have not played as large a role in this project as one might expect.) Furthermore, a number of letters to and from Poe are missing, and Mitchell's preserved papers are not comprehensive. Their print relationship more than establishes their intimacy.

I will show, Poe's thinking had a profound effect on Mitchell, who took Poe's theorizing seriously and likely read Poe's stories as he planned his medical lectures.

Body as Machine? The Contested Rise of Anatomy and Factory Labor

Poe and Mitchell undertook their theorizing as the twinned corporeal models of anatomy and factory labor rose to prominence. These models, which challenged the dynamism of national physiology, were profoundly threatening to Poe and Mitchell's vision of the body and the body politic. Mechanistic models set firm somatic boundaries—boundaries that were, in fact, too clean and too defined, and threatened the very principles of life itself. Poe and Mitchell rejected increasingly popular paradigms that rendered body and machine indistinguishable and invested time, effort, and money to expose their fallacy.

For Poe and Mitchell, as for earlier Americans like Benjamin Rush, the human body was not “an automaton” or “a self-moving machine.” But as the century progressed, the body's physiology, its vital materialism, increasingly needed to be defended against the rising tide of industrial and anatomical paradigms. The national obsession with Johann Maelzel's chess-playing automaton—known as “the Turk” because of its costume—expressed this tension. The chess player made headlines up and down the east coast: it was a moving, thinking competitor—who was also a machine. The Maelzel hype, which agitated audiences for close to two decades, was decried by Edgar Allan Poe in 1836 in his widely read exposé “Maelzel's Chess-Player.”²⁵ Like many others since the machine's debut, Poe rightly suspected the machine relied on thought—and thus contained a human player. Bodies and machines were different and could be differentiated; one needed only to detect the dupe to reassert important boundaries. Poe's essay

²⁵ Poe, Edgar Allan. “Maelzel's Chess Player,” *Southern Literary Messenger* 2 (April 1836): 318-26.

received attention from Philadelphia to Charleston, spurring Mitchell to purchase the Turk after Maelzel died in 1838.²⁶ Mitchell restored the automaton, exposed the trick, and exhibited it at the Chinese Museum in Philadelphia.²⁷ The obsession would seem comical to those of later generations, like Mitchell's son Silas Weir Mitchell, who wrote a mock eulogy for the automaton after it burned in an 1854 fire.²⁸ But Poe and J. K. Mitchell were only two of thousands, including Napoleon, Benjamin Franklin, and Andrew Jackson, who were captivated by the Turk.²⁹

Maelzel's chess player captured national attention for reasons that, perhaps, would have escaped the next generation of Americans. By the mid-nineteenth century, the rapid growth of the market economy, factory labor, and industrialization were well underway, but for the generation that witnessed these transformations—the “revolutions” of the last chapter—they were quite fraught. The automaton, thus, was so popular because it articulated the twin discourses of vitalism and mechanization rising in antebellum America. Maelzel's machine suggested that thought—the most human attribute—could be mechanically reproduced. The human body appeared, quite literally, to be a machine, at the very moment that other human

²⁶ W.K. Wimsatt, “Poe and the Chess Automaton,” *American Literature* 11.2 (May 1939): 138-151, 138.

²⁷ For more on the Maelzel's chess player, see Tom Standage's *The Turk: The Life and Times of the Famous Eighteenth-Century Chess-Playing Machine* (New York: Walker & Company, 2002) and Gerald M. Leavitt's *The Turk, Chess Automaton* (Jefferson, NC: McFarland and Co, 2006).

²⁸ Reprint in *The Chess World: A Magazine Devoted to the Cultivation of the Game of Chess*, Vol III (London: Trubner & Company, 1868), 2.

²⁹ Reprint in *The Chess World: A Magazine Devoted to the Cultivation of the Game of Chess*, Vol III (London: Trubner & Company, 1868), 2; Timothy Marr, *The Cultural Roots of American Islamism* (New York: Cambridge, 2006), 74. For the one article interested in connecting Poe to Mitchell scientifically, see Benjamin J. McFarland and Thomas Peter Bennett, “The Image of Edgar Allan Poe: A Daguerreotype Linked to the academy of Natural Sciences of Philadelphia,” *Proceedings of the Academy of Natural Sciences* 147 (1997): 1-32. This article draws many useful connections between the two, but its principle aim is to identify Edgar Allan Poe as the figure in an Academy of Natural Sciences daguerreotype. Where they do explore the relationship McFarland and Bennett suggest Poe got his ideas from Mitchell.

bodies were being conscripted into mechanized behaviors through factory work; it seemed that machines were becoming human just as humans were becoming machines.³⁰ But as national physiology intervened in that discourse, it sought to hold onto ideas about the dynamic life of the body, even as cultural, political, and economic forces imperiled that vision.

The battle over Maelzel's chess player coincided with the rise of anatomical thinking and factory labor in America. Anatomical thinking had held significant sway in Europe, where, according to some accounts, physiology only arose as an independent field over the course of the nineteenth century.³¹ At that time, physicians were, as Michel Foucault has famously argued, moving from rationalist to empiricist epistemologies: from thinking about bodies to looking at them.³² Europe's explosion of automata—most famously Vaucanson's defecating duck—over the course of the eighteenth and early nineteenth centuries made sense for an anatomy-minded culture.³³ These automata exploited vitalism's claims that bodies were but machines animated by an external force by showcasing elaborate machines that purportedly moved on their own.

³⁰ Slavery had long coerced human bodies into mechanized actions, but factory labor now turned white bodies into machines. It is also worthwhile to remember that the Turk relied, like the factory, on the alienated labor of the small man hidden quite uncomfortably inside the machine. For excellent and enduring scholarship on the fraught rise of factory labor in antebellum America, see Sean Wilentz's *Chants Democratic: New York City and the Rise of the American Working Class, 1788-1850* (New York: Oxford University Press, 1984), Christine Stansell's *City of Women: Sex and Class in New York, 1789-1860* (Champaign, IL: University of Illinois Press, 1987), David R. Roediger's *The Wages of Whiteness: Race and the Making of the American Working Class* (New York: Verso, 1991).

³¹ See, for example, J. Schiller, "Physiology's Struggle for Independence in the First Half of the Nineteenth Century," *History of Science* 7 (1968): 64-89, 65. The story is clearly somewhat more complicated, since seventeenth- and eighteenth-century medical philosophers like Harvey and Cullen imagined the body in physiological terms. See Chapter 1 for this discussion.

³² See Michel Foucault's *The Birth of the Clinic*.

³³ For more on Vaucanson's duck, an automaton he built with the hopes it would serve dinner to his guests, see David M. Fryer and John C. Marshall, "The Motives of Jacques de Vaucanson" *Technology and Culture* 20. 2 (April 1979): 257-269 and Jessica Riskin, "The Defecating Duck, or, the Ambiguous Origins of Artificial Life" *Critical Inquiry* 29.4 (Summer 2003): 599-633.

Nevertheless, the American public remained relatively sheltered from such spectacles until the 1820s. Vauconson's duck stayed in Europe, and, even though the Turk was built in 1770, it did not make its way to America until 1826. Americans' rising interest in anatomy spurred physicians of means to begin heading to France for medical training where corpses were more readily available for dissection. These American physicians were, however, adamant. They did not turn to Europe for philosophy; they went for access.³⁴ This shift was geographically notable: whereas American physicians before the 1820s had headed to Edinburgh for education, in the mid-nineteenth century they turned to Paris for clinical experience. In intellectual terms, the move from physiology to anatomy was a change from thinking of bodies as systems in flux to thinking of them as machines whose workings could be deciphered—possibly even replicated—with the right tools and attention.³⁵

The mechanical view of human bodies accorded with the rapid industrial growth during the Jacksonian period. Factory labor fundamentally changed with the development of the Waltham-Lowell System, first instituted in the 1810s. This factory system—with its new temporal regulation of work, long hours, and systematized labor—mechanized the work of the women who worked in the mills. The Waltham-Lowell System developed and spread quickly between 1815 and 1850, “revolutioniz[ing] manufacturing” and “set[ting] the trend for other industries.”³⁶ The mill owners were themselves uncomfortable with the idea of turning workers into machines and, at least initially, sought to nurture and instruct the young women who worked

³⁴ John Harley Warner, *Against the Spirit of the System: The French Impulse in Nineteenth-Century American Medicine* (Baltimore: Johns Hopkins University Press, 2003).

³⁵ For more on the rise of anatomy during this period see Michael Sappol's *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton: Princeton University Press, 2002).

³⁶ Thomas Dublin, *Farm to Factory: Women's Letters, 1830-1860* (New York: Columbia University Press, 1981), 7.

for them: the women were encouraged to attend church and start a newspaper. Nevertheless, one worker lamented to her roommate: “Up before day, at the clang of the bell—and out of the mill by the clang of the bell—into the mill, and at work, in obedience to that ding-dong of the bell—*just as though we were so many living machines.*”³⁷ Melville famously condemned this mechanization of human bodies in “The Tartarus of Maids,” observing: “at rows of blank-looking counters sat rows of blank-looking girls, with blank, white folders in their blank hands, all blankly folding blank paper...mere cogs to the [mill’s] wheels.”³⁸

Though anatomy spread quickly, like factory labor, it did not achieve immediate hegemony in America. There was much resistance. It is significant that the antebellum period is not well-known for the immediate rise of a new dominant medical model but rather for the weakness of professional physicians and the proliferation of lay doctors, alternative healers and quacks.³⁹ Though professional physicians demonstrated a marked interest in anatomy, acquiring anatomical knowledge required access to medical education, books, and bodies. In other words, anatomy was expensive, and, thus, while many employed anatomical thinking in the antebellum era, the spread of anatomy was in some ways structurally incompatible with the democratic proliferation of practitioners during this period.⁴⁰ Many students of the American school of medicine continued to privilege and even update notion of the body as a system in flux. A prominent physician, medical writer and lecturer at multiple Philadelphia medical schools, Mitchell offers a prime illustration of professional resistance to anatomical models. Writers like

³⁷ Ibid., 10, emphasis added.

³⁸ Herman Melville, “The Tartarus of Maids,” *Harper’s New Monthly Magazine* 10 (April 1855): 673-8, 675.

³⁹ See, for example, Paul Starr, *The Social Transformation of American Medicine*.

⁴⁰ See, Starr’s *Social Transformation* or Joan Burbick’s *Healing the Republic*.

Mitchell continued to think about the body as a system in motion, focusing dynamic systems like circulation and body chemistry.

Both Poe and Mitchell recoiled from the mechanized, anatomical shift, albeit somewhat differently. Poe's comical discourses on the mechanical reflex arc and the anatomized body recorded his discomfort with the political implications of anatomical discoveries.⁴¹ Mitchell, on the other hand, sought to recuperate the humanity of mechanized laborers through his (albeit misguided) work at the Franklin Institute of Philadelphia to "better" the working classes. Finally, the continued commitment of both men to physiological thinking signals their strongest resistance to these medico-political shifts.

Poe and Mitchell resisted mechanistic models, but they could not rest comfortably in physiological paradigms either. If the body's integrity was under threat—it was both because the body could be rendered too lifelessly rigid and also because the healthy fluidity of physiology could no longer be assumed to function properly. If Chapman, Bird, and Morton revealed one thing, it was that the body's parts, whatever their relation, did not operate in just one, knowable way—and that the differences between parts and their function still seemed mysterious.⁴² While Poe and Mitchell still depended on physiology, the blows delivered to unitary models meant physiology could no longer be a guarantor of health. The fluidity of physiology now offered only seeming structure, but in its imbalance, in its uneven distribution and its imperiling porousness, it could as easily bring disease. Returning to a sanguine unitary model, after doctors like Bird, Chapman, and Morton, had revealed the uncomfortable union of parts was impossible. If mechanistic models provided a model of differing parts that were too clean and too distinct—in

⁴¹ For Poe's uses of and resistance to the anatomical thinking suggested by neurological anatomy, see Justine Murison's chapter on Poe in *The Politics of Anxiety*.

⁴² See discussion in chapter 3.

short, too close to dead—, physiology’s porousness was now not only a mechanism of health but also a dangerous liability. And though Poe and Mitchell sought to return to a circulatory model that would promote and safeguard American health, the health of increasingly differing parts threatened to dissolve the integrity of the national body.

Circulation

Mitchell’s understanding of physiology, and circulation in particular, was based in chemistry. Early in his career Mitchell had edited an American edition of Michael Faraday’s *Chemical Manipulation* and went on to write two essays, “On the Penetrativeness of Fluids” and “On the Penetration of Gases,” which examined the ability of fluids and gases to penetrate membranes both inside and outside of the body.⁴³ Mitchell considered his physical chemistry findings to provide “a very important service” for “the cause of ‘Physiological Medicine.’”⁴⁴ In testing the penetrativeness of animal membranes, Mitchell was not testing the circulatory system exclusively but examining “organic molecular infiltration,” the movement of particles through and around the body.⁴⁵ Mitchell considers “the most striking generality” of his findings to be “the *high power* of penetrativeness of *gases* for *organic molecular tissue*, long known to be infiltrable (sic) by liquids, but until now not generally known to admit of any permeation, by at least *insoluble* aeriform substances [gases].”⁴⁶ Mitchell was particularly interested in the

⁴³ Michael Faraday, *Chemical Manipulation: Being Instructions to Students in Chemistry, on the Methods of Performing Experiments of Demonstration or of Research, with Accuracy and Success*. Ed. John Kearsley Mitchell (Philadelphia: Carey and Lea, 1831); the essays can be found in John Kearsley Mitchell’s *Five Essays*, ed. S. Weir Mitchell (Philadelphia: J. B. Lippincott & Co, 1859).

⁴⁴ Mitchell, *Five Essays*, 285.

⁴⁵ *Ibid.*, 291.

⁴⁶ *Ibid.*, 304.

permeability of blood vessel membranes.⁴⁷ Praising Henri Dutrochet for his osmosis research, Mitchell wrote that permeability was “*the master-spirit of animal and vegetable motion, the ruling power of chemical science, the governing influence of atmospheric composition, the governing influence of atmospheric composition, the presiding genius of respiration, circulation, and nutrition, the cause of disease, and the restorer of health.*”⁴⁸ In other words, it provided another unitary circulatory theory couched in political terms—one which extended to the body politic.

Mitchell optimistically believed his findings would help cure Americans but, after he almost died in the 1832 cholera epidemic, his understanding of the body’s permeability took a darker turn.⁴⁹ Though epidemics occurred in American cities every few years, the 1832 cholera fever outbreak was particularly notable. Cholera—known popularly as “Asiatic cholera”—had never appeared in the U.S. before the summer of 1832. In the months preceding its arrival, Americans watched anxiously as the disease moved unimpeded from the Indian subcontinent through Eastern and Western Europe to Canada and down through America’s coastline. How it arrived and infected was anyone’s—and everyone’s—guess. When it did, the consequences were devastating. An otherwise healthy individual might have stomach pains in the morning, vomit and suffer from diarrhea by noon, turn blue at three, and be dead by nightfall. This spectacular scourge killed half the people it infected.⁵⁰

The threat of cholera was both somatic and political. Cholera was understood to be a type of “fever.” The fever epidemics that had swept the American landscape every few years since the

⁴⁷ See, for example, *Ibid.*, 311.

⁴⁸ *Ibid.*, 324-5, emphasis added.

⁴⁹ Anna Robeson Burr, *Weir Mitchell: His Life and Letters* (New York: Duffield and Company, 1930), 18.

⁵⁰ For an excellent account of the epidemic, see Charles Rosenberg’s *The Cholera Years: The United States in 1832, 1849, and 1866* (1962, rep. Chicago: University of Chicago Press, 1987).

nation's founding were understood to have one cause, if disparate effects, and Americans had spent decades arguing whether that cause was environmental or contagious. Doctors did not agree about what caused cholera, but it was virtually impossible to argue that cholera was of "local origin." Instead, cholera flaunted the ease with which fevers could traverse the nation's porous geographic and political boundaries, imperiling the health of citizen bodies. In fact, fungus offered an innovative solution to the local-origin/importationist debate traced in the first two chapters of this project. An explicit rejection of the popular but vague miasma-based explanations, fungus was a transportable substance that nonetheless explained how a local environment might produce disease.

Somatic concerns were linked, from the beginning, with national ones. In literal terms, the social, economic, and political features of antebellum America—the growth of cities, rise in population density, development in transportation technologies, and increasingly global market—*did* create the conditions through which fevers thrived. But these literal terms were often yoked to ideological ones: when, for example, the yellow-fever epidemic of 1793 shut down the nation's capital just four years after the ratification of the Constitution, Americans worried vocally that the epidemic signaled broader national frailty.⁵¹ Politicians capitalized on this conflation, exploiting the language of the fever to push their prescriptions for political health.

In this final section, I read Poe's "Fall of the House of Usher" as a medical treatise that an original conservative medico-political vision of circulation. I then demonstrate how professional medicine adopted Poe's story in the form of Mitchell's medico-political theory of the fungal origins of fevers.

⁵¹ For more on this, see chapters 1 and 2.

Disturbing Circulation: The Fungal Origin of Fevers

“The Fall of the House of Usher” is the story of a man who answers the request of an old friend who is dying in his ancestral mansion. The unnamed narrator arrives in time for the death of Usher’s sister Madeline whom they bury in the walls of the house. The narrator tries to use reason to resist what he perceives to be Usher’s increasingly frantic, illness-wrought delusions, only to be proven wrong and drawn into Usher’s world when a bloody Madeline reemerges from the grave to collapse on the body of her brother. The narrator flees the scene as the house collapses into the pond below.

“The Fall of the House of Usher” opens with a lone rider passing into a decaying landscape. The atmosphere is moist with clouds that hang “oppressively low,” “rank sedges” and “decayed trees.”⁵² The environment produces an “an iciness, a sinking, a sickening of the heart” which the narrator connects to melancholia and “gloom” but also medical conditions like withdrawal.⁵³ The narrator insists that he cannot understand the “mystery” that produces his feelings, but they begin with moisture, decomposing plant matter and “a black and lurid tarn”—still water—that hideously mirrors the decaying foliage—“the gray sedge, and the ghastly tree-stems”—that surround the House of Usher.⁵⁴

Certainly, Poe’s opening paragraph is a prime example of pathetic fallacy, but it also recalls well-publicized concerns about the connection between the miasma produced in untended spaces. Miasma was a common explanation employed by local-origins proponents for how and why Americans periodically got sick, as doctors like Benjamin Rush and Elihu Hubbard Smith

⁵² Edgar Allan Poe, “The Fall of the House of Usher,” *Burton’s Gentleman’s Magazine and American Monthly Review* 5 (September 1839): 145-152, 145.

⁵³ *Ibid.*

⁵⁴

attested.⁵⁵ Miasma theories of fever held that untended environments could become polluted, and thus make Americans ill.

But Poe's description is not a conventional one, and, in its repeated attention to fungal growth, "The Fall of the House of Usher" distinguishes itself from other epidemic narratives.⁵⁶ In fact, though the story "seems a thesaurus of Gothic clichés: the lonely wanderer; the dreary landscape; the decaying castle; the reflecting tarn," J.O. Bailey noted long ago, the fungus offers a striking difference: "the typical Gothic castle is hung with moss or ivy; Poe's fungus seems a unique and more deadly parasite, invented for a purpose to be examined."⁵⁷ Poe's narrator first approaches the house, "in the autumn of the year," the peak season for fungal growth.⁵⁸ He peers into the tarn and envisions "about the whole mansion and domain...an atmosphere peculiar to themselves and their immediate vicinity—an atmosphere which had no affinity with the air of heaven, but which reeked up from the decayed trees, and the grey wall, and the silent tarn—a pestilential and mystic vapour, dull, sluggish, faintly discernible, and leaden-hued."⁵⁹ But the narrator insists this diseased atmosphere "must have been a dream."⁶⁰ "Shaking [it] off from [his] spirit," the rider, like a good physician, turns to scrutiny: "I scanned more narrowly the real aspect of the building."⁶¹ He discovers it is old and discolored with "minute fungi overspread the

⁵⁵ For discussions of miasma and earlier epidemics, see chapters 1 and 2.

⁵⁶ J.O. Bailey notes the significance of Poe's fungus, but makes the mistake of conflating the fungal growth with miasma ultimately to support a theory of vampirism in "Usher" ("What Happens in 'The Fall of the House of Usher'?", *American Literature* 35.4 [January 1964]: 445-466, quote at 457).

⁵⁷ Daniel Hoffman, *Poe Poe Poe Poe Poe Poe Poe Poe* (Baton Rouge: Louisiana State University Press, 1972), 296; Bailey, "What happens," 452.

⁵⁸ Mitchell, *Five Essays*, 50-1.

⁵⁹ Poe, "Usher," 146.

⁶⁰ *Ibid.*

⁶¹ *Ibid.*

whole exterior, hanging in a fine tangled web-work from the eaves.”⁶² The narrator is surprised to note that no other aspect of the house displays “excessive decay” except the “barely perceptible fissure,” but “in this there was much that reminded me of the spacious totality of old woodwork which has rotted for long years in some neglected vault with no disturbance from the breath of the external air.”⁶³ After scrutinizing the fungal corruption of the whole house, and the fissure that leads to the pestilential tarn, the narrator enters.

The vision of fungal invasion recurs just when Usher attempts to retreat from illness into literature. Instead of offering respite, the “suggestions arising from this ballad” lead Usher to contemplate the perverse “sentience of all vegetable things”—particularly as “fulfilled in the method of collocation of [the house’s] stones—in the order of their arrangement, as well as in that of the many *fungi* which overspread them, and of the decayed trees which stood around—above all, in the long, undisturbed endurance of this arrangement, and in its reduplication in the still waters of the tarn.”⁶⁴ Usher is haunted by the so particularly ordered stones that, like the trees, have been decayed from the inside by the surrounding fungi. Only the word “fungi” is italicized.

Fungus was especially ripe for gothic articulation. It grew at night in untended spaces and multiplied at a seemingly unnatural rate. It worked stealthily—the spread of fungus and its rotting of plant and animal matter occurred almost imperceptibly. Scientists described fungal cells as “invisible.” Furthermore, in the 1830s, scientists could not decide if it was plant or animal. Fungus appeared to be, rather, an unnatural plant that needed no sun and flourished in darkness—and new developments in microscopy revealed that these unnatural fungal cells were

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid., 149.

dangerously indistinguishable from animal cells. Fungus surreptitiously spawned from “an almost invisible single cell” to a cloud with ten million sporules, “so minute as to look like smoke.”⁶⁵

But the fungus does not rest lightly on the “sentient” stones of the House of Usher; it infiltrates their core and becomes an explanatory paradigm for the story. Usher’s decaying body metonymically corresponds to the fungus-rotted house and ancestral line. His hair, with its “more than web-like softness and tenuity” stands in for the “minute fungi” that “overspread the whole exterior, hanging in a fine, tangled web-work from the eaves.”⁶⁶ Furthermore, the collapse of seemingly disparate identities—Usher, Madeline, the narrator—reproduces fungal cells’ ability to mimic and invade plant and animal cells. The effect of the corrupted stones, Usher explains, “was discoverable...in that silent yet importunate and terrible influence which for centuries had moulded the destinies of his family, and which made *him* what I now saw him.”⁶⁷ Usher’s dark pun on the family’s “moulded” destinies reveals fungus’s dangerous permeability.

Scholars have been quick to claim that Poe did not substantially revise “The Fall of the House of Usher.” Nevertheless, some subtle but significant changes were made to the story between its 1839 publication in *Burton’s Gentleman’s Magazine* and the commonly reproduced 1845 collection *Poe’s Tales*, which highlight Poe’s increasing scientific interest in fungus.⁶⁸ The

⁶⁵ Mitchell, *Five Essays*, 41.

⁶⁶ *Ibid.*, 146. See, for example, Bailey, “What happens,” 451-2 and Leo Spitzer, “A Reinterpretation of ‘The Fall of the House of Usher,’” *Comparative Literature* 4.4 (Fall 1952): 351-363, 357.

⁶⁷ *Ibid.*, 149.

⁶⁸ Edgar Allan Poe, *Tales by Edgar A. Poe* (New York: Wiley and Putnam, 1845). *Tales of the Grotesque and Arabesque* was published in between, but *Graham’s* announced its appearance just four months after the magazine publication of “Usher.” Wiley and Putnam’s *Tales* would have been a step up for the author, since it was published by Wiley and Putnam, a transatlantic publishing house, *Graham’s Magazine* 23.1 (July 1843): 60. It is this later version that has been widely reproduced.

claim I am making here is that Poe's friendship with Mitchell influenced the changes to the story, which work to foreground Poe's medical theorizing. Between the editions, Poe made a handful of subtle changes. First, Poe adds credence to Usher's belief in "the sentience of all vegetables" in the later edition by adding a scientific footnote that makes use of two authors whom Mitchell also cites.⁶⁹ Second, the later edition breaks a long paragraph that originally introduced the fungi into the story. In the earlier editions of the introduction, Poe buries the "minute fungi" that "overspread the whole exterior" nine sentences into the paragraph, whereas in the 1845 edition "the real aspect of the building" becomes its own paragraph, more clearly foregrounding the responsibility of "minute fungi" for the perfectly preserved but fully rotten condition of the house. Finally, the 1845 edition shifts its italics from the phrase "*the gradual yet certain condensation of an atmosphere of their own about the waters and the walls*"—which reads more like contemporary descriptions of "miasma"—to a single italicized word in 1845: "*fungi.*"⁷⁰

The timing of Poe's revisions accords with Poe and Mitchell's Philadelphia friendship, and, as the story likely benefitted from this proximity, so Mitchell's medical theorizing owes a profound debt to Poe. Mitchell penned both medicine and literature in the 1830s, but his early poetry was sentimental and adventurous while his medical writing was stoic and technical. Mitchell's 1849 essay "On the Cryptogamous Origins of Malarious and Epidemic Fevers" (delivered as a series of lectures over the course of the 1840s) departs radically from either of Mitchell's prior modes by following Poe's fungal line of inquiry. The reader is primed for this turn by Mitchell's evocative title. Mitchell might have used the more neutral term "fungal" but

⁶⁹ Poe, *Tales*, 74.

⁷⁰ Poe, "Usher," 149.

chose “cryptogamous” instead, a term that connotes a weddedness (“gamous”) to the “hidden, concealed, secret” (“crypto”).⁷¹

For Mitchell, these “Goths of phytology” bore the spirit of Poe’s dark tales.⁷² The “[f]ungi are distinguished for their *diffusion and number, for their poisonous properties, and their peculiar seasons of growth, for the minuteness of their spores and for their love of darkness and tainted soils, and heavy atmospheres.*”⁷³ The fungi’s affinity to darkness and corruption are affirmed by Mitchell’s observation that the “most common malarious diseases are not producible by exposure in sickly places *during the daytime*. Whatever may be their cause, it seems to have activity almost solely at night.”⁷⁴ Furthermore, “*darkness* appears to be essential to either [their] existence or [their] power.”⁷⁵ The dangers of these “dubious beings” arise from their invisibility, enchantment, unnatural inversion of the vegetable order (“love of darkness”), and the fact that “they could scarcely be microscopically distinguished from the primordial formation of our own cells.”⁷⁶ Fungi produce additional fright with their “bloodlike” appearance, which fills observers with “disgust and horror.”⁷⁷

Mitchell knew that readers might doubt the terrifying power he attributed to fungi. He acknowledges: “It may be thought that the cause assigned is not adequate to the rapid production of the effect. Can a minute vegetable, however distributed, contaminate the air of a large marsh

⁷¹ “Cryptogamous.” *Oxford English Dictionary*.
<http://www.oed.com.ezproxy.gc.cuny.edu/view/Entry/276486?redirectedFrom=cryptogamous#eid>. 24 June 2011.

⁷² Mitchell, *Five Essays*, 47.

⁷³ *Ibid.*, 37, Mitchell’s emphasis.

⁷⁴ *Ibid.*, 51, Mitchell’s emphasis.

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*, , 36, 57, 48, 56, 38-9.

⁷⁷ *Ibid.*, 60-2.

or field, in the course of a few minutes or hours?”⁷⁸ Mitchell reminds readers who doubt, “how minute a quantity of a reproductive organic virus is, in other cases, necessary to the infection of a proper subject.”⁷⁹ Additionally, Mitchell points out, “A mushroom growth is proverbial in every language. In a single night, under favorable circumstances, leather, or moist vegetable matter, may be completely covered with mould. Of the more minute fungi, some species pass through their whole existence in a few minutes, from the invisible spore to the perfect plant.”⁸⁰

Certainly, these descriptions of uncanny doubling (the lack of ability to distinguish between self cells and other), rapid reproduction, invisible forces, soundless destruction, semblance to blood, enchantment and horror bear a striking resemblance to Poe’s gothic. Likewise, Mitchell’s emphasis, particularly his use of haunting description, strategic repetition, and italics, are reminiscent of Poe’s narrative strategies. And, though Mitchell was a well-known writer, before he met Poe his published verse bares no trace of these gothic strategies.

What makes thinking about fever so terrifying, Mitchell explains, is the difficulty in discerning what makes one place healthy and another disease-ridden: “Nay, two places, in all observable respects alike in elevation, local relations, atmospheric phenomena and geological structure, may differ totally in their degree of healthfulness. Even in the same place, the line of limitation of disease-producing power may be a common road, a narrow street, a stone wall, or a belt of woods.”⁸¹ Mitchell’s reflections recall Poe’s narrator, who cannot understand “what was it that so unnerved [him]” about the House of Usher. He reflects that possibly “a mere different arrangement of the particulars of the scene, of the details of the picture, would be sufficient to

⁷⁸ Ibid., 39-40.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ Ibid., 24.

modify, or perhaps to annihilate” the effect.⁸² Nevertheless, both accounts link fungal invasion to a lack of productivity. Poe’s Usher is an effete aristocrat whose “unramified” lineage, sequestered in an ancestral home, is doomed to rot from lack of healthy activity and circulation. . . Mitchell links his fungal experience to the site of a formerly productive milldam, which was a healthy space during its 117 years of activity, but not three years later hosts stumps “entirely disintegrated by the dry rot, and that they crumbled in the handling.” There, Mitchell finds “innumerable spores” of the aptly named “Polyporus Destructor and Merulius Vastator, cryptogamous plants.”⁸³

While both Mitchell and Poe paint a gothic horror scene in the absence of honest labor and healthy circulation, Mitchell’s fungal politics are explicitly global. Poe’s story signals the nation’s dangerous porousness with his story’s lack of geographical specificity—the House of Usher could be *anywhere*. Mitchell chooses, instead, to articulate this dangerous permeability by linking fungal growths explicitly to sites of transnational trade: Rio, Canton, Jamaica. Furthermore, Mitchell’s descriptions of the fungi are also themselves xenophobic. Mitchell envisions these “tribe[s]” of “anomalous vegetables” invading while all the other vegetables sleep.⁸⁴ This deviant “race of vegetables” waits until “more perfect forms have completed their annual task” and then healthy plants “submit to the inroads of these Goths of phytology.”⁸⁵ Mitchell’s politics display an anxiety about both the rapidly changing demographics of the American landscape and the arrival of America’s least welcome newcomer: the Asiatic cholera.

For all of Poe and Mitchell’s rich exchange about national physiology—about the dynamism and porousness of the American body and body politic—neither arrives at a coherent

⁸² Poe, “Usher,” 145.

⁸³ Mitchell, *Five Essays*, 35.

⁸⁴ For examples of “tribe” language see Mitchell, *Five Essays*, 29, 50, 56, 75, 105; *Ibid.*, 56.

⁸⁵ *Ibid.*, 47.

picture of health. Beginning in the 1820s, American immigration rose precipitously. In the 1820s, 151,825 people emigrated to America; in the 1830s that number rose to 599,125; and the 1840s brought 1,713,251 immigrants.⁸⁶ The numbers of immigrants flowing into America increased each decade by several orders of magnitude. This 1830s and 1840s influx of sentient foreign bodies changed the demographics of the political landscape and ignited race riots in American cities up and down the east coast.⁸⁷ Circulation and flow were necessary for citizen bodies and the nation—but the balance required to maintain health was so delicate and so difficult to maintain given the permeable boundaries of the American body. Both Poe and Mitchell, experienced this tenuousness first hand, finding themselves frequently at the mercy of the vagaries of American circulation—be it cash, print, politics, or microbes. They were not willing to turn to the rigidity of mechanized visions, nor could they turn back to the more sanguine appreciation of circulation and dynamism celebrated by those who came before them.

Unlike the other figures of my project, Poe and Mitchell did not—and perhaps could not—form a coherent vision of the healthy body. But that impossibility registers the tumultuous nature of their times. Mechanized bodies, anti-immigration riots, and full-blown pandemics—not to mention escalating internal crises over wage and chattel slavery, the market revolution, and an increasingly fragmented electorate—all threatened the coherence of the nation. Mitchell and Poe register these crises through their gothic medicine, but—mid cultural, social, and political revolution—they could not yet imagine a way forward. This failure is apparent in their medical visions, but it is also retrospectively legible in their legacies. For Poe and Mitchell, their gothic grappling would read in one case as insanity, and in the other as bad medicine.

⁸⁶ Roger Daniels, *Coming to America: A History of Immigration and Ethnicity in American Life* (New York: Harper Perennial, 1991), 124.

⁸⁷ For more on these topics see, for example, David Roediger's *Wages of Whiteness* and Sean Wilentz's *Chants Democratic*.

The Medico-Literary Collapse

John Kearsley Mitchell apologizes frequently for his writing. Ending a particularly lengthy discussion, Mitchell excuses himself for having spent his time on the subject: “I may be, perhaps, justly charged with giving to the subject...an undue importance, and bestowing on it a disproportionate share of time and attention.”⁸⁸ He hopes, at the very least, that his essay “may not be unimportant to the guardians of public and private morals, the administrators of justice, and the conservators of family and educational discipline.”⁸⁹ Significantly, Mitchell does not address his fellow physicians in this discourse on the “physical agents...at work on the human frame at all times and in all places.”⁹⁰ This apology follows the one in “Cryptogamous Origins” in which Mitchell assures his readers that he only sent his lectures to press at the behest of his Jefferson College students.⁹¹

Mitchell’s caveats may seem coy, but they also signaled a recognition that his writings posed a significant problem for physicians of the time. Weir Mitchell, in the preface to the posthumously published volume of his father’s essays, strikes various tones, from defensive and argumentative to apologetic and pleading. At one moment Weir Mitchell heralds “Cryptogamous Origins,” as “the leader of medical thought in a new direction,” and as one of the “latest most important discoveries in Medicine, Surgery, and Pharmacy.”⁹² At the next he acknowledges that

⁸⁸ Mitchell’s treatment of mesmerism will appear in greater detail in the following chapter.

⁸⁹ Mitchell, *Five Essays*, 274.

⁹⁰ *Ibid.*

⁹¹ *Ibid.*, xi-xiv.

⁹² From Weir Mitchell’s “Introduction” to Mitchell, *Five Essays*, vi; “Doctor Mitchell on Malarious and Epidemic Fevers,” *The Edinburgh Medical and Surgical Journal: Exhibiting a Concise View of the Latest and Most Important Discoveries in Medicine, Surgery, and Pharmacy* 73 (1850): 473-481, quotation from journal title page; from Weir Mitchell’s “Introduction” to Mitchell, *Five Essays*, vi.

this essay had been “for some time out of print; the first and only edition having been early disposed of.”⁹³ Weir Mitchell concludes with damning praise: “With this brief preface, the editor resigns to the medical public these essay, by one, of whose scientific labors and personal example, in all the relations of life, his medical brethren have *at least no reason to feel ashamed*.”⁹⁴ William James—himself sympathetic to medico-literary collaboration—similarly lamented Mitchell’s failed legacy: “It seems a pity that the admirably critical and scientific work of Dr. John Kearsley Mitchell of Philadelphia should remain relatively so unknown.”⁹⁵

But this lament signaled systemic changes of which Weir Mitchell was, in fact, at the vanguard. In many ways, John Kearsley Mitchell was a dying breed. He continued to herald physiology as anatomy rose to prominence and continued to engage in medico-literary collaboration even as the professionalization of both authorship and medicine were making such discourse obsolete. The profession of authorship was less formally restrictive than the medical profession, but Poe’s dependence on the market did mean that he focused principally on shorter forms (poetry and short stories) than during his Philadelphia time and needed to produce works quickly. Poe was of a generation that resisted these changes even as he incorporated others (his fellow American-Renaissance writer Melville would lament, “Dollars damn me”). But Poe’s exclusion from medical history appears to be largely the product of his posthumous Griswold debacle. The principal restrictions on medico-literary collaboration fell most heavily on

⁹³ Ibid.

⁹⁴ Ibid., emphasis added.

⁹⁵ William James and Henry James participated very much in a cross-disciplinary intellectual dialogue. Upon reading William James’s *Pragmatism*, for example, Henry wrote that he “simply sank down, under it, into such depths of submission...Then I was lost in the wonder of the extent to which all my life I have (like M. Jourdain) unconsciously pragmatized.” Quoted in Philip Horne, *Henry James: A Life in Letters* (New York: Penguin, 1999), 482. William James was also, perhaps not surprisingly, a friend of S. Weir Mitchell.

physician-writers like Mitchell who feared and received censure from the rising medical profession for their literary medicine.⁹⁶

It seems perversely fitting that Mitchell would decide to make “Cryptogamous Origins” public in 1847, the same year the American Medical Association was founded in Philadelphia. The AMA would work to “professionalize” medicine and to keep non-professionals from participating in conversations about health. Mitchell was a belated soul, tapping into an exciting cross-disciplinary exchange just as professional structures emerged to make such collaboration impossible.⁹⁷

This chapter begins with the critical confusion over the medical content of Poe’s fiction and ends with the professional confusion over and disavowal of Mitchell’s medicine. For later generations, the Poe-Mitchell dialogue would not be legible. Poe’s writing became pathological and Mitchell’s embarrassing. But, with the advent of the Medical Humanities, we can, once more, see the cross-genre conversation. The last chapter of this dissertation explores the practical side of this final collaboration. Whereas Poe and Mitchell together produced medical philosophy, fellow Philadelphian George Lippard concerned himself principally with treatment. Turning from theory to practice, Lippard took up the Poe-Mitchell discussion for the purpose of healing

⁹⁶ William Charvat, *The Profession of Authorship in America, 1800-1870* (1968; rep. New York: Columbia University Press, 1992). As others have noted, Poe barely registers for Charvat in his seminal discussion of the period “American Romanticism and the Depression of 1837” (Chapter 4). Over the last two decades, Poe scholarship has seen some excellent work on Poe’s relationship to the market. See Terrance Whalen’s “Edgar Allan Poe and the Horrid Laws of Political Economy” *American Quarterly* 44.3 (September 1992): 381-417 and *Edgar Allan Poe and the Masses* (Princeton: Princeton University Press, 1999), Jonathan Elmer’s *Reading at the Social Limit: Affect, Mass Culture, and Edgar Allan Poe* (Stanford, CA: Stanford University Press, 1995), and Meredith McGill’s “Reading Poe, Reading Capitalism” *American Quarterly* 53.1 (March 2001): 139-147.

⁹⁷ For the most comprehensive account of the rise of professional medicine, see Paul Starr’s *The Social Transformation of American Medicine*.

the nation. And, it is through Lippard that we can most clearly see the medico-political reaches of antebellum fiction, expanding our understanding of its cultural work.

Chapter 5: The Narrative Lancet: The Cultural Work of George Lippard's City Mysteries

In his bestselling novel *The Quaker City; Or the Monks of Monk Hall* (1845), George Lippard offers an extended facetious tribute to prominent Philadelphia physician John Kearsley Mitchell. “In the course of a series of lectures, delivered last winter by the gifted Dr. Mitchell,” Lippard writes, “celebrated no less for his medical attainments than his poetical genius, the learned gentleman described the disease of the heart in detail. From his lecture I have derived a knowledge of the various phenomena of the disease, which I have used in this portion of my narrative.”¹ In this footnote that appends the description of a character’s purported heart disease, Lippard both ribs Mitchell and acknowledges his debt. Frequent announcements for lectures at the Franklin Institute (where Mitchell had long lectured) in Lippard’s newspaper *The Quaker City* weekly, Poe’s friendship with Mitchell, and four months worth of ads for sketches of prominent poets of Philadelphia (including both Mitchell and Poe) in Lippard’s *Citizen Soldier* confirm that Lippard knew of Mitchell and suggest he had heard the doctor speak.² Though Lippard ridiculed Mitchell and held a less sanguine opinion of him than did Poe, the footnote suggests Lippard’s debt to Mitchell for at least his corporeal ideas about circulation. Lippard inherited the Philadelphia medico-literary legacy sketched in the preceding chapters and used it to recraft national physiology for his own explicitly political ends.

This chapter examines the evolving relationship of George Lippard’s fiction to American medicine, and particularly to national physiology. Looking at Lippard’s popular urban novels—

¹ George Lippard, *The Quaker City; Or the Monks of Monk Hall*, ed. David S. Reynolds (1845, reprint Amherst: University of Massachusetts Press, 1995), 185. All footnotes will refer to this edition unless otherwise indicated.

² See the 3 May to 16 August 1843 issues of the *Citizen Soldier* and March and April 1849 issues of *The Quaker City* weekly. Lippard did not accept advertisements in *The Quaker City* weekly, so these promotional blurbs advertising lectures at “Franklin Hall” (the major auditorium at the Franklin Institute at the time) were approved and likely written by Lippard.

The Quaker City (1844-45), *The Empire City* (1849-50) and *New York: Its Upper Ten and Lower Million* (1854)—I show how Lippard uses the new city-mystery genre to capitalize on national physiology's potential as a vehicle for his social reform. Though Lippard mocked Mitchell's medical and literary pursuits, he was not as dismissive of physicians as it might at first appear and became more explicitly supportive of traditional medical models as his work grew more political. Lippard was not interested in the theoretical stakes of national physiology. Rather, through his fiction, he sought to demonstrate the explicit role fiction could play in promoting the health of the body and the body politic. In particular, Lippard recognized that circulation in America had become diseased and used his wildly popular novels as a physician used the lancet; he narratively let the body politic of its hot blood to return balance to a diseased nation.³ After the bleeding, Lippard built networks of sympathy to suture national wounds. But, Lippard's expansive, progressive medico-political work stopped short at U.S. boundaries. While Lippard's

³ Lippard dedicated his 1845 edition of *The Quaker City* to Charles Brockden Brown, indicating an intellectual lineage that was both medical and as literary. As I demonstrated in Chapter 2, Brown used narrative strategies in *Arthur Mervyn* that responded to contemporary medical theories in an effort to promote the health of both citizen bodies and the nation. Lippard, too, was invested in the cultural work—and specifically the medical work—of his novels, but *The Quaker City*'s homage did not mean Lippard replicated Brown's strategies. While there are many similarities between the two novels, most notably a shared emphasis on citizens' bodies and a nation in crisis, there are also important differences between the novelists' medico-political strategies. For example, Brown uses first-person, unreliable narrators, whereas Lippard uses reliable third-person narrators, and Brown's novels leave readers uncertain, whereas Lippard fiction grows increasingly didactic over the course of his city-mystery career (as my discussion will show). Lippard's novels are raucous, but the proliferating subplots have a clear logic: repeatedly, scandal is exposed, the deserving are rewarded, and the evil die. Lippard is interested in healing both individual readers and the nation, but, unlike Brown, he does not do so by making them narratively ill. Rather, Lippard understands his readers to be already tainted and capitalizes on their titillation to stir and release some of their hot blood in the safer space of fiction. Thus, Lippard's literary medicine is far gorier than any of this project's previous authors; his city mysteries enact a narrative bloodletting rather than an inoculation.

socialist vision partook of a broader transnational movements, his utopian imaginings were, nevertheless, limited by his deeply exceptionalist fantasies.⁴

Diseased Circulation in the *Quaker City*

The Quaker City was sold as the fictionalized version of a widely publicized murder trial. Singleton Mercer had shot and killed Mahlon Herberton, a rake who had seduced Mercer's sister.⁵ The trial was a huge sensation, and Mercer, who claimed moral insanity, was acquitted. The novel follows the pair over the course of three days as they progress from casual friends to sworn enemies, culminating in the murder scene and the protagonist's flight with sister and wife to the wilds of Wyoming, seemingly far from the dangers of Philadelphia. Though the Gus Lorrimer/Byrnewood Arlington (Herberton/Mercer) plot frames the action of the novel, large swaths of the novel have more to do with exposing aspects of Philadelphia's seedy underside than with Byrnewood's revenge. These subplots were likewise sold as thinly veiled truths, as the paratextual "Key to the Quaker City" implied.⁶ The improbable nature of some of Lippard's plot

⁴ For excellent work on Lippard see David Reynolds, ed. *George Lippard, Prophet of Protest: Writings of an American Radical, 1822-1854* (New York: Peter Lang, 1986); Leslie Fiedler, *Love and Death in the American Novel* (New York: Criterion, 1960), esp. 243-247; Reynolds, *Beneath*, esp. Chapter 6; Paul Joseph Erickson, "Welcome to Sodom: The Cultural Work of City-Mysteries Fiction in Antebellum America" (PhD diss, University of Texas, Austin, 2005).

⁵ Lippard, *George Lippard*, 32-3.

⁶ According to the "Key," Dora Livingstone, was a "queenly woman" whom "hundreds" had seen on "the fashionable promenade, of Chesnut Street, or met her in the saloons of the Philadelphia aristocracy," and Long-Haired Bess "is no fictitious character. Seduced by David ---, she came to Philadelphia, and accomplished her revenge, in Monk-Hall, according to the author's description," 2, 4. Citations from the "Key to the Quaker City: Or, the Monks of Monk-Hall" refer to The American Antiquarian Society's 1845 copy of *The Quaker City* with this paratext attached at the back. While these 12 pages do not appear to have been originally bound with the volume and are not included in other 1845 editions, the writing style reads like Lippard and passages from "The Key" reappear in other Lippard texts.

twists did not stop readers from trying to match the characters to local profligates, a move Lippard encouraged. His fiction did not have to be realistic to be true.⁷

Though critics have approached Lippard's bestseller from numerous perspectives, scholars have thus far overlooked Lippard's engagement with antebellum medicine. The hesitancy to explore Lippard's medical ties arises both from Karen Halttunen's influential article on the "Pornography of Pain" in humanitarian writing, which persuasively argues for the dubiously progressive impulse in popular fiction, and from Lippard's own suspicions of physicians.⁸ Halttunen is right in arguing that many novels with purportedly reformist bents in fact promoted a pornography of pain, "foster[ing] an imaginative cultural underground of the illicit and forbidden."⁹ Still, the cumulative cultural effect of such novels need not be identical to the agenda or effect of a particular novelist. For example: both George Lippard and George Foster wrote exposés of urban corruption, but there is a vast difference between the agenda of a socialist agitator like Lippard and that of Foster, a well-known con-man, forger, and polygamist.¹⁰ There is, admittedly, a slippery slope between exposing corruption and contributing to it, but Lippard's efforts to uplift the working class throughout his life make it

⁷ The enduring fame of Lippard's American Revolution tales testifies the extent to which the American public was willing to accept the veracity of Lippard's fictionalized accounts. Lippard labored to make his readers believe his stories were largely nonfiction. For example, Lippard advertises in the February 17, 1849 edition of *The Quaker City* weekly, "We have received various letters in relation to the 'EMPIRE CITY,' now publishing in our paper. One correspondent wishes to know whether the 'Gulian Van Huyden,' described in its chapters is the same person whose singular fate created so much interest in New York thirty years ago. Of course we do not hold ourselves bound to answer any questions of this sort. The Work and the characters must speak for themselves," 2.

⁸ Karen Halttunen, "Humanitarianism and the Pornography of Pain in Anglo-American," *The American Historical Review* 100.2 (April 1995): 303-334. Notably, Halttunen does not mention Lippard.

⁹ *Ibid.*, 334.

¹⁰ For Foster's colorful biography, see Stuart Blumin's introduction in George Foster, *New York by Gas-Light*, ed. Stuart M. Blumin (1850, reprint, Berkeley: University of California Press, 1990): 1-62. Foster's New York "slices" were themselves cons, fiction disguised as reporting.

difficult to think Lippard wrote fiction he could see harming his readers. It is true, as Halttunen notes, that “Humanitarian reformers were caught in a contradiction...To arouse popular opposition to the evil practices they sought to eradicate, they deemed it necessary to display those practices in all their horror,” but it is equally true that exposure was a broader feature of reform that was not always also understood to harm its viewers.¹¹ Exposure is central, for example, to Adam Smith’s idea of sympathy. Unlike Halttunen, Smith’s imagines scenes like an execution as productive paths toward sympathy and a developed moral sense.¹² Likewise, antebellum practitioners increasingly valued gruesome spectacle (in the form of dissection) as a key mode of medical education.¹³ Finally, as I will revisit later, Lippard did not imagine his audience untainted by such scenes; rather, his reform was premised on the assumption that they had already been exposed to them.

As *The Quaker City*’s use of a sometimes-dubious techniques did not negate its role as a vehicle for social change, so its portrayal of nefarious doctors does not mean it rejected medical thinking. Certainly, the novel’s central physicians—McTourniquet and Ravoni—are at best too hungry for knowledge and, at worst, dangerous and depraved practitioners. They peddle poisons, lust after corpses, and plot to make women their slaves.¹⁴ Devil-Bug, too, the master of the dystopian microcosm Monk Hall, manages the circulation of vice through a corrosive scientific fascination—an experimental interest that alienates him further from society. The narrator

¹¹ Halttunen, “Humanitarianism,” 330.

¹² Adam Smith, *Theory of Moral Sentiments* (1759; rep. London: George Bell and Sons, 1875), 68. Compare Smith’s description of the audience’s development of appropriate sympathies with a publically executed man with Halttunen’s claim that “the humanitarian sensibility fostered an imaginative cultural underground of the illicit and forbidden, accessible through the expanding cultural practice of solitary reading, at the center of which was a flogging scene,” 334.

¹³ For more on the shift from rationalism to empiricism in medicine, see Foucault’s *Birth of the Clinic*.

¹⁴ Lippard, *Quaker City*, 508-9, 210, 106.

describes Devil Bug's penchant for murder: "He loved not so much to kill, as to *observe* the blood of his victim, fall drop by drop, as to *note* the convulsive look of death, as to *hear* the last throttling rattle in the dying throat."¹⁵ His scientific thirst is perhaps best captured by his haunting refrain: "Wonder how *that'll* work?"¹⁶ Scathing condemnations of American medical practice were, however, part-and-parcel of the antebellum medical trade—and the act of uncovering them was usually the first step not in rejecting medicine but in calling good physicians to action. Many American medical jeremiads followed just such a formula.¹⁷

Lippard could engage in medico-literary collaboration, even as it was failing more generally, because he had a new model. In 1843, the French physician-novelist Eugene Sue's wildly popular the *Mysteries of Paris* came to America. Sue had come from an illustrious family of physicians and practiced medicine for some years before turning to treat the body politic through his incisive reform fiction.¹⁸ In his bestselling *Mysteries of Paris* (which clocks in just shy of 1,000 pages) Sue offers a thrilling and thorough exposé of the festering French capital. Just one year after the novel went through its first American edition, the twenty-two-year-old Lippard capitalized on its fame with the first installments of *The Quaker City*. For Lippard, who would be known as the "American Eugene Sue," the city-mysteries genre gave him a medico-literary vehicle for promoting his increasingly radical political beliefs. While aspiring elites like

¹⁵ Ibid., 106, emphasis added.

¹⁶ For some examples see Ibid., 110, 115, 116, 119, 122.

¹⁷ See, for example, the discussion in Chapter 3 of Robert Montgomery Bird's 1843 Valedictory Address.

¹⁸ Charles Knight, "Sue, Eugene," *Biography; Or the Third Division of "The English Encyclopedia,"* 5 (London: Bradbury, Evans, & Co, 1867): 808-9. For American medicine's engagement with Sue's fiction see, for example, Oliver Wendell Holmes's "Experiments in Medicine," *The Boston Medical and Surgical Journal* 30.10 (April 1844): 201-3.

Poe and Mitchell increasingly struggled to bridge the disciplinary gap, Lippard chose a genre that welcomed it.¹⁹

Lippard's novel presents a physiological, rather than an anatomical exposé; it treats the city as a diseased system in flux.²⁰ The novel's opening scene exemplifies this physical dynamism when Gus Lorrimer drunkenly suggests to Byrnewood Arlington that the streets move: "doesn't it strike you, Byrnewood that yonder watch-box is walking across the street, to black the lamp-post's eyes—for—for—making a face at him?"²¹ Instead of answering him, Byrnewood stumbles toward a fire-plug, discovering for himself that the streets are alive: "d—the plug how it shakes—the world is coming to an end for certain."²² This movement is played for a debauched joke, but Lippard uses the scene to demonstrate the city's geography is not healthily dynamic but unstable. For, like the fungal contagion Poe and Mitchell examined, Philadelphia's arteries are corrupted by a force that erodes the physical integrity of the city while leaving the appearance of a sound whole. The dangerous, untended spaces Poe and Mitchell wrote about so persuasively are writ large on the structure of Monk Hall. Though sin seems to originate in and emanate from that teeming spot, the site is dangerously difficult to locate. It took

¹⁹ Mitchell and Poe's class and career aspirations would have made Lippard's dime-novel genre an unthinkable vehicle for their ideas. Paul Erickson describe dime novelist's classed attitudes about the career in opposition to those of literary elites: "these three men [Lippard, George Thompson, and Justin Jones] in fact saw their literary labor as being more closely aligned to the work of the mechanic, the artisan, and the laborer (as they had experienced it) than to 'professional' work," quote in Paul Erickson's "New Books, New Men: City-Mysteries Fiction, Authorship, and the Literary Market" *Early American Studies* 1.1 (Spring 2003): 273-312, 300.

²⁰ I use the term "exposé" here but acknowledge Lippard played with this genre as Carl Ostrowski argues in "Inside the Temple of Ravoni: George Lippard's Anti-Exposé," *ESQ: A Journal of the American Renaissance* 55.1 (2009): 1-26.

Notably, Lippard would make the body-body politic connection explicit in *Adonai*, particularly in an imagined scene where French writers—including Eugene Sue and Georges Sand—are involved in the revolutionary project of revivifying the French body (politic) in 1848.

²¹ *Ibid.*, 6.

²² *Ibid.*, 6, emphasis added.

“some knowledge of municipal geography” to find Monk Hall, and a seeker had to “navigate” the twists and turns of the city streets, “emerging into a narrow street where four alleys crossed, [where] he would behold his magnificent mansion of Monk-Hall.”²³ The mansion is flanked by a “printing office” and a “stereotype foundry” and, opposite, “a mass of miserable frame houses *seemed about to commit suicide and fling themselves madly into the gutter*, and in the distance a long line of dwellings, offices, and factories, looming in broken perspective, looked *as if they wanted to shake hands* across the narrow street.”²⁴ In this vivid picture of street life, Lippard conveys the palpable sense that Monk Hall has corroded the arteries of Philadelphia. The streets around it are not healthy veins of circulation, but grow increasingly diseased with proximity, threatening to shift, fight, collapse into one another, or desperately destroy themselves. Infecting the minds of Americans—most immediately through the popular press with its feverish sensationalism, indicated by the proximity of the printer and foundry—these diseased streets rapidly spread corruption outward. The avenues are like blood vessels: conduits of national and transnational goods, bodies, and ideas. They link the disparate parts of the civic body and have already been dangerously infected.

Lippard inscribes Monk Hall’s irreparable corruption into the mansion’s construction. The space is deep, shrouded, and dark. The first glimpse of Monk Hall offers a “general effect” of “an ancient structure falling to decay, deserted by all inhabitants save the rats that gnawed the wainscot along the thick old walls...in all other respects it looked so desolate, so time-worn, so like a mausoleum for old furniture...veiled in thick folds of the spider’s web.”²⁵ This neglected space breeds rats and spiders, civic pollutants. Monk Hall’s guards, Devil-Bug, Glow Worm, and

²³ Ibid., 48, emphasis added.

²⁴ Ibid, emphasis added.

²⁵ Ibid., 50.

especially Mosquito, bear names that recall the vermin circulating in Mitchell's diseased spaces.²⁶ The conditions are perfect for the fungal growths that, in Mitchell's view, "love darkness and tainted soils" which are "essential to either its existence or power."²⁷ Lippard tells us this "atmosphere was like the breath of a pestilence." His characters repeatedly feel "polluted" by the mansion, as if by the atmosphere or some contagious disease.²⁸ Furthermore, Monk Hall's "cells" recall the infiltrating, yet invisible, agents Mitchell feared. Here, perhaps, Lippard plays with the monks "cells" after which Robert Hooke had named the building blocks of all life when he discovered them.²⁹

For Lippard, these cryptogamous origins of disease register deep-seated fears about retribution for participation in dangerous and morally questionable forms of transnational circulation that threaten to taint the civil body. The "invisible hands" that move Byrnewood, Mabel, and Devil-Bug replicate the threat of Mitchell's corrupting "invisible cells" and also link individual movement with global markets by using the language Adam Smith did in *The Wealth of Nations*.³⁰ But if Smith's metaphor celebrated the salubrious flow of energies along the lines of self-interest, Lippard highlights the dark side of a union between self-interest and market capitalism: self-interest in the marketplace makes possible the exploitative horrors of global exchange. As for Mitchell, these "invisible" mechanisms of circulation are dangerous precisely because they are not wholly good or bad.³¹ "Invisible hands" both spur Byrnewood to justifiable

²⁶ Significantly, this sense of pollution also occurs in Ravoni's rooms, 441-2. I address Ravoni at the end of the chapter.

²⁷ See previous chapter for Mitchell material.

²⁸ Ibid., 368. For the "polluted" descriptions see Ibid., 76, 132-3, 144, 147, 215.

²⁹ Michael Burgan, *Robert Hooke: Natural Philosopher and Scientific Explorer* (Minneapolis: Compass Point Books, 2008), 12.

³⁰ Ibid., 72, 118, 148-9, 319, 384, 391, 402.

³¹ See discussion in Chapter 4 of the difficulty distinguishing fungal cells from animal ones.

action *and* encourage Mabel's seduction.³² They both lead Devil-Bug to his apocalyptic nightmare and keep him separate from it.³³

Much like Mitchell and the physicians before him, Lippard suggests that participation in global networks of exchange fuels American prosperity while posing a real threat to the union. But Lippard is more concerned about transnational circulation than those who came before him. Lippard writes his fear that global networks would corrupt the American landscape into the very construction of Monk Hall. Monk Hall is not just a gothic horror house but a fungus-like foreign transplant that employs black and mulatto servants whose names recall agents of disease and whose bodies—especially Devil-Bug's marked and maimed body—foreground the violence and horror of the global marketplace. Though Devil-Bug is never described as black, the reader intimates from his "swarthy brow," "the lips of his wide mouth," "heavy eyebrows" and his "flat nose" that Devil-Bug is mixed-race.³⁴ His "shrunken and eyeless socket" and "red mark along [his] temple," possibly suggest the violence of slavery, one that his ostensibly white daughter inherits.³⁵ His Germanic accent, however, complicates this reading. By refusing to reveal Devil-Bug's origins, Lippard allows the gate keeper's racially ambiguous body to become a cipher for generalized transnational anxieties.³⁶ As "a mass of hideous and distorted energy," this body is a dystopian nightmare of Rush's "tremendous oscillatory mass of matter," an over-determined

³² Ibid., 72, 148-9, 402, 319.

³³ Ibid., 384, 391.

³⁴ Ibid., 105, 299.

³⁵ Ibid., 50, 332.

³⁶ It is worth noting that in the playbill for the play version of *Quaker City*, Devil-Bug is described as "the Door-Keeper of Monk Hall, a Negro, deeply dyed in crime." The novel, however, resists this categorization. *The Quaker City* playbill is held at the Historical Society of Pennsylvania.

nexus of global capital's sins.³⁷ Through the circulation of cryptogamous infectants, Monk Hall locates larger national concerns about politics, morality and the market.³⁸

The Narrative Lancet

For Lippard, corruption coursed not only through the avenues of American cities, but also through the veins of the American bodies. As Lorrimer approaches Mary to defile her, the villain of *The Quaker City* exclaims: "She is mine! Her blood is a-flame."³⁹ Lorrimer is physiologically disturbed as well: "his face grew purple, and the veins of his eyes filled with thick red blood...his chest heaved and throbbed beneath his white vest [...Mary] caught a gleam of his blood-shot eye, and read her ruin there."⁴⁰ Byrnewood links this urban and corporeal corruption through his sanguineous visions of the city's vice; discovering Lorrimer's plot and Philadelphia's general perversity, he pictures a bloody city. "All is blood," he cries with horror, "the river rushes before me, and the sky and the city—all pictured in colors of blood."⁴¹

Still, the original plotting of the novel painted urban vice in largely individual terms. The playbill for the play-version Lippard was commissioned to write in the middle of drafting the novel indicates these early intentions. The cast list features the figures of the infamous murder case alongside a host of stock figures of vice: the reverend rake, the bribable reporter, the greedy businessman. In the play, these characters were to be punished individually according to their

³⁷ Ibid., 105.

³⁸ The novel is set against a backdrop of such concerns. Paul Western's death occurs "as the whole Union was convulsed with the fever of speculation;" Ravoni's presence suggests some sort of exploitative international conspiracy; and the narrative links Fitzcowles sins to the mysterious "Personage" who, according to "history" was "either a Canadian Statesman, or a British Lord, or a *Mexican Prince!*" (61, 553).

³⁹ Ibid., 131.

⁴⁰ Ibid., 132.

⁴¹ Ibid., 148.

crimes—“the Forgerer detected,” the “Guilty Wife” poisoned. According to the playbill, justice was to be meted out as “The CERTAIN Reward of Crime!” Finally, as the audience knew to expect from the newspapers, Byrnewood Arlington would murder Gustavus Lorrimer in the much-anticipated conclusion: “Scene Last—DECK OF A FERRY BOAT. Retribution. Farewell to the Quaker City. Yes, a last Farewell. Denouement. Sunset. Christmas Eve.

THE ASTROLOGER’S PREDICTION FULFILLED. ‘ONE DIES BY THE OTHER’S HAND.’”

The repetitiveness of this final-scene description indicates the weight the staged murder would have held for the performance—and likely the book as Lippard had originally planned it.⁴²

But the play did not go ahead as planned, and the threat of mob violence that caused its cancellation simultaneously demonstrated to Lippard the political efficacy of fiction and the pressing need for his narrative lancet. Lippard was commissioned to write a play based on *The Quaker City* shortly after he began serializing the novel. As the opening date drew near, crowds gathered. The theater manager records: “here there was excitement upon excitement—everybody was of belief that there must be a fling at them—some laughed—others swore—while some threatened.”⁴³ Singleton Mercer, the real-life Byrnewood Arlington, did not want his story depicted on stage and sought to purchase 200 pit tickets with the intention to start a riot.⁴⁴ The first performance was cancelled, but “threats of tearing down the theatre, sacking it, &c., were now openly heard,” and crowds followed the posting of each new bill.⁴⁵ The mayor warned the

⁴² Lippard had written three of four planned installments at the time of the performance. In the wake of the play incident, Lippard significantly expanded *The Quaker City*; whereas Lippard had initially announced only one more installment, he soon began advertising another seven issues.

⁴³ Francis Courtney Wemyss, *Theatrical Biography: Or, the Life of an Actor and Manager* (Glasgow: R. Griffin & Co, 1848), 318.

⁴⁴ This is perhaps because the play was to be narrowly focused on the seduction-murder plot and did not conclude with the “avenger” redeeming himself by marrying the woman he seduced and moving to Wyoming, though Lippard had not finished writing the novel yet.

⁴⁵ *Ibid.*

manager that recent elections had narrowly dodged “riot and bloodshed...the blood of all parties was warmed [...] he appealed to me as a good citizen and the father of a family, not to commit an act which might cause me regret during my natural life, should riot and bloodshed flow from it.”⁴⁶ The play was cancelled, rallying a group of Lippard supporters to congregate in opposition: “an excited populace filled the whole square from Sixth to Seventh Street; all the police of the city could scarcely keep order.”⁴⁷ Lippard armed himself with a sword cane in case any hot blood needed to be let.⁴⁸

Lippard made a speech to pacify the gathered public but was himself not pacified; following the mob gathering, Lippard’s novel grows more explicitly political. In an installment published after the riot, he adds a lengthy, facetious footnote urging readers not to get the wrong impression from the novel’s Philadelphia critiques: “...Churches have *never* been burned in Philadelphia. Nor halls fired...nor school houses, given up to a mob...The play of an author, who dared speak out for the truth, has never been *ukase*-d in this city. Never. *A contemptible coalition of charlatans, have never resorted to threats of assassination in order to put down a work, which held them up to public scorn. Never, never!*”⁴⁹ In this thinly veiled diatribe against the mayor, state deputy attorney-general, theater manager, and others who were responsible for the play’s cancellation, Lippard bristles against the collective repression of his first amendment rights. Whereas in the early installments Lippard features only stock representations of corruption, the post-riot novel engages in large-scale political critique not indicated by the playbill as part of the original plot. This change is heralded by Lippard’s introduction of a German sorcerer who

⁴⁶ Ibid., 319.

⁴⁷ Ibid.

⁴⁸ For an account of the episode, see Joseph Jablonski, “George Lippard” in *The American Radical*, eds. Mari Jo Buhle, Paul Buhle, and Harvey J. Kaye (New York: Rutledge, 1994), 36.

⁴⁹ Lippard, *Quaker City*, 206.

threatens to mesmerize the populace, a popish plot to control the nation, and Devil-Bug's dream, the dystopian nightmare of 1950s monarchical Philadelphia.

Looming fears of “riot and bloodshed” during the Chesnut-Street uproar spilled onto the pages of *The Quaker City*. Two scenes illustrate this shift vividly: First, when Byrnewood discovers that Lorrimer is his sister's seducer, he envisions “a wide river” with “broad waves tinged with the last red rays of a winter sunset...the waves turn to blood, red and ghastly blood—and now the sky is a-flame, and the clouds sweep slowly past, bathed in the same crimson hue. All is blood—the river rushes before me, and the sky and the city—all pictured in colors of blood.”⁵⁰ And, second, Lippard writes a richly sanguineous death scene for the evil foreign physician Ravoni: “The red knife glittered in the air; the blood gushed and poured, streaming on the floor. They caught it on their white mantles, on their faces and their hands! It was *sacred*, the blood of their Founder, the blood of Ravoni.”⁵¹

It was the collapse of the real-life riot with *The Quaker City*'s sanguineous scenes that led writers of the time to condemn Lippard's fiction as dangerous and dirty—a reputation that would continue to haunt him. An 1876 edition of *The Quaker City* refer to the novel's notorious reputation as “immoral and incendiary.”⁵² Lippard's reputation as the “American Eugene Sue,” did not help. Hinging their critiques on the dangers of French and French-inspired fiction, many critics were determined to demonstrate that Lippard posed a threat to his readers.

Lippard was determined to prove, however, that his graphic writing was healing his readers—not hurting them. Writing to the editor of *The American Courier* in response to harsh criticism of “The Midnight Queen” (which would become a part of *New York*), Lippard guards

⁵⁰ Lippard, *Quaker City*, 148.

⁵¹ Lippard, *Quaker City*,

⁵² George Lippard, *The Quaker City; Or, the Monks of Monk Hall* (Philadelphia, 1876), title page.

himself against such accusations. He finds the review of his story “peculiarly unjust,” urging the editor to print paragraphs from “Midnight” on the virtues of good parenting to “show your readers what kind of book it is.”⁵³ Likewise, Lippard repeatedly printed Charles Chauncey Burr’s defense of his fiction as medicine for the ailing republic: “I think no good fair critic will place Mr. Lippard in the list of [immoral] writers,” Burr wrote tellingly, “It were as just to hold the health officer, who advertises a neighborhood as infected with contagion, responsible for the ravages of death there, as to blame the novelist for his faithful exposure of the secret heart of any society.”⁵⁴

Lippard vociferously protested against the attacks on *The Quaker City*, but he also used them. The novel’s continued reputation as racy, salacious, and scandalous—“the most immoral work of the age”—was also good advertising, and Lippard capitalized on this reputation to increase the circulation of his work.⁵⁵ Lippard reprinted diatribes against his books and those like them both in his newspaper and in later editions of *The Quaker City*. Certainly, Lippard purported to do so to clear his name, but by dramatizing the debate over his fiction’s content he catered to the public’s desire for scandal. In so doing, Lippard caught people’s attention and

⁵³ George Lippard, Letter to A. McMakin, 7 Nov 1853, American Antiquarian Society.

⁵⁴ See Charles Chauncey Burr, “Immoral Writers,” *The Quaker City*. January 13, 1849 (Philadelphia), 1, and Burr’s “Introductory Essay” to Lippard’s *Washington and His Generals: Or, Legends of the Revolution* (Philadelphia: G. B. Zieber and Co., 1847), i-xxvii.

⁵⁵ See, for example, Lippard’s numerous items devoted to promoting his own works in *The Quaker City Weekly*. The magazine itself was Lippard’s vehicle for promoting the sale of his own works, which he vowed not to print elsewhere. Paul Erickson has rightly noted that the raciness of city-mysteries and their condemnations of corrupting texts required a delicate balance: “these authors were treading a fine line, since the very works they were identifying as most immoral were the books that city-mysteries were thought to resemble most closely, both in appearance and content” in Erickson, “Welcome to Sodom,” 302.

ignited their imaginations.⁵⁶ Linking these battles directly to his sales, Lippard proclaimed his innocence of immorality charges in the same preface where he announces (not bashfully), “The Quaker City has passed through many Editions in America, as well as in London. It has also been translated and numerous editions of it have been published in Germany.”⁵⁷ As David Reynolds has shown, 60,000 copies sold in its first year and 100,000 more were sold over the next decade, and, of course, it was America’s bestselling novel before *Uncle Tom’s Cabin*.⁵⁸ In other words, blood, revenge, and heaving bosoms might be “salacious,” but they were also effective. Lippard enthralled antebellum audiences, reaching far more readers than almost any other writer of his day, and used this captive audience to push his social message.

Lippard’s use of racy material to promote social change is less suspect than it may appear because Lippard did not see his readers as the corruptible innocents many anti-fiction writers of the time imagined they were defending. Americans were not pure, virtuous citizens who needed to be protected from sexual or violent thoughts, but rather human agents who needed to be properly educated. He recognized that his readers were fallible, subject to the same impure thoughts and vices as his characters. Byrnewood Arlington elucidates this thin line between the socially responsible and morally reprehensible character when he laments early in *The Quaker City*, “I am vile—oh God—steeped in the same vices, which blacken the heart of [Lorrimer], cankered by the same corruption.”⁵⁹ What matters to Lippard’s story, however, is that the character learns from his/her mistakes—in other words, the recognition that every ruined woman is someone’s daughter or sister—and transforms. Byrnewood reforms: he punishes his sister’s

⁵⁶ Reynolds, “Introduction,” *Quaker City; Or, the Monks of Monk Hall*; Joseph W. Slade, *Pornography and Sexual Representation: A Reference Guide* (Westport, CT: Greenwood Press, 2001), 41; Reynolds, *Prophet of Protest*, 30; Lippard, *Quaker City* (1876), 1.

⁵⁷ Ibid.

⁵⁸ Reynolds, “Introduction,” *Quaker City*, vii.

⁵⁹ Lippard, *Quaker City*, 147.

seducer and marries the woman he seduced. Byrnewood and Lorrimer share their base impulses, but Byrnewood's capacity for change separates Lippard's protagonist from his villain. Lippard capitalizes on the improper thoughts of his readers—stirring their hot blood to then let it. In purging blood of both his imagined nation and his readers, Lippard prepares them to develop proper sympathies.

Medical Control: Doctoring Circulation in New York

Lippard's later writings grew more sanguineous and medical as he became more politically committed. His New York city mysteries, in particular, were invested depictions of increasingly systemic injustice: individual stories of sin and corruption were increasingly tethered to stories of national and global ills. This movement mirrors Lippard fantasy elsewhere that the "work of Social Progress" in the 1850s was moving "onward...now *pulsating in America*, as in the whole civilized world."⁶⁰ In so doing, Lippard moved from a model that exposed diseased circulation to one that offered more direct—and directed—models of action. But, in this shift, he also came to rely on the figure of the physician-hero as a compliment to the bleeding of his narratives. In Lippard's New York novels, the physician-hero serves not only as a symbol of the vigilante justice Lippard's narrative lancet enacted but also a wise overseer charged with restoring health to the nation's circulatory networks. *The Empire City; Or New York by Night and Day* and its significantly revised iteration *New York: Its Upper Ten and Lower Million* demonstrate that, as Lippard directed his energies toward systemic change, he relied ever more explicitly on medical visions to cure American social ills.

⁶⁰ George Lippard, *Prophet of Protest: Writings of an American Radical*, ed. David S. Reynolds (New York: Peter Lang, 1986), 162.

The Empire City and *New York* narrate what happens when millionaire Gulian Van Huyden apparently commits suicide upon learning of his wife's infidelity, leaving an extraordinary amount of money in trust for his son who he hopes will reappear to claim the money on the twenty-first anniversary of the father's supposed death and son's birth. The central tension of both novels arises from the question of whether Gulian Jr. can or will be found alive, whether Gulian Sr.'s scheming brother Colonel Tarleton will find a way to defraud the estate, or whether the money—now an unfathomable 100 or 200 million dollars (depending on the novel)—will be split between seven individuals who represent different occupations, positions, strata—one might rightly say organs—of society. But the prospect of anyone but Gulian Jr. inheriting the estate becomes increasingly terrifying as the sins of all seven are made manifest throughout the novel. Luckily for the city, Gulian Sr. entrusted the estate to Martin Fulmer, “an eccentric physician, well known in New York.”⁶¹

As the novels develop, Lippard demonstrates that all organizations meant to keep society healthy—the church, the police, the state, etc—have failed miserably, and their leaders represent perhaps of the worst moral offenders. In good Lippardian proto-Marxist fashion, the New York novels imagine that only the secret Court of the Ten Millions, which “exists to punish those crimes which, perchance, from their magnitude, go unpunished by other courts,” can do good.⁶² But the question of who is best equipped to manage the court proves a difficult one. The undead Gulian, who reappears deus-ex-machina, cannot manage his own estate. The returned Gulian is possibly mad and now bears a papal allegiance. Lippard's politics make Arthur Dermoyne, the working-class avenger, the obvious vehicle for reform. But not even Dermoyne can be trusted to

⁶¹ George Lippard, *New York: Its Upper Ten and Lower Million* (Cincinnati: H.M. Rulison, 1853), vi.

⁶² *Ibid.*, 162.

facilitate this fantasy: In *The Empire City*, Dermoyne avenges only his seduced love, while his more developed character in *New York* touts the same cleansing power as The Court of the Ten Millions but nonetheless succumbs to base desires.⁶³ Lest the money involved seem trivial, the characters repeatedly remind the reader that the fortune could overturn the existing social order. It could cure poverty. It could buy the presidency.⁶⁴ These novels, then, turn to Martin Fulmer, the physician who backs the court and has given up his own life to manage the circulation of wealth from Van Huyden estate—which now holds the security of much of the nation in balance.

But the Martin Fulmer of *The Empire City* is not the Martin Fulmer of *New York*, and it is worth dwelling for a bit on their differences to limn Lippard's evolving relationship to medicine and understand the blood-letting of his city mysteries. Fulmer's virtuousness remains under scrutiny in *The Empire City*. The novel begins with working-class hero John Hoffman's medical suspicion. Taking Fulmer for a McTourniquet, Hoffman greets him: "Hello! Doctor! Is that you? I 'spose you come for your money? All your medicin's [sic] couldn't save the baby—it's been dead a week, as you well know, and it nearly ruined us, to pay the funeral expenses. Nearly ruined, I say, for you see we've *some furniture* left."⁶⁵ Fulmer is not helped by his appearance: "The features of the doctor were far from handsome; his large nose took a sudden inclination to one side, his cheek bones were somewhat too prominent, his mouth too large."⁶⁶ Not appealing to the common man, Fulmer's visage nevertheless reveals more upon a closer phrenological examination: "For all that, his huge forehead gave an air of thought to his face, and the homeliness of those rude features was forgotten when you looked at those large eyes, whose

⁶³ Ibid., 111.

⁶⁴ Ibid., 109, 270.

⁶⁵ George Lippard, *The Empire City; Or, New York by Night and Day* (Philadelphia: T. B. Peterson & Brothers, 1850), 7.

⁶⁶ Ibid.

clear azure deepened into black by candle-light.”⁶⁷ No ordinary doctor, Fulmer will be trusted with control over American capital circulation. Though half-mad from his wife’s betrayal, Gulian Van Huyden correctly judges that Fulmer is the only one who can care for the Van Huyden estate. *The Empire City*’s characters, like its readers, must learn to trust the physician.

The Empire City’s faith in Fulmer largely results from his humanity.⁶⁸ Fulmer expresses heartbreaking empathy for Alice Van Huyden, whom he cannot save: “Had the doctor been that human being, palsied by the ice of death, his face could not have exhibited more agony, than it did at this moment”; the “cold moisture” on his brow mirrors hers.⁶⁹ Likewise, Fulmer’s body performs his righteous sympathy when he reads the testimony of Gulian’s wife’s betrayal:

his pale face with the moisture starting in beads upon the forehead, the lip quivering with an unceasing motion, the deep blue eyes, shaded by the protuberant brow, blinded by burning tears. As though unable to support his own weight, he leaned with his right arm upon the coffin, with his head bent down, and his left hand laid helplessly upon the pages of the unfolded manuscript.⁷⁰

Later, Fulmer’s remorse endears him to the reader when he laments his own necessary experimentation: Fulmer gives Gulian’s son’s a sleeping potion that saves his life but fills him with temporary hatred. Readers are pleased by Fulmer’s compunction and also relieved when the course of the novel justifies his actions.

Fulmer’s empathy, remorse, and self-sacrifice make him the ideal caretaker of the nation’s future. At the micro level, he becomes a surrogate father for Carl/Gulian Jr. and his family, who “are never happier than when spending an afternoon with good old Martin

⁶⁷ Ibid.

⁶⁸ Fulmer’s ability to empathize for other people also protects him from the most common critiques of antebellum physicians.

⁶⁹ Ibid., 16.

⁷⁰ Ibid., 31.

Fulmer.”⁷¹ At the macro level, Fulmer tends the fortune, a family that came over on the Mayflower and whose descendants represent the church, the state, the working class, the bourgeoisie, the southern aristocracy, the monied merchants, and the usurers—in other words, the main arteries of commercial and cultural circulation through the nation. Fulmer’s tremendous responsibility is clear: “the immense concentration of wealth in the hands of any one man, or in the hands of any corporate power,” Gulian avers, “is an evil, fraught with more danger to the happiness and liberty of the nation, than all crowned the tyrants in the world.”⁷² Fulmer is with continuing the work of the founding fathers. “Our Fathers in the Revolution,” Gulian exhorts him, “battled against constitutional tyranny. To their children they left a solemn heritage; yes, to the people of the future they bequeathed an eternal war against the tyrants of the social system.”⁷³ Though less detailed in *The Empire City* than in *New York*, the central tension of the novel remains whether the fortune will fall from Fulmer’s judicious care to the hands of greedy, self-interested villains.

The *New York* revisions deemphasize Fulmer’s humanity and imbue him with more impressive managerial powers over America’s circulation. Lippard implies that for Fulmer to be up to the immense task he undertakes, he must possess larger-than-life qualities, a George-Washington-esque stoicism and detachment.⁷⁴ In *New York*, Lippard removes the touching scenes with Gulian, Alice, John Hoffman, and Carl/Gulian Jr., replacing them with a more distant Fulmer, who appears usually in disguise as the head of the Court. Near the end of *New York*, Fulmer details the sacrifices of such detachment in medico-political terms: “I offered up

⁷¹ Ibid., 205.

⁷² Ibid., 30.

⁷³ Ibid.

⁷⁴ I liken Fulmer here to Washington since Lippard’s secret brotherhood was headed by a “Supreme Washington” and Lippard’s revolutionary tales also point to a longstanding interest.

twenty-one years...to make myself a student in the science of human misery...I have made myself familiar,” he writes, “with the entire anatomy of the social world; have dwelt in the very heart of its most loathsome evils; have probed to the quick the ulcer of its moral leprosy.”⁷⁵ Whereas the homeliness and intellectual passions of *The Empire City*’s Martin Fulmer make him a natural bachelor, *New York*’s physician has explicitly given up personal relationships to tend to the national body. Carefully describing a medicalized body politic, Fulmer cements what has been apparent throughout *New York*: Only a physician can take good care of the nation. The Martin Fulmer of *The Empire City* is a sympathetic, fallible man charged with awful task; the *New York*’s Fulmer is larger-than-life. Fulmer becomes, in many ways, more a model of the detached, rising professional. As with other characters in the novel, the *New York* revision of Fulmer emphasizes national and global movement rather than domestic resolution.⁷⁶

As Lippard’s writing grew explicitly political, he increasingly put his faith in medicine. *New York* is more attuned to the national movement of circulation than in *The Empire City*. *New York* spends more time on the nation’s larger circulatory systems—the Court of the Ten Millions and the Roman influence in America and across the globe. While *The Empire City* follows networks of circulation on the ground—best illustrated by the thirteen chapters set on the train that brings the prospective heirs to New York—*New York* steps back to view all the networks of American circulation. As Fulmer explains in *New York*, “the Van Huyden estate is not a secret society like the Jesuits, nor a corporation like Trinity Church, nor a government like the United States or Great Britain, but it is a *Government based upon Money and controlled by the Iron Will*

⁷⁵ Lippard, *New York*, 267.

⁷⁶ *The Empire City*’s Arthur Dermoyne marries Gulian’s daughter and inherits the Van Huyden wealth. *New York*’s Dermoyne finishes the novel stirring three hundred western mechanics to socialist revolution.

of *One Man* [...with] a Secret Police, ramifying through all the arteries of the social world.”⁷⁷ In articulating the difference between the novels’ perspectival scopes, Fulmer calls attention not only to the positive circulation promoted by the Fulmer’s national physic, but the other circulatory networks pulsing through the national body.

It is this move toward increasing faith in medicine and overt politics that makes *New York* the bloodier of the two novels. Whereas *The Empire City* features tragic death scenes like that of Gulian’s wife and a railroad suicide, it does not feature the brutal, bloody violence of *New York*. Lippard introduces these revisions with a new dog-slaughter scene: “The gash across his throat, from which the blood was streaming over the floor, had been inflicted by the hand of the colonel...Tarleton shook the bloody knife over his head...He rushed towards Gulian, branding the knife. ‘Oh, you d—d wretch! Do you know that I’ve a notion to cut you into pieces, limb by limb?’”⁷⁸ Not long after, another character new to *New York* is stabbed by his jealous wife, who describes a guilty, slain husband who “never beheld me, but fell upon Ada’s breast, bathed in blood...I tore him from her arms, and laid him on the sofa; he was speechless; the blood flowed from his mouth and nostrils.”⁷⁹ This bleeding in *New York* extends to U.S. urban geography, as characters remark on the sanguineous condition of Philadelphia the previous summer, which, “on the verge of civil war with Protestants and Catholics flood[ed] the gutters with their blood, while the flames of burning churches lit up the midnight sky.”⁸⁰ Relying ever more heavily on prevailing medical practice, Lippard bleeds the city.⁸¹

⁷⁷ Lippard, *New York*, 64, Lippard’s emphasis.

⁷⁸ Lippard, *New York*, 194.

⁷⁹ *Ibid.*, 218.

⁸⁰ *Ibid.*, 68.

⁸¹ For more on this, see John Harley Warner’s *The Therapeutic Perspective*.

Healing through Sympathy

If the narrative lancet was the first stage of Lippard's social program, building sympathies was the crucial second component. The story of the Chesnut Street Theater almost-riot foregrounds *The Quaker City*'s ability to stir and let the hot blood of Philadelphia, but it also illuminates the sympathies Lippard's fictions could mobilize. For if *The Quaker City* play stirred Philadelphians to send "note upon note...message upon message...full of warlike declarations to the knife," the frenzy eventually "infected" the actors with "revolutionary ideas" and built a riled crowd whose collective affect and conviction threatened action.⁸² News of Philadelphian's stirred emotion traveled as far as Maine and Florida.⁸³ Though the event spurred many reactions, the "populace" that came to Lippard's defense was the same populace whose sympathies Lippard would cultivate more formally toward collective social action in his laborer's organization, the Brotherhood of the Union (formed, significantly, as Marx was writing *The Communist Manifesto* across the Atlantic).

The ending of *The Empire City* offers a telling illustration of how Lippard imagined his narrative lancet promoting healthy sympathy. Arthur Dermoyne enacts justice by slaying Herman Barnhart in *The Empire City*, but he does not delight in the act. Rather, he "gazes" thoughtfully "on the face of the prostrate man."⁸⁴ Though Lippard's fiction was much maligned for its racy details, Dermoyne is not titillated by gore; he displays appropriate sympathies for his victim. Facing what he has done and making peace allows Dermoyne to become a good husband and the ideal inheritor of the Van Huyden estate. Having let some of the corrosive blood of the New York, Dermoyne has proven himself worthy to manage capital circulation in the body

⁸² Charles Durang, John Durang, and Thomspen Westcott, *History of the Philadelphia Stage Between the Years 1749 and 1855* (Philadelphia: 1868): 247.

⁸³ Ibid.

⁸⁴ Lippard, *The Empire City*, 205.

politic. Lippard details the shifting sympathies of the mechanic and his wife (Gulian Sr.'s resurfaced daughter). "Well does this young couple deserve the affluence they enjoy," Lippard announces, "since they have liberally bestowed their money on plans of active benevolence."⁸⁵ And, in his last line, Lippard offers Dermoyne and his wife's sympathies as models for the sympathetic reader: "May you, dear reader, be equally prosperous and equally judicious in using the gifts of fortune."⁸⁶

This novel's affective instruction is a common element of all of Lippard's fiction, even if *The Empire City's* narrative closure is not. In *The Quaker City* and *New York*, unlike the earlier, less political iterations of either novel, the message about sympathy is delivered to the reader through the unsettled nature of the ending. At the end of *The Quaker City*, Byrnewood Arlington, his sister Mary, and his wife Annie go west, hoping to sequester themselves from the dangers of circulation. But Lippard did not believe sequestering would heal the nation. Circulation need not be staunched; rather, blood need to be let and citizens taught to respond appropriately. For Byrnewood has not learned the lesson of Arthur Dermoyne in *The Empire City*; Byrnewood kills his antagonist but does not relinquish his attachment. Whereas Dermoyne takes one last look and leaves, Byrnewood transports Lorrimer's portrait to the family's wilderness Wyoming retreat. The novel ends when Mary discovers the portrait, "kne[els] on the floor with her eyes so full of unutterable feeling, centered on the portrait, her cheek flushed with strange emotions," and utters the assumed name of her seducer, "LORRAINE!"⁸⁷ David Reynolds has noted the bitter irony of this last false note, and I would suggest that Lippard leaves the reader in this unsettled state to

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Lippard, *Quaker City*, 575.

reinforce the dangers of inappropriate sympathies.⁸⁸ Byrnewood and Mary should have learned what Dermoyne did: that once the corrupt blood has been let, living bodies must return to balance, learn their lesson, and form only appropriate attachments. The ending, however, is more politically instructive. Readers are left uncomfortable—they must suture the social wounds themselves.

New York's affective encouragement is more explicitly revolutionary. The end of *The Empire City*, written before Lippard's founding of his Brotherhood, demurely invites his reader to be "equally judicious" as his happily married couple, who notably conjoin upper and lower classes. By the early 1850s, however, Lippard offers no happy endings. In *New York*, Arthur Dermoyne kills Herman Barnhurst only after he watches Barnhurst murder his first mistress to drink her blood. "This is the very time of all others that I wished to see," this Dermoyne confesses, "your hands are stained with the blood of your paramour."⁸⁹ In this bloody revision of this scene, Dermoyne cannot forgive or forget Barnhurst's sins but uses his anger to build new, politically effective bonds. *New York's* Dermoyne cannot be happily married, but his outrage at U.S. corruption productively fuels a new project: socialist revolution. The story ends with Dermoyne as "the leader of the band" of "three hundred emigrants, mechanics, their wives and little ones, who have left the savage civilization of the Atlantic cities, for a free home beyond the Rocky Mountains."⁹⁰ Western isolation is not, however, the solution here either. Lippard's final words to the readers announce:

And let us all, as we survey the masses of the human race, attempting their exodus from thralldom of all kinds,—and of the body,—of the soul,—from the tyranny which crushes man by the iron hand of brute force, or slowly kills him by the lawful operation of capital, labor-saving machinery, or monied enterprise,—let us, too, send up our prayer,—

⁸⁸ Lippard, "Introduction," *Quaker City*, xi.

⁸⁹ Lippard, *New York*, 281.

⁹⁰ *Ibid.*, 284.

“O! THOU of Nazareth, go with the People in this their exodus, dwell with them in their tents, beacon with light, their hard way to the Promised Land!”⁹¹

Between *The Empire City* and *New York*, then, it seems, Lippard moved in his fiction from promoting benevolence to fomenting revolution. From a “dear reader” request, Lippard moves to an orator’s insistence. Lippard’s rejection of the sentimental suturing offered by the marriage plot demonstrates his increased resistance to the idea that traditional sympathies could heal the nation. Instead, Lippard imagined that new class-conscious allegiances would recraft the nation.

Between the serialization of *The Empire City* in 1849 and the printing of *New York* in 1853, Lippard founded the Brotherhood of the Union, a secret society intended to create new bonds of fellowship between white men. Lippard’s final exhortation in *New York* sounds like the calls to action of his Brotherhood. In the closing of one of the Brotherhood’s rituals, one of the participants (Chief Washington) would recite the purpose of the Brotherhood:

To defend the weak—protect the poor—and keep our soil forever pure
 From the pollution of a tyrant’s footstep—
 I, thus, describe the holy Circle which binds our many hearts in ONE:
 Let no rash word, or unkind act, with envy and dissension enter here:
 WITHOUT this circle lies the world in wickedness and wrong—
 WITHIN, a band of brothers dwell, whose only faith is Truth and Hope and
 Love.⁹²

In so pledging, Lippard’s brothers committed themselves to socially progressive reform—and potentially revolution—made possible by the ties that bind “our many hearts in ONE.”

Cementing the importance of sympathy to Lippard’s political project, Chief Washington would say elsewhere: “So shall we join, in one Circle of loving hearts, knit together by ties that neither danger, time, nor treachery, can rend!”⁹³

⁹¹ Ibid.

⁹² Lippard, *B. G. C.*, 16, no publication information available, held at the American Antiquarian Society.

⁹³ Ibid.

The Xenophobic Limits of Lippard's Brotherhood

Like the other medico-political innovators of this project, however, Lippard's sympathetic realignment bore a complicated racial and national politics. On one hand, as *Adonai* and *New York* illustrate, Lippard was invested in the transnational solidarity of workers and a global, Christian revolution; on the other hand, like Poe and Mitchell, Lippard deeply feared foreign influences on America. Like Benjamin Rush, his transnational revolutionary fantasies usually began in America and traveled outward.⁹⁴ Some have argued for Lippard's uniquely sympathetic racial politics.⁹⁵ I am less inclined to celebrate Lippard as a progressive innovator of race representation, but Lippard was certainly more forgiving of African Americans than he was of immigrants.⁹⁶ Unlike earlier figures, Lippard could and did imagine interracial sympathies—as the anti-slavery and pro-miscegenation stances of both *The Empire City* and *New York* make clear. Though I am more skeptical of Lippard's racial politics (he does, both nominally and directly, link the black figures that tend Monk Hall to the inhabitants of corrosive spaces), Lippard can and does conceive of an interracial brotherhood—but one that largely fails imaginatively at the boundaries of the nation.

⁹⁴ See, for example, the end of *Adonai* in which Adonai and the “Arise Washington” witness the millennium on American soil: “His hand was outstretched and this symbol was seen in the sky, hovering above the American Continent”—only reaching afterward across the globe (George Lippard, *The White Banner* [Philadelphia: 1851], 98).

⁹⁵ See, for example, Timothy Helwig, “Denying the Wages of Whiteness: The Racial Politics of George Lippard's Working-Class Protest,” *American Studies* 47.3/4 (Fall-Winter 2006): 87-111. More recently, however, Helwig has examined the kinds of xenophobic limitations that interest me here, in “George Lippard in Cincinnati: Navigating the Politics of Anti-Catholic Conspiracy” (Paper presented at the Annual Meeting of the American Literature Association, Boston, Massachusetts, May 26-29, 2011).

⁹⁶ In addition to this chapter's discussion of Devil-Bug, Glow-worm, and Musquito as signals of contagion, one need only look at a popularly reprinted image of *The Quaker City* in which the three lurk menacingly from behind a curtain (see image, for example in the 1876 edition).

This failure troublingly aligns with Lippard's robust patriotism. Not only was he well-known for his glorified tales of the American Revolution—having, for example, invented the myth of the Liberty Bell—but his Brotherhood was also structured around men whose titles sanctified the American past: Supreme Washington, Chief Jefferson, Chief Franklin, Chief Girard. Furthermore, newcomers to the Brotherhood had to “solemnly vow to maintain the American Union—uphold it in integrity—extend its blessed example—and treasure its existence, as dear as your own.”⁹⁷

Lippard's vision of unity was modeled after the United States. One initiation ritual ordered the applicant to break a single rod. Accomplishing the task easily, the newcomer was then ordered to break a bundle of thirty. Unable to do so, Chief Washington instructed him:

Take up the Broken Rod, Brother, and insert it in your girdle. Whenever you gaze upon this symbol, remember that it is easy to break a single rod, but very difficult to break or rend a bundle of thirty united rods. It might be an easy task for the tyrants of the world to crush a *single* STATE of the American Union; but Thirty UNITED States can defy all the kings that now pollute the face of the globe. Again; it is an easy task, for the oppressor, to degrade and crush a solitary Son of Labor are joined together, in the Circle of our Brotherhood, they can defend themselves against all forms of wrong—against all tyrants of the social world.⁹⁸

Lippard's idea of the Brotherhood, in other words, was steeped in American exceptionalism. Repeatedly in the tract, Lippard positions the Brotherhood as a coalition not only against class oppression but also against foreign tyranny.

The Quaker City foregrounds these xenophobic fears by offering nightmarish visions of a national physiology—both circulation and sympathy—corrupted by foreign influences. Gabriel Von Gelt, the novel's “wandering Jew,” pollutes national circulatory networks through his

⁹⁷ Lippard, *B. G. C.*, 20.

⁹⁸ *Ibid.*, 47-8.

corrosive participation in transnational economic networks.⁹⁹ A slippery usurer, Von Gelt is a powerful polluting element who enters the novel as a dangerous lurking shadow rather than a fleshed-out character.¹⁰⁰ The narrative insists on Gabriel's foreignness, referring to him by either his physical description or his ethnic origin rather than by name. Gabriel's speech also betrays his origins through heavily accented biblical expressions such as "Fader Moses!" and difficult-to-decipher speech: "Veres you hear dat name?"¹⁰¹ The novel denies Gabriel any dynamic, human representation, relegating him to a flat symbol of transnational circulation. So clearly "other," Gabriel has presumably come to America along transnational routes of exchange, offering no benefit to America and resisting any attachment to the country. His last name, "von Gelt" (of money), and his repeated desire to make a quick buck reduce his identity to that of a market huckster. Gabriel is wholly foreign and seems to confer no benefit to the American polis.

Gabriel's exaggerated punishment in spite of his role as mere mercenary emphasizes the fact that he serves more as a symbolic scapegoat for perceived evils of transnational circulation than simply as a corrupt individual.¹⁰² Gabriel, the wandering Jew par excellence, infiltrates the various worlds of the novel as an "almost invisible" ill. To rectify the terrifying fluidity of his movement, the novel fixes and destroys Gabriel's body repeatedly: first by hanging, second by falling, and finally by dropping a rock over his gruesome corpse.¹⁰³ His death is described in far lengthier and more horrifying detail than any other in Lippard's text. Even the jaded Luke Harvey admits the sight is one "that he might never forget...he saw the rope which tightened

⁹⁹ This character also signals Lippard's indebtedness to Sue and his novel *The Wandering Jew*.

¹⁰⁰ Lippard, *Quaker City*, 334, 358.

¹⁰¹ *Ibid.*, 486.

¹⁰² Though, perhaps it is his lack of allegiance to anything that makes Gabriel so threatening. Gabriel is a man whose sympathies cannot be won.

¹⁰³ *Ibid.*, 487, 556-7. The only other character who the novel destroys repeatedly is Dora Livingstone, who also dies three times (her rehearsed death and later by poison and fire) though she dies for her own sins, not as a stand-in for those of others.

round his neck at every struggle, like some horrible vision, that large face, with red skin turning to purple and the mouth agape and the dark eyes bulging from their sockets.”¹⁰⁴ When Larkspur, the hardened policeman, discovers Gabriel’s body he cries, in a tone “so different from his usual voice, ‘I don’t want to see a sight like that *twice* in a life-time! A body smashed beneath a big rock an’ a head stickin’ out, with a face all purple, and the eye laid on the cheek, and the tongue lollin’ from the mouth! Ugh!’”¹⁰⁵ The novel emphasizes—and perhaps revels in?—the *unforgettable* sight of Gabriel’s death. Luke and Larkspur, the moral watchmen of the novel (if it can be said to have any), are granted the privileged position of voyeurs in the scene of Gabriel’s physical destruction (as are we, the hopefully now morally inclined readers). And although they express the appropriate level of horror at this vision, the haunting testimonials of his death serve as a kind of reassurance that the national sympathies will never extend to foreign elements. It is not coincidental that the two most gruesome bloodlettings are of foreign bodies that exemplify the porousness of U.S. boundaries.

Ravoni’s cult offers a nightmare of foreign-tinged sympathy. In a sense, Ravoni’s cult is a perversion of the Brotherhood—or, in a more temporally fitting comparison, a perverse vision of the Rosicrucian brotherhood from which Lippard’s Brotherhood splintered and of which he had long been a member.¹⁰⁶ Ravoni is introduced as a powerful sorcerer and mesmerist

¹⁰⁴ *Ibid.*, 487.

¹⁰⁵ *Ibid.*, 557.

¹⁰⁶ R. Swinburne Clymer writes of the relationship between these organizations: “it was [Lippard’s] dream and hope that those men who sought improvement in conditions would be drawn to the [Rosicrucian] Brotherhood and that they would readily undergo the arduous training through which they might secure for themselves true freedom. In this dream he met with disappointment [...but he] thought that his purpose could be accomplished to some degree at least by the establishment [...of] the Brotherhood of America,” which did not require Rosicrucian allegiance or self-denial, in *The Brotherhood of the Rosy Cross* (Quakertown, PA: Rosicrucian Foundation, 1935), 2-3. Furthermore, the transliterated phrase “Vayomer elohim

masquerading as a medical professor who offers to help the novel's reverend rake, F.A.T. Pyne, seduce his alleged daughter. From the first encounter, the reader learns that Ravoni has already infiltrated the Philadelphia world, crafting a vast network of "friends and pupils" who recommend others to him for the accomplishment of terrible tasks.¹⁰⁷ But Ravoni is much more than a doctor gone wrong—he is a cult leader who claims immortality and seeks to control an army of physicians and a harem of young, entranced women in Philadelphia. Ravoni is, of course, a recognizable Illuminati figure who claims to have moved through both time and space in pursuit of his quest; but, perhaps most perversely Ravoni is also recognizable as a more immediate figure: first seen hunched over a manuscript with his "pale white hand tracing lines on a sheet of paper...and his long dark hair hung carelessly about his neck and shoulders," this captivating writer/orator may well be a dark vision of Lippard, who was often depicted with just these features.¹⁰⁸

Troublingly, Ravoni's resemblance to Lippard goes beyond these immediate perceptions; Ravoni's cult bears a startling, if dystopian resemblance to what would be Lippard's Brotherhood of the Union. Like the Brotherhood's rituals that Lippard orchestrated, the Ravoni scenes are overtly theatrical, involving elaborate didactic performances, costuming, and claims to divine grace. Both Ravoni and the Brotherhood perform reanimation rituals. Finally, Ravoni centers his suicide/murder scene around the phrase "Vayomer Aloheim" (Hebrew for "and God said")—which was also the most prominent of "Sacred Word[s]" on Lippard's "Chart of the

yehee aur vayehee aur" ("And God said let there be light and there was light") figured prominently in Rosicrucian beliefs, see opening image in *The Brotherhood of the Rosy Cross*.

¹⁰⁷ Lippard, *Quaker City*, 336.

¹⁰⁸ Ibid. Portraits of Lippard repeatedly depict him as an intense, brooding writer with long, dark hair and dark eyes. See, for example, the frontispiece portrait of Lippard from the posthumous *The Life and Choice Writings of George Lippard* (New York: H.H. Randall, 1855). As a member of the brotherhood, he would also have donned a dark robe like the one Ravoni wears.

Brotherhood,” the only words in the volume set in Hebrew type.¹⁰⁹ But Ravoni’s anatomy theater is a cult that perverts healthy sympathies through mesmeric tactics that threaten to derail the *Quaker City*’s plot. Ravoni distracts Byrnewood from his righteous plight and almost succeeds in claiming Byrnewood’s future wife for his harem. Ravoni uses mesmerism to create a terrifying union that threatens to undo the virtues of the American republic.

That Ravoni and his cult so closely resemble Lippard and his Brotherhood might have undermined Lippard’s project. If this most evil and menacing character is the doppelganger of the author himself, it suggests Lippard and his Brotherhood might easily slip from a force for the positive reorganization of American society to a nefarious one. But, as with the Byrnewood-Lorrimer split, that is just the point. Lippard recognizes the line is a fine one, but it is precisely the haunting vision of old-world perversion of which Lippard must be wary. Thus, it is Lippard’s mindfulness along with his reliance on American exceptionalism that shields him from those other specters. America is corrupt but Ravoni is irredeemable. In remaining aware of the possibility of corruption, while staunchly upholding the founding American values, Lippard learns, like his most virtuous protagonists, to ward off evil impulses. Ravoni’s resemblance to Lippard endangers the distinctiveness of American movements; foreign-born practices like animal magnetism threaten to taint the mechanisms of American sympathy.¹¹⁰ In enlisting mesmerism as the dark double of American sympathy, Lippard expresses fears about activities that had already infiltrated the American landscape.

Ravoni’s experiments hauntingly recall other American medico-literary ventures—particularly John Kearsley Mitchell’s lengthy, posthumously published essay on animal

¹⁰⁹ Lippard, *Quaker City*, 537; Lippard, *BGC*, 52.

¹¹⁰ Heyward Erlich notes this similarity as well, though he arrives at different conclusions in “The ‘Mysteries’ of Philadelphia: Lippard’s *Quaker City* and ‘Urban’ Gothic,” *ESQ: A Journal of the American Renaissance* 18 (1972): 59.

magnetism, which detailed his adventures mesmerizing young and inexperienced girls. The Austrian-originated practice of animal magnetism is a “therapeutic doctrine or system...according to which a trained practitioner can induce a hypnotic state in a patient by the exercise of a force,” also called mesmerism after its inventor, Franz Mesmer.¹¹¹ Lippard might well have known (either through Poe or through Mitchell himself) of Mitchell’s interest and experimentation with the practice. Called to attend a sick young woman, Mitchell describes himself furtively entrancing her eleven-year-old sister, “little girl from the country,” making her talk and sing while he “pinched, tickled, punctured [her], etc.”¹¹² In another case, he mesmerizes and talks “a girl from the country, ten years of age” into believing an astonishing range of lies while celebrating her gullibility as evidence “of the most amusing susceptibilities of mesmerized sonambulists [...for whom] nothing is too wild or incongruous.”¹¹³ In a third case, Mitchell intervenes as the “good” mesmerist where another has lost control of his subject, “a young lady of fifteen, who, lived at a boarding house in the city, at a distance from home.”¹¹⁴ The inexperienced mesmerist had left the girl in a state of frenzy: “Fleeing, with frantic gestures and disheveled hair, from the room, she treaded, with amazing skill and rapidity, the darkest intricacies of the mansion, and found her way even into the street” and, in a second instance of ill-considered animal magnetism, becoming “violently enraged, [fighting] with the fury of a tigress.”¹¹⁵ Despite Mitchell’s portrayal of himself as a conscientious animal magnetist, these

¹¹¹ “Mesmerism.” *The Oxford English Dictionary*. 21 November 2011. <http://oed.com/view/Entry/116988#eid37374989>. This is the definition that Mesmer used for animal magnetism. Also see Robert Darnton’s *Mesmerism and the End of the Enlightenment in France* (Cambridge, MA: Harvard University Press, 1968) and Robert C. Fuller’s *Mesmerism and the American Cure of Souls* (Philadelphia: University of Pennsylvania Press, 1982).

¹¹² Mitchell, *Five Essays*, 156.

¹¹³ *Ibid.*, 189.

¹¹⁴ *Ibid.*, 262.

¹¹⁵ *Ibid.*

violent and repeated scenes of Mitchell's total control over young women's bodies echo Ravoni's mesmeric domination over women. At the very least, Ravoni, the physician-mesmerist demonstrates the dangers of the kinds of medical sympathies with which Mitchell flirted; at most, Lippard offers Mitchell a dark portrait of himself.

Lippard's xenophobic paranoia likewise limits his vision in the later city mysteries, though, instead of critiquing physicians' participation, he increasingly trusts a physician to heal the polis. Foreigners are surprisingly absent in the New York novels. Where they appear they are no longer the dark Germans, Jews, and Mexicans of *The Quaker City* but a handful of Italians who turn out actually to be American. Nevertheless, transnational threat in the New York novels is not gone; rather, it has developed from an individuated menace into a systemic one—continuing the development begun in *The Quaker City*.¹¹⁶ While readers of the New York novels spend hundreds of pages concerned that profligate Americans will destroy the nation, in a late-novel twist, Lippard reveals that Americans have more to fear from Rome than internal corruption. In this version of the popular anti-Catholic plot, Rome has been assiduously working for over twenty-one years to win over the mind, and thus the wealth, of Gulian Van Huyden. *New York*, even more than *The Empire City*, dwells on Rome's nefarious plot to wrest gold-rich lands from the doctor's hands and control of the Van Huyden estate from its rightful American inheritors. Arthur Dermoyne's *New York* socialist revolution, more so even than the promise of his inheriting the estate, articulates a network of sympathies based in an honest labor intended to combat the excesses and exploitative practices of the Catholic church. While somewhat surprising given Lippard's socialist politics, the nativist turn of *New York* makes most sense in terms of Nativism's popular rise in the early 1850s and, most directly, Lippard's investment in tending the physiology of the American body politic.

¹¹⁶ Lippard articulates burgeoning fears of systemic transnational contamination first through *The Quaker City*'s "Personage," revealed ambiguously as "either a Canadian Statesman, or a British Lord, or a *Mexican Prince!*" though this plot turn seems to be a more direct statement of political support for the Mexican-American War than a broader fear about the porousness of transnational routes.

The city-mysteries genre allowed Lippard to participate in a cross-disciplinary practice of knowledge production that was, nevertheless, collapsing. Mitchell's realistic fears about his own work and its lukewarm reception attest to this disciplinary separation.¹¹⁷ Whereas for decades national physiology had been a truly collaborative conversation, the generic porousness of these discussions was already breaking down. The 1840s were a time of professional crisis for physicians, and their response was professionalization. Sick of the proliferation of quacks, alternative medicine, and lay practice, physicians began building institutions that both better defined the contours of their field and, in so doing, kept people out. The American Medical Association was founded in 1847 and the Pennsylvania Medical Society in 1848. Though these institutions would not gain a stronghold on the profession until after the Civil War, their creation marks the moment when the collaborative conversation between writers and physicians began to disintegrate. Likewise the career of antebellum authors was increasingly hemmed in by the demands of the literary market, as so many of the writers of the era, from Thoreau to Hawthorne and Poe, complained. While the incredible growth of the print industry in the two decades that preceded Lippard's career meant many more writers could enter the literary marketplace, it also meant that career authors increasingly wrote for the masses who had little use for the republican-letters model of cross-disciplinary exchange. The coda on S. Weir Mitchell sketches the significantly limited and radically altered collaborations between medicine and literature once the national physiology this dissertation has explored fell apart.

¹¹⁷ See chapter 4 for this discussion.

Coda: Two Cultures? Literature and Medicine after the Civil War

*“A Doctor’s Century dead and gone!
Good-night to those one hundred years,
To all the memories they bear
Of honest help for pains or tears [...]*

*Our New-born century, pert and proud,
Like some young doctor fresh from college,
Disturbs our prudent age with doubts
And misty might of foggy knowledge.”*

- Dr. Silas Weir Mitchell, “A Doctor’s Century”¹

In 1910, the Carnegie Foundation subsidized a report on medical education in the U.S. and Canada that permanently altered the structure of the profession. The Flexner Report, as it would come to be called, perhaps best represents the progressive attitude toward American medicine—one that has long dominated thinking about the history of American health. In his report, Flexner described the history of American medicine as a narrative of declension; the promise of early medical schools “was not long maintained. Their scholarly ideals were soon compromised and then forgotten.”² Later in the century, Flexner argues, medical schools grew embarrassingly corrupt, representing themselves too frequently through “exaggeration, misstatement, and half-truths.”³ “The striking and significant facts which are here brought out are of enormous consequence not only to the medical practitioner, but to every citizen of the United States and Canada,” Henry S. Pritchett writes in his introduction to the report:

For it is a singular fact that the organization of medical education in this country has hitherto been...to obscure in the minds of the public any discrimination

¹ S. Weir Mitchell, *A Masque and Other Poems* (Boston: Houghton, Mifflin and Co, 1887), 58-9.

² Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (1910; rep. New York: Carnegie Foundation, 1972), 5.

³ *Ibid.*, 19.

between the well trained physician and the physician who has had no adequate training whatsoever...One of the problems of the future is to educate the public itself to appreciate the fact that very seldom, under existing conditions, does a patient receive the best aid which is possible to give him in the present state of medicine, and that this is due mainly to the fact that a vast army of men is admitted to the practice of medicine who are untrained in sciences fundamental to the profession.⁴

The major problem, according to Pritchett and Flexner, was that physicians had not previously done enough to distinguish highly trained medical professionals from other kinds of medical practice and discourse. The “well trained” medical worker was defined specifically as one schooled in the appropriate disciplinary mode, tutored in the “sciences fundamental to the profession.” The Flexner report more specifically recommended that medical schools only admit students with two years of higher education in the sciences, that the education last four years, and that each school follow a carefully agreed upon curriculum. The Flexner report averred American needed *fewer*, but more strictly trained, medical professionals. Pritchett hoped that the report might “serve as a starting-point both for the intelligent citizen and for the medical practitioner in a new national effort to strengthen the medical profession.”⁵

The Flexner report articulated and institutionalized attitudes that had been growing for decades. The Civil War and rising professional communities, in particular, had a profound effect on medicine in the second half of the nineteenth century. A significant feature of the Civil War was that, for the first time, large numbers of Americans received care outside of the home.⁶ Before the Civil War, doctors mostly visited patients in their homes; hospitals and almshouses

⁴ From Henry S. Pritchett’s introduction to the Flexner report, x.

⁵ *Ibid.*, xvi.

⁶ Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (Baltimore: Johns Hopkins University Press, 1995), 98.

housed individuals who did not have family members or a church community to care for them.⁷ During the war, union hospitals alone cared for more than a million men.⁸ The rise and reorganization of the hospital, administration of anesthesia, increased use of surgery, the advent of germ theory, and rising dominance of the professional community all served to fundamentally reorganize medicine in America.⁹ “One way of looking at the changes that took place between the 1870s and the early 1900s,” Paul Starr writes, “is that the social distance between doctor and patient increased”—and, I would add, so did the discursive distance between the physician and everyone else.¹⁰ Additionally, the state played an increasing role in defining medical credentials. As Starr and others have shown, the professionalization of American medicine was an uneven process that lasted from the mid-nineteenth into the early twentieth century; however, the effect of the professional renegotiation taking place throughout the period was to restructure the field, the practice of medicine, and the discourse through which medical thought was and could be produced.

In committing medicine exclusively to the purview of increasingly specialized, scientifically trained physicians who would go on to speak, write, and reproduce that specialized

⁷ For more on early American hospitals see Rosenberg’s *The Care of Strangers: The Rise of America’s Hospital System*. There was an enormous difference between the two, of course: the hospital, despite its attendant ills (uncleanliness, poor care, etc) being far preferable to the almshouse. Nevertheless, as Rosenberg makes clear: “It was not until after midcentury that such prejudices [against the hospital] were overcome...and even highly contagious cases were often removed from boarding houses only by force,” 26. Hospitals were an attractive place to practice for Philadelphia’s most eminent physicians because they offered opportunities for learning and a variety of sick bodies, but they were not places Americans wanted to seek care, 60.

⁸ *Ibid.*, 98.

⁹ Of course, these changes took place over the course of a few decades during and after the Civil War. For discussions of how these changes could and did restructure society see Rosenberg’s *Care of Strangers*; Starr’s *Social Transformation*; Martin Pernick’s *A Calculus of Suffering: Pain, Anesthesia, and the Utilitarian Professionalism in Nineteenth-Century American Medicine* (New York: Columbia University Press, 1979); and Bruno Labor’s *The Pasteurization of France*, trans. Alan Seridan and John Law (Cambridge, MA: Harvard University Press, 1993).

¹⁰ Starr, *Social Transformation*, 81.

discourse, the Flexner Report did much to diminish the already quite diminished cross-disciplinary discussion. But U.S. medico-literary exchange did not disappear altogether; rather, it changed shape. Whereas in early American literature and medicine collaboratively produced ideas about the body and the body politic, late nineteenth and early twentieth century exchange occurred almost exclusively in discussions of the mind. In what remains of this coda, I use prominent physician and novelist S. Weir Mitchell (1829-1914) to elucidate the transformation from his father John Kearsley Mitchell's broadly conceived medico-literary worldview to the one that would be heralded by the Flexner Report and a set of interdisciplinary exchanges taking place exclusively in the emerging discourses about the mind.

At a dinner of the College of Physicians of Philadelphia in 1887, a graying Silas Weir Mitchell read a poem he had written on the occasion of the institution's centennial. "Our Century's dead; God rest his soul!" Weir Mitchell announced, "What sad disorder laid him out/ To all pathologists is dim;/ An incurrent malady,—/ *Bacterium chronos* finished him!"¹¹ The time had come, "like some young doctor fresh from college," for a new order. Weir Mitchell's proclamation of this new order at a banquet for the oldest non-governmental medical institution in the country suggests this change had long been in the making. Weir Mitchell was not a man of his father's generation, and though he was a prolific doctor and novelist, he recognized those endeavors as very separate enterprises. If literature and medicine did not quite stop speaking to each other in the postbellum era (as the existence of Mitchell's poem attests), the terms of the discussion had radically shifted. Weir Mitchell's relationship to these transformations was

¹¹ Ibid., 59. The College of Physicians was, at the time, the "oldest medical society in America which is not a state organization" (Silas Weir Mitchell, "Celebration of the Centennial Anniversary of the Institution of the College of Physicians of Philadelphia" [Philadelphia, 1887], 1.)

complex, perhaps as any man's might be whose generation helped usher them in. Weir Mitchell revered his forefathers: He wrote a novel about Washington, reprinted Rush's notes from the revolution, and penned historical fiction about revolutionary Philadelphia; he edited and published his father's forgotten lectures and repeatedly praised the generation of physicians whose work had made his own possible.¹² But he was not one of them. Mitchell penned literature and medicine like his father, but, for him, these modes were profoundly different. Whereas John Kearsley Mitchell understood medicine and literature to speak to one another, Weir Mitchell envisioned a much more circumscribed role for that exchange.

Weir Mitchell understood that he produced medical and literary writing for ever-more distinct, discipline-bound audiences. Earlier Philadelphia physicians had written their tracts for "every person who shall think it worth while to read," for "men of observation," and for the "guardians of public and private morals, the administrators of justice, and the conservators of family and educational discipline."¹³ Introducing his lay medicine essays in *Doctor and Patient* (1888), Weir Mitchell elucidated a newly stratified discourse. Lest his medical colleagues confuse them with his medical tracts, Weir Mitchell writes that these essays were "meant to interest and instruct the laity rather than the medical attendant" since they treat subjects "every physician" must already "have given more or less thought."¹⁴ Weir Mitchell finds himself instead "tempted...to call them lay sermons."¹⁵ This audience differs notably from that of his medical writing. *Injuries of the Nerves and their Consequences* (1872), for example, was based on ideas

¹² Silas Weir Mitchell, *The Red City: A Novel of the Second Administration of President Washington* (New York: The Century Co., 1908); Silas Weir Mitchell, "Historical Notes of Dr. Benjamin Rush, 1777," *The Pennsylvania Magazine of History and Biography* 27.2 (1903): 129-150.

¹³ See earlier chapters 1, 2, and 4.

¹⁴ Silas Weir Mitchell, *Doctor and Patient* (Philadelphia: J. B. Lippincott, 1888), 5.

¹⁵ *Ibid.*, 6.

Weir Mitchell “had suggested to the medical bureau” for the purpose of adding new information “to the numerous monographs which to-day claim the attention of the profession.”¹⁶ Likewise, in *Fat and Blood* (1877), Weir Mitchell leaves the arbitration of his work “to the judgment of time and my profession.”¹⁷ His postbellum medical writing is intended specifically for an audience of professional physicians with whom he sees himself in dialogue.

Weir Mitchell’s sensitivity to this discursive divide also informs his fiction. Weir Mitchell begins “The Case of George Dedlow” (1866) with the explanation that the story offers a set of “notes of my own case have been declined on various pretexts by every medical journal to which I have offered them.”¹⁸ The story’s formal features—a “narrative with all the personal details, rather than...the dry shape in which, as a psychological statement, I shall publish it elsewhere”—are a choice the narrator claims to have made, though he suspects “the very character of my record will, in the eyes of some of my readers, tend to lessen the value.”¹⁹ But these proclamations of truth are a feint and in the outlandish story that follows, Weir Mitchell makes the fiction clear. Nevertheless (and somewhat ironically) this story of a Civil War amputee who reunites with his legs briefly through a spiritualist séance was widely read as factual, and “money was collected in several places to assist the unfortunate man.”²⁰ This acceptance of fiction as medicine, however, points more to vestigial cultural elements than Weir Mitchell’s own thought. Weir Mitchell notes his surprise that a story that asked its readers to

¹⁶ Silas Weir Mitchell, *Injuries of the Nerves and their Consequences* (Philadelphia: J. B. Lippincott, 1872), 9.

¹⁷ Silas Weir Mitchell, *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria* (1877; rep. Philadelphia: J. B. Lippincott, 1898), 174.

¹⁸ Silas Weir Mitchell, “The Case of George Dedlow,” *Atlantic Monthly* 18.105 (July 1866): 1-11, 1.

¹⁹ *Ibid.*

²⁰ Silas Weir Mitchell, *The Autobiography of a Quack and the Case of George Dedlow* (New York: Century, 1900), ix.

believe spiritualism could conjure amputated legs on which the narrator “arose, and, staggering a little, walked across the room on limbs invisible to [the séance members] or me” was credible.²¹ This surprise is quite understandable, since Weir Mitchell plays Dedlow’s “spirit” limbs for a joke: “It was no wonder I staggered,” Dedlow explains, “for, as I briefly reflected, my legs had been nine months in the strongest alcohol.”²²

The Autobiography of a Quack (1867) mocks medico-literary discourse with stronger censure. *The Autobiography* places its narrative authority with a quack, Ezra Sandcraft, who claims to offer his own story of “what the doctors call an interesting case.”²³ This fake physician—more skilled at producing narrative than medicine—refuses to believe the doctors who tell him he is dying. Sandcraft rejects medical authority and invests in “writing all this stuff,” which he comes to believe has “done me good.”²⁴ But Weir Mitchell makes an example of Sandcraft; he punishes the quack for his escapades and for thinking he could craft medical narrative by having Sandcraft die, as the doctors predicted, just moments after proclaiming his health. A nurse takes over the final sentences: “He is dead!” she exclaims, “Dr. Alston said it would happen this way. The screen, quick—the screen—and let the doctor know.”²⁵ Her last words reassert the physician’s somatic and narrative authority, and the conclusion of the story undermines the patient’s ability to know or narrate even the story of his own body. On its surface, then, *The Autobiography* performs the growing medico-literary divide.

It is difficult, however, for contemporary readers to encounter the ending of *The Autobiography* without also thinking of the numerous women Weir Mitchell barred from writing

²¹ Mitchell, “Dedlow,” 11.

²² *Ibid.*

²³ Mitchell, *Autobiography*, 1.

²⁴ *Ibid.*, 112.

²⁵ *Ibid.*

and Charlotte Perkins Gilman's (1860-1935) scathing critique of his medicine in her own fiction. Weir Mitchell's fiction might have expressed ambivalence—and at times outright hostility—toward the medico-literary discourse he inherited, but Gilman counted on his understanding that the literary could inform the medical when, she published “The Yellow Wallpaper” (1892), her thinly-veiled autobiographical tale of a woman driven mad by her physician. “The real purpose of the story,” Gilman would later write, “was to reach Dr. S. Weir Mitchell, and convince him of the error of his ways.”²⁶ Weir Mitchell had prescribed his famous rest cure for Gilman. Forbidding her to write, Weir Mitchell brought her “so near the borderline of utter mental ruin that I could see over.”²⁷ Gilman rejected the growing disciplinary divide in which her physician invested. Instead, she aimed to write medicine through fiction and felt herself successful. Of “The Yellow Wallpaper,” she would later write that she intended her story to “save people from being crazy, and it worked.”²⁸

Gilman's claims have led recent scholars to celebrate “The Yellow Wallpaper” as an example of the growing power of stories in medicine and the ability of late nineteenth-century fiction to bridge a perceived medico-literary divide.²⁹ But while late nineteenth-century Americanists have understood such writing to participate in an “historical moment...marked by the incursion of the literary *into* the medical,” this dissertation has argued that something altogether different was occurring; actually, this late-nineteenth-century moment is marked by

²⁶ Charlotte Perkins Gilman, “Why I Wrote ‘The Yellow Wallpaper?’” *Forerunner* 4 (October 1913): 271.

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ See, for example, Jane Thrailkill, “Doctoring ‘The Yellow Wallpaper?’” *ELH* 69.2 (Summer 2002): 525-566 and Martha J. Cutter, “The Writer as Doctor: New Models of Medical Discourse in Charlotte Perkins Gilman's Later Fiction” *Literature and Medicine* 20.2 (Fall 2001): 151-182.

the curtailing of literature's exchange with medicine.³⁰ The medical engagement of "The Yellow Wallpaper" is notable because Gilman fought back against the collapse of medico-literary discourse, even as her fiction helped shape a new, more circumscribed conversation. Gilman's story certainly pushes for the direct influence of fiction on medicine, but its influence seems, more accurately, to be on the emerging field of psychology. The progressive era did not see the expansion of literature into medicine so much as its curtailment; literature could now participate only in medical conversations about the mind—but not the body.

"The Yellow Wallpaper," then, does not participate in the same kind of broad medico-literary discourse limned by this project so much as in an emergent psycho-literary discourse. Scholars have long understood that a vibrant discourse between psychology and literature flourished in the late nineteenth and early twentieth centuries.³¹ The field of psychology, as we now know it, was only just beginning. It was not until 1890 that medico-literary sympathizer William James helped define the field of psychology as we know it in *The Principles of Psychology*.³² Across the Atlantic, Sigmund Freud was, of course, also fond of theorizing psychotherapy in literary terms. Freud's writing regularly used literature as an explanatory paradigm and featured "talking" narratives as cures that owed a debt to Mitchell—and perhaps (via Mitchell), Gilman as well.³³ This intersection comes as no surprise to today's scholar, well

³⁰ Thrailkill, "Doctoring," 527.

³¹ Thrailkill's essay is an excellent recent example of this scholarship from an Americanist perspective, as is the spate of work on William and Henry James. For scholarship on the British iteration of this phenomenon, for example, Meegan Kennedy's *Revising the Clinic: Vision and Representation in Victorian Medical Narrative and the Novel* (Columbus, OH: Ohio State University Press, 2010); Jason Tougaw's *Strange Cases: The Medical Case History and the British Novel* (New York: CRC Press, 2006).

³² Here James argued that psychology needed "to be treated as a natural science" (William James, *The Principles of Psychology* [1890, rep. New York: Henry Holt, 1910], 1).

³³ Freud reviewed Weir Mitchell's work and referenced it admiringly in his own writing. Suzanne Poirer writes, "Silas Weir Mitchell (1829-1914) was one of the founders of neurology

acquainted with the debts literary theory owes to psychoanalysis and the narratological features of psychotherapy. But this collaboration reads quite differently when imagined as the narrowing, rather than the broadening, of cross-disciplinary exchange.

This dissertation aims both to provide a genealogy of the Medical Humanities and to suggest that older models offer new avenues for interdisciplinary work. It traces a long prehistory of current efforts to bring literary texts and tools into the study of medicine. Current programs use literature principally to make physicians better humanists. This is of course an extremely important goal—though literary scholars know our field can do much more. My project suggests the medico-literary collaboration was more dynamic in early America—that doctors used literary tools to write medicine and that novelists could and did contribute to American medicine and politics. This genealogy denaturalizes the separation between medicine and literature, and, in so doing, buttresses current efforts to bring a vibrant, multi-faceted exchange back to conversations about the body and body politic by showing how brief the “two cultures” separation has been. An interdisciplinary conversation that takes medicine and literature as equal partners and imagines a more porous relationship has the potential to move us toward a different sense of what humanism might mean.

in the United States...and he developed therapeutic methods that Freud admitted to incorporating into his own models of psychotherapy.” (Suzanne Poirer, “The Physician and Authority: Portraits by Four Physician-Writers,” *Literature and Medicine* 2 [1983]: 21-40, 23.) For more, see Sigmund Freud, *The Standard Edition of the Complete Psychological Works of Sigmund Freud: Pre-psycho-analytic publications and unpublished drafts*, trans. James Strachey (London: Hogarth Press, 1966), especially his 1887 review of Weir Mitchell's *Neurasthenia and Hysteria*.

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