

ANTICONTAGIONISM AND SOCIAL REFORM IN NINETEENTH-CENTURY
TRANSATLANTIC LITERATURE

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ABSTRACT

Meagan L. Blair: Anticontagionism and Social Reform in Nineteenth-Century Transatlantic Literature
(Under the direction of Beverly Taylor)

“Anticontagionism and Social Reform in Nineteenth-Century Transatlantic Literature” explores the relationship between anticontagionism and the social role of the writer in England and America in the early and mid-nineteenth century. Anticontagionism posited that epidemic disease was not contagious, but instead was spread through filth-generated miasmas. For socially conscious writers who believed in this popular theory (Charles Dickens, Elizabeth Gaskell, Elizabeth Barrett Browning, Walt Whitman, and Harriet Jacobs), anticontagionism provided a metaphor for and a framework through which to prevent and treat social problems as if they were epidemic diseases. Using the logic of anticontagionism, these writers presented characters and settings rife with social or moral illnesses like slavery, poverty, rape, war, illegitimate children, and homosexuality often considered too taboo to be treated directly in fiction and poetry. By portraying these social diseases as non-contagious side effects of an unhealthy environment, these writers were able to discuss taboo topics without fear of spreading immorality, sin, or violence through contact with their books. Additionally, in comparing social problems to diseases, and subjecting them to anticontagionist logic, the writers in this study suggest that mediated exposure to taboo social problems through a book was not only safe, but could even be beneficial for their readers and to society at large.

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Introduction

Give them a glimpse of heaven through a little light and air; give them water; help them to be clean; lighten that heavy atmosphere in which their spirits flag and in which they become the callous things they are; take the body of the dead relative from the close room in which the living live with it, and where death, being familiar, loses its awe; and then they will be brought willingly to hear of Him whose thoughts were so much with the poor, and who had compassion for all human suffering (Dickens 104).

Charles Dickens was an ardent supporter of sanitary reform in the mid-nineteenth century. Giving a toast to the new London Board of Health at a dinner for the Metropolitan Sanitary Association in 1851, Dickens expressed his profound belief in the importance of the work being done by this group. For Dickens, as for many sanitary reformers of the time, providing clean, well-ventilated homes, fresh water, better burial procedures, and garbage pick-up for the poor were both public health and moral imperatives. Sanitary reformers believed that if the poor could have “a little light and air,” they would not only be healthier, but they would become more moral through this “glimpse of heaven.” The filthy atmosphere of poor neighborhoods in was not only unpleasant and unhealthy, but it was so “heavy” that it weighed down their very spirits and “callous[ed]” their souls so they no longer respected the solemnity of death itself. For Dickens, sanitary reform “must precede all other social

remedies... neither education nor religion can do anything useful until the way has been paved for their ministrations by cleanliness and decency” (104). The work the Board of Health was engaged in was not just about improving Londoners’ health; Dickens and his colleagues believed it was a necessary precursor to every social reform agenda.

Dickens’s confidence in the far-reaching power of sanitary reform was backed up by cutting-edge scientific theory in the mid-nineteenth century. Speaking in 1851, Dickens and his audience were in the height of a short-lived period between the 1820s and the 1870s in which a majority of educated citizens, physicians, and scientists believed the major diseases ravaging the rapidly urbanizing world were not contagious through person-to-person contact, but were born and bred in the filth largely generated in cities. This theory, dubbed anticontagionism by twentieth-century medical historian Erwin Ackerknecht, posited that diseases like yellow fever, typhus, typhoid, cholera, and the plague grew in filth, particularly in rotting human and animal corpses and decomposing plant life, which produced miasmas that could travel through the air, infecting people as far as the air could spread. Moreover, intricately connected with this theory of the spread of disease was the idea that filth and disease were the cause of poverty, social unrest, and human suffering, not the other way around. Eradicating filth was not only a public health concern but had vast moral resonance for believers in anticontagionism. This scientific theory was part of a political and social world-view in which most kinds of human suffering was preventable through sanitary measures.

My dissertation, “Anticontagionism and Social Reform in 19th-Century Transatlantic Literature”, explores the relationship between the theory of anticontagionism and the social role of the writer in England and America in the early and mid-nineteenth century. For

socially conscious writers like Dickens who so strongly believed in this popular theory, anticontagionism provided a framework through which to prevent and treat social problems as if they were epidemic diseases. Using the logic of anticontagionism, writers in my study present characters and settings rife with social or moral illnesses often considered too taboo to be treated in fiction and poetry. By presenting these social diseases as non-contagious side effects of an unhealthy environment, writers could discuss these taboo issues without fear of spreading immorality, sin, or violence through contact with their books.

Each chapter focuses on a particular author, Charles Dickens, Elizabeth Gaskell, Elizabeth Barrett Browning, Walt Whitman, and Harriet Jacobs, and a relevant text to explore how particular writers during this period were harnessing the logic of anticontagionism to explain both the cause and spread of literal diseases and how social problems operated in much the same way. In order to safely expose themselves and their readers to taboo social “diseases” like slavery, poverty, rape, war, illegitimate children, and homosexuality through their fiction and poetry, these writers map anticontagionist theory onto these metaphorical diseases. By comparing social problems to diseases, and subjecting them to anticontagionist logic, these writers suggest that mediated exposure to these taboo social problems through a book was not only safe, but could even be beneficial for their readers and for society at large. Moreover, some of these writers take the metaphor of the miasma further, suggesting the positive implications of an invisible force that connects people across social classes, races, genders, and political affiliations.

History of Anticontagionism

From the classical period through the eighteenth century, medical theory and practices in the western world generally stayed the same. Change was exceedingly slow and

had little major impact on the way medicine and healing was practiced (Wear 2). Particularly, the concept of contagion in the western world stayed static for thousands of years. Ancient Greek and Roman physicians and medical theorists Hippocrates and Galen theorized that epidemic diseases originated in an unhealthy environment and spread through the atmosphere rather than through contact with the sick (Baldwin 3). However, the Old Testament was a contagionist text, based on the long-held beliefs of the ancient Egyptians and Jews that many epidemic diseases were contagious through person-to-person contact (Ackerknecht 8; Baldwin 2). As more of the world converted to Christianity, they also adopted this old-testament belief in contagion. Intricately linked with a belief in contagious epidemics were the quarantine practices promoted by the Bible. In the middle ages, quarantining the sick was the major line of defense against epidemic disease outbreaks in the Christian world, though depending on the type of disease and how it was spread, these quarantines were not always effective. However, between the eighth and the fourteenth centuries, Europe was largely free of major epidemic disease outbreaks, perhaps explaining why this long-held theory was not updated or challenged for hundreds of years (Harrison 1).

By the fourteenth century, when the plague was ravaging much of Europe and Asia, most governments in Europe instituted quarantine procedures for people and goods suspected of carrying the disease. These quarantines were based on a universal, though basic, understanding of contagion – disease carried and spread by close contact with infected people and objects (Harrison 8). Much of the blame for the spread of disease was cast on foreigners and merchants (8-9). Though many highly educated physicians familiar with the work of Hippocrates and Galen were skeptical of the dominant contagion theory in the Middle Ages, by the seventeenth century, contagion theory was almost universally accepted

by medical practitioners of all kinds and levels of education, government officials, as well as by the general population (9-10). The theory of contagion remained almost universally accepted for close to two thousand years and only declined in popularity for a brief period during the early and mid-nineteenth century (Ackerknecht 8).

Because of its long history, the concept of contagion was considered wildly out of date by the early nineteenth century. When compared to enlightenment standards of scientific knowledge, contagion theory seemed to be based on superstition and religious faith rather than rigorous scientific proof (Ackerknecht 7). Though it remained universally understood that certain diseases (smallpox and syphilis most notably) were undoubtedly contagious through contact, a competing theory, dubbed anticontagionism in the twentieth century but also called miasma theory or non-contagionism, took hold between the 1820s and the 1860s in Europe and the United States (Baldwin 2; Ackerknecht). Based in part on updated concepts of Hippocrates and Galen, anticontagionism suggested that many major epidemic diseases (particularly yellow fever, cholera, plague, and typhus) were not spread by contact with the sick, but through the air, in invisible clouds called miasmas. Furthermore, it was theorized that these miasmas originated in filth, particularly rotting corpses and plant-life. Miasmas could be exacerbated and encouraged to grow and spread in warm, humid, and poorly ventilated environments. This concept was widely, though not universally, accepted across Europe and the United States by the mid-nineteenth century for complex scientific, social, and political reasons. Ackerknecht argues that the supremacy of Anticontagionism between 1821 and 1867 was not just a misstep on the way toward scientific progress, but a “deep crisis” and “downright a revolution” (Ackerknecht 8). It had profound effects on the development of modern health care, public health, the professionalization of nurses and

doctors, architectural reforms, sanitation standards and many other nineteenth-century reforms.

It can be difficult to see now why anticontagionism held such sway over the medical community during the nineteenth century. The spread of epidemic diseases like cholera and yellow fever through adjacent countries and connecting seaports seems obviously linked to contagion through direct contact with the sick. However, as Ackerknecht explains, medical practitioners with the most intimate knowledge of these diseases saw first hand how the “direct-contact” model could not fully explain the strange patterns these epidemics took (8). Outbreaks sometimes occurred seemingly out of nowhere, with no identifiable origin. Or diseases would promulgate powerfully in one area of a city without spreading beyond a certain border (8). Without an understanding of how germs spread through water, food, or human and animal carriers, the contemporary understanding of contagion in the early to mid-nineteenth century could not explain this phenomenon (8). Moreover, Ackerknecht explains, contagionism was an ancient theory that had never been tested by new scientific and rational inquiry (9). Anticontagionism was popular with prominent and cutting edge scientists and physicians who valued rational thinking and the scientific method, rejecting long held assumptions based on religion or superstition (9).

Additionally, contagionism and anticontagionism were not isolated scientific concepts but were deeply tied to the political and social world of the nineteenth century. In order to combat disease from a contagionist perspective, governments instituted quarantines of both people and goods, attempting to keep disease vectors away from the healthy population (Baldwin 4). Because they delayed and sometimes destroyed imported and exported goods, quarantine laws were reviled by a rapidly expanding merchant class and

associated with overreaching government authority (Ackerknecht 9). Quarantines often became symbols of growing government despotism, and many liberals opposed them as an extension of their opposition to tyrannical government control (9). Rejecting the tyranny of quarantines as the solution to epidemic disease, anticontagionists promoted prevention of the sources and breeding grounds of disease. These reformers focused on redesigning housing and neighborhoods, particularly in poorer sections of cities, to improve ventilation, reforming drainage systems and water sources to keep water and sewage from stagnating in the neighborhoods of the poor, providing nourishing food and warm clothing for the needy and encouraging them to reform their housekeeping and personal habits to promote better hygiene (Baldwin 4). These anticontagionist solutions appealed to reformers and social justice minded citizens. Rather than locking the poor and the sick away in quarantines, anticontagionism allowed reformers to address the problems of the poor and the sick directly and compassionately.

Likewise, though both contagionists and anticontagionists believed that certain predisposing factors (poor diet, stress, alcohol, excessive sex or masturbation, depression, etc.) would make one more susceptible to contracting diseases, anticontagionists were much more apt to encourage the population to fix these predisposing factors. Because contagionists's highest priority was to stop transmission of the disease by avoiding contact with its sufferers, the particular causes of the disease were not often addressed by contagionists. Anticontagionists, on the other hand, were most concerned with preventing the causes of diseases, both environmental and individual (Baldwin 5). Therefore, their tactics extended beyond architectural and infrastructural reforms to providing food and clothing to the poor, reforming the work-place, encouraging abstinence from sex, masturbation, and

alcohol, as well as encouraging better personal hygiene all in the name of maintaining broader public health.

It is important to note that though anticontagionism was a popular theory held by prominent physicians, scientists, public health officials, and many intellectuals throughout the early and mid-nineteenth century, the divide between contagionists and anticontagionists was not always clear-cut (Cooter 51). Though many consistently and emphatically believed in pure anticontagionism, the majority supported “contingent contagionism” which argued that there were multiple factors leading to epidemic diseases, including an unhealthy environment, predisposing personal factors, as well as close contact with the infected (Cooter 51). The debate over the cause and cure for epidemic disease was convoluted, and ideas of those engaged in the debate generally lay on a spectrum rather than at either of the two poles (51).

Anticontagionism emerged most prominently from the yellow fever epidemic of Philadelphia in 1793 (Ackerknecht 10). The anticontagionist concept that yellow fever was caused by the environment and climate was brought over to the United States from San Domingue by physician Rene La Roche, a refugee of the Haitian Revolution (10). While battling many yellow fever epidemics up and down the east coast of the United States in the eighteenth and early nineteenth century, many colonists and later Americans were strongly opposed to government instituted quarantines on the grounds that they represented overreaching government control that they were struggling to free themselves from (Harrison 52). For the American revolutionaries, opposition to quarantines went along with the fight for liberty. Founding Father and prominent Philadelphia physician Benjamin Rush was an early believer in anticontagionism, arguing not only that the yellow fever was not contagious in a

spacious, clean and well-ventilated environment, but that quarantines were fundamentally irreconcilable with liberty, the foundation of the young United States (Harrison 52).

As yellow fever continued to flare up in cities along the east coast of the United States in the 1790s, support for either contagion or anticontagionist theory was split along political lines (Harrison 53). Republican physicians like Rush widely supported environmental causes of the disease. They were hostile toward quarantine practices and generally dismissed the idea that yellow fever was imported with goods, slaves, and refugees from San Domingue after the slave revolution of 1793. On the other hand, Federalists doctors tended to support contagionist beliefs and practices (53). Quarantines and the idea of contagion were appealing in their suggestion that deadly diseases were not native to the environment and people of the United States. Contagion theory allowed cities ravaged by disease to place the blame on outsiders rather than the sanitary shortcomings of their cities and citizens (54). However, by 1799, the anticontagionist Philadelphia Academy of Medicine was established by Benjamin Rush and other prominent physicians and their influence was strong across the United States. Though quarantine measures remained an integral part of the United States government's prevention strategies for avoiding epidemic disease, the practice continued to be highly controversial for both scientific and political reasons (Harrison 55).

Anticontagionism began to gain traction in Europe a few years later than in the United States. When yellow fever and plague threatened the French military during the Napoleonic Wars, military physicians had a chance to study these relatively rare diseases and their relationship to climate and sanitary conditions for the first time (Ackerknecht 10; Harrison 58-9). Their research and observation led most of these doctors toward the opinion that plague and yellow fever were not separate diseases but simply different manifestations

of “epidemic fever,” brought on by unsanitary conditions and a warm and humid climate (Harrison 59). Many of these early European anticontagionists supported their new and controversial views by corresponding with American physicians like Rush and published their ideas in like-minded American newspapers (Harrison 59). Debate over the cause of epidemic disease and, particularly, the efficacy of quarantines to stop their spread, raged in the first two decades of the nineteenth century. As European merchants worked to reestablish trade after the Napoleonic Wars, merchant opposition to quarantines grew, supported by the work of physicians like former East India Company and British Army surgeon, Charles Maclean (Harrison 60). Both American and European anticontagionists railed against quarantine regulations during these years. However, governments were reluctant to give them up, even reinstating formerly abandoned quarantine procedures, as yellow fever and plague epidemics continued to emerge across the Caribbean and Mediterranean port cities (Harrison 63-4).

When cholera began to spread from the East across Europe in 1831-2, debate and confusion and doubt over its mode of transmission increased. British doctors in colonial India had experience with cholera, and largely believed it was caused by filth and climate. This experience led England toward an earlier adoption of anticontagionist policies than much of the rest of Europe (Baldwin 40). Because no one was sure exactly what caused and spread cholera, as the epidemic moved closer to England, public health officials across Europe issued both quarantine and sanitary measures, hoping to address all possible sources of the disease (Baldwin 40). European governments imposed stringent quarantines for both goods and travellers. However, cholera, a disease now known to be transmitted through waste-contaminated water and thus resistant to quarantines, continued to spread (Baldwin 41).

During this period, many confident anticontagionist physicians hoping to convince others of the non-contagious nature of cholera directly and repeatedly exposed themselves to the sick bodies of cholera sufferers and their excretions with no ill effects (Baldwin 70). These experiments in combination with the failure of quarantines to prevent the cholera epidemic from spreading across Europe led many to convert, at least partially, to belief in anticontagionism (Ackerknecht 12; Baldwin 73-5). After the 1830s cholera epidemic, quarantines were intermittently abolished and reinstated as medical and political opinions shifted across Europe for decades (Baldwin 75).

Between 1830 and the 1870s, British physicians, government officials, and the educated public widely embraced anticontagionism and sanitarianism (Baldwin 127). Starting with Charles Maclean's outspoken arguments in favor of sanitary solutions over quarantines to prevent epidemic disease, British medical discourse on the cause and solution to epidemic disease was dominated by a series of important anticontagionist physicians and public health officials (127). The three most important British figures were Charles Maclean, Thomas Southwood Smith, and Edwin Chadwick. Beginning in the 1840s, anticontagionism, though not universally accepted by British society and physicians, nonetheless dominated mainstream public discourse and government policy.

Charles Maclean was a surgeon and political radical. Early in his career, between 1790 and the early 1820s, Maclean worked as a surgeon for the British East India Company in the Caribbean and Calcutta and later for the Levant Company in the Mediterranean (Brown 520). As a result of his work in foreign climates known for frequent outbreaks of plague, yellow fever, and cholera, Maclean developed a life-long interest in the causes and cures of epidemic disease (521). Based on his own observation of the failure of quarantines

in India as well as Benjamin Rush's work on yellow fever in the United States, Maclean concluded that epidemic fevers were not contagious (521). In addition to lesser causes like damp air, individual predisposing factors like hunger and inadequate shelter or clothing, Maclean argued that the most important cause of epidemic fever was the climate (522). More than any particular climate, Maclean believed epidemics emerged as a direct result of any drastic change in season, usually during autumn and spring (522). By the 1810s, Maclean was thoroughly convinced of his assertions and spent the rest of his career presenting petitions to the British government in favor of more anticontagionist policies, prompting a parliamentary debate in 1824 over the use of quarantines which led to a bill drastically limiting quarantine measures in 1825 (524). Maclean's work was based both on his medical conviction that these diseases were not halted by quarantines and on his political principles, which saw quarantines as tyrannical, calling quarantines "little short of willful murder" (qtd in Brown 523). Maclean died sometime in late 1824 or early 1825, though his ideas were soon picked up and expanded by influential medical thinkers, most notably Thomas Southwood Smith.

Thomas Southwood Smith was a physician and Unitarian minister who served as the only trained medical practitioner on England's first General Board of Health in 1848 (Brown 518). He was a close friend and associate of Edwin Chadwick and wrote many influential articles, books, and pamphlets connecting epidemic disease in England to environmental factors, particularly filth (Brown 528). Basing his theories heavily on the work of Charles Maclean, as some have argued to the point of plagiarism, Southwood Smith expanded and revised Maclean's influential anticontagionist theories (Brown 525). However, Southwood Smith did not just plagiarize and repeat the ideas of Maclean. As Michael Brown explains in

his essay “From Foetid Air to Filth: the Cultural Transformation of British Epidemiological Thought,” Southwood Smith was primarily responsible for shifting the focus from climate to filth as the primary progenitor of epidemic disease (528).

The underlying philosophies that guided Southwood Smith’s medical and public health work were Utilitarianism and Unitarianism (Brown 529). Though he espoused some utilitarian beliefs and was associated with prominent utilitarians like Jeremy Bentham and Edwin Chadwick, Southwood Smith was much more influenced by his Unitarian religious faith (529). Believing God was ultimately compassionate and all people would be redeemed, he held that human suffering was not a punishment for the sinful, but was a problem devised by God to encourage those capable to help and heal the sick and needy (531). Moreover, because Southwood Smith believed that God was ultimately compassionate, he believed a complete cure for human suffering could be found through compassionate and diligent work (531). As Brown explains, Southwood Smith was primarily responsible for transforming Maclean’s fatalistic idea that a changing climate caused disease to the eminently fixable filth theory (531).

In his 1830 *Treatise on Fever*, Southwood Smith fully develops his influential anticontagionist ideas. Using his experience as the director of the London Fever Hospital starting in 1824, Southwood Smith goes over the wide-ranging ancient and contemporary theories of the origin and cure for fevers, the clinical presentation of various types of fevers, and his personal ideas of how specific fevers should be treated. Toward the end of the book, Southwood Smith outlines his theory of the causes of fevers (Southwood Smith 348). Breaking these causes into “exciting” and “predisposing” factors, Southwood Smith argues that rotting animal and vegetable matter and the air they emit are the primary exciting causes

of epidemic fever (Southwood Smith 349). With a nod to earlier anticontagionists like Maclean, Southwood Smith explains that certain climatic conditions, predominantly heat and humidity, are particularly conducive to the putrefaction necessary to incite these deadly “poisons,” called “miasmas” (349). However, it is the filth itself that is the source of disease, not the changing climate. To explain the variety of manifestations of epidemic fever, Southwood Smith explains that different types of putrefaction cause different types of fevers, more or less deadly, which he illustrates through case histories of various epidemics (360). He partially explains the appearance of contagious fevers by explaining that the air emitted by victims of fevers, both living and dead, is one category of rotting animal matter that causes fever (366).

In addition to the “exciting factors,” Southwood Smith outlines various “remote or predisposing factors” which make one more susceptible to an “exciting cause” (370). The most important predisposing factor is extended contact with an exciting cause, which, he explains, will wear down even the strongest constitution (370). However, Southwood Smith explains that in addition to extended exposure to an exciting cause of fever, any “depressing passion” including “the influence of cold, moisture, fatigue, intemperance, constipation, anxiety, fear” are “extremely powerful predisposing causes” (374). These predisposing causes “enable a less dose of the poison to produce fever, and they increase the intensity of the fever when it is established” (374).

Prominent social reformer Edwin Chadwick was heavily influenced by Southwood Smith’s anticontagionist and sanitary theories. As a lawyer, Chadwick had little background in medicine and relied heavily on the work of physicians and scientists from England and abroad in formulating his influential epidemiological theories (Brown 544). Chadwick spent

his career focusing on social reform, primarily concentrating on the problems he saw emerging in the poor neighborhoods in rapidly growing British cities (Susser and Stein). He was the author of the influential and controversial Poor Law reform in 1834, advocating for the use of workhouses for the poor (Susser and Stein). While working with the Poor Law commission, Chadwick began focusing his attention on the influence of health on poverty and social stability (Susser and Stein).

Though Chadwick and Southwood Smith shared many of the same scientific beliefs in miasma theory and anticontagionism, Chadwick's interest in public health emerged more from utilitarian philosophy than any religious or moral imperative. In Chadwick's *Report on an Inquiry into the Sanitary Condition of the Labouring Population of Great Britain of 1842*, he comes to the conclusion that disease and poor health cause poverty, which then leads to political and social instability (Susser and Stein). This went against a commonly held assumption that disease and social instability were the side effects of poverty. In Chadwick's overarching quest to quell instability, Chadwick contends that addressing and treating public health concerns would alleviate poverty, which would then lead to political stability. By 1842, Chadwick was the most important voice in public health and sanitary reform in England (Susser and Stein).

Like Southwood Smith, Chadwick fully embraced anticontagionism. Chadwick presented the case in the Sanitary Report that epidemic disease was caused by miasmas produced in filth, particularly rotting animal and vegetable materials, as well as poor ventilation, dampness, miasmas emerging from contaminated water, and the change of seasons (Chadwick 7). The solution, Chadwick argues, is better state-sponsored sanitation, clean drinking water (incapable of producing miasmas and also allowing for better domestic

and personal hygiene), as well as reforms in architecture that would allow for better ventilation and less crowded homes and businesses (Chadwick). Chadwick argues that investment in sanitary reforms would not only lead to a healthier population, but would lead to a poor population less inclined toward immorality, violence, and political uprising (Chadwick 129-133).

Both Southwood Smith's and Chadwick's epidemiological worldview was fundamentally tied to their overall philosophy that diseases were caused by disharmony in the environment (Baldwin 127). Their understanding of anticontagionism suggested that all disease was fundamentally preventable as it was always caused by preventable sanitary or hygienic problems (128). This view promoted prevention methods over a search for a cure for disease. Focusing on prevention over cure allowed Chadwick to argue against all use of quarantines, suggesting that proper sanitation and architectural reforms would prevent any potential imported diseases from spreading in Britain (128).

Importantly, though medical opinion was certainly not united under anticontagionism in England in the 1840s and 50s, the work Chadwick and Southwood Smith did with the British General Board of Health meant that their anticontagionist opinions had a huge influence on government policies and public opinion (129). Chadwick's *Report on the Sanitary Conditions of the Labouring Classes* was wildly popular with the general public, selling somewhere between ten thousand and a hundred thousand copies, depending on various estimates (Freedgood 43, 178). So while there was constant debate and disagreement over these issues, the work of Chadwick and Southwood Smith was well respected and government sanctioned, making their anticontagionist beliefs dominate the educated public discourse.

In the United States, Yellow Fever and Cholera were the two epidemic diseases with the biggest influence on medical opinion between the American Revolution and the Civil War (“Siting Epidemic Disease” S5). Yellow fever struck northern cities relentlessly between 1793 and 1806 (Duffy 52). But between the last yellow fever epidemic in 1806 and the cholera epidemic of 1832, the United States was mostly free of large-scale epidemics (53). During this period, many government-instituted quarantine and sanitary measures were dismantled or neglected (53). In the absence of a major outbreak of disease in cities across the United States, early city sponsored boards of health created to control the spread of yellow fever disintegrated or became impotent without public support (60).

In 1832, the cholera epidemic ravaging Europe hit the United States. This was followed by two more severe epidemic waves in 1849 and 1866 (*The Cholera Years* 4; Humphreys 847). Strict quarantine measures imposed against ports in Europe known to be fighting cholera outbreaks in 1831 and early 1832 failed to stop its spread across the Atlantic (*The Cholera Years*_14). Seeing how cholera (spread through waste-contaminated water) seemed to explode into certain, usually poor, neighborhoods out of nowhere, by 1832 most American physicians argued against contagion theory and the use of quarantines (75-6). Cholera was not as obviously contagious as small pox, a universally accepted contagious disease that the United States had finally gotten under control through widespread vaccination efforts in the early nineteenth century (77). As in England, anticontagionism was a theory held mostly by physicians and highly educated citizens; contagion theory was still widely believed by the general public, based mostly on traditional knowledge and superstition more than any scientific fact (81).

By the 1848 cholera outbreak, after another failed quarantine effort, anticontagionism held firm sway over medical opinion and sanitary measures were instituted as the best solution to the seemingly unstoppable cholera epidemic in the United States (104). At this point, medical consensus pointed American physicians toward the idea that cholera was “portable,” though not contagious, and caused by a combination of filth and climate, resulting in a kind of “fermentation” that generated the cholera miasma from the soil (*The Cholera Years* 165, 168, 172).

In spite of the consensus that cholera was caused by filth and poor ventilation, preventative public health measures were slow and ineffective in the United States; the general public was less interested in pushing for sanitary reform than their European counterparts (*The Cholera Years* 110-11). John Duffy hypothesizes that American public health reforms lagged behind European initiatives because the abolitionist movement absorbed most of the reformers between the 1830s and the 1860s (Duffy 67). During the height of the cholera epidemic, American city streets were not cleaned regularly, leaving dirt, garbage, human and animal waste in the streets for days or weeks at a time before street cleaners could be impelled to work (*The Cholera Years* 112). Burials were horrifically slow and inadequate; cholera victims in New York City were hastily piled into wide trenches swarming with rats just outside the city. Even those who could afford to be buried were stacked two or three deep in overcrowded churchyards. The putrid smell, commonly associated with poisonous miasma, filled the streets (113).

By the 1866 cholera epidemic, American medicine and government overwhelmingly understood that cholera was spread through water contaminated with human waste, a gradual conclusion based on John Snow’s 1854 maps of London’s cholera epidemics which very

clearly followed certain water lines (“Siting Epidemic Disease” S5; Whooley 7; Humphreys 852). Though, as Owen Whooley points out, Snow’s maps and Robert Koch’s 1883 discovery of the cholera microbe didn’t fully convince the medical establishment or the American (or British) public (Whooley 7; Humphreys 853). Physicians and scientists who had spent their entire careers working under anticontagionist assumptions were loath to convert to this new doctrine (*The Cholera Years* 196). Even converted and stalwart contagionists maintained some of the anticontagionist ideas of cholera transmission, following Bavarian scientist Max von Pettenkofer’s theory that in order to become transmissible, the cholera victim’s waste must first “ferment” in water and soil and produce a miasma which transmitted the disease (194). However, though many physicians had converted to contagionism by the mid 1860s, germ theory was still a fringe concept (199). Even after Koch’s discovery of the cholera microbe in 1883, miasma theory still held sway over some respected public health officials through the early twentieth century (Duffy 129; *The Cholera Years* 200).

The supremacy of anticontagionism in medical opinion between the 1820s and the 1860s in both England and American had profound and lasting side effects. Most notably, the rise of government-instituted public health and organized sanitation procedures was a direct result of the belief in atmospheric causes of disease rather than close contact with the sick (Hamlin 44). In their zeal to remove the origins of poisonous miasma -- garbage, dirt, stagnant and unclean water, as well as improperly buried human and animal remains -- early public health reformers focused on developing city-wide sanitation measures to deal with these sources of disease (Brown 516). Anticontagionist sanitary reformers were concerned with eliminating standing water in low-lying areas, improving ventilation in the

neighborhoods and homes of the poor, organizing better garbage pick-up and human waste removal, and providing clean water, all in the name of eliminating the origin of disease-causing miasmas (Duffy 68 -75). Graveyards were also a focus of sanitary reform (73). Church graveyards throughout the eighteenth century were unregulated, leading to overcrowding that produced disgusting and terrifying smells (74). Public health reformers pushed for changes that would force churches and potters fields to bury the dead deep enough and with enough space to properly decompose (74). These sanitation measures promoted by reformers like Chadwick were intended not only to prevent epidemic diseases from taking hold, but also to cure poverty and vice as well (Brown 517). Though the theory behind these sanitary reforms was wrong, they improved public health nonetheless. Better sanitation helped eliminate the germs, bacteria, and viruses actually responsible for spreading disease.

Modern nursing in the style of Florence Nightingale also owes much to anticontagionism. Because this theory suggested that moral and sanitary hygiene were key to preventing and curing epidemic disease, middle-class Victorian women were ideally suited to working with the sick. As Kristine Swenson explains in her book *Medical Women and Victorian Fiction*, the idea that filth and immorality caused disease “allowed reformers (and later, nurses), with their sense of moral superiority and domestic skills, to feel relatively immune from the diseases they fought among the working classes” (22). Anticontagionism gave fathers and husbands of these early nurses peace of mind; these “angels of the house” were safe from contracting disease on both moral and hygienic grounds. Moreover, the innate skills they were assumed to possess as middle-class women suggested they were the perfect antidotes to epidemic disease.

Florence Nightingale was inspired by the anticontagionist work of Chadwick and Southwood Smith. By 1845, at the age of 25, she secretly committed her life to nursing the sick in public hospitals (Gill 191). After training for almost ten years in foreign and domestic hospitals, Nightingale volunteered to lead a strictly curated group of middle class nurses to care for the sick and wounded of the Crimean War (315). Her work caring for the soldiers, overseeing her nurses and instituting architectural, sanitary, and infrastructural reforms in the war hospitals made her an international celebrity (326-332, 414). In 1860, she published a “textbook” for home nurses, *Notes on Nursing*, based heavily on anticontagionism that was a huge bestseller in both England and America (Freedgood 43). Chapter titles include “Ventilation and Warming,” “Health of Houses,” “Light,” “Cleanliness of Rooms and Walls,” and “Personal Cleanliness,” all focusing on removing miasma-causing filth, improving ventilation, and avoiding inciting any “predisposing causes” through unnecessary annoyance by the nurse (Nightingale). In England, the book sold fifteen thousand copies in a month, was reprinted three times and in three different editions (Freedgood 178). The sales figures in the U.S. are less clear, but the first American Publisher, Appleton and Co., explains that the book was extremely popular in the U.S. and “went through twenty-four editions and innumerable reprintings between 1859 and 1940” (Wolfe 90).

Nightingale was famously and vehemently anticontagionist for most of her career, though, contrary to popular belief, she did reluctantly accept germ theory when the evidence became too strong to ignore (Bostridge 335; McDonald 20-1). Germ theory gained believers slowly after a series of scientific discoveries. First, John Snow’s 1854 cholera maps suggested that the disease was spreading through contaminated water (*The Cholera Years* 193). Then, in 1865, Joseph Lister began to connect Louis Pasteur’s pioneering discoveries

of germs in silkworms and winestock to human diseases, particularly gangrene (McDonald 13). After Robert Koch's discovery of anthrax in 1877 and his highly influential paper "The Etiology of Traumatic Infectious Diseases" in 1879, most medical professionals were fully convinced of the presence of germs and the reality of contagion in epidemic diseases (McDonald 14). There is evidence to suggest Nightingale was beginning to accept the existence of germs in the late 1870s, though she did not fully endorse germ theory until 1885 (Bostridge 335; McDonald 13). Even after she had accepted the existence of germs, she remained concerned with the effect this new theory would have on the sanitary measures she fought to institute throughout her career and continued to fight for in her written work up until her death (Bostridge 335).

Anticontagionism was a theory of disease that was profoundly compatible with social reform. It allowed men and women to care directly for the sick without fear of contracting the disease, it proposed a permanent and complete solution to epidemic disease in the form of strict sanitation and hygienic guidelines, and it suggested that the problems of the poor were the problems of the whole population—addressing the causes of disease in poor neighborhoods would result in a healthier overall population. This dissertation argues that novelists and poets with broader social reform projects in mind were adapting the ideas promoted by anticontagionists to understand and treat social problems through fiction and poetry. Fighting against the assumption that social "diseases" like poverty, unwed motherhood, theft, violence, and slavery were contagious, the writers in this study used anticontagionism to suggest that reading about taboo topics would not result in spreading these "diseases." Rather, they indicate, these problems were environmental, and learning

about the conditions through which they emerge, like the miasma-generating filth of the slums, was essential to the process of reform. Furthermore, the concept of miasma had positive implications, suggesting that disparate and divided communities were deeply and profoundly connected just by the air they breathed.

My first chapter, “‘Fevers of the Mind’: Healing Through Reading in *Martin Chuzzlewit*” argues that Dickens’s *Martin Chuzzlewit* (1844) creates a world in which reading and writing operate like nursing an anticontagionist disease. The novel describes diseases that are clearly anticontagionist in nature. Then, in describing how the diseased are cared for, readers witness how the process of nursing the sick is not only safe, but is deeply beneficial to the right kind of person. From there, I argue that, like nursing which requires careful surveillance and care of the sick leading to moral reform in the right kind of nurse, reading and writing about the suffering of others has a similar effect on the right kind of reader and writer. Careful, compassionate reading and writing about suffering has the potential to catalyze widespread positive moral change.

My second chapter, “Facing the Monster: Turning Sin from Contagious Disease to Conquerable Foe in Elizabeth Gaskell’s *Ruth*,” explores how Elizabeth Gaskell aligned the sins of a fallen woman, Ruth, with anticontagionist disease. In her attempt to promote knowledge of and compassion for the plight of the fallen woman, Gaskell also attempted to prove to her readers and critics that exposure to Ruth and her story would not cause the spread of moral disease. In order to accomplish this, Gaskell showed how Ruth’s sin was analogous to the typhus epidemic that Ruth nurses her community through – neither is contagious if approached without fear and in the right environment.

In my third chapter, “‘The World Waits for Help’: Healing the Body (Politic) through Poetry in *Aurora Leigh*,” I analyze Elizabeth Barrett Browning’s best-selling epic poem *Aurora Leigh* (1856) and continue my argument that social problems, in this case poverty and rape, function much like literal anticontagionist diseases in her text. In *Aurora Leigh* contact with social problems does not perpetuate more sin and suffering but heals and educates and is thus vital to useful reform. Moreover, within the poem, Barrett Browning positions herself as a poet as a kind of nurse figure to these social diseases. Arguing against the current led by Florence Nightingale and her supporters that nursing was the most useful way for intelligent women to direct their unused energies and talents, *Aurora Leigh* contends that women are better off and will be more effective as artists and poets than nurses in combatting the social problems facing her society.

In my fourth chapter, “Such sweet things out of such corruption”: Healing Cultural Miasma in Walt Whitman’s Poetry,” I contend that Walt Whitman harnessed the positive possibilities of the concept of the miasma to develop his poetic persona. Whitman is known for insisting that his physical body could travel and connect with people throughout the country through the pages of his book. Critics generally read this assertion as creative fantasy, incompatible with Whitman’s usual scientific precision. However, using miasma theory, which posits that diseases can be spread invisibly and over long distances, I argue that Whitman presents an analogous method for ideas and people to spread their message and their physical presence through the air. Rather than pure fantasy, Whitman’s idea of a miasmatic poetic persona was based on cutting edge scientific theories of his time.

My final chapter, “‘The Veil Withdrawn’: Condemning the Sins Not the Slaves in Harriet Jacobs’s *Incidents in the Life of a Slave Girl*,” argues that Harriet Jacobs dealt with

the problem of her sexual history in *Incidents* (1860) by insisting that her extramarital sexual experiences were a side-effect of the corrupted atmosphere of the slave system. Like an anticontagionist disease, this meant that her sin was not contagious through contact with her or her story. Furthermore, by aligning the sins of slavery with anticontagionist diseases, Jacobs insists that her northern readers are not protected by being far away from slave society: miasmas can travel. They have both a moral duty to help the enslaved and formerly enslaved escape their corrupted environment as well as a personal stake in combating a travelling source of sin in the slave-holding south.

Just like the anticontagionists who debated throughout the middle of the nineteenth century with the contagionists over sanitary reform and the efficacy of quarantines, writers like Dickens, Gaskell, Barrett Browning, Whitman, and Jacobs had to convince their readers that the social diseases they described were not contagious, that reading about them would spread only understanding and compassion, not further sin and violence, and that the solution to these problems was systemic change rather than banishment of individual transgressors. Anticontagionism was a powerful and optimistic worldview through which these writers were able to see the causes and solutions to all kinds of problems facing their world, one that allowed them to care for the suffering, spread their stories without fear of contagion, and envision powerful, real world connections between all people.

Chapter One:

“Fevers of the mind”: Healing Through Reading in *Martin Chuzzlewit*

Charles Dickens’s novel *The Life and Adventures of Martin Chuzzlewit* (1843 – 1844) is deeply invested in examining and critiquing contemporary the contemporary medical system, the causes of disease, their modes of treatment as well as their relationship to literature and broader social problems of the day. The novel begins when elderly Martin Chuzzlewit Sr.’s brief illness forces him and his nurse, Mary Graham, to stop in the “little Wiltshire village” where he first meets Mr. Pecksniff, his grandson Martin Chuzzlewit Jr.’s tutor and boss, and sets off the community’s desperate scrambling for a place in Martin Sr.’s substantial will. Martin Jr. is disinherited by his grandfather, Martin Chuzzlewit Sr., after falling in love with Mary Graham and is forced to try to make his own fortune in order to marry her. He tries and fails to find his fortune on the American frontier with his business partner and servant, Mark Tapley. He and Mark are scammed out of all of their money and nearly die of malaria in the desolate and disease-ridden American frontier town of Eden. Martin and Mark eventually recover and return to England, where Martin reconciles with his grandfather, is reinstated in his will, and marries Mary.

Illness and medicine play pivotal roles in the plot of *Martin Chuzzlewit*. Mary Graham served as Martin Sr.’s most trusted nurse and companion throughout her childhood, growing up and falling in love with Martin Jr. in the process. Martin Jr. and Mark Tapley’s

illnesses during their disastrous journey to the United States catalyze young Martin's recognition of his own selfishness, which begins his process of growth and change into a better man, worthy of Mary's love. The feverish ramblings of Mr. Lewsome provoke suspicion and provide evidence against Jonas Chuzzlewit for the murder of Montague Tigg (or Tigg Montague). Finally, one of the more memorable nurses in fiction was born in this novel: Sarah Gamp, the dirty, drunken, lying, scheming lower-class nurse who is hired to care for various characters throughout the novel, and, according to some historians, set off major nursing and health care reforms in the mid nineteenth-century (Lowe 121).

The medical profession was in a state of crisis and flux in the 1840s. Physicians and scientists were in the midst of a massive debate over how and by whom medical care should be given (midwives or doctors, family members or professionals, men or women), as well what the origin, means of transmission, and ideal treatments were for the diseases ravaging rapidly urbanizing populations in England and abroad. Through *Martin Chuzzlewit*, Dickens enters into this debate, firmly siding with the popular anticontagionist theorists. Dickens created a fictional world in which miasmas emerging from an unsanitary environment, rather than person-to-person contact, caused disease. Within this environment, Dickens suggests that nursing the ill is not only safe, but is physically, psychologically and morally beneficial. Moreover, the narrative itself functions as a sick patient and we, the reader, share with the narrator the nurse-like responsibility of watching over our patient. Through the process of reading and writing a story of other people's struggles, like watching over a sick patient, Dickens hopes that readers will be transformed and moved to consider our own selfishness, greed, cruelty or weakness.

Sarah Gamp is one of Dickens's most infamous fictional characters. As Dickens intended, she exemplifies many of the problems with the contemporary medical system. She is "a fat old woman," covered in snuff and "smell[ing] of spirits," callous, and motivated by money rather than care for her patients (306-7). She is not only a midwife and domiciliary nurse, but she also attends to patients after they have died, attending "a laying-in or a laying-out with equal zest and relish" (307). Gamp profits awkwardly from birth, sickness, and death, making her motivation to care for her sick patients seem suspect and disturbing throughout the novel. Dickens claims that he created Gamp and her equally horrifying nurse colleague, Betsy Prig, with reform in mind. Dickens ends his preface to the 1868 edition of *Martin Chuzzlewit* defending Gamp against criticism that his characters are exaggerations. Though he concedes that Mr. Pecksniff is exaggerated and unrealistic, and that his depiction of America is "of a ludicrous side, *only*, of the American character," he makes no such concessions for Sarah Gamp and Betsy Prig. Moreover, he explains that these characters were meant to shed light on the state of health care at the time:

In all my writings I hope I have taken every available opportunity of showing the want of sanitary improvements in the neglected dwellings of the poor. Mrs. Sarah Gamp was, four-and-twenty years ago, a fair representation of the hired attendant on the poor in sickness. The hospitals of London were, in many respects, noble Institutions; in others, very defective. I think it is not the least among the instances of their mismanagement, that Mrs. Betsey Prig was a fair specimen of a hospital nurse; and that the Hospitals, with their means and funds, should have left it to private humanity and enterprise, to enter on an attempt to improve that class of persons—since, greatly improved through the agency of good women (qtd in Lowe 122).

Here Dickens states clearly that Sarah Gamp and Betsy Prig were intended to be portraits of the disturbing actualities of the medical system of 1842-43, with the hope of spurring his readers, both “private humanity and enterprise,” as well as the hospitals themselves, toward reform.

By 1868 when this preface was published, the medical profession, and particularly nursing, had been drastically transformed by the work of reformers like Florence Nightingale. In early nineteenth-century England, nursing was not a well-defined, organized profession. What constituted a nurse’s role was undefined and sociologists and historians still debate whether or not it can be considered an actual profession before the mid-nineteenth century (Dingwall et al. 4). The work we associate with modern nurses was split by family members, female paid “private nurses” and “handywomen,” and male “medical attendants” usually employed by early hospitals and called apothecaries, dressers, residents, and junior clerks (Dingwall et al. 7). Moreover, like Sarah Gamp, anyone could call herself a nurse and market a variety of loosely related services including care for the sick, general housekeeping, midwifery, and preparation of the dead for burial. The line between domestic servant and nurse as we know it today was not so clear (17).

The first major wave of dissatisfaction with the quality of nursing care, as it was known, and calls for reform came in the 1830s (19). As medicine in general became more institutionalized and associated with new science and research rather than ancient tradition, demand for formally trained and licensed nurses increased (22). Starting in the 1830s, hospitals began attempting to train and recruit nurses in a more systematic way (23). In the 1840s, Protestant sisters of charity groups, inspired by Catholic sisterhoods dedicated to caring for the sick and the poor, were established and provided a model for the future of

modern nursing (27-29). Florence Nightingale herself was heavily influenced by her visits to a catholic hospital in Kaiserwerth, Germany in the early 1850s and based many of her ideas for nursing reform in England on the model of hospital and home-based, nursing she saw at Kaiserwerth (28). By 1860, with the establishment of the Nightingale School at St. Thomas's Hospital in London, nurses were expected to have medical training and to adhere to strict codes of regulating their dress, conduct, eating, washing, and religious devotion (51). As Dingwall et al. explain in their *Introduction to the Social History of Nursing*, though, these changes were gradual and ongoing throughout the mid-Victorian period.

Dickens's Nurse Gamp proved to be a memorable character with a long afterlife that many credit with providing an example of the disturbing state of nursing in the early nineteenth century, perhaps even catalyzing some major nursing reforms. She is used often (including by Dingwall et al.) as a negative example of the "private nurses" and "handywomen" who cared for the sick in the early nineteenth century. In the first place, her image and name were so recognizable that she inspired popular spin-off plays (*Mrs. Sarah Gamp's Tea and Turn Out* (1846) and new vocabulary words: "Gamp" entered the language to signify both midwife and a large, dirty cotton umbrella, like the one Gamp carries in the novel (OED) However, her real legacy was the example she gave of the state of nursing care in the mid-nineteenth century. In 1853, *The Lancet* published an argument against a proposed system of regulating and licensing midwives by the Royal College of Surgeons, using Mrs. Gamp as a prime example of the type of unqualified and dangerous practitioner that could be licensed under the proposed rules. She is described dismissively as a member of the "snuffy sisterhood," and the author reacts with horror at the prospect of women beginning "to take out tickets in anatomy and attendance at the hospitals" ("The New Midwifery..." 157).

“Ambitious ladies” like the vile Sarah Gamp, would surely be attracted by this certificate and would start an unstoppable and disastrous change in the medical system. Another *Lancet* writer, also in 1853, used Sarah Gamp and fellow nurse, Betsy Prig, as examples of “the lowest class in the profession” (“County Medical Meetings 665). Moreover, when Florence Nightingale came on the scene, Gamp was used as a striking contrast to the refined, educated, intelligent and devoted Nightingale. In a tribute to Nightingale published in *The Bristol Mercury* in 1855, the writer wonders if “the sick, the fevered, the wounded be rescued from hands like [Betsy Prig and Sarah Gamp] and placed in the charge of gentle feminine nurses such as Florence Nightingale” (“A National Tribute”). Finally, Gamp was used by a “fellow of the Royal College of Physicians” in his letter to the Editor of the *London Times* as a “representative of a large class, many of whom may be found sleeping and snoring in the wards of our hospitals” (A Fellow... 8). Gamp was a prominent lightning rod for criticism of the current state of the medical profession, particularly paid nurses.

As Dickens implies in his 1868 preface, a debate over Sarah Gamp’s accuracy as a representation of the nursing profession began in the 1840s and continues today. Anne Summers picked up this debate in 1989, arguing that Gamp was not an accurate representation of the independent female medical practitioners of the 1840s and 1850s. Rather, her depiction and the cultural backlash against nurses perceived to be like her resulted from the work of male medical professionals, religious reformers, and those looking for respectable work for middle-class women who hoped to discredit independent, untrained nurses in order to bolster their own professional and/or reform agendas (Summers 365). Carol Helmstadter, working from Summer’s article, a 1980 article on Gamp and Nightingale by Katherine Williams, and some work on the social history of medicine, took a “Third Look

at Sarah Gamp” in her 2013 article, arguing throughout that Gamp was actually, despite “revisionist history” claiming the contrary, an accurate representation of nurses at the time *Martin Chuzzlewit* was published. Helmstadter traces the impact that Sarah Gamp has had on public health thinkers in two centuries. “Almost as soon as the novel was published,” Helmstadter explains, “Sarah Gamp became an icon for the worst of the old untrained hospital nurses although, ironically she never worked in a hospital” (Helmstadter 142). This article illustrates the continuing debate over Gamp’s authenticity up until the present day. Whether or not Sarah Gamp is an accurate representation of the hospital and/or domiciliary nurses of 1843-44, the character certainly tapped into the fears of Dickens’s contemporaries about the quality of medical care available at the time.

Beginning early in his career, Dickens was a prominent supporter of public health and sanitary reform in England. Dickens regularly read *The Lancet*, a popular medical journal, and he used his platform as editor of *All the Year Round* and *Household Words* to publish a series of editorials and articles calling for public health and sanitary reforms throughout the 1850s (Lowe 116; Markel 408). Additionally, according to Howard Markel, Dickens was a patron and strong supporter of the Children’s Hospital on Great Ormond Street in London, helping the hospital to raise over three thousand pounds (Markel 408). He had a particular interest in pediatrics, and was one of a few who argued strongly that it should be its own discipline separate from adult medicine (Lowe 116). Dickens’s interest in public health and medicine was well informed and opinionated during a time when many aspects of medical care and theory were up for debate.

Dickens’s medical philosophy was surely influenced by his friendship with Thomas Southwood Smith, one of the most outspoken anticontagionists of Victorian England. They

met around 1840, just a few years before Dickens began to write *Martin Chuzzlewit*, and it was around this time that Dickens began to recognize the significance of the burgeoning sanitary reform movement (Litsios 189). Southwood Smith, as outlined in the introduction, was an early believer in and promoter of anticontagionism, using his theories of disease transmission to promote sanitary and architectural reforms throughout England. Dickens's relationship with Southwood Smith led him to visit and work toward sanitary reforms in working class London neighborhoods. Dickens served as Vice President on the committee for the Sanatorium of Devonshire Place House, a nursing home and hospital designed for the middle classes and founded by Southwood Smith in 1842 (*Letters Vol 3 5*; Markel 408). Additionally, Dickens was clearly a close reader of Southwood Smith's work, as Markel explains that some passages describing poor neighborhoods in *Oliver Twist* and *Bleak House* are copied almost directly from Southwood Smith's 1838 and 1839 reports made to the Poor Law Commission of England (Markel 408).

Thomas Southwood Smith believed that epidemic disease was caused by both physical and moral impurities. As both a licensed physician and ordained Unitarian minister, Southwood Smith's medical practice and reform projects had a strong moral and religious tone (Halliday 112). He expressed his belief in moral causes of physical illnesses in work he published immediately upon becoming a licensed Physician in 1816: *Illustrations of the Divine Government, Tending to Show that Everything is under the Direction of Infinite Wisdom and Goodness and will Terminate in the Production of Universal Purity and Happiness* (Halliday 112). This early publication shows Southwood Smith's belief that God must be ultimately responsible for all epidemics, even those that seemed completely random. Southwood Smith continued to explore the causes of disease and epidemics in his 1830 *A*

Treatise on Fever in which he suggests, before this was a widely held belief, that unsanitary living conditions are the cause of epidemic disease (113). Moreover, according to Southwood Smith, because airborne miasmas spread disease, they cannot be contained; all classes are in danger of being infected even if the epidemic originated in a poor, unsanitary neighborhood. These theories led Southwood Smith to dedicate his career to sanitary and general social reform and helped convince the middle and upper classes that they had not only a moral stake in the condition of the poor but a personal one as well.

Dickens was also close reader and critic of the other major pioneering public health reformer and anticontagionist thinker in Victorian England, Edwin Chadwick. Though Dickens “differ[ed] with him, to the death, on his crack topic, the new Poor Law,” Dickens enthusiastically agreed with his 1842 *Report on the Sanitary Condition of the Labouring Population*, as expressed in a letter to Dickens’s brother-in-law, Henry Austin, an architect and engineer who worked with Chadwick (*Letters Vol. 3* 330; Litsios 189). In the report, Chadwick comes to a few major conclusions, heavily influenced by the work of Southwood Smith (Litsios 187). The first is that diseases of the labouring classes, “endemic and epidemic,” are caused by disease-causing miasmas or “atmospheric impurities produced by decomposing animal and vegetable substances, by damp and filth, and close and overcrowded dwellings” (Chadwick). Secondly, Chadwick concludes that proper drainage, clean homes, streets and water, and better ventilation will stop current outbreaks of disease and prevent future attacks. Finally, he argues, from a utilitarian perspective, that the diseases of the laboring classes have a serious moral and economic impact on society at large, therefore justifying the expense of instituting the broad sanitary reforms he suggests (Chadwick). At Chadwick’s request Dickens read the report, sent to him in 1842, “with great

interest and attention” (*Letters Vol. 3* 330-31). Chadwick knew that Dickens was in the middle of writing *American Notes*, his reflections on his travels through North America, and hoped that Dickens would promote the idea that improper sanitary conditions were the cause of fevers in America as well as in England (330). Dickens explained to his brother-in-law, Austin, that he “had been turning [his] thoughts to this very item in the condition of American towns, and have put their present defects strongly before the American people” (330-31). Indeed, in *American Notes*, Dickens did press American authorities to use Chadwick’s *Report* to reform “the system of ventilation, and drainage” and to remove “impurities” causing disease (qtd in *Letters Vol. 3* 331).

Though the years Dickens wrote *Martin Chuzzlewit* marked the beginning of his engagement with the sanitarians and anticontagionist theory, the novel reflects their influence strongly. Following the arguments of anticontagionists like Southwood Smith and Chadwick, the fever Martin Jr. and Mark Tapley both catch in Eden is very clearly caused by “atmospheric impurities,” or anticontagionist miasmas, emerging from unsanitary conditions and a hostile climate. As Socrates Litsios points out briefly in “Charles Dickens and the Movement for Sanitary Reform,” Eden, the swampy site of Martin Jr. and Mark Tapley’s failed American Architecture and Surveying business, is rife with the kinds of “atmospheric impurities” that Chadwick describes. In Eden’s case, the miasma emerges from what Chadwick describes as “decomposing... vegetable substances” (Chadwick). Litsios quotes a passage from *Martin Chuzzlewit* that describes a marsh in which “from its decomposing ashes vile and ugly things might rise,” trees “begotten of the slime,” and “where fatal maladies, seeking whom they might infect, came forth at night in misty shapes, and creeping out upon the water, hunted them like specters until day; where even the blessed sun, shining

down on festering elements of corruption and disease, became a horror” (*Martin Chuzzlewit* 366; qtd in Litsios 190). Though Litsios does not analyze this passage, it is clear that Dickens is developing a landscape in which heat, decomposing plants, slime, and dampness breed and spread “fatal maladies,” just as Chadwick argues in his report. The night air, Mark and Martin Jr.’s neighbor tells them, is “deadly poison” (367). Later, the narrator explains that, in Eden, “Rain, heat, foul slime, and noxious vapour, with all the ills and filthy things they bred, prevailed. The earth, the air, the vegetation, and the water that they drank, all teemed with deadly properties” (512). Airborne and malicious, the “pestilent climate” can “hunt” them down like prey as long as they remain in a dangerous landscape of heat, filth, and decomposing matter (*Martin Chuzzlewit* 369, 366). The “corrupt[ed]” landscape and squalid living conditions eventually catch up with Martin Jr. and Mark Tapley when they alternate succumbing to the fever that had already killed or driven away most of the other residents of the ironically named Eden.

Within the logic of anticontagionism, the moisture and heat of Eden, surrounded by “the festering elements of corruption” create an environment that will inevitably produce fever-generating “poison,” much like the miasmas described by Thomas Southwood Smith in his 1830 *Treatise on Fever*. Southwood Smith says that “We know that, under certain circumstances, vegetable and animal substances will putrefy: we know that a poison capable of producing fever will result from this putrefactive process, and we know nothing more” (349). In addition to the “foul slime” that pervades Eden’s swampy landscape, the huts and cabins of its residents are teeming with rotting material (512). Mark’s friends and neighbors have pigs and toads living in their cabins and a “crop of vegetable rottenness in every crevice of the hut” (498). Clearly, we have the first ingredient, rotting animal and vegetable matter,

to create the “febrile poison” theorized by Smith and picked up on twelve years later by Chadwick. Southwood Smith also explains that a warm, moist environment like Eden’s will exacerbate the growth of the “febrile poison” generated in putrefying animal or vegetable material: “In every situation in which circumstances concur to produce great moisture, while the heat is maintained with some steadiness within a certain range, there the febrile poison is invariably generated in large quantity, and in great potency” (Southwood Smith 349-50). This corresponds to Eden’s “rain, heat, foul slime, and noxious vapour” and the “ills and filthy things they bred” (512). Eden combines all of the most dangerous physical properties suggested by Southwood Smith and Chadwick – heat, excessive moisture, filth – in particular, decomposing corpses, vegetation and waste – to create an environment most suited to breeding and spreading disease.

Mark and Martin Jr. both eventually contract the fever that killed most residents of Eden. Though the “rain, heat, foul slime, and noxious vapour” of the swamps and filthy huts are clearly the origin of the disease in Eden, residents are more or less likely to contract or withstand the infection depending on their state of mind. Mark Tapley’s perpetually “jolly” nature protects him for a time against the “pestilent climate” of Eden. When Martin’s already bad attitude gets even worse immediately after they arrive in Eden and see what they have wasted all their money on, Mark fears that Martin’s bleak state of mind will make him more susceptible to disease. As they both lie awake on their first night in Eden silently worrying about “their dreary situation,” Mark realizes that “if he began to brood over their miseries instead of trying to make head against them there could be little doubt that such a state of mind would powerfully assist the influence of the pestilent climate” (369). And Mark is right.

The next morning the jolly and resourceful Mark is still healthy, while gloomy and pessimistic Martin Jr. has become ill.

Southwood Smith argued in his *Treatise on Fever* that there are “predisposing causes” of fever such as Martin Jr.’s depression, beyond the “immediate” or environmental causes. He suggests that “Whatever diminishes the vigorous action of the organs, impairs their functions, and so weakens the general strength of the system, is capable of becoming a predisposing cause of fever” (Smith 369). More specifically, Southwood Smith says, “the influence of cold, moisture, fatigue, intemperance, constipation, anxiety, fear, and all the depressing passions, are likewise extremely powerful predisposing causes. They enable a less dose of the poison to produce fever, and they increase the intensity of the fever when it is established” (386).

According to Southwood Smith’s logic, Mark’s actions and attitude that first night in Eden protect him from the fever. He got out of bed early and “refreshed himself washing in the river,” perhaps improving the “vigorous action of [his] organs” in the words of Southwood Smith (*Martin Chuzzlewit* 369). Later, Mark walks through the settlement, finds men eager for work and enlists them to bring their luggage up to their new home (370). He sets about cleaning and arranging their desolate cabin as best he can, replacing the missing door with one taken from one of the abandoned cottages, bringing in a “rude bench,” using a “cask of flour” as a side table and a chest as a dining table (370). Despite the dismal prospects of their new home, Mark stays active, optimistic and resourceful, while Martin Jr. gives up, succumbing to “anxiety, fear, and all the depressing passions,” which leads to his immediate infection with fever. Mark does not escape forever, however. He is exposed to what Southwood Smith judges to be “the most powerful... predisposing cause” of fever: “the

continued presence and the slow operation of the immediate and exciting cause” or the miasmas of Eden (382). In other words, though Mark is healthy and naturally predisposed to resisting the commonly fatal Eden fever, he eventually falls victim to it after too much time in Eden.

Dickens takes Southwood Smith’s psychological predisposing causes of fever a step further, insinuating that fever can have a purely psychological origin without the “exciting causes” Southwood Smith describes. Lewsome, a doctor who provided the poison Jonas Chuzzlewit intends to kill his father with, is stricken with a life-threatening fever as a result of his guilt. “There’s fevers of the mind,” Mrs. Gamp says in reference to her patient, Lewsome, “as well as body. You may take your slime drafts till you flies into the air with efferwescence; but you won’t cure that” (449). While Gamp is not always the most reliable character, in this case she seems to be right. Lewsome’s fever is not caused by anything external, and therefore cannot be cured by any “slime drafts” or physical remedies. The trustworthy John Westlock agrees, “as the medical gentleman says, the fever must take its course, and nothing can be done just now beyond giving him his drinks regularly and having him carefully attended to” (398). Medicine is not much use in a fever caused solely by guilt and shame. In fact, the most valuable medicine throughout *Martin Chuzzlewit* is always careful and attentive nursing.

Because effective sanitation and physical and psychological comfort were considered the most effective treatments by the medical professionals and public health officials Dickens trusted, he makes it clear in *Martin Chuzzlewit* that professional doctors and nurses in 1842 were useless, or worse than useless, in the treatment of life-threatening diseases. Lewsome, a doctor, is the indirect cause of Anthony Chuzzlewit’s death by the poison he provided Jonas.

When Lewsome's own doctor visited him during his fever, he only "shook his head. It was all he could do, under the circumstances, and he did it well" (404). The medical knowledge of professional doctors and nurses in the novel is at best useless, and at worst, life threatening. Mrs. Gamp and Mrs. Prig, two professional nurses who care for various patients throughout the novel are more concerned with what they will be eating and drinking and their own physical comfort than the comfort and recovery of their patients (452). In fact, Mrs. Gamp and Mrs. Prig both profit directly and unabashedly from both the sickness and death of their patients, as Gamp makes money preparing bodies for burial and is in a mutually beneficial relationship with the undertaker. While leaving their shared patient, Lewsome, Gamp wishes Prig "lots of sickness, my darlin creetur, . . . and good places. It won't be long, I hope, afore we works together, off and on, again, Betsey; and may our next meetin' be at a large family's, where they all takes it reg'lar, one from another, turn and turn about, and has it business like" (454). These two nurses, rather than hoping for their patient's health and recovery, benefit from continued sickness or death. For all of Mrs. Gamp's experience and professional connections, she engages with her patients in profoundly disturbing ways, showing little care whether they live or die, only concerned with how much money they will bring her. Illness in this novel is a process that needs to "take its course;" it does not need much, if any, trained medical intervention.

Though he himself was a trained physician, Southwood Smith expresses a similar belief that medicine had little use in the treatment of fevers, claiming that:

it is in vain to hope to terminate fever by a stroke of art. The pursuit of a remedy, so long and so earnestly sought, endowed with the power of cutting short the disease, is to the physician what the search after the philosopher's stone was to the alchemist,

with this difference, that the alchemist, engaged in a vain pursuit, lost only his time and labour; but the physician, engaged in a pursuit equally hopeless, will often, in addition, lose his patient (Smith 389).

Southwood Smith aligns pharmaceutical “remedies” with quack medicine and superstitious pseudoscience, akin to “the search after the philosopher’s stone” and alchemy. Dickens’s medical practitioners illustrate Southwood Smith’s point: that at best their efforts are a waste of “time and labour” and at worst, fatal for their patient. Southwood Smith goes on to explain that most fever “requires little or no treatment” (390). Rather, he suggests that anyone can provide what is most needed: “confinement to the bed, the abstraction of stimuli; fever diet; [and] a calomel purgative at night... followed in the morning with half an ounce of castor oil” (390). When a fever has progressed beyond “its mildest form,” Southwood Smith does recommend bleeding by a physician, the best of whom, Southwood Smith contends, are those who have the judgment to know just the right amount of bleeding. Beyond this, Southwood Smith recommends “cold sponging, if the skin be hot; acidulated drink, if there be thirst; perfect quiet, a dark room, a silent nurse, affording prompt attendance, with a noiseless step, a cheerful countenance, and no words—this, together with three tea-cups full of thin arrow-root or gruel... comprises all else that will be required, or that will be useful, until the period of convalescence” (399). Here, in 1830, Thomas Southwood Smith is already establishing the importance of intuitive, attentive, and unobtrusive nursing in treating diseases that are miasmatic in origin, as well as diminishing the importance and relevance of the trained physician or nurse.

Chadwick, too, agreed that the solution to epidemic and endemic diseases was not better medical treatment, remedies, or anything provided by a trained physician. His report

argues that when the “atmospheric impurities” “are removed by drainage, proper cleansing, better ventilation, and other means of diminishing atmospheric impurity, the frequency and intensity of such disease is abated; and where the removal of the noxious agencies appears to be complete, such disease almost entirely disappears” (Chadwick). The permanent solution to the diseases ravaging London in the mid 19th century was not, according to Chadwick, better medical care by trained professionals, but simple cleanliness and order as well as institutionally improved drainage and ventilation: treatments that could be administered by caring friends or relatives as well as reforms in infrastructure and architecture.

These recommendations were adopted and expanded to great effect by Florence Nightingale beginning in the 1850s, when she famously worked as a nurse and hospital administrator during the Crimean War. After her return, Nightingale wrote tirelessly and continuously until her death in 1912 in support of sanitary reform both in England and India. Though she is mostly known for her work in reforming and promoting the modern nursing profession, as an early statistician and effective and important sanitary reformer, she also infamously held on to her anticontagionist beliefs after disease-causing pathogens were discovered and accepted by most scientists and physicians, disproving the miasmatic theory (McDonald 82). Like Southwood Smith, who likened the search for a cure for fever to alchemy, Nightingale argued for most of her career that the idea of contagion was an ancient superstition, created by “poets and historians” and then adopted by physicians and politicians to provide “a satisfactory reason for pestilence, and an adequate excuse for non-exertion to prevent its recurrence” (qtd in Penner 17). Based on the tenets of anticontagionism, Nightingale’s 1859 bestselling home nursing textbook, *Notes on Nursing*, gives based on miasma theory: she encourages nurses to keep the air in the sick room well ventilated, keep

the home spotlessly clean, assess and repair drainage systems, and provide adequate purifying light. Moreover, like Thomas Southwood Smith, she details appropriate behavior most suited to bringing a loved one back to health: the nurse must be in control of who enters the sickroom and for how long, avoid “being always in the way,” and avoid “unnecessary noise” including loud “shuffl[ing] or waddl[ing]” (Nightingale). She details exactly how to read to sick patients, and provides an entire chapter on “Chattering Hopes and Advices.” Again, the ideal nurse according to Florence Nightingale is a kind, attentive, and intuitive caretaker; formal training is unnecessary.

Dickens and Nightingale were acquaintances who knew each other, admired each other’s work, and occasionally worked together on committees like the Association for Improving Workhouse Infirmarys in 1865 (Bostridge 424). Critics like Louise Penner and Elaine Freedgood have argued that, though working in vastly different disciplines, they mutually influenced each other’s work. Dickens and Nightingale collaborated on an article published in *Household Words* in 1854 about a woman interviewed by Nightingale and known as “the Abbess of Minsk” (Bostridge 120). Dickens spent time at Nightingale’s family home in 1856, and she read all of his books and even stocked her hospital libraries with his novels (Gill 72, 196). She was a great critical reader of Dickens, as well as much popular fiction of her time, and she understood the profound social impact popular fiction like Dickens’s could have on the public at large (Penner 16). Elaine Freedgood argues that popular works by Nightingale like *Notes on Nursing* and *Notes on Hospitals*, both published in 1859, along with Chadwick’s *Report on the Sanitary Condition of the Labouring Classes of Britain* (1842) were essentially “non-literary counterpart[s] of the ambitious inclusiveness of the realist novel” (Freedgood 46). In other words, Freedgood argues, Nightingale’s non-

fiction reports served the same cultural purpose and adhered to some of the same rules and structures as the Victorian realist novel, in order to encapsulate and communicate large, abstract concepts for their readers. Louise Penner moves from this argument to claim that Nightingale's *Notes on Nursing* was structurally based on sensation fiction of the period, intended to shock her readers into reforming their lifestyle to fit with anticontagionist, sanitarian rules (Penner 16). Though Penner mistakenly argues that Nightingale uses contagionist rhetoric to strike mobilizing fear in her readers, her overall claim that Nightingale is co-opting strategies and narrative structures taken from popular fiction like Dickens's shows how intertwined and mutually influential the literary world was with the world of public health reform.

Dickens continued to reflect on public health and the role of the nurse throughout his career. He certainly read and reflected on *Notes on Nursing*. His short piece, "Bedside Experiments" published in 1860 in *All the Year Round* develops fictional characters to illustrate the rules of Nightingale's popular book. In "Bedside Experiments," Dickens draws again on Mrs. Gamp, explaining that he hopes Nightingale's book will encourage a "regular system of instruction which shall qualify [nurses] for their work into something very different from Grimbones or Mrs. Gamp" ("Bedside Experiments"). Based on Nightingale's rules, Dickens describes various caricatures of amateur nurses who could learn from *Notes on Nursing*. Characters he describes include the loud, uninformed "noble domestic elephant," "Muff," who stifles and clings to the patient with overbearing tenderness; "Grimbones," who is overly conscientious, following all the doctor's orders rigidly and without any kindness or imagination; "the watching nurse, whose eye is never off you, who won't let you turn or lift your arm, or you leg, or even wink, without interference"; and finally, Dickens's least

favorite imaginary nurse, “Aunt Grewsome,” who uses nursing to gain power, is domineering and pushy, no matter what her relationship to the patient. Dickens describes his ideal nurse as a “dear fairy nurse, who is never in the way at the wrong time; who, when you wish for her, appears like magic by your side, and, when you want anything else, brings that very thing, by some marvelous intuition... who is always cheerful and never tired;...” and so on. She is not a woman educated in anatomy and physiology and she does not possess any particular knowledge of pharmacology. Rather, she intuitively provides for the patient’s basic needs without requiring instruction and is pleasant to be around.

In *Martin Chuzzlewit*, written many years before Nightingale became a public figure, Dickens was already developing his vision of the “fairy nurse,” perhaps based on his friend Southwood Smith’s description of good care: intuitive, quiet, and kind caretaking (Smith 399). Mary Graham, an orphan girl whom Martin Chuzzlewit Sr. raised to care for him under the condition that he would provide for her during his life and she would expect no inheritance after his death, is the quintessential example of Southwood Smith’s, Nightingale’s and Dickens’s own later definition of the ideal nurse. Mary is certainly “silent,” “prompt,” attentive and pleasant to be around (Smith 399). She is “timid and shrinking in her manner, and yet with a greater share of self-possession and control over her emotions than usually belongs to a far more advanced period of female life” (*Martin Chuzzlewit* 30). Her “timid and shrinking...manner” keeps her silent and unobtrusive to her patient, while her “self-possession and control over her emotions” makes her a calm and comforting caretaker. Moreover, she shows the “instinctive” knowledge of what her patient needs and wants from her that Dickens later describes explicitly in “Bedside Experiments” as one of the features of the ideal nurse (*Martin Chuzzlewit* 31). Even her dress, “that of a lady,

but extremely plain,” anticipates Nightingale’s strict standards of plain but respectable clothing (*Martin Chuzzlewit* 31, *Florence Nightingale: Letters* 154).

Mark Tapley is just one of many male versions of the “dear fairy nurses” that Dickens writes throughout his career. While Martin is sick, Mark cares for him attentively and carefully, again with medicine he is given by their neighbor, and he does all of the work around the house and property like the “dear fairy nurse,” “in a quiet, unostentatious way, and contrives to let [him] have the impression that it did itself” (“Bedside Experiments”). Also like the fairy nurse, and Nightingale’s later ideal nurse, Mark cleans, decorates and arranges their cabin so that it is comfortable and orderly. He takes it upon himself to put up a door to their spare cabin, finds and improvises furniture, surveys the land, and chops down an unsightly tree all while Martin sleeps on their first morning in Eden (370). While Martin Jr. is ill, Mark both works the land during the day and spends the night attending to Martin Jr. He “was devoted to him, heart and hand” (507).

Mark and Martin Jr.’s alternating illness forces a change in their master/servant relationship. Holly Furneaux argues that the alternating nurse/patient relationship between Mark and Martin Jr. is fundamentally a homoerotic one. She argues that “fever permits more than emotional and physical contact: in their mutual nursing Martin and Mark break down the class boundary between servant and served, between ‘the new master and the new man’ (229) and between Chuzzlewit and co. (364) to become partners” (44). Her argument is that nursing allows the men a legitimate and socially permissible way to explore and express homoerotic desire. Moreover, illness breaks down the boundaries that normally separate men from men, men from women, and the rich from the poor. However, I would argue that under the logic of anticontagionism, disease does not just allow or “permit” “emotional and

physical contact” as well as a breakdown in class boundaries—it forces it. Martin Jr. and Mark never express any particular desire to nurse each other or to move beyond servant and master relationship established when they first meet; however, when they both become ill, they have no choice but to acknowledge their mutual dependence on each other and must help to heal each other as a result.

The involuntary intimacy between Mark and Martin Jr., brought on by their illness, reflects Tina Choi’s and Elaine Freedgood’s conception of how anticontagionism contributed to the transformation of the concept of “risk” from something voluntary to something inevitable and a part of everyday life (Choi 562; Freedgood 1). Choi and Freedgood associate this change with the transition to modernity (Freedgood 1). The inevitable risks of disease that one faced in a nineteenth-century city overrun by miasma causing filth, human waste and trash, Choi explains, not only brought people together in their fear, rich and poor, male and female, but it also showed the positive and optimistic ways in which communities were linked (570). The whole idea of “miasma,” Choi says, suggests that people are deeply linked just by the air they breathe; this has both positive and negative implications (570). Moreover, like Martin Jr. and Mark’s intimacy and Martin’s learning experience through nursing Mark, these connections are not particularly desired or sought out, as Furneaux argues, but rather are forced upon them to unexpectedly positive result.

Much work has been done on the transformative power of illness itself in literature. Critics like Miriam Bailin in *The Sickroom in Victorian Fiction* have argued that illness allows characters to regain or reconstruct lost or damaged identities (Bailin 79). She contends that fevers in Dickens always have a psychological rather than a physical cause and that recovery is primarily a psychological process, rather than a physical one. Fevers, she asserts,

arise when the delicate balance of distance and connection is not maintained between a character and the world around him or her (Bailin 87). According to Bailin, illness chastens restless characters and restructures the characters' relationship to the world around them. Characters who get ill in Dickens are either caught in a state of restless wandering, too detached and distant from the interconnections of their world, or they are confined and lack any boundaries from the people around them. In other words, Bailin says, fever results from either too much or too little connection with the world around them. The fever state, which allows the character and the narrative itself to come to conclusion by forcing the character to work out the "separations and connections" within the sickroom, is a compressed version of the narrative, allowing the character to come back to a state of equilibrium that allows both the character and the narrative closure (93). Dickens's characters who contract fevers, she says, spend their lives before their illness alternately seeking and rejecting connection with others by moving from place to place. She contends that the fever itself cures that restlessness, forcing the characters to stay in one place by depleting their energies, leaving them no choice but learn to be content where they are and find the equilibrium they lost through their restless wanderings (108). From this point, Bailin also argues that the narrator is a double for the fever patient. Both the fever patient and the narrator attempt to reconcile and establish healthy boundaries between people in a world where time and space are flattened and distorted, either by the experience of sickness or the process of writing and story-telling (96). The fever patient and the narrator, according to Bailin, are afflicted with psychological restlessness and flattened time, forcing the sufferer and writer to relive significant moments over and over again from their sick bed or writing desk.

In *Martin Chuzzlewit*, though, it is nursing Mark, not the illness that he goes through, that allows Martin to understand his deep selfishness and begin to change. Even more than Martin, the narrator and reader function as nurse figures, watching while the fever and the story “take[s] its course,” as Westlock says, caring for the sufferer by “giving him his drinks regularly and having him carefully attended” (*Martin Chuzzlewit* 398). In a world where diseases are caused by filth and disorder and exacerbated by psychological stress or general constitutional weakness, the most important treatment is the attention and care provided by a sympathetic and diligent friend or family member in the sickroom or a careful, sympathetic reader. Martin’s big epiphany does not occur until Mark becomes ill and is able to remain “jolly” (507).

Now, when Martin began to think of this, and to look at Mark as he lay there; never reproaching him by so much as an expression of regret; never murmuring; always striving to be manful and staunch; he began to think, how was it that this man who had had so few advantages, was so much better than he who had had so many? (507). Martin Jr.’s process of reflection on his own selfish behavior does not occur while he is sick. Rather, the conditions around nursing Mark spark serious reflection. Before this point, Martin has never reflected on his selfish behavior. He continues these reflections throughout Mark’s illness. “In the hideous solitude of that most hideous place, with Hope so far removed, Ambition quenched, and Death beside him rattling at the very door, reflection came, as in a plague-beleaguered town; and so he felt he knew the failing of his life, and saw distinctly what an ugly spot it was” (508). Again, this epiphany does not occur to Martin during his own illness, when he himself is close to death, but is a product of watching Mark, his loyal and “jolly” friend, on the verge of death for months on end.

Dickens suggests that illness is not the seasoning process, strengthening and teaching its victims. Rather, caring for the sick serves this role. As the narrator explains, “There were teachers in the swamp and thicket, and the pestilential air, who had a searching method of their own” (508). The “teacher in the swamp” is the experience of caring for a friend or neighbor, not the illness itself. In *Martin Chuzzlewit*, it is Martin’s nursing of Mark, not Martin’s illness, which facilitates the major revelation about his own selfishness and his subsequent attempts to change his ways. “Attendance upon a sick bed,” the narrator explains, “but especially the sick bed of one whom we have been accustomed to see in full activity and vigour, being a great breeder of reflection, [Martin] began to ask himself in what they differed” (507). Martin, seeing his friend Mark ill, incapable of speaking, working or caring for himself, is forced to think about how Mark is when he is well. Mark, Martin concludes, is much like his other friend, Tom Pinch, in that they both make loyal friends quickly and easily. Mark is “always manful and staunch,” in spite of the mess that Martin got him into, and in spite of Mark’s almost fatal illness (507). As Martin reflects on what a kind, generous and brave person Mark is, he begins to reflect on what kind of person he is, how Martin himself is different from Mark and Tom. In the months that Martin spends caring for Mark, he realizes his own selfishness in comparison with Mark’s kindness, and he recognizes that he is to blame for Mark’s perilous state. Moreover, the language Dickens uses recalls Choi’s argument that the concept of the miasma, an airborne disease cloud, is co-opted in positive ways. Akin to the moist, filthy atmosphere of Eden that breeds disease, Mark’s sickroom is a “great breeder of reflection.” Though the disease connects Mark and Martin in a deadly way, it also brings about a greater friendship and connection and catalyzes in Martin a lasting change in his selfish behavior. The silence and desolation of the sickroom brings Martin to

the dark realization of what his life has been and facilitates the positive changes necessary for Martin to become a better person.

Unlike Harriet Martineau's immensely popular *Life in the Sickroom* (1844), a memoir about her experiences as an invalid, Dickens's novel dismisses the idea that illness is edifying and strengthening by treating the idea of a "seasoning" process through illness contemptuously¹. In Eden, many of the inhabitants, including Mark when they first arrive, convince themselves that their illness is a seasoning process that will make them stronger. When Martin first becomes ill, Mark says, "we all must be seasoned, one way or another. That's religion that is" (372). Later, however, Mark realizes his error. Suffering from fever does not produce a seasoning effect if the sufferer dies. Their neighbor, for instance, argues that "We are but sickly now... But we shall do better when we are seasoned to the place" (498). To which Mark thinks, "There are some here... whose seasoning will last forever" (498). The deadly nature of the fever running rampant in Eden does not give the majority of its sufferers the chance to be seasoned. Most die before they can develop any kind of resistance to it. When Hannibal Chollop, a rude, spitting American, comes to Mark and Martin's cabin and asks, "what would your English millions say to such as swamp [Eden] in England," Mark replies, "They'd say it was an uncommon nasty one, I should think... and that they would rather be inoculated for fever in some other way" (503). Mark, and the many deaths in Eden due to fever, make it clear that "seasoning" is dangerous and ineffective. While those who survive may be stronger and more resistant to the fever after the

¹ Martineau's memoir suggested that confinement and pain that accompany long-term illness fosters psychological strength and a strong connection with God inaccessible to the healthy. She makes the case that her illness was strengthening and edifying.

“inoculation,” the process is fatal to most who attempt it. Moreover, none of the characters who become ill emerge from their illness stronger or more resistant to disease.

Martin is not the only one who is changed by reflecting on Mark’s illness. We as readers are also accustomed to seeing Mark “in full activity and vigour” and, during the period of the narrative in which he is ill, we are offered the same opportunity that Martin is to reflect on the ways in which we differ. But, unlike Mark and Martin who must be exposed to the fatal pestilence, and must survive in order to be “seasoned” by the harsh realities of Eden, we as readers can “be inoculated ... in some other way” (503). In other words, if Martin’s witnessing of the dangerous illness and trials of Mark whom he had previously known in “full activity and vigour” allows him to reflect on and transform himself, then the same process might be possible for the reader from the safety of reading a book. Dickens seems to be suggesting that readers witnessing the illness and suffering of someone we know well, even if it is through the narrative, can bring about the kind of moral transformation that Martin Jr. experiences after Mark’s illness.

Though Martin shows us how nursing, like reading and writing, can bring a person to a realization of his faults and lead him toward a better life, there is a dark side to both medical care and art in *Martin Chuzzlewit*. As Goldie Morgentaler has argued, Mrs. Gamp can be seen as a kind of terrifying double for Dickens himself. Mrs. Gamp herself “writes” a character within the story with a history, family, motivations and desires: Mrs. Harris. Throughout the novel, Mrs. Gamp introduces Mrs. Harris, whom she describes as a best friend and client, into conversation to bolster all of her own thoughts and beliefs, and to help sell her services as a nurse. She brings Mrs. Harris up constantly, though it is clear that Mrs. Harris does not actually exist. “The prevalent opinion,” the narrator explains, “was that she

was a phantom of Mrs. Gamp's brain" (393). Gamp brings up Mrs. Harris whenever she needs backup, and she refuses to acknowledge that there is no such person, even when Mrs. Prig directly challenges whether Mrs. Harris exists. On the basis of this fiction, Morgentaler compares Mrs. Gamp, the fabulist, to Dickens as a writer. They both create vibrant characters that exist, despite what Mrs. Prig says, even if it is just in their own minds (Morgentaler 11). Moving from this point, both Dickens and Gamp create characters that have a real world purpose, capable of supporting their creators' individual causes. Dickens uses Gamp is used to illustrate his perception of the dysfunctional state of nursing care, hoping to bring about real-world changes. Gamp uses her character, Mrs. Harris, selfishly to support and promote herself and everything she believes.

As mentioned earlier in this chapter, Mrs. Gamp treats her real patients and her work as a nurse as a crafted work in a decidedly disturbing way. While caring for Lewsome in his fever, Mrs. Gamp approaches him and callously treats his still living body like an object to be sculpted.

Mrs. Gamp... stood looking at him with her head inclined a little sideways, as a connoisseur might gaze upon a doubtful work of art. By degrees, a horrible remembrance of one branch of her calling took possession of the woman; and stooping down, she pinned his wandering arms against his sides, to see how he would look if laid out as a dead man. Hideous as it may appear, her fingers itched to compose his limbs in that last marble attitude.

"Ah!" said Mrs. Gamp, walking away from the bed, "he'd make a lovely corpse" (400).

Here, Mrs. Gamp thinks of herself as a kind of artist and an artistic “connoisseur,” or, both writer and reader. In addition to her nursing work, Mrs. Gamp dubiously takes on the role of preparing dead bodies for burial, and here we see her confounding those roles. While she is supposed to be caring for a living, breathing, suffering man, she cannot help but turn him into a “work of art” and a “doubtful” one at that. She cannot help but imagine him as a corpse, as an object devoid of life. And her interest is not even fully appreciative, but she is critical of her patient the way a connoisseur is critical of a piece of art. Mrs. Gamp’s artistic impulses are fundamentally selfish. Her creation of Mrs. Harris always serves to benefit herself directly and her desire to transform her patient, Lewsome, into a “lovely corpse” denies his humanity in the deepest way.

If Mrs. Gamp is positioned as a kind of monstrous artist figure, out to please and benefit herself through her artistic creations, Morgentaler argues, Mrs. Prig, Mrs. Gamp’s sometime friend and colleague, can be seen as the monstrous reader and critic. Rightfully skeptical that Mrs. Harris exists, Mrs. Prig tells Mrs. Gamp: “I don’t believe there’s no sich a person!” (726). Mrs. Gamp is deeply disturbed by this doubt. As the narrator explains, “the shock of this blow was so violent and sudden, that Mrs. Gamp sat staring at nothing with uplifted eyes, and her mouth open as if she were gasping for breath” (726). Morgentaler hyperbolically asserts in her article that Prig’s denial of Mrs. Harris’s existence is like murder (10). Moreover, Morgentaler explains, denial of Mrs. Gamp’s artistic creation deeply disturbs Mrs. Gamp’s own sense of identity. Mrs. Prig can be seen as a “priggish” critic who does not understand the purpose of fiction and who insists blindly and ignorantly upon facts over the truth revealed in stories (10). Mrs. Gamp and Mrs. Prig are incapable of growing

and changing as a result of nursing in a sick room or its correlate, reading. Thus, these two nurses represent those who are never moved by reading and writing, nursing's correlate.

Martin Chuzzlewit suggests that the process of nursing, the quiet and desolation, and its relationship to reading and writing can be physically, psychologically and culturally healing. However, it also proves that nurses, like readers and writers, must be open to the transformation offered by nursing, reading and writing alike. Mrs. Gamp and Mrs. Prig offer examples of two characters who are both ineffective nurses and metaphors for the selfish and ignorant motivations for reading and writing. Moreover, by engaging with the medical theory of anticontagionism, *Martin Chuzzlewit* suggests that our lives are more connected than was previously thought. Whether it is diseases spreading through the air we breathe or compassion, optimism and self-awareness spread by fiction, *Martin Chuzzlewit* shows how many disparate lives are deeply connected and interdependent.

Chapter Two:
Facing the Monster: Turning Sin from Contagious Disease to Conquerable Foe in
Elizabeth Gaskell's *Ruth*

Readers and reviewers approached Elizabeth Gaskell's third novel, *Ruth* (1853), warily. *Ruth* tells the story of a fallen woman, compassionately explaining how and why she sinned, and what her life was like after her fall. After orphaned teenager, Ruth, is abandoned, pregnant, by her seducer, Mr. Bellingham, (later Mr. Donne), she is taken in by kind minister Mr. Benson, his sister Faith, and their devoted housekeeper Sally. The community of Eccelston where they live welcomes the young woman whom they are led to believe is a widow. Over the course of about ten years, she becomes a respected member of the community and governess to a prominent family, the Bradshaws. However, when the town finds out she is not a widow but a fallen woman, the inhabitants shun Ruth, her son, and the Bensons. Eventually Ruth redeems herself by becoming a much sought after nurse, first in individual homes of the sick, then as one of the few remaining care providers in the typhus wards during a virulent epidemic that sweeps through the town. Many vocal critics of the novel considered Ruth's fallen status a risqué and unfit subject for impressionable readers. Despite the social and literary risks of telling this story, however, *Ruth* attempts to illustrate that, as Ruth's protector and surrogate father figure Mr. Benson argues, "not every woman

who has fallen is depraved” (350). By exploring the conditions through which young Ruth fell, Gaskell hoped to encourage her readers not to condemn and shun all fallen women.

Ruth was banned, burned, and skewered by reviewers soon after its publication (*Letters* 223). The novel was criticized both for its literary value and its immorality. One critic, discussing “Modern Novelists: Great and Small” in *Blackwood’s Magazine*, called *Ruth* “a great blunder in art” (560). Moreover, the reviewer argues that Gaskell’s novel was inspired by a depraved womanly obsession fueled by resentment for discovering the circumstances that cause women’s sexual sins (“Modern Novelists” 560). A writer for *The Christian Observer* questioned Gaskell’s “taste” and the “moral influence of her writing,” suggesting that the moral of *Ruth* is that “a woman who has violated the laws of purity is entitled to occupy precisely the same position in society as one who has never thus offended” (“*The Life of Charlotte Bronte, Author of Jane Eyre...*” 489). *Sharpe’s London Magazine* published a scathing review concluding that “the subject is not one for a novel – not one to treat of by our firesides, where the young should not be aroused to feel an interest in vice... not a subject that can be talked of before youths and maidens, much less dilated and dwelt upon by the morbid fascination of such a three-volume novel as *Ruth*” (*The Critical Heritage* 210). *Sharpe’s* expresses a common anxiety about the book: that children will be introduced to and somehow infected by or “aroused to feel an interest in vice” that they did not have before. The story itself was considered dangerous in its ability to incite sinful thoughts and behavior in previously pure and innocent readers.

Though Gaskell ultimately agrees with the novel that knowledge of sin is not dangerous, she equivocated often in her letters, struggling with shame over feeling “improper” in the face of so much disapproval from critics and acquaintances. She laments to

her friend Eliza Fox that she has been “so ill” with what she attributes to “a ‘Ruth’ fever” (*Letters* 222). She continues, “I think I must be an improper woman without knowing it, I do so manage to shock people. Now *should* you have burnt the 1st vol. of *Ruth* as so *very* bad? Even if you had been a very anxious father of a family? Yet *two* men have; and a third has forbidden his wife to read it; they sit next to us in Chapel and you can’t think how ‘improper’ I feel under their eyes” (*Letters* 223). These men clearly believe that *Ruth* is a dangerous vector for sin and vice, particularly for their wives and children, and in the letter Gaskell seems to be questioning her own moral judgment. Though she stands up for the moral goodness of the book over all, even Gaskell acknowledged in a letter to a different friend that the book was a “prohibited book in *this*, as in many households; not a book for young people, unless read with someone older” (*The Letters of Mrs. Gaskell* 221). Even after publication Gaskell struggles with the strong cultural assumption that sin is transmissible directly through sinners and their stories, an assumption I argue *Ruth* is devoted to debunking.

A few months after she wrote these letters, Gaskell seems to have concluded decisively that publishing the novel was the right thing to do, precisely because it has forced people to discuss the taboo subject of unwed motherhood. To her friend Lady Kay-Shuttleworth she writes, “from the very warmth with which people have discussed the tale I take heart of grace; it has made them talk and think a little on a subject which is so painful that it requires all one’s bravery not to hide one’s head like an ostrich and try by doing so to forget that evil exists” (*Letters* 227). Rather than contaminating the ignorant and afraid, Gaskell concludes, reading and discussing *Ruth*’s story has inspired a wholesome and edifying discussion that can help to eliminate the very evils she describes, not perpetuate them. As she does in the novel itself, Gaskell judges that avoiding taboo subjects is not

protective, but is cowardly and dangerous – like the ostrich that is no safer from its predator because it cannot see it, sin and vice are just as dangerous, if not more so, when the topic is avoided.

The novel *Ruth* challenges the assumption that sin is contagious through contact with the sinner or her story, concluding that, like the epidemic disease typhus featured in the novel, sin operates under anticontagionist logic: an unhealthy environment breeds and transmits sin. Like *Martin Chuzzlewit*, *Ruth* carefully conforms to contemporary medical theories of anticontagionist epidemic disease in order to develop a metaphor aligning Ruth's sin with the deadly (but fundamentally anticontagionist) typhus epidemic at the end of the novel. By exploring and aligning Ruth's sin with the mechanism of transmission of typhus as well as many other examples of non-contagious illnesses (physical, spiritual, and emotional), Gaskell attempts to prove that contact with sinners like Ruth, either in person or through a book, is safe and, in fact, beneficial to one's spiritual and emotional health.

The typhus epidemic Gaskell describes at the end of the novel is clearly not contagious through person-to-person contact. Following the theories of prominent anticontagionists like Edwin Chadwick and Thomas Southwood Smith, as a nurse in close proximity to the typhus victims, Ruth is entirely safe, and the town's rampant fear of contagion is misguided and dangerous. Kristine Swenson explains that the anticontagionist typhus epidemic Ruth helps to stop reveals the ways in which Eccleston's sins, both moral (obsession with a corrupt election) and practical (failure to provide adequate care for the poor and sick), caused and exacerbated an epidemic that unfairly decimated the poor population of the town (Swenson 25). By nursing her community through this traumatic epidemic, Ruth proves that, even as a fallen woman, she is a healer rather than a source of moral and physical

disease. Her work proves that her past mistakes have not permanently contaminated her; she is no more a vector for the spread of sin than the typhus sufferers are the source of the epidemic (25). The environment of sin and neglect in the community of Eccleston, not the suffering poor, is the source of the miasma that causes the typhus epidemic.

Swenson gives a brief overview of anticontagionism and devotes a paragraph to proving that Gaskell's typhus epidemic is miasmatic in origin (23). As Swenson points out, the typhus originates "in the low Irish lodging-houses" where it attracts little notice because it is so common (qtd in Swenson 23). This, Swenson explains, aligns with the anticontagionist belief that disease was generated in and spread from the filth of working class neighborhoods (23). Moreover, Swenson quotes a key description of the spreading plague that repeats fundamental anticontagionist assumptions about the origin and spread of epidemic diseases like typhus (23). "Into Eccleston 'there came a creeping, creeping, in hidden, slimy courses, the terrible fever—that fever which is never utterly banished from the sad haunts of vice and misery, but lives in such darkness, like a wild beast in the recesses of his den'" (qtd in Swenson 23). Swenson does not analyze this passage in terms of its connection to anticontagionist literature, though it clearly depicts a miasma, or cloud of polluted air, emerging from filthy, neglected, "hidden, slimy" places. But the anticontagionist imagery is obvious.

Gaskell's typhus carefully adheres to the common understanding of miasma. An 1853 issue of Dickens's *Household Words* publishes a poem entitled "Miasma" immediately above an article by Gaskell, suggesting that she was as familiar with prevailing anticontagionist theories as was Dickens himself. The poem describes the birthplace and home of a deadly cholera miasma. Like Eccleston's typhus miasma "creeping, creeping" toward the town, the

miasma in this poem is “living and breathing the filth among” and lying “securely, biding his time.” The poet imagines this miasma as a “living and breathing” creature like Gaskell’s “wild beast in the recesses of his den,” “biding his time” to attack the unsuspecting victims. Moreover, like Gaskell’s “hidden, slimy courses,” the miasma in the poem comes out of a “festering drain” beside a “home of clay, cemented with slime...’ midst slop, and rot, and want, and crime” (“Miasma” 348). The link between the poem and prevailing medical theory is evident. In describing a “most malignant Yellow Fever” in the United States, Southwood Smith explains in his *Treatise on Fever* that it burst forth from the evaporated remains of a stagnant pond, “leaving a great quantity of muddy water, with a thick slimy mixture of putrefying vegetables” (Southwood Smith 356). Chadwick’s *Sanitary Report* warns against the “creeping up” of disease-causing mold in poorly built houses (Chadwick 151). He spends much of the report describing the many ways in which filth, smoke, and lack of light and ventilation contaminate the air, causing disease to grow and spread (Chadwick). Gaskell clearly describes a disease-causing miasma that emerged from the filth and “slime” of the working classes, but is then free to move, and “creep,” “hiding” and reemerging seemingly by its own will, throughout the town.

Following anticontagionist doctrine, the typhus miasma in *Ruth* is distinctly separate from its victims. The disease is not spread from the sufferers themselves but from the unhealthy environment around them. On his visit to Ruth in the typhus ward, Mr. Benson notices that “no plague came nigh her” (428). This suggests that the plague is a free-roaming entity, unconnected to the patients she cares for, like the anticontagionists miasma. The disease is “creeping, creeping,” living in “sad haunts” and “darkness, like a wild beast in the recesses of his den” (424). It is separate from its victims, something that threatens them but

does not inhabit or become them. Typhus in *Ruth* is a monster, hiding in the shadows, “burst[ing] forth” “like the blaze of a fire which had long smouldered,” seemingly by its own will, distinct from its victims (424). Like Chadwick’s disease causing “filth” and “offensive and disgusting odour” which “floated down the public streets,” Eccleston’s typhus epidemic is an entity that emerges and moves on its own, separate from those it infects (23).

Beyond the two passages quoted by Swenson, the conditions from which Eccleston’s typhus epidemic originate also align with Chadwick’s and Southwood Smith’s understanding of the origin of epidemic disease. The epidemic explodes after an “unusually gorgeous” summer characterized by “steaming heat,” “lush,” “profuse” and “luxuriant vegetation” and a “wet and cold” autumn (*Ruth* 424). Gaskell’s “steaming,” humid, hot summer, followed by more moisture and the decomposition of the summer’s lush vegetation during the fall is a perfect recipe for the “febrile poison” described by Southwood Smith. Smith explains that “febrile poison is invariably generated in large quantity, and in great potency” in any environment with “great moisture” and steady, unrelenting heat like Eccleston’s “steaming heat” (Smith 349-50). Moreover, both Smith and Chadwick blame rotting vegetation like that generated by Gaskell’s lush summer for the growth and spread of disease-causing miasmas (Smith 349; Chadwick). Finally, the rapid change in climate from a “steaming” summer to the “wet and cold” autumn reflects the climatic causes of disease described by Maclean, Southwood Smith, and Chadwick.

Gaskell depicts a world in which some characters are more susceptible to disease than others due to a few predisposing factors. This follows Southwood Smith’s assertion that, “the influence of cold, moisture, fatigue, intemperance, constipation, anxiety, fear, and all the depressing passions are likewise extremely powerful predisposing causes [of fever]. They

enable a less dose of the poison to produce fever, and they increase the intensity of the fever when it is established” (386). Swenson explains that *Ruth* reflects a widely held belief that fear was a predisposing factor for contracting typhus, even among well respected medical professionals like Florence Nightingale, whose fearless contact with the sick and dying gave her a kind of immunity to cholera and fever (24). Like Nightingale, Ruth maintains her health throughout weeks in the typhus wards in spite of allowing at least one dying typhus victim to spend her final hour with her head on Ruth’s “sweet breast,” a task the rest of the hospital workers were afraid of (*Ruth* 429). Before joining the fever ward, Ruth assures Mr. Benson multiple times that she has no fear of the fever and they agree with Southwood Smith that this fearlessness is “a great preservative” (*Ruth* 425). When Ruth’s friend and protector Mr. Benson visits her in the typhus wards, she displays none of the “fatigue,” “anxiety,” “fear,” or “depressing passions” which Southwood Smith outlines as dangerous predisposing factors. According to Mr. Benson, Ruth’s “face was ever calm and bright... He said he had never seen her face so fair and gentle as it was now, when she was living in the midst of disease and woe” (*Ruth* 428). Aligning with anticontagionist theories, Ruth’s calm, healthy, and fearless approach to her typhus patients keeps her safe from the “poisoned air” of the ward (*Ruth* 425).

Gaskell’s life and letters show her belief in anticontagionism and support for sanitary reform as a method of preventing and curing epidemic disease in life outside the novel. Her Unitarian faith diverged from both the Church of England and many other Nonconformists churches in promoting the anticontagionist belief that filth and overcrowding were the causes of epidemic diseases, particularly cholera, rather than a divine punishment for sinners (Uglow 89). Gaskell and her husband, Unitarian minister William Gaskell, were closely

connected to many prominent anticontagionist reformers both in their church and community in Manchester as well as to major figures like Chadwick and Southwood Smith (Uglow 89). The Reverend Mr. Gaskell participated in multiple committees dedicated to sanitary and housing reform throughout his life, committed to the ideas that epidemic diseases were caused by man, not god, and that dedicated and thorough reform could stop epidemics both from starting and spreading (Uglow 89).

Other works by Gaskell reveal her anticontagionism as well. In Gaskell's 1857 biography of Charlotte Bronte, she explains there "is no doubt that the proximity of the crowded church-yard rendered the parsonage unhealthy, and occasioned much illness to its inmates" (*Life of CB* 265). Her observation aligns closely with Edwin Chadwick's particular concern with the public health consequences of overcrowded and unregulated cemeteries in urban areas as expressed in his 1843 Burial Report ("A Report on..."). Chadwick's report explains that the "putrid emanations" of corpses not allowed room to properly decompose is one major cause of miasma and disease. Gaskell also explains that Mr. Bronte frequently urged the Board of Health to address the sanitary problems in Haworth, such as the overcrowded and poorly designed churchyard and the lack of access to clean water. "Thus," she concludes, "we find that illnesses often assumed a low typhoid form in Haworth, and fevers of various kinds visited the place with sad frequency" (*Life of CB* 266). She makes no mention of the close living quarters or of contagious, person-to-person spread. Rather, she blames decomposing human bodies in the graveyard and the difficulty of obtaining water both for consumption and perhaps for cleaning, requiring "the weary, hard-worked housewives having to carry every bucketful, from a distance of several hundred yards, up a

steep street” (266). She thus suggests that the poor health of the Bronte family was at least partially the result of miasmas originating from the unsanitary conditions of Haworth.

Most explicitly, Gaskell clearly states in an 1854 letter that “Cholera is *not* infectious i.e. does not pass from one person to another” (*Letters* 305). She explains that her brother-in-law, Sam Gaskell, a physician who had worked in cholera hospitals in Edinburgh during the early 1830s epidemic, “says so too,” along with her much admired friend Florence Nightingale, who had cared for prostitutes suffering from cholera, “undressing them-- & awfully filthy they were, & putting on turpentine *stupes* &c all herself to as many as she could manage” and “never had a touch even of diarrhea” (*Letters* 305). In addition to describing the typhus epidemic in *Ruth* as non-contagious and miasmatic, Gaskell shows in her life and letters that she believed that environmental conditions cause and spread diseases like cholera and some fevers, rather than person-to-person contact.

Though maintaining a basic anticontagionist structure, Gaskell develops her own theory of the origin and transmission of disease throughout the novel, not just during the typhus epidemic. She does not simply argue that disease is not contagious through person-to-person contact but by poisonous miasmas; she disputes the belief, held by both sides of the contagion debate that disease and its attendant conditions (poverty, filthy) are caused by sin. Natalka Freeland argues this point convincingly in her article on “The Politics of Dirt in *Mary Barton* and *Ruth*.” Freeland maintains that these two novels dismantle the Victorian assumption that filth, disease, poverty and sin always go together and that each causes and is caused by the other (799). In turn, Freeland explains, both novels strongly assert that social problems are not equal to sanitary problems and that strictly sanitary solutions will not cure social problems (800, 810).

Ultimately, Nataalka Freeland concludes that, “novels such as *Mary Barton* and *Ruth* thus reveal that a misplaced obsession with cleanliness, and the entire domestic ideology it underwrites, are at best irrelevant in the face of larger social problems” (812). Though I would agree that the attempt to solve social problems with literal sanitary solutions is portrayed as misguided, sanitary solutions in *Ruth* are hardly “irrelevant” or worse to Gaskell. Rather, Gaskell clearly asks her readers to draw analogies between literal and metaphorical disease and imagine analogous, though not identical, solutions.

Freeland quite correctly argues that Gaskell disentangles the connection between dirt, disease, and sin. Her evidence is convincing that Gaskell never uses cleanliness to signify moral purity. Characters who express extreme disgust toward dirt are always portrayed as misguided in their attempts to protect themselves and those they love from disease or sin (Freeland 809). Though Freeland does not analyze this section, Mr. Bellingham’s character clearly illustrates her point that “only the unsympathetic characters... continue to mistake moral for material dirtiness” (809). Mr. Bellingham is the most outspoken and literal anticontagionist, but his fears of dirt are presented as thoughtless and callous. Ruth and Bellingham join forces when they first meet to save and provide for a poor local child who had nearly drowned in a freezing river. After bringing the sick boy back to his grandmother’s home, Bellingham expresses open disgust and chastises the woman for the filth in her home. He says to Ruth, “Oh! What a horrid dirty place this is; insufferable two minutes longer. You must not stay here; you’ll be poisoned with this abominable air. Come towards the door, I beg” (24). Not only does Bellingham call the house “dirty” and express concern for Ruth’s health from what he believes is “poisoned” air, but he attaches judgment and horror to his concerns. He calls the boy’s home “horrid,” “insufferable,” and “abominable.” Later he

scolds the boy's grandmother, admonishing "could you not keep your place a little neater and cleaner? It is more fit for pigs than human beings. The air in this room is quite offensive, and the dirt and filth is really disgraceful" (26). Again, Bellingham expresses little genuine concern for why this woman and her orphaned grandson are living in their current condition and merely assumes they are like "pigs," finding their environment "offensive" and "disgraceful" rather than a cause for compassion and concern. This suggests that he believes their living conditions result from laziness or inhuman lack of care for their surroundings rather than poverty or ignorance. Though these are conspicuously the opinions of an anticontagionist worried about disease causing-miasma emerging from filth, Gaskell evidently condemns Bellingham's callous inability to see this family's poverty and squalid living conditions as separate from their moral health.

As Freeland convincingly argues, the link between morality and filth is where Gaskell strongly diverges from Chadwick and other anticontagionists of her time (804). Chadwick, like Bellingham and many other prominent sanitarians and anticontagionists, believed that sin, filth and disease were always interconnected. He says "much of rebellion, of moral depravity and of crime has its root in physical disorder and depravity... The fever nests and seats of physical depravity are also the seats of moral depravity, disorder and crime with which the police have the most to do" (qtd in Freeland 804). As Freeland points out, according to Chadwick, dirt always comes before crime. Moreover, police used dirt "as a means of conjuring motives, gathering evidence, and assigning guilt" (Freeland 805). In other words, "Victorians made dirtiness itself a crime" (805).

Ruth clearly condemns the Victorian assumption that disease, poverty and filth are always attended by sin; she replaces this connection with an emotional cause for disease. She

suggests that strong emotion, rather than sinfulness, can powerfully predispose one to disease. Beginning with Ruth's father, Gaskell overtly states that his many misfortunes result not from "an avenging fate," but from "some want in his character of the one quality required to act as key stone to many excellences. While his wife lived, all worldly misfortunes seemed as nothing to him; her strong sense and lively faculty of hope upheld him from despair;" (36). Gaskell does not attribute his failure as a farmer to divine intervention but to a lack of motivation stemming from his love, devotion and contentment with his life with his wife and daughter, an emotional quality that kept him healthy despite his age. Later, when his wife passes away, despite his former good health, both his health and his finances quickly deteriorate; his death is described as a mercy, delivering him from "the deep grief of his soul" (37). His emotional and physical health are so deeply connected that his grief literally kills him.

Ruth remains healthy while nursing Bellingham during his first illness in Wales right after her seduction despite her barely sleeping, but she immediately falls desperately ill after he leaves her. During her illness, she had the "shadow of death... upon her," "she lay as still as if she were dead," and even after Faith Benson's careful nursing, she was still in "acute suffering" (99; 102; 115). Ruth's illness is directly related to her emotional suffering. It is only after she finds out she is pregnant that Ruth begins to recover fully: she "began to sit up (and the strange, new, delicious prospect of becoming a mother seemed to give her some mysterious source of strength, so that her recovery was rapid and swift from that time)" (126). The pregnancy itself does not cause Ruth's recovery but the "delicious prospect" of it. She only begins to recover after she finds out about her pregnancy. Her happiness has a direct effect on her physical health. There are no moral or environmental reasons why she

would recover at this time – it is all a result of her emotional well being, just as her illness was caused by grief and despair.

During Ruth's emotionally draining second time nursing Bellingham through typhus years later, she becomes fatally ill, despite being in much closer contact with the sick during her weeks in the fever wards. The first hints of her illness appear after she spends a night "constant and still, intent upon watching the symptoms, and acting according to them... She had never left the room. Every sense had been strained in watching – every power of thought or judgment had been kept on full stretch" (*Ruth* 444). Rather than maintaining that calm and fearlessness she displayed in the typhus wards, an attitude that had "the effect of a hush of all loud or disturbing emotions," Ruth is consumed with anxiety and "strain" during her nights caring for Mr. Donne/Bellingham (391; 444). Dramatically, Ruth is saved from "falling" in Bellingham's sickroom both literally and figuratively by her friend, the physician Mr. Davis, just as Donne comes out of his stupor, recognizing Ruth and confusing her with a memory of her from their elopement. (He says, half dreaming, "Where are the water-lilies? Where are the lilies in her hair?") (446). Though she had already begun displaying symptoms of typhus before this moment, it reaches a crisis point at the moment she almost loses control of her emotions and her desire for Bellingham.

In *Ruth*, intense emotional turmoil, a predisposing factor in becoming ill, is consistently portrayed as contagious. While sin and disease are both caused by environmental factors and emotional turmoil in the novel rather than by contact with an infected person or sinner, emotional turmoil itself is represented as deeply contagious through close contact, perhaps explaining some of the contagious appearance of epidemic ailment. If fear is contagious, and fear predisposes one to catching an epidemic, then the epidemic may appear

contagious, while in fact, it is just the predisposing factor (fear, desire, despair) that is being spread by contact. From the very beginning, Gaskell develops a world where emotions can be transmitted person-to-person. During Ruth's night mending dresses at the ball where she first meets Mr. Bellingham, she helps to fix a tear in his dance partner's dress. As Mr. Bellingham stands by, watching his partner's charming impatience to get back to dancing, his face is "so expressive of amusement at the airs and graces of his pretty partner, that Ruth was infected by the feeling" (15). Just by catching Mr. Bellingham's eye, Ruth is "infected" with the same amusement he feels, and must hide her smile. There is no atmospheric cause for Ruth's "infection" with joy; it comes directly from Mr. Bellingham. Later in the novel, Mr. Davis, the childless doctor who later adopts Ruth's orphaned son, explains that his wife has "infected" him with her longing for a child, and thus he hopes to informally adopt Ruth's son Leonard, and pass along his surgical practice to him (437). Finally, Mr. Bellingham/Donne is "infected" with Sally's grief after Ruth's death just by being in her presence (451). Emotions, unlike disease and sin, are highly contagious.

Contrary to her many critics as well as characters like Mr. Bradshaw who believe that sin is contagious, Gaskell takes pains to prove that morality and sin are fundamentally anticontagionist. In other words, sin, like epidemic disease, is generated from environmental causes and spreads through the atmosphere, not through direct contact with an infected people (sinners) or their stories. Gaskell aligns disease and morality by aligning the metaphors used to describe Ruth's sin and the anticontagionist typhus epidemic. Both the sin and the epidemic are described as horrifying monsters, emerging from the darkness to terrorize who ever they come across. When Jemima Bradshaw accidentally finds out about Ruth's sinful past from a gossiping shopkeeper, Gaskell describes Jemima's dawning

knowledge as that of a diver, leaving the safety of “the green sward, smooth and known, where his friends stand with their familiar smiling faces,” and coming face to face with a “strange ghastly, lidless-eyed monster” underwater (324). This metaphor implies that Jemima experienced real terror of harm from this “monster” she faced rather than just surprise, disgust, or disapproval. Jemima’s experience of hearing Ruth’s story of seduction and unwed motherhood is a “great shock,” she feels “dread,” and considers Ruth an “object of terror” (324). Rather than simply condemning Ruth and her past, Jemima experiences a real fear that she will be personally injured in some way by her contact with Ruth. Though, as we witness throughout the novel, Ruth is almost implausibly pure, innocent, and a good and moral presence in Jemima and her family’s lives despite the perceived horrors of her past.

Jemima’s terrifying sea monster is like the equally terrifying anticontagionist typhus epidemic. The typhus frightens the people of Eccleston with its “creeping, creeping, in hidden, slimy courses,” a creature who “lives in such darkness, like a wild beast in the recesses of his den” (424). Just as Jemima is safe from Ruth, though she imagines she is threatened by a monster, hiding in the “horrid depths of the sea,” Ruth and the town are safe from the “creeping,” “slimy” typhus epidemic, a monster hiding in the darkness of “his den” if they could just approach it without fear. Both sin and disease elicit “dread,” “terror,” and “horror” (324, 424). However, despite their initial terror, Ruth, Jemima, and the town of Eccleston are ultimately safe, if only they would “acknowledge its existence with brave faith” rather than “that cowardliness which prompts it to shut its eyes against the object of terror” (324).

Mr. Bradshaw, Ruth’s employer, Jemima’s father, and a prominent local businessman, exemplifies the problems with the concept of moral contagionism. After

finding out about Ruth's sinful past, Bradshaw explodes, fuming that Ruth has caused "any corruption, any evil – any defilement" that this family has experienced (338). He assumes his young daughters, whom Ruth served as governess, have been "contaminated" by her and he chastises Ruth for attempting to place her son among boys "who are not stained and marked with sin from their birth" (340). For many pages, Mr. Bradshaw rails against the "corruption" and "contamination" that Ruth brought into his home and exposed his children to (349). All of his language suggests that Ruth's history has permanently marked her and all who come into contact with her, including, to his devastation, his own children. Moreover, as a believer in moral contagion, he considers her the source of sin and corruption, not merely its victim. He begs his daughter, Jemima to shun her, saying "if ever you, or any child of mine, cared for her, shake her off from you, as St. Paul shook off the viper—even into the fire" (338). Ruth herself, according to Bradshaw, as the source of sin and contamination, is the dangerous monster, the viper, and by this logic, banishing or even destroying her is the only way to keep his family safe from further corruption.

Mr. Bradshaw's strategy for protecting his family from sin and corruption is to quarantine sinners, a contagionist strategy that is ultimately futile or even harmful when operating under the laws of anticontagionism. Katherine Inglis explores this concept, arguing that Gaskell clearly outlines the failures of the parallel quarantines of the "lazar-house" or quarantined fever hospital and Mr. Bradshaw's attempt to keep Ruth away from his family and the community at large to prevent the spread of sin. Like the novel's lazar-house from which the typhus epidemic continues to spread, Mr. Bradshaw's moral quarantine of his home ultimately fails (Inglis 69-70). His son, Richard, who had left home before Ruth became his sisters' governess, was corrupted despite being fiercely protected from exposure

to sinners throughout his youth. He developed lavish and irresponsible spending habits while away from home, finally forging documents that cheated Mr. Benson out of his life's savings in order to pay off his debts (*Ruth* 406). Richard's sins do not result from moral corruption "caught" from a friend or acquaintance; rather, like typhus, Richard's sinfulness arose from an inner weakness, or "want of moral courage," that predisposed him to reacting poorly to his father's "severe and arbitrary mode of treatment" (406). In other words, Richard, though never a "hardened villain" was predisposed to sinfulness, and the harsh environment in which he was raised encouraged his "sink into [a] sneaking scoundrel" (406).

Ruth's moral quarantine as a young girl is one of the major factors in causing her to be seduced by Bellingham. "Ruth was innocent and snow-pure. She had heard of falling in love, but did not know the signs and symptoms thereof; nor, indeed, had she troubled much about them" (44). Ruth was kept completely ignorant of love or sex. Because of this, as Ruth begins her relationship with Bellingham, she is unaware that she is falling in love with him, or perhaps, in less Victorian terms, that she is attracted to him. Though she knows what "falling in love" is, she does not recognize the "signs and symptoms" because she has been protected from all knowledge of adult romantic and sexual relationships. Gaskell implies that if Ruth was a little less ignorant and "snow-pure" that she would not have been contaminated and thus more susceptible to seduction, but in fact less susceptible, as she would understand what her feelings and Mr. Bellingham's actions were leading toward, better allowing her to resist him.

Moreover, her son Leonard, the product of and constant reminder of Ruth's sin, does not cause further immorality, but encourages Ruth to strive to live a better, more moral life after her one mistake. Leonard, rather than being a source of additional corruption, is the

source of Ruth's salvation. He reminds her daily of her past mistake and encourages her to be better. At least one of Gaskell's readers understood this, also using a medical metaphor to explain social problems as a disease and society's role as physician. The reviewer for the dissenting weekly *Nonconformist* argues, agreeing with Gaskell, that "Society is its own physician; and if a fastidious delicacy prevents it from scrutinizing its own corruptions, what hope is there of their cure?" (*Critical Heritage* 228). As *Ruth* demonstrates, this reviewer believes that examining and reflecting on the nature and causes of sin, rather than avoiding it is the only way to cure social "disease."

The major sin of the novel turns out not to be Ruth's fall, but the lie, propagated by the Bensons, that Ruth is a widow rather than a fallen woman. As the narrator says, Mr. Benson's lie was "the decision – the pivot, on which the fate of years moved; and he turned it the wrong way" (122). Ruth's sinful past is not the source of Jemima's moral degradation and hateful jealousy toward Ruth. Rather, Jemima's hatred is aroused by the appearance that Ruth is so perfectly "beautiful, gentle, good, and conscientious" (245).

The hot colour flushed up into Jemima's sallow face as she became aware that, even while she acknowledged these excellences on Mrs. Denbigh's part, she hated her... her goodness, undoubted as it was, was more distasteful than many faults which had more savour of human struggle in them" (245).

Jemima is consumed by hatred and jealousy that is bred from her ignorance of Ruth's past. The influence of a "beautiful, gentle, good, and conscientious" woman does not encourage Jemima to develop those same characteristics. Instead, "she hated her." After Jemima learns about Ruth's past, she is at first "sickened at the thought of seeing Ruth" (324). Ruth's past challenges her assumption that "calm, modest, delicate, dignified" people like Ruth cannot

hide a secret so big. “The very foundations of Jemima’s belief in her mind were shaken” (326). But after watching Ruth mercilessly for weeks, Jemima realizes that Ruth’s outward goodness is not covering up a hidden, inner darkness. And through her compassion for Ruth’s past mistake, Jemima becomes more loving and forgiving. She explains to the Bensons, “seeing how I have no goodness or strength in me, and how I might have been just like Ruth, or rather, worse than she ever was, because I am more headstrong and passionate by nature, I do so thank you and love you for what you did for her” (365). Ignorance of Ruth’s past brings out Jemima’s worst qualities; the truth, rather than corrupting Jemima, encourages her forgiving, loving nature.

The fact that Ruth faced her sin head on daily through her relationship with the Bensons and her son allows her to move toward goodness as well. Both Mr. Bellingham/Donne and Richard Bradshaw, Mr. Bradshaw’s son, commit equal or greater sins, but their refusal to face and repent for their mistakes leads them to worse moral degradation. When Ruth meets Mr. Donne for the first time many years after her seduction and elopement, she notes that he seems to have no shame or regret for their shared past mistake. “You have talked of it with no sound of moaning in your voice—no shadow over the brightness of your face; it has left no sense of sin on your conscience, while me it haunts and haunts; and yet I might plead that I was an ignorant child—only I will not plead anything, for God knows all—But this is only one piece of our great difference” (303). Ruth recognizes that her regret and repentance has been purifying for her. Mr. Donne’s lack of regret or shame is a sign that he has degenerated further and he is not worthy of her or her son’s love and connection, in spite of her lasting desire for him. Richard Bradshaw, too, is able to get away with sinful behavior for many years before being caught by his father for

forging documents that cheated Mr. Benson out of his life's savings. Many years of degeneration damage him permanently, though even he is not without hope. "He will never be a hero of virtue, for his education has drained him of all moral courage; but with care, and the absence of all strong temptation for a time, he will do very well; nothing to gratify paternal pride, but certainly nothing to be ashamed of" (422). Richard has degenerated as far as, or worse than, Ruth according to contemporary legal and cultural standards of behavior. According to Sara Malton, forgery had just been downgraded from a capital offence during the time the novel was set (188). This puts his sin at least on par with Ruth's; yet their punishments are strikingly different. It is clear that Richard was able to sink so low because neither he nor his family were calling attention to his sinful and destructive behavior. His many years of profligacy "drained him of all moral courage." Malton explains that Ruth and Richard's crimes and their associated punishments are contrasted and the novel makes it clear that if even if someone like Richard can be rehabilitated, than the unrelenting treatment of Ruth and other less virtuous fallen women is way out of sync with the seriousness of their crimes or their potential for further sin (Malton 187).

Most important for my argument that Gaskell presents moral contagionism as misguided and wrong is the fact that Ruth is never contagious after she is seduced by Bellingham. Ruth and the Bensons are all concerned about Ruth's possible moral contamination, especially before she becomes a governess for the Bradshaw family. But Mr. Benson, after living with Ruth for a year, makes the labored decision that Ruth will bring no harm to Mr. Bradshaw's young daughters. Faith Benson questions her brother as he considers the Bradshaw's proposal:

‘What harm do you think she can do? What is the risk to which you think you are exposing Mr. Bradshaw’s children?’...

‘I do not see any danger that can arise,’ said he at length, and with slow difficulty, as if not fully convinced. ‘I have watched Ruth, and I believe she is pure and truthful; and the very sorrow and penitence she has felt—the very suffering she has gone through—has given her a thoughtful conscientiousness beyond her age’ (199).

Ruth has spent a year with the Bensons at this point, learning the nature and seriousness of her transgression. The “sorrow and penitence” they have witnessed convince Mr. Benson correctly that she is not a danger to the young Bradshaw girls though his doubts clearly echo the doubts Gaskell’s readers will have in exposing their wives and children to Ruth’s story.

After Ruth’s secret is discovered, Jemima bears witness that Ruth is not a dangerous presence in their home, as she and her father feared. “For her sisters’ sake, she had a duty to perform; she must watch Ruth” (327). Jemima watches carefully for any sign of moral contamination in her sisters or in Ruth herself and is satisfied that it does not exist. Speaking to her father, who has just blamed Ruth for “any corruption—any evil—any defilement” in his family, Jemima explains that “I watched her with my wild-beast eyes. If I had seen one paltering with duty—if I had witnessed one flickering shadow of untruth in word or action – if, more than all things, my woman’s instinct had ever been conscious of the faintest speck of impurity in thought, or word, or look, my old hate would have flamed out with the flame of hell!” (338; 339). For the sake of her sisters, and the man she is in love with, whom she assumes loves Ruth, Jemima dedicates weeks to watching her mercilessly. Ruth is entirely innocent of any signs of “corruption,” “evil” or “defilement” that could be transmitted to those she loves. Moreover, Jemima’s sisters never show any signs of contamination and

Ruth's son becomes a kind, sensitive and intelligent young man, well liked and respected by his community, in spite of his illegitimate birth and his close relationship with his mother.

The novel makes it clear that sins like Ruth's are, like many epidemic diseases, not contagious by person-to-person contact. This allows for compassionate individuals like the Bensons to care for and work with sinners (and the sick) in order to bring them toward a better life without fear of infection. Moreover, the text itself also functions as an anticontagionist metaphor, arguing against a strong assumption that even stories about sinners are dangerous and can contaminate readers, especially women and children. Gaskell was well aware of the many biting reviews *Ruth* received after publication. Many of these reviews, recalling the same disapproval of the men she knew of who had burnt or banned the book, criticized her moral compass, and worried about the effect the novel would have on impressionable women and children. In a letter to a friend, she bemoans her many critics, the "London librarian (Bell I believe) has had to withdraw it from circulation on account of 'its being unfit for family reading' and Spectator, Lity Gazette, Sharp's Mag; Colborn have all abused it as roundly as may be" (*Letters* 223). Though she was "surprized to find how very many people – good kind people – and *women* infinitely more than men, really & earnestly disapprove of what I have said," she was not ignorant of the controversy she was courting with her choice of subject (*Letters* 226). "Of course I knew of the great difference of opinion there would be about the book before it was published. I don't mean as to its merely literary merits, but as to whether my subject was a fit one for fiction" (227). The controversy her book stirred up was not a complete surprise, and I would argue, a response to this anticipated criticism is built into the story itself.

Ruth's critics are very much like the characters in the novel who worry that hearing the story of Ruth's fall could contaminate young readers. The gossipy shopkeeper who first tells Jemima Ruth's story stops herself multiple times, concerned that she is "polluting [Jemima's] ears" (*Ruth* 321). "I don't know whether I ought to tell you, ma'am—it is hardly a fit story for a young lady" (321). This concern echoes the many concerns of Gaskell's critics who burnt her book, removed it from library circulation, forbade their wives and children from reading it, or merely denigrated it in the newspaper. "God forgive me," the shopkeeper concludes, "if I am speaking too transiently of such degraded women" (321). However, rather than contaminating and polluting Jemima, hearing Ruth's story encourages forgiveness and compassion. The knowledge of Ruth's past "gave Jemima a kind of protecting, pitying, feeling for Ruth" (327). Jemima's compassion for Ruth only grows the more she reflects on Ruth's past, and Jemima ends the story in a stable, loving marriage with her father's much respected business partner. Hearing Ruth's story, both for Jemima, and hopefully for Gaskell's readers, will encourage compassion, forgiveness, and empathy and is incapable of infecting either with an immoral interest in sin.

Returning to Gaskell's defense of *Ruth*, referenced earlier in the chapter and written a few months after the novel was published, we see that Gaskell reinforced the novel's conclusion that avoiding or protecting loved ones from knowledge of sin is dangerous. "From the very warmth with which people have discussed the tale I take heart of grace; it has made them talk and think a little on a subject which is so painful that it requires all one's bravery not to hide one's head like an ostrich and try by doing so to forget that the evil exists" (227). In the same letter, she says "it is so true what [Hood] says about evil being done by *want of thought*" (227). Gaskell clearly believes that bringing a difficult and challenging subject like

fallen women into the light and into public discussion is not only safe, but vital to combatting the problem. *Ruth* has forced her readers and her culture at large to examine an “evil” they do not want to face. Like Jemima, whose horror at discovering Ruth’s secret reflects “a child’s cowardliness – that cowardliness which prompts it to shut its eyes against the object of terror, rather than acknowledge its existence with brave faith,” and like the town of Eccleston, which ignores the burgeoning typhus epidemic while it decimates the “low Irish lodging-houses,” Gaskell’s culture refuses to examine and reflect on the lives of fallen women, putting them at risk of an epidemic of sin (*Ruth* 324; 424). Gaskell considers her book a success precisely because it has incited debate and reflection on the cause and solution to the problem of fallen women. Her novel, like Ruth herself within the novel, instigates compassion and goodness in people who know her and her story, rather than prompting further sin.

In the end, Gaskell does not believe that Ruth herself or *Ruth* the novel are sources of moral contamination, capable of infecting susceptible acquaintances or readers. Despite all of the negative reviews, community members who burnt her book, and respected critics and literary figures who skewered and banned *Ruth*, Gaskell believed her books were deeply moral and “good.” “The difference between Miss Bronte and me is that she puts all her naughtiness into her books, and I put all my goodness. I am sure she works off a great deal that is morbid *into* her writing, and *out* of her life; and my books are so far better than I am that I often feel ashamed of having written them as if I were a hypocrite” (*Letters* 228). Ultimately, Gaskell believes, Ruth’s story is an expression of Gaskell’s best intentions, based on a firm belief that neither disease nor sin is contagious. *Ruth*, therefore, is incapable of harming readers.

Chapter Three:

“The World Waits for Help”: Healing the Body (Politic) through Poetry in *Aurora*

Leigh

On February 24, 1855, Elizabeth Barrett Browning wrote an often-quoted letter to her friend, Anna Jameson, describing her mixed reaction to the newly famous nurse-celebrity, Florence Nightingale. Jameson had just given her first public lecture on February 14, 1855, entitled “Sisters of Charity,” just ten days before Barrett Browning wrote her letter.

Jameson’s lecture was published in book form the next month. In the lecture, Jameson reflects on the “Woman Question,” arguing that women as well as men need meaningful work. Jameson posits Roman Catholic sisters of charity organizations as a potential model for developing secular organizations devoted to women’s work in England (Jameson). She spends a significant time discussing the good that Florence Nightingale was doing at the Scutari hospital, caring for the wounded and sick soldiers of the Crimean War. She also suggests that Nightingale’s model of nursing could help solve the “Woman Question” by providing respectable, middle-class women meaningful and appropriate work.

Though the letter from Jameson that Barrett Browning was responding to seems not to have survived, Barrett Browning is apparently reacting to the general ideas put forth in Jameson’s published lecture on Florence Nightingale’s celebrity and the concept of nursing as a career for intelligent, ambitious women. Barrett Browning wrote,

I know Florence Nightingale slightly... She is an earnest, noble woman, and has fulfilled her woman's duty where many men have failed.

At the same time I confess myself to be at a loss to see any new position for the sex, or the most imperfect solution of the 'woman's question' in this step of hers. If a movement at all, it is retrograde, a revival of old virtues... Every man is on his knees before ladies carrying lint, calling them 'angelic shes,' whereas if they stir an inch as thinkers or artists from the beaten line (involving more good to general humanity than is involved in lint) the very same men would curse the impudence of the very same women and stop there. I can't see on what ground you think you see here the vast gain to the 'woman's question' so called... I acknowledge to you that I do not consider the best use to which we can put a gifted and accomplished woman is to make her a hospital nurse. If it is, why then woe to us all who are artists! The woman's question is at an end (*Letters* 188).

Barrett Browning suggests that Florence Nightingale and Anna Jameson are doing nothing new for women in promoting nursing as a respectable profession². Moreover, she explains her belief that nursing, or "carrying lint," does much less for "general humanity" than woman artists and thinkers could potentially do. While she agrees that Nightingale is an "earnest, noble woman" who has "fulfilled her woman's duty," Barrett Browning argues in this 1855 letter that real progress for women *and* wider social reform will come from promoting

² Before the mid-nineteenth century, paid nursing was not considered a respectable profession for middle and upper class women. War nurses were generally thought of as "camp-followers" or prostitutes. In fact, Nightingale carefully designed uniforms and codes of conduct for her Crimean War nurses intended to definitively distinguish them from the camp followers (Vining & Hacker 355). Before Nightingale, paid home nurses, represented by Dickens's drunken, slovenly, and callous Sarah Gamp and Betsey Prig, were a last resort for wealthy families only if there were no family members available to provide care.

women's intellectual and artistic work, not from encouraging them simply to accept a traditionally female role translated to the hospital setting.

In *Aurora Leigh*, published in late 1856, Elizabeth Barrett Browning expands on the argument she put forth in her 1855 letter to Anna Jameson. Instead of encouraging “gifted and accomplished women” to admire and emulate Florence Nightingale, *Aurora Leigh* makes a sustained argument in favor of women pursuing art and intellectual projects. Significantly, *Aurora Leigh* proposes that women can not only solve the “woman question” through art and poetry, but can address a wide range of social problems, including the spread of disease and poverty. Barrett Browning invokes anticontagionism as well as Carlyle's conception of society as a collective body, to suggest that female artists like Aurora can heal social problems by bringing these issues into the light. Acknowledging and harnessing the tremendous international admiration for Florence Nightingale and her social and medical reform projects, Barrett Browning argues in *Aurora Leigh* that women artists can do even more good by nursing broader social diseases through poetry.

Florence Nightingale became a massive celebrity almost immediately after she left for the Crimean War in late 1854. Coincidentally, one of the most recognizable and defining images of Florence Nightingale as the “Lady with the Lamp” was published in the *Illustrated London News* on February 24, 1855, the same day Barrett Browning wrote the previously quoted letter to Anna Jameson (Bostridge 251). A few months later, by the summer of 1855, Britain was in the grips of “Florence Nightingale mania;” she had become a massive and almost instant celebrity for her work curating and bringing a group of middle-class nurses to work in the hospital at Balaclava during the Crimean War (Bostridge 261). Moreover, just as Barrett Browning and her friend Anna Jameson were doing in letters, people across England

concerned with the “Woman Question” were debating whether Nightingale should be considered a model and hope for expanding opportunities for women (Bostridge 263).

Fundamental to Nightingale’s success as a public figure and as public health reformer was her stubborn belief in anticontagionism. Nightingale, like Chadwick and Southwood Smith, argued that disease originated and bred in filth (Rosenberg 92; Ackerknecht 8). Under Nightingale’s anticontagionist logic, scrupulous housekeeping, organization, planning and monitoring could prevent both outbreaks and the spread of disease (Rosenberg 99). It was a profoundly practical theory that made middle-class women, born and bred to be wives, mothers, and housekeepers, ideally suited to curbing the spread of disease in hospitals. Anticontagionism made Nightingale’s vision of nursing possible. Nurses, under this theory, could stay safe from contracting disease through cleanliness and order, and all the qualities that made women suitable to be wives and mothers aligned perfectly with the major duties of nursing: housekeeping and soothing patients (Rosenberg 104).

Barrett Browning engages with the debate between contagionism and anticontagionism literally in *Aurora Leigh*. Carolyn Jacobson argues that Barrett Browning is espousing contagionist logic when Aurora for the first time visits Marian Erle, the young working class woman her cousin Romney Leigh has decided to marry (Jacobson 138). On her way to Marian’s apartment, a poor woman in the street accosts the well-dressed Aurora. The woman threatens: “Our cholera catch you with its cramps and spasms, / And tumble up your good clothes, veil and all, / And turn your whiteness dead blue” (*Aurora Leigh* 95). Jacobson argues that this scene reveals the fact that Barrett Browning “clearly relies on a contagionist view of disease, for the sake... of shoring up her more abstract ideas about human interactions, and concretely depicting them as involving contact, exposure, and the

threat of infection” (138). While I agree that scenes of disease and infection do help Barrett Browning shore up her ideas about “human interactions,” I argue, on the contrary, that scenes like this one show that human interaction and exposure to poverty and disease are fundamentally safe. Though Aurora is *threatened* with cholera, the “weapon of the poor,” by the poor woman in the street, she does not catch it (Gilbert 142). The idea that she could catch cholera from this woman does follow contagionist logic, a view primarily held at the time by the uneducated; but the fact that Aurora does not contract the disease suggests that the threat was empty. Aurora’s trip to Marian’s poor neighborhood might have seemed to her like “hell,” “boiling, bubbling up from all its doors.” Aurora may have been afraid of contracting cholera, but she arrives and departs in perfect safety. Aurora’s exposure to the poor and the threat of cholera are terrifying, but ultimately not a real source of physical or spiritual danger (95). Moreover, the lovely Marian Erle was a “daughter of the people,” “such soft flowers,/ From such rough roots” (96). In spite of her intimate, life-long contact with the people “under there” who “sin so, curse so, smell so... faugh,” and come “boiling, bubbling up...with a hideous wale of laughs” as Aurora passes, Marian Erle is a “soft flower,” like a “full-blown rose” (96). Sin, filth, and disease are not contagious through contact as the experience of both Aurora and Marian shows.

While *Aurora Leigh* itself indicates that contagion and exposure to literal and metaphorical sickness are not dangerous, young Romney Leigh is clearly a contagionist. Romney follows Aurora out of Marian’s apartment, insisting that he walk her home:

‘At least
You’ll suffer me to walk with you beyond
These hideous streets, these graves, where men alive

Packed close with earthworms, burr unconsciously

About the plague that slew them; let me go.

The very women pelt their souls in mud

At any woman who walks here alone.

How came you here alone? – you are ignorant' (118).

Romney is horrified by the “ignorance” that prompted Aurora to venture into Marian’s plague-infested streets alone. Rather than being afraid of the “hideous streets” and graves filled with plague victims, emitting harmful miasma, Romney seems to be afraid of the dead and the poor themselves. The dead men in their graves are somehow still alive to “burr unconsciously,” or mumble incoherently, about the “plague that slew them.” The dead and their incoherent ramblings are something to fear. Additionally, according to Romney, it is the poor women who spread their filth on purpose, rather than the neighborhood itself, that pose a threat to Aurora. Finally, Romney’s assumption that he can protect Aurora from contact with those infected or filthy by walking her home suggests that the threat is coming from individuals who must be kept away, rather than from a free-floating anticontagionist miasma that cannot be avoided so easily.

Though Romney calls Aurora “ignorant,” it is his old-fashioned belief in contagion that would be considered ignorant at the time. As described in my introduction, by the time this book was published, contagionism an out of date theory; and, for the period between 1821 and 1867, anticontagionism was the perspective of most cutting-edge medical practitioners (Ackerknecht 8). Robert Browning himself told Barrett Browning in a letter in October 1845 that he “disbelieve[d] altogether in contagion from fevers...as do much better informed me than myself” and that his mother and sister “are resolute non-contagionists”

(Browning 368). Intelligent and “informed” men and women in the mid-nineteenth century, according to Robert Browning, were “non-contagionists,” making Romney the ignorant one in his conversation with Aurora.

Romney also reveals his belief in contagion, both physical and moral, when debating with Aurora whether Marian is likely to be corrupted after she has left him at the altar and disappeared. He says,

That’s the odds ‘twixt soul and body plague!
The veriest slave who drops in Cairo’s street,
Cries, ‘Stand off from me,’ to the passengers:
While these blotched souls are eager to infect,
And blow their bad breath in a sister’s face
As if they got some ease by it’ (137).

The parallel “soul and body plagues” Romney describes are both contagious, spreading through close physical contact. Romney argues that the “soul plague” is more dangerous because the morally healthy, but physically diseased slave can and will warn others to stay away in order to protect them. According to contagionist logic, physical distance is enough to protect one from contracting disease. However, Romney argues that moral plague, operating in the same contagious manner as the real plague, is much more dangerous because those suffering from moral plague are likely to take pleasure in “blow[ing] their bad breath in a sister’s face,” thereby spreading it. In both cases, close contact with one suffering from either soul or body plague is dangerous.

But Marian does not catch any moral or physical plague, despite her close physical contact with physically and morally diseased people in her working class neighborhood.

Aurora, in response to Romney, expresses the more sophisticated and “informed” idea that “some natures catch no plagues” (137). If disease, as promoted by leading anticontagionists and later by Nightingale, were a result of an unbalanced, disorganized environment, either internal or external, then a healthy, strong constitution, physical or moral, would “catch no plagues.” Marian, in fact, gets physically sick only during times of severe emotional trauma, unrelated to exposure to disease, and she is never morally corrupted. When Marian leaves her job as a seamstress to nurse her dying friend, Lucy Gresham, she remains healthy despite spending so much time in close quarters with two fatally ill people (108-10). Marian does get sick after her mother attempts to sell her to a terrifying old “squire” who will “set [her] up, and comfort [them]” (102). Marian shrieks, “God, free me from my mother,” and faints after running away (102-3). She recovers in a hospital before Romney finds her and establishes her in a job as a seamstress (103-6). Marian experiences another period of illness after she is raped; this time: madness. But, as always, Marian recovers (214). Significantly, it is not exposure to disease that makes Marian ill, she does not catch Lucy’s physical illness, and she is not morally corrupted despite her close contact with morally diseased people; rather, she becomes sick when her environment, emotional or physical, is disturbed beyond her constitutional capacity to cope.

Though hospitals, to Barrett Browning, are not the ultimate and most effective social reform organization, Barrett Browning acknowledges the good that clean, well-run hospitals and sick rooms can do for the poor and sick. Marian is saved, both physically and emotionally, in a hospital after she runs away from her brutal family. Though she initially feels as though she is in a graveyard, the beds “like graves dug side by side at measured

lengths,” Marian is touched by the care and love she receives from the nurses during her stay.

The hospital:

Astonished her with order, silence, law.

And when a gentle hand held out a cup,

She took it, as you do at sacrament,

Half awed, half melted, - not being used, indeed,

To so much love as makes the form of love

And courtesy manners... (104).

Marian is being cared for beyond her physical needs; the “gentle hand” of the nurse offers spiritual “sacrament” and the love of a friend. This description parallels contemporary descriptions of Nightingale and her nurses as “ministering angels,” gliding along the wards at night holding a healing lamp (Gill 382; Bostridge 252). Nightingale and the nurses Marian encounters provide not only physical but spiritual and psychological care, both of which are necessary to heal the body.

However, Barrett Browning emphasizes that the love and care Marian receives in the hospital are inadequate to meet all of Marian’s physical, emotional, spiritual and practical needs. The care the nurses provide is necessarily temporary and situational. Additionally, the novel makes it clear how devastating and wrong it is that Marian must become gravely ill in order to find the kind of “social comfort” provided by the hospital. “How sick we must be, ere we make men just!” Aurora exclaims. “I think it frets the saints in heaven to see/ How many desolate creatures on the earth/ Have learnt the simple dues of fellowship/ And social comfort, in a hospital” (104). While the care Marian receives is necessary and good, Barrett Browning makes it clear that this kind of “fellowship” should be available outside of the

hospital as well. One should not have to be sick in order to gain love and spiritual comfort from others. In addition, though a nurse cared for her “as a friend” while she was ill, when it was time for Marian to leave, the same nurse “said coldly to her, as an enemy, / ‘She had leave to go next week, being well enough,’” though Marian had nowhere to go (104). Once Marian was physically well, the hospital would no longer care for her; the love and friendship she thought she had received were circumstantial. The nurse’s care is referred to as “apparitional.” Like Nightingale, the “ministering angel,” Marian’s nurse’s “apparitional care” is angelic and otherworldly. But an “apparition” can also be an illusion, meaning that the nurse only seemed to care about Marian. Though nursing and hospitals are clearly good and important in the book, they are emphatically not enough to truly treat the full range and complexity of literal and social diseases faced by Barrett Browning’s society, represented by Marian.

Not only is the care received in the hospital inadequate, but as Barrett Browning expressed directly in her letter, nursing in *Aurora Leigh* is not a calling suited for bright, creative, and ambitious women like Aurora. Aurora interprets Romney’s initial marriage proposal as a call to “sweep [his] barns and keep [his] hospitals” even “while/ [she] looked for empire and much tribute” (54). Aurora’s ambition cannot be satisfied with keeping hospitals. Moreover, nursing is not a heroic and noble calling to Aurora, as it was to the British general public and to Barrett Browning’s friend Anna Jameson. Aurora aligns “keep[ing] hospitals” with manual labor like “sweep[ing] barns” – not suitable employment for a woman of Aurora’s intelligence, sensitivity, and ambition.

In addition, good nursing in *Aurora Leigh* is not something that requires tremendous intelligence, education, or morality. Without reaching the same conclusion, *Aurora Leigh*

anticipates the introduction to Nightingale's bestselling 1859 home nursing textbook, *Notes on Nursing*, in which she asserts, "every woman is a nurse." In *Aurora Leigh*, both uneducated, simple Marian and the moderately educated though morally corrupt Lady Waldemar are both presented as exceptionally good nurses. Marian cares admirably for her friend and coworker, Lucy Gresham. And Romney praises Lady Waldemar's care of him after his estate burns: "'Twas kind, 'twas good, 'twas womanly,' / (And fifty praises to excuse no love)" (288). Lady Waldemar did care for Romney well in spite of her many flaws. In addition, Vincent Carrington tells Aurora that "When the fever took him first, / Just after I had writ to you in France, / They tell me Lady Waldemar mixed drinks/ And counted grains, like any salaried nurse, / Excepting that she wept too" (233-4). Good nursing, as both Marian and Lady Waldemar show, does not take any special intelligence or sensitivity. Nursing is a simple task like sweeping barns or "counting grains." Again, nursing is not a satisfying career path for a woman like Aurora.

Barrett Browning suggests that the best way to permanently heal physical diseases is not by simply treating the body, but by ministering to the soul. This was not such an abstract and radical concept. Nightingale herself believed that the nurse's major role was to facilitate the body's own natural healing process (Rosenberg 94). According to Nightingale, the sick did not need medicine so much as they needed space, cleanliness, and order in which their bodies could naturally heal themselves. Moreover, Nightingale believed that order and cleanliness, which were signs of a healthy moral nature, would prevent and cure disease (Rosenberg 99). When Aurora explains to Romney that "It takes a soul, / To move a body: it takes a high-souled man, / To move the masses, even to a cleaner sty: / It takes the ideal, to blow a hair's -breadth off/ The dust of the actual," her idea that spiritual and emotional

health could have an effect on bodies and the physical conditions of the society as a whole is not so radical, even by contemporary medical standards. If disease causing filth and disorder were signs of “moral otherness,” then care for the mind and soul could directly affect physical well-being (Rosenberg 99). *Aurora Leigh* suggests that caring for the ailing spirit, the root cause of physical suffering, will create an environment where disease cannot develop in the first place.

More than treating individual, literal diseases, *Aurora Leigh* the book and Aurora the character are both concerned with treating wider social diseases. The book is full of metaphors representing society as a body and poverty, hunger, and physical suffering as the wounds, fevers, and plagues of the social body. In *Aurora Leigh*, Barrett Browning suggests that the causes and treatments of literal diseases could be applied to social diseases as well. Like the anticontagionists who believed that physical diseases were caused by imbalances in the inner and outer environment, *Aurora Leigh* suggests that social diseases are born and bred from imbalances within the social body and the environment it creates. Additionally, the book suggests that “social wounds” need to be brought into the light, given metaphorical ventilation and attention, rather than being quarantined and hidden away to fester and infect the rest of the social body.

Barrett Browning relied on Thomas Carlyle’s concept of society as a social body to propose her method of nursing social wounds. Many critics have established Carlyle’s influence on Barrett Browning and on *Aurora Leigh* in particular. Brent Kinser explains that “Carlyle’s ideas are essential to a full understanding of Barrett Browning’s poetics, especially as she expresses them in their most extended and complex form in *Aurora Leigh*” (Kinser 21). Though Barrett Browning does not always agree with Carlyle, his theories

heavily influenced her writing; Aurora even explicitly mentions Carlyle when reflecting on the age and her poetry: “Ay, but every age/ Appears to souls who live in’t, (ask Carlyle)/ Most unheroic” (147). This statement refers to Carlyle’s argument in *On Heroes*, but *Aurora Leigh* takes up many of the themes expressed in his essay “Characteristics,” first published in 1831. In addition to describing society as a collective body like Carlyle does, *Aurora Leigh* ends with a metaphorical sunrise, a new beginning, responding to Carlyle’s idea that his culture “stand[s] yet in the bodeful Night” (Carlyle). Likewise, Romney’s opinions about the importance of work: “After Adam, work was curse;/ The natural creature labours, sweats and frets. / But, after Christ, work turns to privilege” clearly recall Carlyle’s statement that “Ever must Pain urge us to Labour; and only in free Effort can any blessedness be imagined for us” (273) Aurora agrees with Carlyle and Romney that “free men freely work,” that “free effort” is the only path to “blessedness” (273).

Many passages in *Aurora Leigh* resonate with themes of Carlyle’s “Characteristics”; however, for our purposes here, his idea of the “body politic” is most apparent in *Aurora Leigh*. Carlyle says “to figure Society as endowed with life is scarcely a metaphor; but rather the statement of fact by such imperfect methods as language affords... In the same style also, we can say that Society has its periods of sickness and vigour, of youth, manhood, decrepitude, dissolution and new birth” (Carlyle). In other words, society goes through the same life cycle as a human body, Carlyle, going so far as to say that this is not even really a metaphor but a “statement of fact.” Carlyle further describes the current state of society as a body, the signs of cultural ill health, and the way to heal a sick, or in Victorian England’s case, old and “decrepit” society. Social stratification and excessive self-consciousness are signs that the body politic is not working as a unified and harmonious whole. And like

Nightingale, who decades later would argue that symptoms of disease like diarrhea, fever, and pain were also the body's way of healing itself, Carlyle suggests that the symptoms of our sick society like self-consciousness, struggle, pain, and excessive social stratification, are also the means of healing society. These symptoms, Carlyle says, are Nature's "medicative force" used "to cast-out foreign impediments, and once more become One, become whole" (Carlyle). Therefore, Carlyle argues, his society must go through the stages of disease and/or death in order to be reborn. The culture's job, as the nurse's would be later, was to facilitate an environment where the disease could not breed and spread.

In *Aurora Leigh*, Barrett Browning suggests that poetry is the way to care for the ailing social body and facilitate the rebirth (or new morning/Aurora) that Carlyle predicts. Critics such as Pamela Gilbert have argued that the novel/poem is in fact "essentially conservative" in that Aurora "turns away from the plight of the people to cathect one person's narrative, from the problem of economic exploitation to the more sentimentally tractable one of sexual exploitation" (Gilbert 143). Aurora and Romney do turn away from Romney's ambitious social reform projects in favor of nurturing and focusing on their own love and Aurora's poetry. While, on the surface, they do seemingly turn away from "the plight of the people," in fact, Barrett Browning is using contemporary medical and social theories to suggest that art and poetry is much more beneficial to her society than any of the reform work Romney previously performed. If disease is understood as non-contagious, and sufferers need light, air, cleanliness, and spiritual support more than medicine and surgery, and if society is a "collective individual," as Carlyle argues, then Aurora and Romney's final conclusion is not a turn away from the suffering of their community but a more scientifically modern, sophisticated and effective approach to healing it (Carlyle).

Quarantines were a particular source of debate for Barrett Browning's contemporaries as explained in the introduction to this dissertation. European governments, under contagionist logic, had been enforcing quarantines to curb the spread of disease for hundreds of years. However, by the mid-nineteenth century and the height of anticontagionism, quarantines were widely considered ineffective, old fashioned, and damaging to burgeoning global economies (Ackerknecht 9, 19). In fact, some thought that quarantines, with their containment of disease and sufferers within small spaces actually encouraged the growth and spread of more disease throughout the cities they were trying to protect. Though the practice of quarantining remained controversial and highly debated, doubts about its effectiveness were so widespread that many western governments, starting with France in 1827, began abolishing quarantine laws (Ackerknecht 11). By the late 1860s, most medical practitioners were convinced by germ theory and the contagious nature of the four most threatening diseases of the Victorian era: typhus, cholera, plague and yellow fever (though, significantly, Nightingale remained resistant to theories of contagionism until the 1880s). Anticontagionism and resistance to quarantines were at their height in the years around the publication of *Aurora Leigh*, the late 1840s – 1850s (Ackerknecht 9). To Barrett Browning's contemporaries, support for quarantines was out of date, conservative, and ignorant.

Romney's reform project, then, fails because of his commitment to contagionism and quarantine. Before his house, which he dedicated to housing and reforming criminals, is burned down, the villagers nearby would say:

There he goes

'Who'd drive away our Christian gentlefolks,

'To catch us undefended in the trap

‘He baits with poisonous cheese, and lock us up
‘In that pernicious prison of Leigh Hall
‘With all his murderers!’ (279).

While Romney’s project was meant to bring order and peace to “men and women of disordered lives,” by locking them up “in that pernicious prison of Leigh Hall,” Romney actually breeds more disorder and chaos. Not only does he breed it in the men and women he hopes to cure, but he also encourages moral disorder and violence to spread through his own formerly orderly world. Romney’s mistake is “forcing crooked creatures to live straight,” quarantining them in his house, and “build[ing] a system” unnaturally (278-9). These activities directly violate the arguments set out by leading anticontagionists treating physical bodies and by Carlyle for treating the social body (“Few mortals...are permanently blessed with that felicity of ‘having no system’”) (Carlyle). The villagers and “inmates” resist Romney’s “system” by breaking windows and “those waxen masks [he] made them wear, / with fierce contortions of the natural face” (278). Like the quarantines that only encourage the growth and spread of miasmas, freely floating beyond the bounds of the quarantine walls, Romney’s home full of criminals only breeds more violence and crime. Romney’s failure inhered in instituting quarantines and systems that, instead of curbing the spread of immorality, encouraged and bred it.

Romney’s reform project fails because social problems in *Aurora Leigh* are not contagions that need to be restricted, controlled, and quarantined but “wounds” that need attention and air. Aurora famously describes the poor at Romney and Marian’s wedding as a “peccant social wound” that “clogged the streets” and “oozed into the church...like blood” (123-4). The wound itself is not contagious, but it does “exasperat[e]” or corrupts the

“unaccustomed air” around it with “hideous interfusion” (123). The clean, fresh air of the middle and upper classes is “interfus[ed]” with the air from the festering “social wound.” The poor, the social wound itself, are not contagious or threatening, but following the logic of anticontagionism, the filthy “blood,” “ooze,” and contaminated air around the wound are. Cleanliness, care, attention, and order of the environment around the social wound are crucial to treatment, not containment and quarantine. Moreover, if the wound is left alone, it will fester and infect the rest of the social body – the middle and upper classes.

Additionally, exposure to the world, both good and bad, is not only safe, but strengthens and immunizes against social and moral disease. Aurora explains to Romney the problem with how men imagine women mature: “You think a woman ripens as a peach, / In the cheeks chiefly” (48). According to Romney, and men in general, women are soft, delicate peaches that need to be protected from the dangers of the world. In fact, though, Aurora explains that “A woman’s always younger than a man/ At equal years, because she is disallowed/ Maturing by the outdoor sun and air, / And kept in long-clothes past the age to walk” (48). “The outdoor sun and air” are what help women as well as men grow, mature and strengthen. The world is not something to be protected from, but is a source of strength and encourages growth. Without exposure to the world around them, women become more delicate, more likely to be injured rather than less.

Reading with freedom is portrayed as particularly beneficial to young women to immunize them and strengthen their defenses against social disease. Both Aurora and Marian read widely and indiscriminately when they are young. This seems to be why they are both so unaffected by the moral, spiritual and even physical corruption around them. “The world of books is still the world,” Aurora says multiple times,

And both worlds have God's providence, thank God,
To keep and hearten: with some struggle, indeed,
Among the breakers, some hard swimming through
The deeps—I lost my breath and soul sometimes
... But even so, God saved me; and, being dashed
From error to error, every turn
Still brought me nearer to the central truth (28).

Despite, or perhaps because of, the fact that Aurora had to struggle to distill the good and moral from the bad and corrupt in the books her father allowed her to read, every “error, every turn/ Still brought [her] nearer the central truth.” Exposure to the evils of the world through books, and her struggle to define and resist it do not corrupt Aurora. Rather, the exposure teaches her and strengthens her ability to resist it in the real world.

Marian is also allowed to read with freedom, an experience that seems to explain why she is so morally incorruptible. Young Marian reads scraps of whatever the peddler provides – “from Churchyard Elegies and Edens Lost” (Thomas Gray and Milton), “From Burns, and Bunyan, Selkirk, and Tom Jones” (100). The variety of texts Marian is able to read includes *The History of Tom Jones*, a novel Barrett Browning's own father forbade her to read. Like Aurora, Marian had to “keep the things distinct,” or figure out right from wrong within the books. In the end, though, Marian “weeded out/ Her book-leaves, threw away the leaves that hurt.../And made a nosegay of the sweet and good/ To fold within her breast, and pore upon...” (101). Since “the world of books is still the world,” this experience of distinguishing between the moral and immoral, the healing and the hurtful, doubtless taught Marian, like Aurora, how to recognize and resist evil in life.

Because this exposure to good and evil is part of the benefit of reading, writers, Aurora concludes, must not shy away from representing the ugly “social wounds” of society. Instead of spreading the sickness, writing about disease will help her society heal.

How is this

That men of science...

...beat some poets in respect

For nature, - count nought common or unclean,

... While we, we are shocked at nature’s falling off,

We dare to shrink back from her warts and blains,

We will not, when she sneezes, look at her,

Not even to say ‘God bless her?’ That’s our wrong (187).

Sophisticated poetic thinkers understand what doctors and scientists know: that nature, both the healthy and diseased, is beautiful and deserves respect and attention. Poets, like doctors, must not shrink from the “warts and blains,” and must be willing to look at the disease, if only to say “God bless you,” if they hope to do anything to help at all. She suggests that if warts, sores and wounds are not healed or prevented by locking the sufferers away to fester in their own disease, poets should treat social diseases in much the same way.

Barrett Browning begrudgingly acknowledges that she cannot tell the whole, disturbing truth about everything in her writing, even if she does not believe it would do her readers any harm. When describing Marian’s rape, Aurora says,

We wretches cannot tell out all our wrong

Without offence to decent happy folk.

I know that we must scrupulously hint

With half-words, delicate reserves, the thing

Which no one scrupled we should feel in full (214).

Aurora does not balk at telling Marian's whole, disturbing story because it would be harmful to her readers but because it would cause "offence." The roundabout, indirect "half-words" that Aurora feels she "must" use to describe what "no one scrupled" Marian "should feel in full" are not an attempt to protect "decent happy folk" from the threat of knowledge. Instead, her scrupulous avoidance of the difficult, taboo topic of rape is merely an acknowledgement of the culture's resistance to hearing about it. Though explicitly discussing the rape would not hurt her readers, she knows it would make them uncomfortable so she reluctantly refrains from telling the whole, disturbing story.

Finally, *Aurora Leigh* makes it clear that words themselves are spiritually, emotionally, and even physically healing. When Marian first meets Romney in the hospital, his words are like "ointment." She explains that "when he said 'poor child,' I shut my eyes/
To feel how tenderly his voice broke through, / As the ointment-box broke on the Holy feet/
To let out the rich medicative nard" (106). Romney's voice is the "box" that holds the "rich medicative nard" – his kind words. In addition to providing spiritual healing, Aurora comes to the conclusion that poetry can heal bodies as well.

I walked on, musing with myself

On life and art, and whether after all

A larger metaphysics might not help

Our physics, a completer poetry

Adjust our daily life and vulgar wants

More fully than the special outside plans,

Phalansteries, material institutes,
The civil conscriptions and lay monasteries
Preferred by modern thinkers, as they thought
The bread of man indeed made all his life,
And washing seven times in the 'People's Baths'
Were sovereign for a people's leprosy,
Still leaving out the essential prophet's word
That comes in power. On which, we thunder down
We prophets, poets, Virtue's in the *word!* (188).

Here, Aurora argues that poetry can “help/ Our physics” which can refer to the natural sciences or to medicine specifically. Poetry, she comes to believe, can treat the “vulgar,” material wants of society better than Romney's phalansteries or institutes. If it “takes a soul to move a body,” then these material treatments for society's ills can only go so far, like the 'People's Baths' without the prophet's essential healing word. Without the prophet's word, the baths have no power to heal and comfort victims of leprosy. Here, Aurora makes it clear that her dedication to poetry is not just a dedication to the spiritual and emotional life of society, but that a “completer poetry” will treat and heal the material suffering of her society better than any of the more practical reform projects so popular with the Victorians.

In the end, when Romney dedicates himself to Aurora's poetry, he says, “Art's a service,” and aligns her work to contemporary descriptions of Nightingale and her nurses:

A silver key is given to thy clasp,
And thou shalt stand unwearied, night and day,
And fix it in the hard slow turning wards,

To open, so, that intermediate door
Betwixt the different planes of sensuous form
May form insensuous, that inferior men
May learn to feel on still through these to those,
And bless thy ministration. The world waits
For help (311).

Some of the earliest descriptions of Nightingale in the Crimea called her a “ministering angel” recalling Aurora’s poetic “ministration” (Bostridge 252). Moreover, the locks of the “wards” that Aurora’s poetic key will turn, recall a hospital ward; through poetry, Aurora moves through and opens doors, letting in light and air. Like Nightingale who is depicted as gliding through the darkness “when all the medical officers have retired for the night,” Aurora will “stand unwearied, night and day” to minister to the sick of her society through her poetry (qtd in Bostridge 252).

Using sophisticated, modern medical and social theory, *Aurora Leigh* suggests that poetry rather than direct social reform work like nursing is the best way for intelligent men and women to heal her wounded society. Disease in the novel/poem operates under anticontagionist logic and follows the tenets of disease prevention and treatment suggested by this theory. Additionally, Barrett Browning relies on Carlyle’s idea that society is a collective body, which is subject to the same kinds of diseases, symptoms, treatments, and life changes as an individual, physical body. Using these two ideas, Barrett Browning suggests that poetry is the most effective method of treating social wounds and preventing future infections. As her letter to Anna Jameson directly expresses, *Aurora Leigh* argues that art and poetry are not only appropriate, feminine work for a “gifted and accomplished

woman,” but will do more to benefit and heal her ailing society than nursing or direct social reform.

Chapter Four:

“Such sweet things out of such corruption”: Healing Cultural Miasma in Walt Whitman’s Poetry

Throughout his career, Walt Whitman was dedicated to writing poetry compatible with contemporary scientific knowledge. Writing in the third person in one of his anonymously published self-reviews of the first edition of *Leaves of Grass* (1855), Whitman echoes an assertion he made in the preface of the book that “in the beauty of the poems are the tuft and final applause of science” (*Leaves* 1855 16).

Not geology, nor mathematics, nor chemistry, nor navigation, nor astronomy, nor anatomy, nor physiology, nor engineering, is more true to itself than Walt Whitman is true to them. They and the other sciences underlie his whole superstructure. In the beauty of the work of the poet, he affirms, are the tuft and final applause of science (“Walt Whitman and his Poems”).

Critics since Joseph Beaver’s 1951 *Walt Whitman, Poet of Science* have traced Whitman’s deep knowledge of contemporary scientific thought and his dedication to writing poetry that could help bridge the gap between the sciences and the arts (Beaver ix). Beaver focuses mainly on Whitman’s interest in astronomy, physics, chemistry and evolution and how it informed his poetry. Beaver merely mentions Whitman’s engagement with contemporary medicine and chemistry, topics that underlie much of his work and his life off the page. However, Beaver’s study surely paved the way for writers like Harold Aspiz and Robert

Leigh Davis to explore the deep connections between Whitman's poetry and his medical volunteer work as a hospital aide in New York in the 1850s and during the American Civil War in Washington D.C.

Whitman often expressed his belief that his work in hospitals and in his poetry was harmonious, helping him achieve the same personal and political goals through different means. Perhaps more than any of the other scientific professions, Whitman connected the work of nurses and doctors to his work as a writer. In a conversation late in his life with his friend and scribe, Horace Traubel, Whitman explained that "Surgeons, mothers, nurses – they should understand me best of all: they do not always do so, but they should" (qtd in Aspiz 97). His work as a poet, he asserts, is closely aligned with the job of caring for the body, particularly the sick body. Around the same time as the conversation with Traubel, Whitman was recorded as saying to friends, "If I had to choose, were I looking about for a profession, I should choose that of a doctor. Yes; widely opposite as science and the emotional elements are, they might be joined in the medical profession, and there would be great opportunities for developing them" (qtd in Aspiz 37). Medicine and poetry, according to Whitman, could bring together the sciences and the "emotional elements." Whitman saw in medicine the potential to heal on both a physical and a spiritual level, a goal he set out for himself early on in his poetry.

Using anticontagionist theory to understand the "disease" that was sickening American culture and politics in the years just before, during and after the American Civil War, this chapter argues that Whitman developed a poetic persona that operated as an antidote to a rapidly spreading cultural miasma created by out-of-date, therefore rotting and foetid, American political and cultural standards and practices. Like the trees and grass that

were understood at the time to combat miasmas caused by decomposing refuse (garbage, human and animal waste, corpses), Whitman wrote poetry that would operate like cultural and political “leaves of grass.” According to Whitman, like real plants, his poetry grew directly from the waste products of a diseased culture and political system, gathering energy and nourishment from what was no longer useful and spreading fresh, clean, new air and life without boundary. Using the concept of the miasma and its antidote, the fresh air generated by plants, as a model, Whitman conceived of a poetry that generated clean, purified “air,” an invisible force that had the power to physically, emotionally, and spiritually transform all who came into contact with it. Understanding miasma theory helps to explain Whitman’s well-established assertion that he could physically connect with his readers through the pages of the book, revealing that this was not just a fantasy based on faith and spirituality, but a poetic analogy deeply based on well-respected contemporary science.

Whitman’s early writing displays his belief in miasma theory and anticontagionism. In an April 1846 piece written when he was 26 years old for *The Brooklyn Eagle* where he had just become editor the month before, Whitman urges the labor association in charge of garbage pick-up to fast-track an agreement on pay rates and hours in order to curb the build-up of “dirt heaps,” “dust, and garbage which abound so frequently” (“The Dirt Heaps”). Whitman reminds the labor association and his readers at large that, as it was rapidly approaching summertime, the danger of the uncollected refuse was even more dire than at any other time of year. “At the season preceding the hot months this purifying process is particularly necessary. The action of the sun generates all kinds of miasma in the air—and disease and fevers follow” (“The dirt heaps”). On a literal level, this is a clear indication that

Whitman was convinced by the sanitarians and anticontagionists that changing temperatures, heat and moisture, combined with rotting waste was a recipe for deadly miasmas.

Maria Farland's article "Walt Whitman's New York and the Science of Life and Death," thoroughly outlines Whitman's involvement with sanitary movements in New York City throughout his life. His poem, "This Compost," Farland argues, reflects Whitman's concern over the sanitary dangers of city life, particularly in regard to proliferating filth and the perceived dangers of the rotting human and animal corpses that polluted New York City at the time (804-807). Citing journalism from his early career like "Dirt Heaps," "Wholesome Waters," "Swill Milk," and "A Plea for Water," as well as the poem "This Compost," Farland convincingly argues that the sanitary condition of New York City was a major concern for Whitman throughout his life and work, both journalism and poetry. Moreover, she establishes, without directly connecting his beliefs to the controversial anticontagionist movement, that Whitman believed filth and miasmas, rather than contagion through person-to-person contact, were responsible for the many epidemic disease outbreaks in mid-nineteenth-century New York. Ultimately, she argues, while his journalism promotes more mainstream methods of government-instituted sanitary reform, his poetry tends to insist that human intervention is not necessary and that the earth is ultimately capable of combating rot, filth and their attendant miasmas with the healing power of plants (821-22).

Whitman's contemporary critics often used medical language to support their objections to the taboo topics addressed by his writing, particularly his explicit references to sex between men. Reviews of the first edition of *Leaves of Grass* (1855) were famously mixed. Many of his detractors worried that *Leaves of Grass* would be morally contagious, therefore not suitable for vulnerable readers, if anybody. Harvard art professor and literary

critic, Charles Eliot Norton, bemoaned Whitman's "vocabulary," writing in *Putnam's Monthly*: "words usually banished from polite society are here employed without reserve and with perfect indifference to their effect on the reader's mind; . . . the book [is] not one to be read aloud to a mixed audience" (Norton). The words Whitman used were considered potentially dangerous, particularly to "a mixed audience," presumably one including women and children. Just hearing these taboo words, Norton assumed, could have a real and lasting "effect on the reader's mind," transferring whatever sinful concepts Whitman wrote about directly and permanently onto the minds of impressionable readers. A British reviewer wrote that Whitman's "indecencies stink in the nostrils," a visceral response evoking the much-feared miasma, carried by scents in the air ("[Review of *Leaves of Grass* (1855)]" *The Critic*). And yet another anonymous critic called *Leaves* a "vile production of a vitiated nature or diseased imagination" ("[Review of *Leaves of Grass* (1855)]" *Frank Leslie's Ill. Newspaper*). Prominent literary critic Rufus Griswold wrote an even more scathing review, making explicit analogies between literal disease and the moral disease *Leaves of Grass* exposed readers to. Comparing Whitman and his work to syphilis victims displaying their sores without shame, Griswold writes: "Shall we argue with such men? Shall we admit them into our house, that they may leave a foul odor, contaminate the pure, healthful air?" This is a kind of mix between contagionist- and anticontagionist-inspired moral panic: though the syphilis victims may not spread their disease just by contact, they bring their contaminated air with them, making them perhaps even more dangerous. According to Griswold, Whitman, like the syphilis victim, spreads his diseased air beyond those he touches directly by bringing his sick ideas into the homes and minds of his readers. Moreover, Griswold claims that men like Whitman "have no secrets, no disguise; no indeed! But they do have, conceal it by

whatever language they choose, a degrading, beastly sensuality, that is fast rotting the healthy core of all the social virtues” (Griswold). Griswold claims that Whitman’s “beastly sensuality” is spreading, significantly “rotting the healthy core” of “social virtues.” A rotten object is not only dead or dying, but according to anticontagionist theory, will grow and spread new diseases to others. He also insinuates that keeping “secrets” and hiding his true nature under a “disguise” would somehow protect the “social virtues” from rot. Clearly, reviewers expressed a widespread concern that Whitman’s poetry was morally dangerous, and operated on the same principles as a physical disease or even a full-blown epidemic.

Whitman likewise used medical analogies to argue that his poetry was actually an antidote to the dangerous moral filth and miasma his critics accused him of generating. In one of Whitman’s anonymously published self-reviews of *Leaves of Grass*, “Walt Whitman and his Poems,” Whitman argues, (using the third person), that, “he leaves houses and their shuttered rooms, for the open air... By this writer the rules of polite circles are dismissed with scorn. Your stale modesties, he says, are filthy to such a man as I” (“Walt Whitman and his Poems”). Here, Whitman insists that by discussing bodies and sexuality frankly, he is in fact providing readers with poetry that is fresher and cleaner than the poetry written by the restrictive and stifling “rules of polite circles.” Released from these oppressive standards, he argues that his poetry has the same effect as fresh air after one is cooped up in a “shuttered room,” filthy and with “stale” air. Whitman makes his argument in favor of speaking openly about sexuality and the body using clear anticontagionist rhetoric, suggesting that shutting up the realities of life, including sexuality, will only lead to a dangerous build up of filth and miasma, the same way shutting up a home was understood to breed disease. Whitman explained to friends later in his life that he believed in his “inmost brain and heart” “that the

sexual passion in itself, while normal and unperverted, is inherently legitimate, creditable, not necessarily an improper theme for a poet” (Folsom and Price). He rejected calls from so many critics and friends, including his idol, Ralph Waldo Emerson, to remove the more explicit references to sex and the body, seemingly unwavering in his belief that he was providing metaphorical fresh air to a culture stifled by the rules of polite society.

Critics like popular author Fanny Fern agreed with Whitman that his mode of discussing the body and sexuality was a refreshing and healthy antidote to cultural stuffiness that masked sexuality, seducing readers toward sin without their knowledge. Speaking of *Leaves* (1855), Fern writes, “I am not unaware that the charge of coarseness and sensuality has been affixed to them. My moral constitution may be hopelessly tainted or—too sound to be tainted, as the critic wills, but I confess that I extract no poison from these *Leaves* – to me they have brought only healing” (Fern). Again, Fern uses explicitly medical language to talk about the relative danger of reading *Leaves*, arguing that they are not poisonous, but healing. She goes on to compare the desire to censor Whitman’s poetry to the urge to shield a nursing baby from the sight of his mother’s breasts, arguing that Whitman’s poetry only describes what is natural and good about the human body, similar to its capacity to birth and feed a newborn baby, and that censorship of these miraculous and natural processes is absurd. Moreover, she explains that true moral danger does not result from frank and open writing about bodies and sexuality like Whitman’s, but from writers who attempt to hide and mask their subject, leading readers into sin without their knowledge. “The moral assassin looks you not boldly in the eye by broad daylight; but Borgia-like takes you treacherously by the hand, while from the glittering ring on his finger he distils through your veins the subtle and deadly

poison” (Fern). As a result of the fresh air and “broad daylight” through which Whitman presents his subjects, Fern concludes that *Leaves* brings “only healing.”

Whitman himself responded to critics suggesting his poetry was morally dangerous by arguing that old fashioned and stifling rules of politeness were out of date, “stale,” rotten, and dangerous themselves. In another anonymous self-review of the first edition of *Leaves* titled “An English and an American Poet,” Whitman puts his book alongside Tennyson’s recently published *Maud, and other Poems*. He acknowledges that *Maud* is a work of genius and that Tennyson’s work is a “natural growth of those phases” of “high-life” in Great Britain; Tennyson, he says, is a “real first-class poet, infused amid all that ennui and aristocracy.” However, Whitman explains that, “in the verse of all those undoubtedly great writers,” including Shakespeare and Tennyson, “there is an air which to America is the air of death.” Moreover, Tennyson’s work “seeks nature for sickly purposes.” The extreme refinement of poetry like Tennyson’s, while beautiful and the “natural growth” of life in England, is “sickly,” stuffy, and inappropriate for American poets. In fact, it contains “the air of death” to America. Whitman’s poetry, on the other hand, is entirely new, “never...ready-made on the old models.” Unlike Tennyson, whose poetry “harmonizes and represents facts,” coldly displaying social life as it is in its state of disease and decay, *Leaves of Grass* is “of the spirit of life in visible forms – of the spirit of the seed growing out of the ground—of the spirit of resistless motion of the globe passing unsuspected but quick as lightning along its orbit.” *Leaves* reflects “not the refined life of the drawing-room – not dancing and polish and gentility, but some powerful and uneducated person, and some harsh identity of sound, and all wild free forms” (“An English and An American Poet”). Whitman’s poetry is meant to be “powerful,” healthy, new like a “seed growing out of the ground,” bringing readers a sense of

space, “wild,” fresh air, and unrefined nature and all of the life-giving, regenerating power that went along with it.

Not only did Whitman believe that established poetic standards and forms were dangerously out-of-date for American audiences, but he believed that American culture in the 1850s, including the rapidly splitting American political climate, based too heavily on models from Europe, was sick, rotten, dying, and in desperate need of new life and fresh air. In an 1856 letter to Emerson, thanking him for his famous note praising the first edition of *Leaves of Grass*, Whitman explains that America was built to “sweep off the swarms of routine representatives, officers in power, book-makers, teachers, ecclesiastics, politicians” as soon as they are no longer useful. “To supersede them,” he explains, “when it is the pleasure of These States, full provision is made; and I say the time has arrived to use it with a strong hand.... Here also formulas, glosses, blanks, minutiae, are choking the throats of the spokesmen to death” (“Letter to Ralph Waldo Emerson”). Whitman here makes the case that excessively strict standards (“formulas, glosses, blanks, minutiae”) are killing those in power, significantly, “choking” them, as stifling, stale air might. Moreover, Whitman clearly states that many of the most important aspects of American cultural life are “sick and dying:” “To creeds, literature, art, the army, the navy, the executive, life is hardly proposed, but the sick and dying are proposed to cure the sick and dying... I think there can never be again upon the festive earth more bad-disordered persons deliberately taking seats, as late in These States, at the heads of the public tables – such corpses’ eyes for judges – such a rascal and thief in the Presidency.” By 1856, Whitman is suggesting that American culture and its political system is profoundly ill, if not already a “corpse,” and the cures available are insufficient; the only way to treat this problem is through radical transformation, not just of the government, but of

religion, literature, and the military. Rather than attempt to cure the problems he sees with the same standards and practices that have caused the problems in the first place, Whitman suggests transforming what is old and dead into new life.

Whitman saw his poetry as the ideal method of transforming what was old and decaying in American culture, literature, and politics. Michael Moon's *Disseminating Whitman* analyzes how Whitman's poetic and political ambitions worked together throughout the first four editions of *Leaves of Grass* (1855, 1856, 1860, 1867). Moon looks closely at Whitman's chronic revision and argues that each new edition of *Leaves* was not merely meant to fix aesthetic flaws, but was an ongoing attempt to bring the nation together through poetry. Whitman's revisions, Moon demonstrates, were Whitman's attempt to keep up with the rapidly changing social and political climate of the period just before, during and after the American Civil War (2). Moon explains that Whitman aimed to bring the country together by projecting his "affectionate physical presence" to his readers in order to promote sexual bonding between men, thereby breaking down boundaries between individual people as well as boundaries that separate the literary, political, and sexual worlds (3-4). Moon argues that though Whitman often insists that he could project his real "affectionate physical presence" to his readers through the book, he alternately acknowledges that this is impossible except through "metonymic substitutes" (6).

Moon fails to recognize the complex analogies Whitman builds between his poetry and the natural world which allow him to imagine a real, physical presence that could spread without boundary. Whitman develops a concept of this physical presence, transmitted through poetry, using miasma theory. Miasmas transform filth and rot into invisible sources of disease, spread through the air. Plants, as a powerful antidote to miasmas, have the

capacity to then transform the same filth, rot, and diseased air into their own invisible, but deeply real and physical healing force that can spread far beyond where they stay planted in the ground. Actual leaves of grass, like the book, Whitman would say, cannot physically move and touch anyone beyond their permanent place, but they can have a profound physical impact on the world around them through the clean air they provide and the transformative power of the soil, turning waste and rot into nourishing fruit, trees, and flowers. Whitman's insistence that his poetic presence could be projected beyond the "leaves" of his book, then, is not so far-fetched as it might seem.

As Moon shows, Whitman consistently insists that he can physically touch his readers through his poetry. Again in one of his self-reviews, Whitman explains that the book "tells of an interior not always seen, and exudes an impalpable something which sticks to him that reads, and pervades and provokes him to tread the half-invisible road where the poet, like an apparition, is striding fearlessly before" ("An English and an American Poet"). Moon reads this passage convincingly as a sign that Whitman's development of a theory of "adhesiveness," defined as "male friendship" or "manly love," began before the 1860 edition of *Leaves* with the Calamus poems (Moon 50). However, I would also argue that this is the beginning of Whitman's development of a theory of how to project his real, physical presence through the pages of the book. Though by 1855 Whitman has not quite developed a real theory for how this works, he is beginning to suggest that, like other invisible forces such as miasmas or clean, fresh air, there are "impalpable something[s]" that, though you cannot see them, can "stick" to you, influencing you in real, bodily ways that are difficult to explain or understand.

Whitman's journalism and editorial work show a clear connection between the "impalpable something" transmitted through poetry and the miasma theory so widely accepted at the time. Whitman often engaged with prominent doctors and scientists in his journalism, reviewing books and citing medical advice. One of his most common subjects was Dr. Edward Dixon, a prominent New York Physician and the founder and editor of *The Scalpel* from 1850 to 1861 (*WW and the Body Beautiful* 59; "Death of an Old Physician"). Whitman often reviewed issues of *The Scalpel* for *The Brooklyn Daily Times*, sometimes chiding Dixon for his extreme views, but also citing and quoting him, particularly in reference to Dixon's promotion of "the therapeutic value of fresh air and exercise, his faith in the hereditary transmission of weakness and deformity, and his animosity toward the producers of drugs and of 'swill milk'" (*WW and the Body Beautiful* 61). Whitman quoted Dixon at length in an 1857 article for the *Brooklyn Daily Times* explaining the concept of miasma. It bears resemblance to his description of the "impalpable something which sticks to him that reads, and pervades and provokes him" ("An English and an American Poet"). Though rather than provoking those it contacts to action and movement, like clean, fresh air, "miasms" "depress" and sicken the body rather than invigorating and moving the body. Whitman quotes:

...the subtle poison, called miasm... is a gas thrown off from decaying living creatures... so minute that the most powerful microscope can not detect their ultimate atoms... in sufficient quantities they are deadly poisons, and exert so depressing an influence upon the human body, that, when breathed into the lungs, they at once inoculate and poison the whole body, and so depress the life power that it sinks into typhus and yellow fevers (qtd in *WW and the Body Beautiful* 63).

Whitman understands that there are invisible forces, so “minute” that not even a microscope can “detect their ultimate atoms” that have the power to so completely “depress the life power” that the body sickens and dies. Like this poisonous miasma, Whitman imagines a poetry that has the opposite effect, an invisible force, that can be “breathed into the lungs,” “stick[ing]” to the reader, “pervad[ing]” and “provok[ing]” him not toward sickness and death, but toward movement, connection, love, and healing.

With the first version of *Leaves of Grass* (1855), Whitman begins to develop a theory of this “impalpable something” that can be transmitted through poetry. As Moon notes, the “28 Bathers” section of “Song of Myself,” is one of many poems depicting a character projecting him/herself into a picture or a scene s/he is physically apart from (Moon 41, 161). In the poem, a young woman watches twenty-eight men from her window, frolicking and bathing in the river. Her desire to be part of this friendly social and sexual gathering of men allows her to physically join them, though she remains at the window. “Where are you off to, lady? For I see you,/ You splash in the water there, yet stay stock still in your room” (*Leaves* (1855) 38). A few lines later,

An unseen hand also passes over their bodies,

It descended tremblingly from their temples and ribs.

The young men float on their backs, their white bellies

Swell to the sun... they do not ask who seizes fast
to them,

They do not know who puffs and declines with pendant

and bending arch,

They do not think whom they souse with spray (39).

In this poem, Whitman creates a world in which a person can physically inhabit a distant space simply through strong desire and imagination. Without explanation or hesitation, Whitman tells his reader that she is so immersed in the scene that she is “splash[ing]” in the water, touching their bodies, being “souse[d] with spray.” Though Moon argues that Whitman struggles with the fact that physically travelling through space like this is ultimately impossible, I do not find evidence that Whitman ever actually acknowledges this impossibility. As readers, we understand this is a fantasy; however, Whitman’s poetry expresses no struggle with this concept. Comprehending Whitman’s concept of miasma and how it relates to poetry helps explain Whitman’s insistence on a seemingly impossible goal.

While the precise metaphors between the transformative power of nature and the transformative power of Whitman’s “leaves of grass” are not made explicit in the 1855 edition of *Leaves*, Whitman has already begun to develop of a sense of how the dead live on and generate new life through real and metaphorical “leaves.” Harold Aspiz explains that leaves and grass are obvious metaphors for the “mysteries of nurture, decay, death, and renewal” (*So Long!* 37). “That ‘sprout’ of grass,” Aspiz explains, “is an effective metaphor for nature’s perpetual renewal and for human progress both within and beyond the bounds of mortality” (40). Aspiz’s book, focusing on Whitman and death, tends to focus on how grass represents the life of the body after death. Supporting this, grass frequently grows out of graves in *Leaves*:

And now it seems to me the beautiful uncut hair of graves.

Tenderly will I use you curling grass,

It may be you transpire from the breasts of young men...

It may be you are from old people and from women, and
from offspring taken too soon out of their mother's laps...
This grass is very dark to be from the white heads of old mothers,
Darker than the colorless beards of old men,
Dark to come from under the faint red roofs of mouths (33-4).

Grass here is the outgrowth of the corpses of individual dead people. Whitman is creating obvious continuity between the dead bodies of individuals and the new growth of grass, something he can see and touch and smell. "The smallest sprout shows there really is no death," he says soon after. Moreover, Whitman is connecting actual grass with poetry when he describes how it comes from "under the faint red roofs of mouths" and later, explaining "I perceive after all so many uttering tongues!/ And I perceive they do not come from the roofs of mouths for nothing" (34). To Whitman, grass has a voice, is a kind of poetry, just as his poetry is a kind of plant or "leaf". They share many of the same healing and regenerative properties.

Aspiz's book focuses on how grass and plants attempt to ease spiritual concerns about life after death and answer Whitman's question: "What do you think has become of the young and old men?" He argues this is a spiritual question about the nature of the afterlife. However, I would argue that Whitman's concern with death is not just spiritual but practical. His interest in the power of plants to make new life of the dead does not just ease the minds of those worried about the afterlife, but those worried about the health of the living who increasingly are living amidst the dangers of decaying dead bodies.

By the 1850s in Europe and America, public health officials had been warning the public of the dangers of improperly buried bodies, both animal and human. Death was not

merely a spiritual and emotional concern, particularly for city dwellers like Whitman, but the improper burial of human and animal bodies was considered a major factor in the explosions of epidemic diseases ravaging the U.S. and Europe. In England, Edwin Chadwick's influential 1843 sanitary report contained a supplement exclusively devoted to the dangers of improper burials, particularly in highly populated towns and cities. His report focuses the dangers posed by "emanations from human remains in a state of decomposition" (2). He cited many prominent physicians and scientists, concluding that the impure atmosphere arising from overcrowded, improperly managed cemeteries too close to human populations was overwhelmingly responsible for disease and death. Overcrowded and mismanaged cemeteries were a huge problem for New York City in the mid-nineteenth century as well, particularly during the Cholera epidemics of 1832 and 1849 (Rosenberg). Cemeteries, often for the poor, were so over-burdened during these years that dead bodies would lie unburied for days before being hastily buried under just a foot or two of dirt. The areas around these cemeteries were inundated with rats and the smell of rotting flesh (Rosenberg 90; 12-13). According to many leading anticontagionist public health officials, these smells were not just horrifically unpleasant, but were responsible for spreading Cholera and other diseases around the city.

As a result of the urgings of public health officials, new cemeteries were built and old cemeteries were renovated across Europe and the United States. Whitman wrote at least two glowing short pieces on the newly built Greenwood Cemetery in Brooklyn during the late 1830s and 1840s. Though he does not directly mention the health benefits that the new, 200-acre cemetery provided his city, he admires the cemetery's vast open spaces, beautiful natural surroundings, and peace and quiet in close proximity to the city ("Greenwood

Cemetery” -- 1839 and “A Visit to Greenwood Cemetery” -- 1844) (*WW’s Selected Journalism* 165-168; 212-214). In 1844, he notes that the area around Greenwood cemetery draws many new residents “who are attracted to the salubrity of that section of Brooklyn” (*WW’s Selected Journalism* 222). A well-designed cemetery outside of the city promised not only spiritual solace for the grieving and peaceful rest for the dead, but continued health and well-being for the living people nearby. For city dwellers of Whitman’s generation, contemplating dead bodies, as Whitman does in his poetry, would not only bring up spiritual and emotional concerns about death and the afterlife, but would promote anxieties about the health and well-being of the living.

Whitman’s descriptions, then, of the health-promoting properties of the dead used as compost for life-giving plants in the 1855 version of *Leaves* would not only soothe the spiritual concerns of his readers but would address wide-spread fears over the dangers of dead bodies and their “emanations” (Chadwick). Dead bodies, Whitman insists against the assumptions of his contemporaries, are sources of health and life if they are allowed to be composted naturally by the earth:

I depart as air... I shake my white locks at the runaway sun,
I effuse my flesh in eddies and drift it in lacy jags.
I bequeath myself to the dirt to grow from the grass I love,
If you want me again look for me under your bootsoles.

You will hardly know who I am or what I mean,
But I shall be good health to you nevertheless,
And filter and fibre your blood (*Leaves* [1855] 96).

Rather than depicting putrefying death, emitting Chadwick's deadly "emanations," Whitman describes a death in which the body is harmoniously reincorporated back into the earth, "depart[ing] as air," not as foul and dangerous miasma, but seamlessly becoming part of the air, water, and soil. Rather than infecting those who come into contact with these new incarnations of his body, Whitman imagines his dead body "shall be good health," filtering and providing the substance of new blood, whether his beneficiaries know who he was or what he meant to the world or not. With the help of nature, death does not have to beget further death and disease, as was feared, but could be the foundation for health, balance, and deep connection between humans, animals, and the environment. A couple of pages earlier, Whitman describes his admiration for and lack of fear of dead bodies:

And as to you corpse I think you are good manure, but

that does not offend me,..

And as to you life, I reckon you are the leavings of many deaths,

No doubt I have died myself ten thousand times before (94).

Rather than seeing corpses as harbingers of further death, Whitman shows how death and dead bodies can be "good manure," that all life is the product of the "manure" of "many deaths."

By 1855 Whitman had begun to develop a sense of his poetry as, like the plants and tress that absorb and transform the dead, the leaves and grass that absorb the old and unnecessary from the literary and political world. In an 1855 self-review, he argues, "Must not the true American Poet indeed absorb all others, and present a new and far more ample and vigorous type?" ("Walt Whitman and his Poems"). His prose preface to *Leaves* makes it clear that he sees his poetry as akin to plant-life. The rhyme, meter, and uniformity he rejects

are merely the natural outgrowth of the life, or the roots, beneath the surface, as fruit or flowers are the natural outgrowth of the life-giving power of the roots and soil beneath them; they are not necessary. Great poetry takes the form most natural to it:

The poetic quality is not marshaled in rhyme or uniformity or abstract addresses to things nor in melancholy complaints or good precepts, but is the life of these and much else and is in the soul. The profit of rhyme is that it drops seeds of a sweeter and more luxuriant rhyme, and of uniformity that it conveys itself into its own roots in the ground out of sight. The rhyme and uniformity of perfect poems show the free growth of metrical laws and bud from them as unerringly and loosely as lilacs or roses on a bush, and take shapes as compact as the shapes of chestnuts and oranges and melons and pears, and shed the perfume impalpable to form. The fluency and ornaments of the finest poems or music or orations or recitations are not independent but dependent (*Leaves* [1855] 11).

Leaves does not aspire to be merely “ornamental” like a fragrant lilac or rose or a nourishing fruit or nut. Moreover, he argues, rhyme and meter emerge without effort from truly great poets depending on the “metrical laws” from which they emerge, just as flowers and fruits emerge naturally from their own roots, depending on what kind of plant they come from. In other words, rhyme and meter are by-products rather than an inherent trait of their poetry. Whitman’s own poetry, he argues, does not lose quality for being less “ornamental.” As grass, his poetry takes a different, humbler form but is no less beautiful and no less alive than great rhymed and metered poetry, just as ordinary trees and grass are no less miraculous than rose bushes or orange trees. Moreover, his poetry, like leaves and grass, requires no extraordinary effort or circumstances to grow: “the poet shall not spend his time in unneeded

work. He shall know that the ground is always ready ploughed and manured” (12). While a rose bush or an orange tree may need the ground to be specially “ploughed and manured,” grass grows everywhere, across the nation, without any “unneeded work.”

Critics who appreciated Whitman’s poetry picked up his attempt to transform the old and dead into something new, fresh, and life-giving. Fanny Fern called the book, “well-baptized: fresh, hardy, and grown for the masses. Not more welcome is their natural type to the winter-bound, bed-ridden, and spring-emancipated invalid” (Fern). She repeats what Whitman is trying to project: that his poems are “grown” rather than written and crafted, and that they provide a kind of healthy fresh air, natural beauty, and space to readers accustomed, like the “winter-bound, bed-ridden, and spring-emancipated invalid,” to the stifling rules and order of most contemporary poetry. Another review compares his poetry to a “flame” which indiscriminately uses whatever old material it comes across without “clearly discern[ing] between that which is to be preserved, and that which is but as fuel for the purification of the ore from its dross” (“[Review of *Leaves of Grass* (1855)]” *The Christian Spiritualist*). While Whitman might argue that he only absorbs and repurposes the rotten and foetid, the reviewer clearly understood that Whitman is attempting to use old-fashioned rules, ideas, and standards as “fuel” to create something new, beautiful, and valuable (“ore”). Boston writer and critic Edward Everett Hale explained that “one reads and enjoys the freshness, simplicity, and reality of what he reads, just as the tired man, lying on the hill-side in summer, enjoys the leaves of grass around him—enjoys the shadow,-- enjoys the flecks of sunshine,-- not for what they ‘suggest to him,’ but for what they are” (Hale). Readers like Hale recognized that Whitman was attempting to write the literary equivalent of fresh “leaves of grass,” giving the reader the same pleasure and health provided by exposure to nature. His

poetry is meant to provide simple rest and fresh air, using the old and unnecessary material available as compost.

With the inclusion of “Poem of Wonder on the Resurrection of the Wheat,” (later re-titled “This Compost”), in the 1856, revised edition of *Leaves*, Whitman continued to define his model of poetry as a life-recycling and generating plant. Beaver, back in 1951, called this poem a “controlling scientific doctrine” throughout *Leaves of Grass* (94). Maria Farland explains that the poem outlines an alternate view of Whitman’s perspective on sanitary reforms, arguing that the poem proposes that nature is a better solution to the health problems facing city-dwellers than the human interventions proposed by reformers (822).

“Poem of Wonder...” clearly responds to the anxieties about contact with the dead only hinted at in the 1855 edition. The poem begins with a sudden fear of nature that the poet previously loved. Whitman anxiously wonders how the earth can absorb all the sickness and death put into it over “so many generations,” a sickness and death that are believed to perpetuate further illness and death for the living.

How can the ground not sicken of men?

How can you be alive, you growths of spring?

How can you furnish health, you blood of herbs, roots, orchards, grain?

Are they not continually putting distempered corpses in the earth?

Is not every continent worked over and over with sour dead?

Where have you disposed of those carcasses of the drunkards and gluttons of so many generations?

Where have you drawn off all the foul liquid and meat? (*Leaves* [1856]).

The poem expresses this widespread contemporary anxiety about the dangers of decaying corpses with the disturbing realization that the whole earth is covered in the “foul liquid and meat” of “sour dead” and “distempered corpses.” Moreover, he realizes, the earth takes in “drunkards and gluttons” just as readily as it takes saints and children, and somehow, spring still comes, and with it “herbs, roots, orchards, grain.” The poem reflects the pervasive cultural fear, articulated by reformers like Chadwick, of the disease-producing “emanations” of the dead.

However, inspired by his sudden fear of generations of buried dead, the speaker digs beneath the surface of the earth, finding no evidence of sickening “foul meat” that must have lain in that very spot at some point in the earth’s history.

This is the compost of billions of premature corpses,
Perhaps every mite has once formed part of a sick person,
Yet Behold!

The grass covers the prairies,

The bean bursts noiselessly through the mould in the garden” (*Leaves* [1856]). Rather than revealing a sickening burst of miasma, or “foul liquid and meat” from the “premature corpses” of the sick, the ground produces only “compost,” “grass,” nourishing “beans,” and other foods in the garden. The poem goes on to give one of Whitman’s characteristic catalogues of the life and health-giving products of the sick and diseased corpses absorbed by the earth. It is significant that the list begins with “grass” covering the prairies. It is impossible not to think of the pages of the book, the poetic “leaves of grass” and what kinds of “foul meat” the poems themselves spring from.

Whitman concludes the poem by assuring the reader that in spite of the “corrupt” and “diseased” materials with which the earth has to work, it can always transform them into new life, as well as the food, air and water necessary for new life:

Now I am terrified at the earth! it is that calm and patient,
It grows such sweet things out of such corruptions,
It turns harmless and stainless on its axis, with such endless successions of diseased
corpses,
It distills such exquisite winds out of such infused fetor,
It renews with such unwitting looks, its prodigal, annual, sumptuous crops,
It gives such divine materials to men, and accepts such leavings from them at last
(*Leaves* [1856]).

Whitman uses the widespread fear that the “winds” created by “diseased corpses” were dangerous to remind his readers that the earth has been recycling dead bodies since the beginning of time and turning the foetid “leavings” into “divine materials” and “exquisite winds.” While a rotting corpse left in the streets or in an overcrowded graveyard may spread its “infused fetor,” Whitman shows how, provided space and the transformative power of nature, death and disease are the sources of all life and healing on earth.

This poem not only assures his readers that the earth is profoundly capable of recycling and reusing the much-feared diseased corpses of real people, but he suggests that, like the earth, he as a poet is capable of “grow[ing] such sweet things out of such corruptions.” Farland’s essay briefly makes this connection between the many references to grass with tongues and poetry as grass. She argues that Whitman’s talking grass reveals his belief in the natural world as a source of a “utopian linguistic form,” based on nature rather

than the rules and structures of the social world (Farland 821). Farland explains, using nature as a guide for living and writing rather than the rules of the social world, Whitman imagines a healing language akin to the “language” of the earth, using “leaves of grass” as its synecdoche. I would like to push this further, suggesting that Whitman’s radical inclusion of all people into his poetic embrace is akin to the earth’s generous absorbing powers, turning the rotting and foetid into “divine materials” and “such sweet things.” Throughout *Leaves of Grass*, Whitman writes pages of lists cataloguing the various people he loves and welcomes into his fold, including handsome young men, beautiful women, and innocent children, but also a “suicide,” “the lunatic,” “malformed limbs... tied to the anatomist table,” “the opium eater,” “the prostitute,” and many others (*Leaves* [1855] 35; 42; 44; *Leaves* [1856] & [1860]). “And these one and all,” he says, “tend inward to me, and I tend outward to them” (*Leaves* [1855] 45). Finally, his famous line, “I am large—I contain multitudes,” aligns him with the earth, taking in everything offered to him and giving back life and health in the form of “leaves of grass.” Like the earth, Whitman will take any and all “leavings” offered to him as equally valuable; they “lean inward to” him and he “tend[s] outward” toward them, turning even the most desolate, immoral, and rejected into rich compost for new life.

By the 1860 revised and expanded edition of *Leaves*, Whitman makes the analogy between his poetry and the recycling and regenerative powers of plants even more explicit. In his Calamus series added in the 1860 edition, most well known for its explicit references to homosexuality and his concept of “adhesiveness,” Whitman fully articulates his belief that his poems could operate like actual plants, absorbing the waste and rot around him and producing “such sweet things” in return.

The title “Calamus,” used for the series of poems, has inspired many varied readings. Calamus is a reed-like plant known for its sweet smell and medicinal uses. The sequence was originally titled “Live Oak, with Moss,” and was changed just before printing (Bradley 263). Bradley, like many others before him, interpret this shift to Whitman’s desire to use a more recognizable phallic symbol than the live oak, as well as one that shows male community better than a lone tree, as the calamus plant grows in tall spikes, usually near a cluster of other calamus plants. Minor Major argued decades earlier that Whitman chose the calamus plant to represent this series of poems because of its medicinal uses, connecting this to his persistent religious doubts and the conflict he articulates between the sciences and religion (Major 51). Tracy Auclair, on the other hand, proves that Whitman was well acquainted with the many uses of the calamus plant, including its hallucinogenic properties (Auclair). She argues that the calamus plant best represents Whitman’s interest in hallucinogenic drugs.

However, as James Miller established in his often-cited 1957 reading of the Calamus series, Whitman himself explained his use of the symbol:

Calamus is the very large and aromatic grass, or rush, growing about water ponds in the valleys... often called Sweet Flag... The recherché or ethereal sense of the term, as used in my book, arises probably from the actual Calamus presenting the biggest and hardiest kind of spears of grass, and their fresh, aquatic, pungent bouquet” (qtd in Miller 265).

Miller uses this quotation to show that calamus was an extension of the “leaves of grass metaphor” for Whitman, being an especially hardy type of grass that grew in clusters (266). However, Miller also argues that the strong scent Whitman cites as so important to his choice of the plant, represents the “spiritual message,” explaining that “always in *Leaves of Grass*,

odor or fragrance, a reality which has no apparent materialistic existence, symbolizes the spiritual, the ultimate reality which is impalpable, unknowable by any of the ordinary methods of knowing” (Miller 266). The scent of the calamus plant was obviously highly significant in Whitman’s choice to use it as the title of this series; Whitman says so himself. However, rather than representing the spiritual world which is completely undetectable by human senses, strong scent in the Calamus poems more accurately represents proof of a material reality that cannot be seen, weighed, measured or otherwise proved by any scientific methods at the time, but is undeniably real. Moreover, this sweet smelling plant takes the rotten, foetid, and disease-ridden and transforms it into something sweet smelling, “big” and “hard[y].” Both the strong, pleasant smell of the calamus and its transformative powers provide a strong metaphor for what Whitman imagined his poetry could do for his country on the brink of civil war.

The 1860 Calamus series clearly articulates his belief in the botanical power of his poetry to transform the dead and decaying culture and political system into something pleasant, hardy, and healthy. The series is most commonly understood to explore and promote male homoerotic bonding as a mode of encouraging political unity (Moon 158 - 167). However, I would argue Whitman presents this plant-like poetry itself as another mode of building connections between the disparate and increasingly hostile factions of the United States. In the very first poem, he sits in a “secluded spot” listening to and responding to “tongues aromatic” (*Leaves* [1860]). Whitman establishes immediately a world in which scents and voices can communicate freely; his voice and the plants are consistently made equivalent in much clearer ways than in earlier editions of the book. “Scented herbage of my breast,/ Leaves from you I yield, I write, to be perused best afterwards.” His poetry is

“scented herbage,” emerging directly from his body, capable of transmitting their message like a healing smell. As scents and poetry can communicate with each other in this world, Whitman creates a sense of his body and his poetry as a plant that can transmit their healing message far and wide.

Not only can his poetry, grown from his body, spread far and wide like the scent of a plant, but it can continue spreading his message long after his death. His poems are “tomb-leaves, body-leaves, growing up above me, above death.” Whitman’s poetry, and by extension, his body, takes death and turns it into new life. The plants grown from death are not only new life for themselves but promote health and well-being for the humans around them as well. “I do not know whether many, passing by, will discover you, or inhale your faint odor—but I believe a few will.” This “faint odor” is something that can be transmitted just by “passing by,” and will last for many generations to come.

Importantly, this “faint odor” that represents his poetic message and his bodily presence is always a real physical presence, capable of having a material impact on those who encounter it. In the fourteenth poem, Whitman exclaims that his soul is just like “down-balls,” “perfumes,” “high rain-emitting clouds” which are “borne through the open air,” “wafted in all directions, O love, for friendship, for you.” Whitman compares his soul, “wafted” through the “open air,” to real, material things that have the power to physically affect whoever they contact. Down-balls, perfumes, and clouds are light and ethereal but decidedly real; they can be touched, smelled, or produce drenching rains. His soul, like these three things, is capable of moving across vast distances, without boundary, exerting a material influence on those it contacts.

Whitman's transmission of his physical, though ethereal, presence through poetry will not just connect him to others across space and time individually, but has the capacity to bring together a nation on the verge of civil war. "States!" he cries,

Were you looking to be held together by the lawyers?

By an agreement on paper? Or by arms?

Away!

I arrive, bringing these, beyond all the forces of courts and arms,

These! To hold you together as firmly as the earth itself is held together.

The old breath of life, ever new,

Here! I pass it by contact to you, America.

Whitman's poetry, like a scent on the wind or the soil of the earth has the capacity to connect and hold together the nation, in all of its complexity, in ways human laws and military force cannot. Like the earth, Whitman argues that the rotting and foetid corpse of the nation in the year before the American Civil War is the perfect compost for this new "breath of life" he is bringing through his poetry. He passes this "breath of life" to America, "by contact," spreading his message like a health-giving miasma, that "impalpable something" sticking to everyone it contacts, and binding them together through the air they breathe.

Like the plants which bloom and grow year after year, creating new life from the dead buried beneath them, Whitman insists that his poetry can not only move freely through space like the fresh breeze the plants generate, but that his adhesive influence will last many generations.

Full of life, sweet-blooded, compact, visible,

I, forty years old the Eighty-third Year of The States,

To one a century hence, or any number of centuries hence,
To you, yet unborn, these, seeking you.
When you read these, I, that was visible, am become invisible;
Now it is you, compact, visible, realizing my poems, seeking me,
Fancying how happy you were, if I could be with you, and become your lover;
Be it as if I were with you. Be not too certain but I am now with you (*Leaves* [1860]).

Whitman's insistence that he can transmit his body physically through time and space has been read as a poetic fantasy. However, I would argue that he is actually imagining poetry that functions like the scientific process of death, decomposition, and a kind of reincarnation in the form of plant life. Like a corpse who has provided the compost for a fragrant plant, Whitman understands that on a fundamental level, the matter of his body lives on in plant life, spreading itself far and wide across time and space through the scent, fruits, and fresh air it generates. Though he himself is no longer "visible," or "compact," he is still physically here on earth in that capacity, capable of dispersing far and wide to be physically "with" his reader. Based on scientific concepts of decomposition as well as an understanding of miasma and its curative opposite (fresh, clean air), Whitman develops a poetic analogy based on the science of his time that allows him to imagine his physical presence spreading across vast distances of space and time.

Between the publication of the third edition of *Leaves* in 1860 and the publication of *Drum Taps* (1865) and *Sequel to Drum Taps* (1865-6), Whitman experienced horrific death and destruction, both on an individual level as a hospital volunteer in Washington, D.C. during the worst of the fighting, and on a collective level with the whole country as they watched the country engage in a bloody Civil War. After travelling to Washington to find his

injured brother, Whitman stayed on and began visiting the Washington hospitals (Morris 48; 83). His visits were casual at first but eventually became a regular part of his daily routine (86). Rather than providing any direct medical care, Whitman mostly read to, wrote letters for and provided company and treats for the wounded and sick soldiers (Morris 103-105). This experience had a deep and lasting impact on his life. Not only was his health permanently affected by his time in Washington, but Whitman later considered his work in the hospitals as “the very centre, circumference, umbilicus of [his] whole career” (qtd in Davis 42).

Written and published at the end of the Civil War in his book *Drum Taps*, Whitman’s elegy for Lincoln, “When Lilacs Last in the Door-Yard Bloom’d,” puts his theory of biological and poetic reincarnation through the test of deep mourning; Whitman ultimately revises, but does not abandon, his concept of an everlasting poetic presence, built on death. Whitman begins the poem reflecting on a lilac bush “with the perfume strong I love,” bringing to mind “the thought of him I love.” Though he does not explicitly reference Lincoln, the recently assassinated president is widely acknowledged to be the poet’s subject (Morris 229). The poet breaks off a sprig of lilac, a gesture frequently interpreted as a symbol of “sexual renunciation” and castration, to leave on Lincoln’s passing coffin, later breaking more and more sprigs to pour over “the coffins all of you, O death.” (Moon 215). Significantly, the poet does not plant a lilac bush over the grave, an act that would give new life to the corpse in the form of the bush, with its annually blooming beautiful flowers and their famously strong, sweet scent. Rather, the poet merely provides a fleeting reminder of the potential for new growth and the life that will continue after Lincoln’s death.

Later, in a puzzling section devoted to the decoration of the tomb, Whitman proposes “pictures of growing spring, and farms, and homes” (*Drum Taps and Sequel to Drum Taps*). He describes vividly the “floods of yellow gold of the gorgeous, indolent, sinking sun,” “Fresh sweet herbage under foot,” “the flowing glaze, the breast of the river” and a view of bustling city life that should mark these pictures. The scenes he describes are reminiscent of Whitman’s 1844 description of Greenwood Cemetery, with its “sunlit knoll,” lake, and “animating prospect” of New York, “bespeaking life, and bustle, and activity” (*WW’s Selected Journalism*). Yet again, rather than proposing actual plantings near or on the grave, or, even better, a grave in a cemetery like Greenwood which would offer all of the natural beauty and peace implied by the pictures he describes, Whitman only suggests that the dark tomb contain reminders of the beauty and regenerative power of life and nature.

Ultimately in this poem, Whitman rejects his earlier insistence that the dead live on through the strong sweet smell of the spring lilac, the bright sun, or bustling city life. He concludes here that though death is “lovely and soothing,” she is not warm like the “yellow gold of the gorgeous, indolent, sinking sun,” or sweetly overpowering like the lilac bush, but has the arms of a “cool-enfolding” “dark mother.” Whitman welcomes death with joy and song, but comes to recognize that the symbols of life that he loves: sweet, overpowering smells, light, joy, noise, and city life, do not represent death. Death is night, “swamp-perfume,” the “low and wailing” song of the “hermit bird.” Like Lincoln’s corpse which is not offered life after death, only reminders of life through sprigs of lilac and pictures of the bustling natural and human worlds, Whitman mourns the eventual loss of the lilac and all the life it represents that will come with his own death: “Must I leave thee, lilac with heart-shaped leaves?/ Must I leave thee there in the door-yard, blooming, returning with spring?/

Must I pass from my song for thee;/ From my gaze on thee in the west, fronting the west, communing with thee,/ O comrade lustrous, with silver face in the night?" He acknowledges that with death, his continuing "song" or poetic voice will be lost, and he must be content with the poetry he has left behind, like the scent of the lilac (or the grass, or the calamus) to represent him. In the end, Whitman insists that "each I keep, and all." While he lives, he will embrace the symbols of death and life together, "the wondrous chant of the gray-brown bird," "the lustrous and drooping star," "the lilac tall, and its blossoms of mastering odor." The poem acknowledges a new concept of life after death. After all the death and destruction Whitman has witnessed, including the death of the beloved president and the many beloved young soldiers he cared for in the hospital, he acknowledges that the same life and vigor he insisted upon in his earlier work may not be possible after death. But, though death is no longer marked by continued life, light, spring, and movement, a different kind of existence is provided by death in "the call of the bird," "in the fragrant pines, and the cedars dusk and dim" (*Drum Taps & Sequel...*).

Chapter Five:

“The Veil Withdrawn”: Condemning the Sins Not the Slaves in Harriet Jacobs’s

Incidents in the Life of a Slave Girl

Harriet Jacobs’s *Incidents in the Life of a Slave Girl* (1861), a narrative of her experience as an enslaved woman, was directed at northern, white, female readers, a group thought to be most sympathetic to the kinds of stories formerly enslaved writers had to tell. The narrative was meant to expose the horrors of slavery in an attempt to gather sympathy and rally support for the abolitionist movement. Jacobs’s sexual history, though, while integral to delineating the unique abuses and moral dilemmas experienced by enslaved women, required careful negotiation in order for her to maintain her white, middle class, female readership’s trust and identification. Jacobs had two very pale skinned children and had never been married – a fact that would clearly have been shocking and perhaps damaging to her moral credibility in the eyes of most of her readers. Jacobs describes the disturbing sexual abuse and harassment she was subjected to by her master and explains how this treatment led her to a relationship with another local white man, the father of her children, whom she felt might protect her. As Lydia Maria Child, a prominent abolitionist and Jacobs’s editor writes in her introduction to Jacobs’s narrative:

I am well aware that many will accuse me of indecorum for presenting these pages to the public; for the experiences of this intelligent and much-injured woman belong to a class which some call delicate subjects, and others indelicate. This peculiar phase of Slavery has generally been kept veiled; but the public ought to be made acquainted with its monstrous features, and I willingly take the responsibility of presenting them with the veil withdrawn (6).

Here, Child acknowledges that many readers would not approve of Jacobs's sexual history with her master and the white man who fathered her two children. At the very least, Child explains, she knows that many readers believe Jacobs's sexual history should be "veiled," or hidden from the public eye perhaps for fear of contaminating or disturbing innocent readers. However, by describing "this peculiar phase of Slavery" as a monster hidden behind a veil, Child argues that shielding Jacobs's sexual history from her readers protects neither party. Viewing a monster is at worst temporarily disturbing and, at best, can help the viewer develop a truer understanding of the exact nature of slavery's "monstrous features." Child argues that Jacobs's story only reveals the "features" of a monster that is already in their midst, putting none of her readers in more harm than they already are.

In order to circumvent the standards of propriety of her readers, Harriet Jacobs uses the logic of anticontagionism to suggest that viewing the monster under the veil is not contagious or contaminating to her readers. In other words, though she is still suffering the effects of the horrifying violence and sexual trauma she experienced in slavery, using anticontagionism as a framework, nothing Jacobs writes about can be spread via contact with her or her narrative. Like the prominent anticontagionists who argued that people are not the carriers of cholera and plague, the atmosphere is to blame, Jacobs makes the case that the

system of slavery itself – not its victims-- is breeding and spreading the violence and licentiousness she describes, not its victims. Specifically, Jacobs suggests that the horrors she experienced are either the result of metaphorical miasmatic “diseases” emerging from the corrupt slave system or akin to snakebites that are painful and dangerous for their sufferers but are not contagious. In this way, Jacobs indicates that though she is the victim of the moral and physical diseases and wounds of slavery that continue to afflict her even after she gained her freedom, she is not dangerous and cannot spread the corruption and trauma she experienced through contact with her readers. Moreover, not only does Jacobs suggest that it is safe to read her narrative, using anticontagionist theories of environmental health and sanitation reform through ventilation, light and cleanliness, Jacobs argues that bringing her shameful secrets out into the open will actually help to stop moral diseases running rampant in the slave system.

By the time Jacobs published her narrative, American Anticontagionism had passed its peak and was just a few years from sharp decline after the discovery of the cholera pathogen. Anticontagionism, according to medical historian Erwin Ackerknecht, began in the United States with the Yellow Fever epidemic in Philadelphia in 1793 (Ackerknecht 10). By 1819, twenty years after the Philadelphia Academy of Medicine was founded on explicitly anticontagionist principals, only four or five contagionist physicians remained in Philadelphia (10). In 1855, just six years before Jacobs’s narrative was published, the Philadelphian Rene La Roche (the son of a physician from St. Domingue) published an extremely influential anticontagionist monograph on yellow fever (11). Owen Whooley argues in his book on the development of American Medicine through debates over Cholera that though many important scientific discoveries proved Cholera was contagious via

contaminated water, belief in anticontagionism died hard because the real debate was an epistemological one over what constitutes medical knowledge rather than a mere search for the “facts” (7). Even in 1884, when the cholera microbe was discovered, and thirty years after John Snow’s maps of cholera epidemics in London that directly followed the water supply, the public and many fringe physicians and scientists were not convinced that cholera was contagious (7).

Anticontagionism died hard in part because it was so deeply connected with political and social reform. Anticontagionism was not just a simple medical theory that could be discarded when a better one emerged. It was strongly connected to a social, political and philosophical worldview about how danger, immorality and disease grows and spreads. Contagionism and its associated quarantines were associated with despotic bureaucracy and dangerous government control (9). Moreover, the anticontagionist solution to epidemic disease was not to lock its sufferers away in a quarantine, but to rebuild neighborhoods to be cleaner and better ventilated as well as to reform the water supply – not because there were contagious pathogens in the water that were spreading diseases, but because sewage and rotting filth were prime breeding grounds for disease causing miasmas. Most importantly, anticontagionism meant that medical workers and volunteers could safely care for the sick as long as the area around the sufferer was clean and well ventilated.

Anticontagionism shared a general worldview with a variety of social justice causes and was therefore connected to movements including abolition in the nineteenth century. Kelly Bezio explains in her article, “The Nineteenth Century Quarantine Narrative,” that while quarantine narratives, as she defines them, are not explicitly abolitionist, they were published alongside abolitionist tracts and in abolitionist newspapers like William Lloyd

Garrison's *The Liberator* (1831-1865) and Frederick Douglass's *The North Star* (1847 – 1851) (Bezio 80). The quarantine narrative is a genre defined by Bezio in which travel writers present their experiences in government-regulated quarantines after a period of international travel. Rather than rendering their time in these quarantines as terrifying experiences, characterized by the threat of infection and dangerous ethnic mixing, the writers of quarantine narratives tell stories of the fun, relaxation, and humor found during their quarantine period. Rather than contaminating American citizens with foreign diseases, customs, and practices, socializing with foreigners is presented as interesting, entertaining, and completely innocuous. Moreover, Bezio explains, contact with foreigners in a quarantine narrative does not dilute or contaminate the Americans' national identity; rather, it strengthens their sense of national pride and community (Bezio 66). These narratives, published in abolitionist newspapers and read by the same community of social justice activists, are anticontagionists on both a medical and a cultural level (67). This suggests that, over all, the same readers who were supporting abolitionist causes were also sympathetic to the idea that diseases like Cholera and Yellow fever were not spread from person to person, that quarantines were ineffective, and that international and interracial mixing was not only harmless, but was in fact beneficial on both a medical and a cultural level. In other words, abolitionists and anticontagionists were part of the same cultural and philosophical circles, reading and using each other's work to bolster their own missions.

Frederick Douglass, one of the most prolific and famous abolitionist former slaves, often used medical language and disease metaphors to talk about the American public and its relationship to the slave system:

slavery is the disease, and its abolition in every part of the land is essential to the future quiet and security of the country. Any union which can possibly be patched up while slavery exists, must either completely demoralize the whole nation, or remain a heartless form, disguising, under the smiles of friendship, a vital, active, and ever-increasing hate, sure to explode into violence. It is a matter of life and death. Slavery must be all in the Union, or it can be nothing (“The Union and How to Save it” 431).

Douglass says explicitly that “slavery is the disease,” though, as I have shown, just what a disease is, where it comes from and how it spreads was still fiercely debated in 1861, the year Douglass’s essay was published. Douglass clearly sides with the anticontagionists, arguing that disease, or in this case, slavery, cannot be quarantined within a certain area. Slavery, the disease, and its associated violence and licentiousness, will spread, or “explode into violence,” without warning, because quarantines just exacerbate the conditions that cause disease, like moral filth and lack of ventilation (secrecy). Miasmas, growing and spreading outward from filthy, unventilated houses and neighborhoods through the air, are not eradicated by quarantines, but require systemic sanitary and architectural overhauls. Simply keeping the diseased portion of the population separate cannot keep miasmas from spreading and infecting surrounding areas. Using this logic, slavery cannot be confined to the south without the miasmas of corruption and immorality spreading to the northern free states. As such, Douglass reveals his belief in the anticontagionist model of disease transmission, and also his belief that social problems operate as diseases. The “disease of slavery” can no more be contained in the south than a pestilential miasma within a quarantine. To suggest otherwise puts the pro-slavery camp or the slavery apologists who want to look the other way on the side of ignorance and superstition.

Douglass's essay "The Union and How to Save it" is not the only time he uses medical rhetoric, and particularly anticontagionist rhetoric, to talk about the causes and cures for the problems associated with slavery. In 1848, Douglass compared the "spirit of liberty" to the Asiatic Cholera in his essay, "What of the Night." Douglass takes for granted the futility of quarantines and the belief in contagion associated with them when he writes "the spirit [of liberty] cannot be bound by geographical boundaries or national restrictions. It hath neither flesh nor bones; there is no way to chain it; swords and guns, armies and ramparts, are as important to stay it as they would be if directed against the Asiatic cholera" ("What of the Night" 97). Here, Douglass expresses his belief in anticontagionism on a literal level. He does not believe that diseases like cholera can be stopped by "geographical boundaries or national restrictions," or, in other words, quarantines that keep infected people away from healthy citizens. As a miasma that travels through the air, no physical barriers can keep the Asiatic cholera from spreading, and attempting to use laws and walls to contain disease is arrogant and futile. Moreover, the spirit of liberty, like the Asiatic cholera "hath neither flesh nor bones; there is not way to chain it." This suggests scorn for the belief that people are the carriers of disease – the disease is not a person with "flesh" and "bones." Attempting to "chain" a disease, like "the spirit of liberty," is not only futile, but connects to the slave system. His description of "the spirit of liberty" corresponds to the concept of a miasma – an airborne disease, born, nurtured and spread in a conducive atmosphere. The idea that this miasmatic atmosphere could be held back by quarantines, physical, or legal barriers is rendered absurd – the belief of an arrogant, tyrannical, and slave-holding government. Interestingly, Douglass, like Whitman and other abolitionists, transforms the concept of the miasma into a

positive force for spreading freedom and knowledge— “the spirit of liberty” cannot be held back, chained, quarantined.

Douglass uses another miasma analogy to refer to slavery in his essay “Epidemic of Mob Law.” He says, “when the poison of anarchy is once in the air, like the pestilence that walketh in darkness, the winds of heaven will take it up and favor its diffusion” (“Epidemic of Mob Law” 752). Again, Douglass expresses both his belief in anticontagionism and the miasma theory in a literal way, comparing the “poison of anarchy” to a literal “pestilence that walketh in darkness” and is spread by the “winds of heaven.” Here again, he suggests that disease is poisoned air that can spread wherever the wind takes it. More importantly, he suggests that ideas like “the poison of anarchy” are spread under the same process. Like “the spirit of liberty,” as well as a pestilence and the Asiatic cholera, the “poison of anarchy” is a product of the atmosphere, and attempting to contain or restrict it is like trying to contain or restrict the “winds of heaven” – the god given air we breathe. It is a sign of hubris and arrogant ignorance.

Jacobs would have been familiar with Douglass’s work by the time she published *Incidents in the Life of a Slave Girl* in 1861. After Jacobs escaped slavery and arrived in the north, she worked at the Anti-Slavery Reading Room in Rochester, NY, that her brother was running (*Incidents* xi). This Anti-Slavery Reading room was located immediately above the headquarters for Douglass’s abolitionist newspaper, *The North Star*. By all accounts, Jacobs spent her time there reading widely in the abolitionist tracts in the library (Titus 200) (Yellin 103). However, Jacobs was even closer to Lydia Maria Child than Douglass, as Child edited and wrote the introduction to her narrative. Child also used anticontagionist metaphors to discuss the moral dangers of slavery. In Child’s short biography of Toussaint L’Ouverture,

the formerly enslaved politician and leader of the Haitian Slave Revolution, published in 1863, Child marvels at how “he escaped the contagion of impurity which always pollutes society where Slavery exists. But his respect and affection for his wife was very constant, and he was always clean in his manners and language” (*The Freedmen’s Book* 61). Like medical anticontagionists, who focused on sanitary reform to combat the disease causing miasmas that grew and spread from unsanitary living spaces, rotting food and open sewers, Child suggests that L’Ouverture “escaped the contagion of impurity,” an epidemic of immorality that spreads in filth, by keeping his own manners and language “clean.” Additionally, this “clean” manner and language are also signs of his failure to be “polluted” by the society he lived in. Like a clean home or neighborhood protected from disease-causing miasmas generated in filth, L’Ouverture’s “clean” “manners and language” protect him from contracting moral disease.

In another essay, Child also expresses disdain for the practice of quarantine both on a medical and on a philosophical level. Arguing against a law that required free people of color to be put into quarantine for thirty days after arriving in a North Carolina port, Child says,

North Carolina has made a law subjecting any vessel with *free* colored persons on board to thirty days’ quarantine; as if freedom were as bad as the cholera! Any person of color coming on shore from such vessels is seized and imprisoned, till the vessel departs; and the captain is fined five hundred dollars; and if he refuse to take the colored seaman away, and pay all the expenses of his imprisonment, he is fined five hundred more... The endeavor to prevent insurrections in this way, is as wise as to attempt to extinguish fire with spirits of wine. The shortsighted policy defeats itself.

A free colored sailor was lately imprisoned with seven slaves: Here was a fine opportunity to sow the seeds of sedition in their minds! (*An Appeal*... 68-69).

Child makes a strong case against quarantines. Even under the logic of contagionism that supported quarantining people with dangerous diseases (or ideas like freedom), quarantines were ineffective and dangerous. If the “spirit of liberty” were contagious, the free black sailors might keep their freedom from infecting the population of the mainland city. But this highly contagious idea, if it is being treated like a disease by being placed in quarantine, could be quickly and easily transmitted within the quarantine itself, infecting the previously ignorant enslaved prisoners with the spirit of liberty. When the pure and uncorrupted slave comes into contact with the free black sailor, whether through the polluted atmosphere of the enclosed, unsanitary space of the quarantine or through direct, person-to-person contact, the slave can be infected with the “spirit of liberty” – the very thing the quarantine is meant to stop.

In the end, Child, like Jacobs, seems to believe that the environment in which one encounters dangerous ideas, like dangerous diseases, can either make one susceptible or resistant to infection. She makes this clear in her introduction to *Incidents*, quoted in the opening paragraphs of this chapter, when she acknowledges that the material in Jacobs’s narrative will be seen as dangerous, “delicate” or “indelicate,” a topic not appropriate for refined readers’ ears. Rather than becoming infected and tainted with slavery’s “monstrous features,” Child believes that contact with the worst parts of slavery through Jacobs’ narrative, exposure to the “wrongs so foul” that Jacobs describes, will inspire a greater sense of moral duty and “conscientiousness.” In other words, for morally upstanding readers, exposure to the horrors of slavery that Jacobs described does not put them at risk of

dangerous moral infection, but will strengthen their moral resolve. Rather than tainting them with immorality, exposure will actually make them more moral, more apt to stand up for what is right. They will be stronger and morally healthier than they were before exposure to Jacobs's horrific tale.

Jacobs herself clearly engages with themes and rhetorical devices like disease and contagion metaphors that were circulating in the work of abolitionists like Douglass and Child. In fact, *Incidents in the Life of a Slave Girl* uses illness as a primary metaphor to discuss slavery and its moral, emotional and physical effects on both a personal and a political level. Mary Titus explores the illness metaphors in *Incidents*, arguing that they allow Jacobs to express the interaction between individual suffering and social "disease" (200). While her analysis does get at some of the more important features of the narrative, Titus flattens nineteenth-century medical and disease theory into a single, uniform set of beliefs and practices and fails to see the complex alliances Jacobs builds between her political project, her personal experiences in slavery, and one side of a contentious debate over the way disease functioned in the nineteenth century. By failing to parse more thoroughly the debates over contagionism and anticontagionism, sanitary reforms and quarantine, Titus misses some really important features of Jacobs, and the other abolitionists' narratives she analyzes.

In building her argument, Titus explains that radical abolitionist Stephen Foster's essay "Revolution the only Cure for Slavery" is in favor of "bleeding over quarantine as a political model" (201). Titus quotes Foster's argument in favor of revolution as the solution to slavery. Titus quotes Foster, "our first great work is to cut this Gordian knot, -- the Union" (Foster, qtd in Titus 201). Titus uses this phrase as evidence that Foster is supporting

metaphorical “bleeding” as a cure for slavery. Foster explicitly rejects the contagionist practice of quarantine and its metaphorical application to slavery when he says, “the idea of hedging slavery in within certain limits is morally absurd. It can be exterminated, but it can never be controlled” (Foster). Contrary to Titus, who believes that Foster is calling for a metaphorical “bleeding” when he says we must “cut the Gordian knot,” cutting the knot seems more akin to an amputation, or a call for deep and complete reform, connected to the anticontagionists calls for brand new hospitals, complete overhaul of unsanitary neighborhoods and water systems. Foster’s call to “cut the Gordian knot” is a continuation of his anticontagionist metaphor. Rather than bleeding, which suggests a superficial cut, allowing ostensibly “bad blood” to flow out while keeping the body intact, cutting the Gordian knot is a call for an “extermination” or amputation of the diseased parts of society.

By 1855, when Foster’s essay was written, prominent anticontagionists and sanitary reformers like Edwin Chadwick in England and Benjamin McCready and John Griscom in the U.S. were advocating tearing down and rebuilding poor neighborhoods and hospitals in order to fight disease (Duffy 95-6). Griscom, a physician and the city inspector of New York City in 1842, was in charge of “reporting nuisances, inspecting buildings, and collecting mortality and business reports among other responsibilities” (Duffy 95). He associated the horrifying and filthy living conditions he witnessed in his inspections with poverty, moral degradation and disease (96). One of the major suggestions Griscom gave to the city in 1842 and 1845 was completely rebuilding filthy, unventilated and overcrowded tenements (96). Rather than simply sweeping the streets or working toward cleaning up the existing neighborhoods, in other words draining the “bad blood,” Griscom and others advocated

“cut[ting] the Gordian knot,” or completely eradicating the existing system and rebuilding the architecture and sanitary systems for a healthier environment (Foster).

Mary Titus mistakenly argues that another abolitionist speech suggests a belief in the contaminating, contagious atmosphere created by racial mixing. She explains that an 1834 speech by James Thome to the Anti-Slavery Society with his cry of “Pollution, Pollution!” shows that he believes in the “contaminating proximity of uncivilized blacks to the white family” (Titus 201). Titus’s emphasis on physical proximity between “uncivilized blacks” and white slaveholders implies that Thome believes contamination is spread through person-to-person contact, rather than through the atmosphere. Though Thome does assume in this speech that white slave owners are, in fact, at risk of “contamination,” he also clearly shows later in the speech that he believes this “pollution” and “contamination” come from the corrupted atmosphere of the plantation rather than from the slaves themselves. He says, “this pollution is the offspring of slavery; it springs not from the *character* of the *negro*, but from the *condition* of the *slave*” (Italics original) (Thome 9). Titus argues that Thome’s “pollution” reveals his belief that the “uncivilized blacks” are contagious and dangerous to their owners because they live and work so closely together, working as cooks, maids, nurses, and nannies. Titus assumes that nineteenth-century thinkers, including Thome, all believed in person-to-person contagionism, as we do today. However, like many other abolitionists, Thome seems to support anticontagionism, suggesting that the “pollution” he refers to is emerging not from individual people but from the atmosphere of slavery. He asserts that the “condition of the slave,” not the “character of the negro,” causes this pollution. This point suggests that if the slaves were freed and the polluted plantation system were abolished, the diseases would disappear. In other words, it is not the “uncivilized

blacks” that carry the diseases and infect their white masters, but the entire system that breeds these diseases. The only cure is complete abolition of the system.

Harriet Jacobs joins her fellow abolitionist writers in employing medical theories of anticontagionism to promote and defend their political and social goals. On a literal level, Jacobs supports the anticontagionist idea that diseases emerge from a miasma of filth and are exacerbated by fear and weakness. During her initial escape attempt, Jacobs is forced to spend the night hiding in a nearby swamp. Here, Jacobs suggests that “the heat of the swamp, the mosquitos, and the constant terror of snakes, had brought on a burning fever” (91). Her fever is not something caught from a family member or local person but something that emerges from the tainted atmosphere of filth and her fear of the swamp. Later, when Jacobs visited London as a baby nurse to the Dodge family, she describes London as a place of movement and health, different from the stagnation of the southern United States. “As I had constant care of the child, I had little opportunity to see the wonders of that great city; but I watched the tide of life that flowed through the streets, and found it a strange contrast to the stagnation in our southern towns” (142). Instead of viewing the many people in close proximity in London as a source of disease and pollution as a contagionist would, Jacobs calls it “the tide of life,” a source of energy and health, in opposition to the rural stagnation of plantation society. Close contact with people, rich and poor, black and white, she implies, is healthy, while the suffocating heat, filth, stagnation, and emotional turmoil of southern slave society are the real sources of disease. Moreover, Jacobs reverses the contagionist notion that places where people are packed closely together are dangerous when she describes the physical and spiritual healing she finds on board the ship that takes her north during her escape. Instead of being the source of festering disease and contagion, ships for Jacobs are

the path to freedom and health. She says, “I shall never forget that night. The balmy air of spring was so refreshing! And how shall I describe my sensations when we were fairly sailing on Chesapeake Bay? O, the beautiful sunshine! The exhilarating breeze! And I could enjoy them without fear or restraint. I had never realized what grand things air and sunlight are till I had been deprived of them” (124).

African Americans and formerly enslaved people had a tradition of finding and expressing freedom at sea that they could not find on land. Before the Civil War, working at sea gave African-Americans the possibility of education, work and money and a community of sailors and merchants not governed by the same strict racial hierarchy that restricted and abused African-Americans in their home country (Phillips 44). At sea, African Americans could gain an education, become officers and even in some cases captains of merchant ships, positions that would be inconceivable almost anywhere on land in the United States (45). As Phillips argues, “for a white man to go to sea suggested a certain marginalization within his own society. Black seamen, by contrast, were the aristocrats of African American Society” (45). Being at sea in the antebellum period was a sign of education, ambition, and intelligence for African-Americans and it provided a certain freedom from the brutal racial caste system of the United States. Instead of being associated with carrying disease from far off lands and the potential danger from storms and piracy, for African Americans, seafaring brought freedom and respectable employment. Jacobs connects with this feeling in her description of being on board the ship during her escape from slavery rather than feeling confined, stifled, and in danger.

Like her fellow abolitionist writers, Jacobs uses the theories of literal, medical anticontagionism to suggest that slavery and all the abuse and sin that goes along with it

could be understood and treated like a disease (11). Resembling epidemic disease caused by miasmas, Jacobs argues that the horrors of slavery are products of an unhealthy system rather than of individual people. She says, “The degradation, the wrongs, the vices, that grow out of slavery, are more than I can describe” (26). The “degradations, the wrongs, the vices,” she is talking about are, like cholera, typhoid, plague and yellow fever, the result of a corrupted atmosphere emerging from political and cultural system that promotes their growth and spread. “The degradations, the wrongs, the vices” do not emerge from individual people but “grow out of slavery.” Later, in describing her larger community, Jacobs says that “cruelty is contagious in uncivilized communities” (41). While at first glance, Jacobs seems to be arguing that the vices of slavery *are* contagious, she is also saying that this corruption spreads only in “uncivilized communities.” The atmosphere from which the disease emerges has the potential to encourage or stop its growth and spread. Like epidemic diseases that were understood to spread like wildfire in filthy, unventilated neighborhoods, “cruelty” spreads in morally filthy places, like slave plantations, in which all of the abuse and sin are kept hidden.

Like the dirty slums of New York City that anticontagionists were working to reform, the atmosphere of slavery is deeply and hopelessly corrupt according to Jacobs. She says that “no pen can give adequate description of the all-pervading corruption produced by slavery. The slave girl is reared in an atmosphere of licentiousness and fear... resistance is hopeless... the slaveholder’s sons are, of course, vitiated, even while boys, by the unclean influences every where around them” (44). Like the disease spreading miasma emerging from open sewers and filthy tenements, slavery’s “all-pervading corruption” infects everybody equally and cannot be hemmed in by walls or laws. Like miasmas that do not stop when they have reached the boundaries of poor neighborhoods in the city, and threaten to infect everyone,

rich and poor, black and white, both slaveholder and slave are equally threatened by the “all-pervading [moral] corruption” of the slave system. The slave girl cannot hope to avoid the “atmosphere of licentiousness and fear,” because it is like a cloud that cannot be contained by any man-made boundaries. And even the slaveholder’s sons are “vitiating” or corrupted, infected, by the moral filth, the “unclean influences” that pervade all of slaveholding society, black and white, just like the diseased miasmas of the unsanitary city. The immorality in Jacobs’s slave-holding world operates like a miasma, one that grows out of a system of corruption and moral filth, one that is not spread by person to person contact, but infiltrates the whole community regardless of race, class, sex or slave status.

Jacobs makes it clear that even the people who are charged with caring for the physical health and well being of the enslaved, (doctors and slave owners), are hopelessly corrupted; their role as caretakers is so perverted that they cause profound physical and psychological harm rather than healing and protection. In Jacobs’ narrative, Dr. Flint is both her owner and her doctor. Titus points out Dr. Flint’s ironic position within the novel: as a doctor, his ostensible job is to providing nurturing care and physical healing to Jacobs when, in fact, he is her primary torturer. Throughout the novel, all of the things that are supposed to be good and healthful are twisted into forms of torture by the slave system (206). As Titus explains, the Flints use food, meant to nourish and strengthen, to punish their slaves – burning one with boiling pork fat, spitting in the leftovers so the cook cannot eat it, and keeping a nursing mother away from her baby causing the mother pain and the baby to starve (204 – 208). And Dr. Flint’s medical treatments are feared and avoided by Jacobs, her children, and her fellow slaves at all costs. In fact, Dr. Flint “treats” her, not with medicine or supportive care like a normal doctor, but “with violence” (Jacobs 64). When she finally

tells Dr. Flint about her pregnancy, he tells her, “he, as a physician, could have saved [her] from exposure” if she had chosen to engage in a sexual relationship with him instead of Mr. Sands, the father of her children. By that, he seems to mean that he could have provided abortions whenever she became pregnant. He does not use his training as a physician to offer to care for or protect their potential children, but rather says he could use his skills to give abortions – a twisted proposition for Jacobs who loved and wanted her children, regardless of how they were conceived.

At some points in the narrative, Dr. Flint seems to be the source of contamination and moral disease, complicating the anticontagionist moral world Jacobs is developing. Jacobs hopes early in the narrative that Dr. Flint would be swallowed up by the earth so that “the world would be rid of a plague” (18). And he corrupts her by whispering filthy secrets in her young ears – an experience she credits with her “prematurely knowing,” her loss of sexual innocence that led to her affair with Mr. Sands (46). Again, though, I would argue that the moral filth that surrounds him is a more important source of moral corruption than any individual person. Though Dr. Flint is positively riddled with sin, he is not the primary source of it, though it surrounds him. Jacobs’s grandmother explains this during an altercation with Dr. Flint: “you ain’t got many more years to live, and you’d better be saying your prayers. It will take ‘em all, and more too, to wash the dirt off your soul” (68). Here Jacobs’s grandmother shows that Dr. Flint is not the “dirt” or the source of immorality, sin, and evil, but merely a carrier of it. His soul could be washed clean with repentance and prayers. He does not need to be quarantined or eliminated but he does need to be fundamentally reformed. But until then, he is a “plague” and he will spread his moral diseases through his “uncivilized community” until the system of slavery is abolished.

Jacobs shows how like Dr. Flint, whose healing role as a physician has been perverted by the slave system, slavery warps the natural sympathies of white women, the primary audience for her book. White women in Jacobs' narrative, instead of being the pinnacle of kindness, civilization, and purity are callous and cruel in the face of the physical suffering of their slaves. Jacobs tells the horrific story of the slave mistress who was unable to feel any sympathy for young girl whose newborn baby just died. The baby, described as "almost white," triggers an inhuman jealousy in the mistress:

Her mistress stood by, and mocked at her like an incarnate fiend. 'You suffer, do you?' She exclaimed. 'I am glad of it. You deserve it all, and more too.'

The girl's mother said, 'The baby is dead, thank God; and I hope my poor child will soon be in heaven, too.'

'Heaven!' retorted the mistress. 'There is no such place for the like of her and her bastard.'...

Her sufferings, afterwards, became so intense, that her mistress felt unable to stay; but when she left the room, the scornful smile was still on her lips (16).

First, this white woman, who is a mother of seven herself, is described not like a beatific maternal angel, watching over and helping to ease the young girl's suffering, but as "an incarnate fiend," or a demon wishing even more suffering on the girl. Instead of promoting sympathy and tenderness, the grieving mother brings out the evil, callousness, and cruelty of her white mistress. And rather than staying to attend upon the dying girl like Florence Nightingale's "every woman," the white mistress is unable to stay in the room, not because the girl's pain is too much for her to bear, as she has a "scornful smile" when she leaves, but because she is too weak to witness that much pain. This anecdote shows how slavery corrupts

and destroys all of the qualities white America most valued in their women: maternal kindness and sympathy as well as patient and brave caretaking skills.

Jacobs argues that the sins and horrors of slavery are a product of the overall environment and not of its individual perpetrators or victims. This makes it necessary that the entire system of slavery be dismantled and destroyed, rather than merely reformed.

Moreover, because of the way the moral “diseases” of slavery emerge and spread according to Jacobs, it is safe for her readers and her friends to interact with her both in person and on the page in spite of her traumatic and disturbing experiences. Along with using anticontagionism as a theoretical framework for understanding her suffering and the suffering of slaves in general, Jacobs describes slavery as a snake and her many physical, emotional and spiritual wounds as snakebites. “O, the serpent of Slavery has many and poisonous fangs!” (53). On one hand, it might seem like this is a separate and competing metaphor from the disease metaphor. However, it is important to note that snakebites and miasmatic diseases have one thing in common: in both instances the victim of the bite or the miasma cannot transmit their wound to those with whom they come into contact.

Whether or not Jacobs can be accepted into respectable society is a deep concern of hers throughout the narrative. She wonders if the wounds she has suffered have tainted her, making her unworthy of respect and a better life. After giving birth to her first son, Jacobs describes the shame she felt at having an illegitimate child: “I shed bitter tears that I was no longer worthy of being respected by the good and the pure. Alas! Slavery still held me in its poisonous grasp. There was no chance for me to be respectable. There was no prospect of being able to lead a better life” (63-4). While the snake of slavery still has her in its poisonous grasp, Jacobs cannot imagine being able to improve her situation and be respected.

The dangerous snake is still attached to her at this point, though, importantly, it is not her or even inside her. Because of this, she cannot be part of respectable society; she is dangerous not because of what she is, but because of what has latched onto her, like the dirt on Dr. Flint's soul. However, once she shakes slavery loose, she can and does lead a better life. And, more significantly, she is "respectable" and "worthy of being respected by the good and the pure" after her escape from slavery. Her experiences and her corruption are not transmitted through contact with her, though they can and do latch onto her while she is in the grasp of the slave system. The moral corruption she experienced was a product of slavery and the atmosphere around it and once she has left it, she and everyone she comes into contact with are safe.

Though she takes pains throughout the story to explain and justify her sexual history, the issue is an important and tricky one for Jacobs. Lydia Maria Child, as I explained at the beginning of this chapter, acknowledged that many people would feel Jacobs's story was inappropriate for many readers, though Child firmly believes that contact with Jacobs's story is harmless. When Jacobs's abolitionist friend, Amy Post, was encouraging Jacobs to write her the narrative, Jacobs expressed reluctance to tell the whole story. In an often quoted letter to Post, Jacobs explains that "there are some things that I might have made plainer I know – woman can whisper – her cruel wrongs into the ear of a very dear friend—much easier than she can record them for the world to read" ("Letter to Amy Post"). Here, and in other letters to Post, Jacobs expresses concern about revealing her sexual history, worrying about the way the world will see her and her children if they know the children were conceived out of wedlock. However, throughout the letters, Jacobs and her correspondents see this as a personal struggle rather than a concern that Jacobs's story will somehow infect her readers.

Titus interprets Jacobs's reticence as a fear of being labeled not just as morally sick, but morally contagious (211). But, I would argue, though Jacobs is certainly concerned about being ostracized by respectable northern friends and readers, she aligns her moral, spiritual, and physical diseases less with contagious disease and more with miasmatic diseases and snake bites that cannot be transmitted by contact, but are dangerous and threatening nonetheless. She is concerned with how she will appear to the world, but ultimately not with spreading moral contagion.

Writers of slave narratives had to dance a fine line between promoting the spread of abolitionist sentiment without spreading the violence and sexuality represented in their books. The fundamental purpose of these books was to spread the "spirit of liberty" which was often represented as an entity that operated like a contagious or miasmatic disease. This, of course, brings up the concern with spreading the less desirable aspects of their stories and life experiences – physical torture, rape, and unmarried sexual relationships. One review of Frederick Douglass's *Narrative* illustrates the belief that anti-slavery sentiment could be transmitted through the page:

Great efforts will be made in the name of the Constitution and the Bible, of James Polk and the Apostle Paul, to suppress it [Douglass's narrative]: but it will run through this nation from house to house, and from heart to heart, as the wild fire, *finding wings in every wind which blows*, flies across the tall and boundless prairies. Its stirring incidents will fasten themselves on the eager minds of the youth of this country with hooks of steel. The politics of the land will stand abashed before it, while her more corrupt religion will wish to sink back into the hot womb which gave it birth. It will fall in among the churches and state-houses of the land like a bomb-

shell, and those who madly undertake to pick it to pieces will share the fate of that poor New-Yorker who attempted something of the kind on a bomb-shell picked up on the shores of Jersey, i.e., they will be blowed to atoms at the first blow (Pioneer).

The reviewer argues that the power of Douglass's words and the truthfulness of his story are enough to spread anti-slavery sentiment like wildfire. Abolitionism will "run through this nation from house to house, and from heart to heart" as a result of the book. If that is the case, then it follows that there is the possibility of unintentionally spreading the cruelties and degradations of slavery through the same book. Anticontagionism allows Jacobs to contend that the moral atmosphere and environment in which the book is received will dictate whether the "cruelty is contagious" (41). Only in "uncivilized communities" can the immorality and abuse that she describes spread. Her sympathetic readers are immune to the spread of immorality because of their inner atmosphere of goodness and light as well as the cultural atmosphere of liberty they live in. Moreover, Jacobs seeks to argue that her own "civilized" moral core makes the spread of cruelty and immorality impossible.

Anticontagionists believed that disease emerged and spread from filthy, unventilated rooms, buildings, water supplies, and neighborhoods, creating poisonous clouds that then spread throughout a city. Their solution, then, was total architectural reform that allowed for light, air, clean water and clean streets and buildings. Jacobs argues for corresponding preventative and curative reforms on a metaphorical level for the social disease of slavery. She insists on metaphorical light, air and cleanliness in the form of truth. She tells her story, going into the dark, forgotten and hidden corners of her memory, despite the shame and horror of it, in order to help give the diseased world she comes from some light and air. Throughout the narrative, Jacobs argues that if her readers just knew the whole horrible truth,

they would no longer stand for slavery. Telling the truth, Jacobs makes clear, no matter how shameful it is, is edifying and healing. After Dr. Flint begins harassing Jacobs, she feels unable to tell her trusted grandmother what is happening because of shame:

I longed for someone to confide in. I would have given the world to have laid my head on my grandmother's faithful bosom, and told her all my troubles. But Dr. Flint swore he would kill me, if I was not as silent as the grave. Then, although my grandmother was all in all to me, I feared her as well as loved her. I had been accustomed to look up to her with a respect bordering on awe. I was very young, and felt shamefaced about telling her such impure things, especially as I knew her to be very strict on such subjects... both pride and fear kept me silent (27).

At this stage, Jacobs's head is being "polluted" with the "impure things" that Dr. Flint is telling her and she is unable to ventilate her mind and her heart by confiding in anyone. "Pride and fear" are the reasons Jacobs gives for not telling her grandmother about the horrible things Dr. Flint was doing and saying to her, motivational forces that, though compelling, only helps ensure that the abuse continues.

Truth, she makes clear, no matter how painful and disturbing, is the only way to achieve freedom and healing. "Surely," Jacobs says, "if you credited one half of the truths that are told you concerning the helpless millions suffering in this cruel bondage, you at the north would not help to tighten the yoke" (26). The truth, rather than polluting her readers, will actually kindle their own moral goodness. Though the forgotten cellars and alleyways of Jacobs's memory, like the fever-ridden cellars of Rene La Roche's Philadelphia, might be scary, filthy and disturbing, confronting them is the only way to keep the same horrible diseases, cruelty and abuse from recurring.

Ironically, Jacobs escapes the spiritual and emotional dangers of slavery by putting herself in an equivalent physical danger. Before she is able to travel north, Jacobs escapes the metaphorically stagnant, filthy emotional prison of slavery into what she calls her “loophole of retreat,” the small uninsulated garret above an outbuilding in her grandmother’s yard where she lived for seven years. All of the dangers of spiritual and emotional infection that she experienced as a slave, she experiences on a physical level in her garret for the full seven years of her confinement, and she physically suffers for the rest of her life as a result. The garret almost completely lacks all of the things that the anticontagionists would argue are necessary for health: light, air and cleanliness:

The air was stifling; the darkness total. A bed had been spread on the floor. I could sleep quite comfortably on one side; but the slope was so sudden that I could not turn on the other without hitting the roof. The rats and mice ran over my bed; but I was weary, and I slept such sleep as the wretched may, when a tempest has passed over them. Morning came. I knew it only by the noises I heard; for in my small den day and night were all the same. I suffered for air even more than for light (92).

Though she has escaped the stifling, morally corrupted atmosphere of slavery, her escape requires that she sacrifice her physical health for her spiritual health. She has escaped from a life without spiritual light, air and cleanliness for a life without literal light, air, warmth or cleanliness. This is the horrible bind that Jacobs makes clear all slaves are placed in: spiritual, emotional, and physical health is not possible while slavery exists. There are no options for slaves to fully escape the diseased and corrupted atmosphere of plantation society. And because of the nature of the diseases slavery breeds, everyone is at risk of infection until the system is abolished.

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