Republic of Intellect

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Published by Johns Hopkins University Press

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On a Tuesday morning near the end of October 1796, Charles Brockden Brown wrote a letter from New York, where he had been living for two months in William Dunlap’s home, to his older brother James, in Philadelphia, to reassure him that the city’s yellow fever season had passed—without alarm, compared to the previous year’s outbreak—and that he and his friends were safe. Dismissing his brother’s calls to “[c]ircumspection,” Brown wrote that he could not help but “admire the exaggerations of rumour, and the multiplying and enlarging efficacy of distance,” an observation that prompted an extended meditation on imagination and sensory perception, topics he would take up later in his fiction. Unlike physical objects, he wrote, which are “diminished by distance,” the fever and other “imaginary spectacles . . . grow into gigantic dimensions, in proportion to their actual distance from us.” In 1796, to describe yellow fever as an imaginary spectacle would have struck some as odd; the threat of annual epidemics was quite real, and James Brown’s concern was justified. The disease had taken 750 lives in New York’s densely populated waterfront neighborhoods in the summer and fall of 1795; dozens—hundreds, and even thousands in the worst cases—had died almost every summer since 1791 in urban American seaports from Boston to Charleston. In 1793,
Brown’s family had fled the worst North American epidemic yet, when between four thousand and five thousand Philadelphians—roughly a tenth of the city’s population—died in a three-month period.²

Brown’s focus on the relationship between the fever and imagination, however, suggests that he was already considering the fever’s potential as a fictional device to generate interest, suspense, even sublime terror in an audience. Fear of the fever, he wrote, worked in much the same way as fear of the dark, a “disease” he had suffered from since childhood. “[W]hen in the dark,” he wrote,

> if an unlucky incident calls my attention to the imperfect gleam, which may be darted from a neighbouring lamp along the ceiling, or to that more imperfect glimpse, which will be produced by the faintest starlight, when reflected from irregular and polished surfaces[,] I find myself seized by unwelcome shrinkings, and hasten to the asylum which sleep, or light or company, or abstract meditation, may afford me. I have never had recourse, in this phantastic distress, to the best expedient, but when all others fail me, that is, the endeavour to reason down my perturbations, and dispeople, by more energy of argument, the aerial world of “calling shapes and beckoning shadows dire.”³

The connections Brown draws in this letter between fear and fever, darkness and a distempered imagination, seem appropriate for someone who would eventually be known as the founder of American gothic fiction; his confession that he feared the dark is intriguing for the same reason. More significantly, the letter both models and represents imaginative processes, as Brown imagines himself in “phantastic distress” brought on by an imaginary danger, then demonstrates how one should carefully and rationally dissect this fear. As he “reason[s] down [his] perturbations” and cures himself of “unwelcome shrinkings,” he invokes a clear science of the mind, rooted in Hartleyan and Lockean vocabularies of “associations” and “impressions.” Still, the reluctance with which he resorts to reason suggests that he remains caught between the pleasures and imperatives of imagination (explicitly associated with the “aerial world” of literature exemplified by the line from Milton’s *Comus*) and a desire to represent himself as a rationalist.

Over the next five years, during his increasingly lengthy residencies in New York, he would establish his reputation as a novelist by writing stories that were sometimes fraught with similar tensions. Nonetheless, his fever fiction would consistently seek to subordinate liter-
ary genres to the purposes of moral observation and rational inquiry. Brown's novels not only participated in medical debates but also held up characters who modeled behaviors appropriate and inappropriate to a fever season. In so doing he aimed to use the novel form to intervene in social affairs and to generate authority for literary authorship in the new American republic and the republic of intellect.

Readers of Brown's fiction may be tempted to regard as perverse his selection of the gothic novel, with its typical traffic in terror, as the vehicle by which he would "reason down" fear of the fever and set such public examples. Yet in diagnosing the disease of "fear," Brown implies that various factors—age, experience, reflection, habit—may themselves provide sufficient "cure[s]." He might have added that literary narrative itself could serve as a prophylactic, particularly if it conjures up terror in order to habituate or perhaps even to inoculate a reader to fear's unhealthy side effects. Years later he would encourage Margaret Bayard to read his novel *Edgar Huntly* precisely so she could "immur[e]" her mind to "such scenes & images." Brown's medical language is telling. In the fall of 1796, while he contemplated the fictional possibilities yellow fever afforded, Elihu Smith was hard at work—sometimes in the same room—on his own fever gothic, a medical history of "The Plague of Athens," intended for publication in the first issue of the *Medical Repository,* which would appear that fall, edited by Smith along with future club members Samuel Latham Mitchell and Edward Miller.

If Brown used yellow fever to create some of his most compelling fictional settings, Smith aimed to fix his professional reputation by writing about it as well. He began his medical publishing career in 1796 by treating New York's 1795 epidemic in a collection of essays edited by Noah Webster. His next two years would be spent promoting particular medical understandings of the fever, through his correspondence and in the *Repository.* Like Brown he hoped his literary strategies would accommodate a broad audience: "I hope to attract common, as well as medical, readers—& they must be amused," Smith wrote in his diary of his essay on the Athenian plague. "The taste of our professional men is not yet sufficiently correct to relish the beauties of a simple style." These literary concerns—which go beyond preoccupations with mere amusement or taste—were means to more significant ends than reputation; they were matters of life and death. Smith had written with utopian hopefulness in his contribution to Webster's collection that "[w]ere it possible to impress the truth vividly on the minds of the
great body of citizens; to rouse men into action; to excite a generous
disregard for temporary advantages, and a lively interest for the future
welfare of themselves and their posterity; a few weeks might enable
us to bid defiance to death, in many of the forms in which he now
assails us.”

Brown’s *Arthur Mervyn*, even more than his earlier fever writing
in magazine serials and in *Ormond*, similarly aimed to “impress . . .
truth[s]” about the fever on his reading audience. In early 1798, having
completed his philosophical dialogue, *Alcuin, Sky-Walk, or Man Un-
known to Himself*, and a good portion of *Wieland*, he began *Mervyn*’s
serialization in the Philadelphia *Weekly Magazine*, where he had started
and aborted several other serial novels that winter and spring. *Arthur
Mervyn* seemed poised to be Brown’s greatest success; it opened dra-
matically with a benevolent doctor who discovers a fever victim near
death on his doorstep and takes him in as a patient. Although he chose
to set the novel in Philadelphia’s major outbreak of 1793, Brown had
just survived Philadelphia’s 1797 epidemic and had at least contem-
plated a plan of his own to tend fever victims that year, in an epidemic
that killed close to 1,250 people. (As Philadelphia’s 1797 fever raged,
Smith wrote a terse, one-lined letter to Brown, who had not kept his
New York friends updated on his condition or whereabouts: “Charles,
are you dead?”) Fever was on everyone’s mind as spring turned into
summer in 1798. With the opening chapters of *Mervyn* safely on de-
posit with the *Weekly Magazine*’s editor and the manuscript for his first
completed novel, *Sky-Walk*, also at press, Brown returned to New York,
where he would spend the remainder of the summer living with Smith
and Johnson. Arriving in the city on Independence Day, with his ca-
reer as a fiction writer just gaining momentum, he had little idea that
his Philadelphia publishers would be dead by summer’s end, cutting
*Mervyn*’s serialization short and consigning *Sky-Walk* to oblivion. (The
manuscript was never recovered.) Nor did he imagine that in New York
he would confront yellow fever more directly than he ever had, surviv-
ing an epidemic season that left him infected and Smith dead.

If the fever, in taking Elihu Smith’s life, bore at least part of the
responsibility for the Friendly Club’s eventual disintegration, it had
also, from 1795 to the turn of the century, called out the group’s collect-
tive social and intellectual energies as nothing else had and provided
its members with a particularly dramatic context for fashioning identi-
ties and reputations as “men of observation.” The yellow fever debates
epitomized the burgeoning late-eighteenth-century world of information. The recurring epidemics, writes one media historian, generated an “incredible rush of communication”: newspaper essays, articles, notices, open letters, personal correspondence, diary accounts, drawing room discussions, broadsides, poetry, political satire, and every other “channel of communication” imaginable, “from word-of-mouth rumor to learned medical treatise,” was a conduit for information and misinformation about the fever. The omnipresence of death created an industry for knowledge about the source, treatment, prevention, and social effects of the fever, including journalistic accounts and especially necrologies. Well into the nineteenth century, American presses turned out pamphlets, columns, and health codes, one medical student’s inaugural dissertation after another, all arguing the fine points of the fever’s origins, transmission, and treatment. As a concrete body of early American writing, this work is so large that it should perhaps be considered a second set of constitutional debates, this one concerned not with the previous decade’s U.S. Constitution but with comprehending the constitutions of America’s soils and climates, as well as the impact of the fever on its manners and populations.

The “rush of communication” precipitated by yellow fever was itself the subject of extensive commentary. Rumors about the fever seemed self-regenerative, as Brown had complained to his brother. Smith expressed similar concerns about the proliferation of fever stories; in their constant retellings, such accounts “acquire[d] redoubled horror” until cities found themselves in “a violent state of alarm.” The virtual sub-industry of print that emerged on the subject, along with unregulated rivers of rumor, gave rise to a “situation of the public mind,” in Smith’s words, in which the diversification and protraction of the debates made it increasingly difficult for “the medical world,” let alone the general population, to accept the simple “truth” of the explanations he and his colleagues offered. “It is time that something was done to relieve the minds of the ignorant from this overwhelming, this destructive Terror,” Smith resolved in his diary at the height of New York’s first major outbreak: “[T]his malady of the mind . . . [is] a thousand times more dreadful & pernicious than all corporal evils.”

Because unmanaged information yielded the worst possible audience responses, the appearance of yellow fever in so many American cities generated acute anxiety for men like the Friendly Club’s members, who conceptualized their social standing as rooted in being better
informed than their fellow citizens. Smith mined the city’s libraries in order to benefit from historical sources on epidemic diseases. Desperate for authentic intelligence from neighborhoods and cities other than their own, he and other club members sought, even prior to New York’s 1795 epidemic, to establish correspondences with physicians and acquaintances in other cities, particularly in Philadelphia.\textsuperscript{13} Noah Webster’s collection on the subject convinced Smith that a more regular publication was needed to collect and distribute accurate information as widely as possible.\textsuperscript{14} He began to outline a proposal for a medical journal in July 1796 and published it, in partnership with Mitchill and Miller, that November. Addressed, “To the Physicians of the United States,” the circular called out to a broad set of potential contributors. “[T]he variety of subjects comprehended in this undertaking,” they anticipated, “will put it in the power of almost every other class of citizens, as well as of physicians, usefully to aid in its execution.”\textsuperscript{15} Smith extended similar calls through his own correspondence: “If there is any sensible, well-informed Physician settled near you,” he wrote to a friend in Georgia, “I will thank you to let me know; & also to send me his name & address.” Such correspondences would not only bring information back to him from remote parts but also open a channel by which his publication could find distribution.\textsuperscript{16}

Such urgency stemmed from the conviction that words and imagination—the very stuff of fiction—had moral and even physical effects. The stories one hears or the scenes one imagines can influence what one actually sees, can affect literal and metaphoric views, an idea that runs consistently through the group’s fever writing. In the \textit{Monthly Magazine} for August 1799, for example, we find anonymous letters, purportedly from “a Gentleman in Philadelphia to his Friend in England,” which lament that “[n]umerous and stubborn facts” about the fever, “drawn from various parts of the United States,” are being blocked from public view by “invented” “[t]ales, most absurd.” “[S]o blinded by prejudice or interest are some minds,” the gentleman writes, “that having once shut their eyes, they obstinately determine not to re-admit the light, lest their fortunes might suffer, or the reputation of a favorite city be impaired.”\textsuperscript{17}

Smith’s “The Plague of Athens” literalizes the notion that stories can supplant sight. Published in the \textit{Repository}'s inaugural issue, Smith’s essay climaxes in the assertion that the ancient plague of Athens (which struck during the Peloponnesian War) and contemporary yellow fever
epidemics were essentially the same disease. As part of his catalog of symptoms, gleaned from sources as varied as Hesiod, Thucydides, and modern historians like Gibbon and De Pauw, Smith suggests “that the vision was impaired” in plague victims and that some suffered “a total loss of the substance of the eyes.” As happened in modern epidemics, Smith continued, rumors and superstition also shut out accurate views. “Thucydides enlarges, with consummate eloquence,” he writes, “on the terrible influence which this calamity exercised over the minds of his countrymen.” Friends, fearing contagion, refused assistance to friends. Victims were denied lodging. Famine reigned. Worst of all, a “superstitious horror seized on every heart, and weighed down every spirit, when they remembered the interdictions of the Oracle . . . and imagined . . . the effects of the vengeance of the offended Gods.” No ritual or observance, however, could stop the plague’s spread, and the results were devastating: “For it inflicted the most dreadful pains on all who experienced it; spared neither age, nor sex; destroyed near 5000 of the flower of the Athenian armies, with an immense multitude of the poor; and did not disappear until after it had . . . reduced the powerful republic of Athens to the very verge of ruin and despair.”

The major warning is obvious: modern republics will suffer the same way if appropriate measures are not taken or if the wrong authorities are granted the public’s trust.

Smith’s self-conception as a medical observer foregrounds the importance of clear sight. Hiking, during the high point of New York’s 1795 epidemic, to the top of a prominent hill, he sought to “survey the town, in all it’s parts, advantageously & at my leisure.” He filed his findings—a description of the ups and downs of street elevation and building density—in his diary under the heading “FACTS, RELATIVE TO THE FEVER,” clearly confident in his powers of observation. Similarly, Smith’s description of the “situation of the public mind” created by yellow fever invokes a metaphor of standpoint or perspective, whose shadowy side Brown explores in the letter to his brother already quoted. “Plague operates by invisible agents,” Brown writes. “We know not in what quarter it is about to attack us.” If this situation leaves most people flailing in and fearing the dark, someone must exist, by contrast, open-eyed and observing. Like Smith, Brown crafted a professional identity as an observer—a “moral observer,” as he describes himself in the preface to Arthur Mervyn. As such he will note the material effects of storytelling and aim to legitimate writing—even the writing
of novels—as a useful professional endeavor and as a contribution to moral and scientific knowledge. Consider the language of observation, fact-gathering, and exhibition in the prefaces to Brown’s other novels: “[I]t is the business of moral painters to exhibit their subject in its most instructive and memorable forms. If history furnishes one parallel fact, it is a sufficient vindication of the Writer” (Wieland); “America has opened new views to the naturalist and politician, but has seldom furnished themes to the moral painter. . . . It is the purpose of this work to profit by some of these sources; to exhibit a series of adventures, growing out of the condition of our country” (Edgar Huntly).²¹ In these descriptions Brown not only articulates a desire to “exhibit” useful information but also hopes to construct a position of authority for “the Writer” as an arbiter of knowledge about the new nation and its citizens.²²

The Medical Repository’s founding can be understood as part of a broader consolidation of the medical profession in America, as medical associations strengthened ties to political institutions and other established forms of social authority, and as broad-ranging medical reform emphasized the creation of information networks among practitioners. Such consolidation and reform came only gradually, as various sources of information struggled, at this moment, for dominance of an expanding public sphere.²³ Along with Brown’s fever writing, the medical journal emerged within this moment of simultaneous anxiety and self-confidence. In addition to sharing a field of knowledge production on the fever, evident in their common commitment to particular medical doctrines, they shared a conviction that literary forms could serve as useful avenues for disseminating medical information to a broad readership. If words and imagination could further the disease, language also had the potential for more salutary effects. More specifically, the group’s concern for storytelling in epidemic contexts stemmed not only from its competition with other sources of knowledge on the fever but also from its members’ particular understanding of the relationship between storytelling and the body, evident in the minute attention they paid in medical practice and in their writing to the decomposing bodies of fever victims. Such local concerns had broader implications as they epitomized debates on the politics of information, the professionalization of print, and the distribution of useful knowledge: the specific concerns of their idealized republic of intellect.
Fever Writing and Cultural Authority in and around an Epidemic

Recognizing the similarities among club members’ various professional and authorial self-understandings requires readers to take seriously Brown’s statement, in the preface to *Arthur Mervyn*, that his novel constitutes a “venture” into “medical and political discussions [of yellow fever] . . . afloat in the community.”24 The prefatory remark provides another reminder that Brown’s novel constitutes only a small part of the printed and spoken responses to early American yellow fever epidemics. The hyperproduction of fever stories resulted in part from the bitterly entrenched divisions among physicians that emerged in Philadelphia in 1793 and only deepened over the following decades. The primary contentions concerned transmission and treatment; was yellow fever an imported contagion, or the domestic product of environmental causes like soil, diet, sanitation, and atmosphere? Was it best treated by mild means—quinine (“the bark”) and wine—or by more dramatic measures, like the bloodletter’s lancet or mercury purges? Importantly, each side of these debates relied on skillful storytelling to visualize the invisible workings of the disease. “Importationist” or “contagionist” narratives pictured a communicable (or “catching”) fever shipped from the West Indies in sailors’ and immigrants’ bodies and material goods. On the opposing side, “climatists,” “sanitationists,” or “non-importationists” argued that the fever was not communicable person to person but generated, rather, in the polluted atmosphere that arose from common city filth, or in the stagnant air of poorly ventilated housing. No one knew at the time (and no one would guess for another century) that the disease did come by ship, though not carried by infected sailors or their material goods but by female *Aedes aegypti* mosquitoes, packed under the lids of water casks like so many illicit stowaways.25

The *Repository*’s editors designed the journal, from the start, not only to participate in these increasingly national and international debates but to win them. Smith’s former teacher, Benjamin Rush, had convinced him that Philadelphia’s 1793 epidemic originated locally. His experience in New York in 1795 cemented that belief, and he remained a fierce partisan for local-origin theories until he died. Edward Miller, a decade older than Smith, had known Rush since the early 1780s, when both had served as physicians to the Revolutionary Army. Miller completed his formal training under Rush at the University of
Pennsylvania, taking a bachelor of medicine in 1785 and a doctor of medicine in 1789. From Dover, Delaware, he had taken a keen interest in Philadelphia’s situation in 1793 and became one of Rush’s regular medical correspondents. He moved to New York following its 1795 epidemic at his brother Samuel’s insistence that the city required his skills after losing a number of physicians to the fever that fall. His arrival was highly anticipated by Smith and Mitchill, who both joined the staff of the New-York Hospital as physicians that June. (See Fig. 8.) Mitchill’s appointment in particular was designed to ally the hospital with the college’s medical school. Six years older than Smith, he had received his medical training in Edinburgh, where he graduated in 1786, and had been a professor of chemistry, natural history, and agriculture at Columbia College since 1792. With both the hospital and college dominated by climatist-sanitationists, New York’s local debates in the 1790s had a preponderance of physicians on one side and cautious politicians, a merchant-dominated Health Committee, and some portions of the general public on the other. Though debates in New York never reached the level of vitriol that characterized Philadelphia’s response, New York’s physicians and citizen observers like Noah Webster participated fully in the contentious interstate and international exchanges on the topic.

Whether living in New York or Philadelphia, Brown too was surrounded by these debates day in and day out. Most recent criticism of his fever novels, however, pays far less attention to the fever as an actual medical crisis than to the seductive potential of “contagion” as a metaphor. Certainly contagion held metaphoric currency in the eighteenth century; Brown himself, in Arthur Mervyn, draws analogies between fever and seduction, friendship, debt, romantic infatuation, panic, sympathy, dirty jokes, prostitution, debauchery, sadness, and a lover’s anxieties. Rather than forming a consistent pattern, however, these various references to figurative infections, contractions, and contagions suggest that “contagion” and disease are too easy as metaphors. Brown’s novel and the story of Elihu Smith’s death inadvertently offer stark warnings that the impulse to make disease a metaphor diminishes the experience of actual victims and those who care for them.

Brown’s fever stories are better understood if they are situated within the broader range of information called into existence by epidemics. New Yorkers first encountered a surge in writing about yellow fever in response to Philadelphia’s situation in 1793, which pointed
dramatically to the fever’s disruption of an accurate information flow between cities. As James Kent wrote to his brother upstate, “communication with Philadelphia” by October, when the fever was at its peak, had become “completely prevented,” along with the bonds of fellowship with the distraught Philadelphians. “[A] Committee sits every Evening at the Coffee-House, & the citizens Patrole the Wharves & Shores every night to prevent any Philadelphian from arriving,” Kent wrote. This ad hoc group, which would later become the city’s official Health Committee, aimed “to break all communications with Philadelphia.” They even published a broadside warning against the consumption of Philadelphia goods. The strategy would benefit New York “if the disease was easily communicated,” Kent commented, but some of the city’s physicians already blamed “the Atmosphere of Philadelphia” instead. Nor were medical explanations the only ones being offered. The Reverend Dr. John Mason preached that the epidemic, like Indian hostilities on the Western frontiers, signaled God’s judgment on Americans for forgetting him so quickly after delivering them through the Revolution. (Mason was particularly indignant that the Christian God had been neglected in the newly ratified Constitution.) New Yorkers shouldn’t take comfort in escaping Philadelphia’s fate, Mason warned, for “[a] sovereign God has made them an example of his righteous vengeance,” and their city could be next.

Such statements make it clear that the politics of information, in an epidemic setting, was intimately bound with problems of social authority rooted in competition among the professions. In New York’s 1795 epidemic, primed by watching Philadelphia’s experience from afar, government officials as well as physicians and general citizens scrambled to find appropriate responses. Battles ensued over the regulation of public knowledge, even as the means of conveying information continued to multiply. In the spring of 1795, prior even to New York’s first major outbreak, the Health Committee, newly made official by Governor George Clinton, issued broadsides about a fever currently raging in the West Indies and warned ships they would face quarantine and inspection before they could enter the city’s port. More broadsides followed in the fall, as the city’s epidemic got seriously underway. One such publication in early August reassured citizens that the fever was contained and alarm unwarranted, though it also warned of the need for public vigilance and sanitary precautions.

The Health Committee represented politicians’ efforts to stem the
disease; its membership was dominated by merchants but included some members of the Medical Society of the State of New York (a weekly discussion circle of gentleman physicians since the 1740s, made the official state society in 1794), the College of Physicians, the staff of the New-York Hospital, and other physicians in private practice. In spite of their shared memberships, these groups clashed at the turn of the century over public health policy. Much confusion stemmed from various meanings of the word “communication,” always loaded in epidemic contexts. During the first weeks of the 1795 epidemic, the Health Committee called on the Medical Society “to communicate their sentiments and exchange ideas on the subject of the present epidemic in the upper part of the city.” The society responded with a resolution to “meet every Tuesday evening during the continuance of the present epidemic, and that the members communicate to the Society a statement of their practice respecting fevers in general, the numbers of their patients, their residence, occupation, and events, with such remarks and observations on particular cases as they think proper.”

Such a cooperative spirit did not last long. The Health Committee soon accused the College of Physicians of withholding information on patients. Angry doctors complained that the committee was only partially informed regarding the fever. While the committee claimed to be anticontagionist in doctrine (in line with Rush and Smith), it took measures that seemed motivated by fear of contagion, such as demanding that doctors send their patients to the newly opened Bell Vue hospital, located well out of town to the northeast, or quarantining incoming ships with any sign of sickness on board. Physicians considered these measures an encroachment on their authority to determine the best treatment of victims. The debate over the fever’s origins presented further problems. Though the Medical Society had officially declined to weigh in on the controversial question of “whether the late epidemic was imported or generated among us,” its report on the 1795 epidemic, which included recommendations to the city government, was essentially a sanitationist document: “The accumulation of filth in the streets; this being composed chiefly of dead animal and vegetable substances, is, when exposed to a hot sun, a source of noxious effluvia, which has a tendency to produce the most fatal effects.”

Over the coming years the society repeatedly expressed frustration that its sanitary recommendations were never fully acted upon by the corporation of the city. For their part, the official statements of the
Health Committee were designed to stem panic in the moment and, when collected and published after the fact, to demonstrate how active and industrious the committee had been. A volume of *Letters from the Health Office* that followed the 1798 epidemic seems especially calculated in this regard, as it depicts the health commissioners busily trotting about the city sniffing out what they believed were the sources of contagion, such as a load of spoiled beef in a merchant’s basement.\(^{40}\)

In response to confused and conflicting governmental responses, only some of which made their way into the public prints, texts began to emerge from several other quarters, all offering competing explanations and recommendations: popular or journalistic accounts, sermons, scientific treatises, and medical writing, including the *Medical Repository*, whose editors also published their ideas about the fever elsewhere. The first popular journalistic accounts of the fever had emerged in Philadelphia in the midst of the 1793 epidemic. Mathew Carey initially dominated the market with his famous *Short Account of the Malignant Fever*, which appeared in multiple editions before the epidemic had even subsided.\(^{41}\) In New York, following the 1795 epidemic, a young man named Matthew Livingston Davis, who would later go on to be one of Aaron Burr’s chief lieutenants, followed Carey’s example and attempted the same sort of instant history. Of all the New York accounts, this one would seem to uphold the alliance between sanitationist doctrine and democratic politics; Davis blames the large number of Irish immigrant deaths in 1795—perhaps up to two-thirds of the 750 people who died—on escalating rents that resulted from European political unrest, rapid urban growth (the number of families in the city had doubled between 1790 and 1795), and “luxury and pride” among landholding New Yorkers. Davis praises the Health Committee but has little good to say about physicians in general, whom he sees as overinvested in their own reputations.\(^{42}\)

Clergymen also competed to offer explanations and advice. Some told their congregations, as the Reverend Mason had in 1793, that the fever was a form of divine retribution. The Dutch Reformed minister William Linn, Brown’s future father-in-law, numbered among the offenders on this front. In a published sermon he declared, “If we have suffered public judgments, there must be public sins which have occasioned them; for God doth not afflict willingly, nor grieve the children of men.”\(^{43}\) Smith, Brown, and the majority of their friends had no patience for such views. Smith complained in his diary that ideas
like these would only hamper efforts to find the sources of disease and remove them. “All the churches, on the Continent, are, I suppose, now opened to besiege the Almighty, as he is called, with petitions,” Smith wrote from his apartment during the 1795 epidemic. “At this moment, a Methodist, who dwells in the house opposite, is beseeching the Deity, with nasal twang; & praying him to remove his judgements, from New York. . . . [A]nd our Corporation or Magistracy have tho’t fit at this time, to renew the laws for the religious observance of Sunday; &c for restraining the Goats from going in the Streets. But there is no end to the absurdities on this subject.”

Smith and friends placed greater faith in a diverse body of sanitationist writing. Benjamin Rush received Smith’s unending loyalty. As early as the spring of 1794, Smith wrote to Rush that he eagerly awaited his account of “the late Fever in Philadelphia,” which he hoped would transcend “contentions of opinion” among physicians and prepare an “opening . . . for the ready reception of truth.” Smith, Mitchell, and Rush also encouraged the participation in these debates of learned laymen like Webster. At least initially, proponents of local origin theories considered Webster’s intervention a boon to their cause. He demonstrated that debates should not discredit the profession generally and that citizens could aid physicians in their broader contest for solutions. These alliances reflected ways in which an older model of the republic of letters was still in place: both protodisciplinary and yet concerned with consolidation of a class-based professional authority.

As representatives of very different approaches to publishing anticontagionist doctrine, the Repository’s editors illustrate various kinds of cultural work this writing performed. They also illustrate a primary reason the sanitationist cause was so compelling: its ability to generate images for what seemed to be the invisible sources of infection. Mitchell blamed the fever on “the gaseous oxyd of azote,” which he also called “pestilential fluids” or “septon.” (The latter term eventually became his favorite.) This was the invisible substance some observers referred to as “contagion,” though Mitchell and his sanitationist colleagues believed it to be an atmospheric condition rather than something generated in victims’ bodies or spread by personal contact.

Mitchill aimed to publicize his “Doctrine of Septon” not simply for academic purposes but to effect immediate social intervention. He held that oxygen and septon existed on a principle of balance. Following Priestley and Lavoisier, Mitchell viewed oxygen as the foundation
of life; “septon” (a name Mitchill derives, like septic, from the Greek word for “putrescent”) was the “principle of dissolution.” When the two combine in disproportionate volumes, he argued, they release “pestilential fluids” into the atmosphere. In order to counter the progress of pestilence, Mitchill took various measures, from inventing a machine called the Oeleopile to remove foul air from courtrooms, to prescribing the use of alkalis—lime and potash in particular—to neutralize septon. For this reason, he encouraged urban residents to whitewash the interiors of their homes with lime; some even ingested it as a self-protective measure. Otherwise, a “redundant acidity . . . would prevail and destroy the balance of powers in the natural world.” Fever would result, and decomposition, beginning even before a fever victim has died, would threaten atmospheric pollution and perpetuate an epidemic. Septic air, Mitchill and most other sanitationists believed, resulted from a mixture of rotten animal and vegetable matter: street droppings, privy pits, spoiled goods, and the made land on which the city was expanding year by year, some of which was filled with dead animals, oyster shells, and other refuse. In addition to countering such effluvia with alkalis Mitchill recommended eliminating meat from one’s diet, since rotten meat could generate contagion in the alimentary canal just as easily as if it were left outside to poison the atmosphere with tiny particles of decomposing matter.

Mitchill approached the fever from his perspective as a professor of chemistry. Initially his publications on the topic were highly technical and relied primarily on his creative synthesis of established scientific authorities and his own reasoning, especially on chemical subjects. His theories gained international attention—including translation into German—though they received high-profile criticism as well. Later he realized that imaginative prose, familiar correspondence, and even poetry may offer more effective vehicles for delivering his arguments to general readers; in addition to publishing scientific pamphlets and articles in the Repository, Mitchill wrote magazine essays addressed to housewives and exchanged public correspondence with figures like Webster on the question of what should be done with street manure, one possible source of noxious effluvia.

Mitchill wrote gripping prose, images as vivid as the smells he described were pungent. Yellow fever was not a “catching disease,” he wrote, communicable from one person to another like “the small pocks.” To counter such assumptions, he described the effects of septic
fluids on the body’s internal processes in a gothic mode, likely leaving readers feeling as if the very air they were breathing might be working corrosion through their systems. In a 1796 letter to a New York congressman, for example, published in the New-York Magazine and reprinted in one of his medical students’ inaugural dissertations, Mitchill argued that “[p]estilential fluids, thus exhaling from the surface of the earth, may completely surround the human body, and be applied to the whole cuticular and pulmonary surface, as well as to the entire mouth and nostrils: and the like productions, generated in the alimentary canal from corrupted food, may be spread all along the intestinal tube, so that the internal surface from the gullet to the anus, may at times be partially or entirely disordered by them.”

Mitchill’s gothic body metonymically invoked a larger social body, also vulnerable to disease. To some observers, especially in 1795, the preponderance of Irish immigrants among the dead implied that the epidemic itself had purged the social body of disorder or waste.54 Neither Smith nor Mitchill held such views. Smith discusses New York’s Irish population in his early fever essays, and although he imagines their particular susceptibility to intemperance and a meat-heavy diet, he acknowledges the difficulty of only recently having escaped from English oppression, and he does not blame them for generating or carrying the disorder.55 Mitchill is even more sympathetic to the immigrants’ plight. He, like Matthew Davis, implies “the poor” (never ethnically distinguished) are the victims of commercial interests; but rather than dwell, as Davis had, on the sources of poverty, he lays most of the blame with municipal leaders who have allowed the city’s expansion into the rivers and harbor on newly made ground. “[A] vast proportion of Water and Front-Streets,” Mitchill wrote as part of a Medical Society report in 1799, “have been made out of the most exceptionable materials,” including “bones, oyster-shells, wood-shavings, street-scrapings, offals, and in short every thing else, save good earth, gravel or sand.” The city was being built, in other words, on diseased foundations. And not only the new waterfront lots; Mitchill’s version of the social body metaphor became increasingly literal in other accounts he wrote: “If my information is correct, the exhalations from privies and sinks in many parts of this city [and] [t]he vapours issuing from barrels of putrefying beef have poisoned a number of our citizens. Many stores, yards and cellars abound with substances equally detrimental to health; and in addition to this, it deserves to be mentioned that human carcases, buried and
accumulated for a long series of years, have poisoned the air in many parts of christendom, and that by the concurrence of both municipal and spiritual authority.”

Even so, dead animal and human bodies did not pose the only danger. Mitchill finally telescoped the seat of the social body’s disorder into the bodies of representative citizens and not just the poor. In one pamphlet he argues in great detail that animals, including humans, carry a significant amount of “manure” within their bodies, which results in stomach problems, often a symptom of yellow fever. “A source of poisonous effluvia,” he wrote, “thus seems to exist in our own bodies, sufficient to disturb the animal machine excessively, and even to effect its destruction. [The] great quantities of butcher’s meat, poultry and fish which we consume, are the materials which chiefly afford the gaseous oxyd... [A]s long as we gorge ourselves with animal food, and dwell among its putrefactive recrement, the poisonous gaseous oxyd of azote proceeding therefrom, must be expected to disturb both our respiratory and digestive functions, and be followed by distress and woe.”

As a member of a New York health committee following the epidemic of 1798, Mitchill called for tighter regulation of all forms of decomposing matter, including “temples of Cloaecina,” or privy pits, which spilled over into neighboring cellars that sometimes served as crowded housing for immigrant families. Mitchill’s point is plain: to overlook the recommendations of his committee was to ensure that inhabitants would “continue to eat, and drink, and respire a part of their OWN EXCRETIONS.” They will, in other words, become like the disease itself, which gorges on human flesh, eliminating the distinction between body and waste. Believing that his “inquiry has brought contagion home to our doors, and traced it to its seat within our bodies,” Mitchill declared, “Henceforth much of the labour employed in tracing the origin of fevers in foreign places, and their introduction in ships to our own ports, may be considered superfluous.”

Such descriptions allow for two key observations. The first regards what might be called their imaginative dimension. Clearly these theories owe as much to the physician’s imagination as they do to any empirical science. But Mitchill’s accounts significantly differ from importationist claims (equally imagined rather than empirically demonstrated) that West Indian trade imported the fever. Rather, Mitchill identifies as the culprit something even plainer to anyone who approached the waterfront district on a hot late summer afternoon: the overwhelming
stench of the city—something you can smell, taste, almost feel as it folds around you, fills your nostrils, and turns your stomach. His accounts translate olfactory observations into verbal and visual images, a method for locating the fever’s sources he believed was more empirical than attempts to trace the coincidence of incoming ships with outbreaks of the disorder.  

Second, and perhaps more importantly, Mitchill’s descriptions place significant emphasis on social authority. He aims to trump both religious and municipal leaders the same way he has trumped his medical opponents, by convincing the general public to follow his advice. Not surprisingly, Mitchill’s multiple career paths included stints in the U.S. House and Senate, where he sought to enact legislation based on his scientific speculations: a utopian collapse of literary, medical, and state authority, with poet-physicians holding the reins of government.

Medical Eloquence and Sympathetic Stomachs

The Medical Repository shared with Arthur Mervyn an assumption that great nations are built on exemplary writing that explores in minute detail unmapped terrains—cultural, geographical, geological, atmospheric. The concern for the poetics of medical discussion perhaps came naturally to Smith and Mitchill, both of whom composed poetry on medical and nonmedical subjects, but Smith’s diary entries frame his notion of “medical eloquence” as a deliberate strategy for creating a general, educated audience. (So concerned was Smith with the journal’s “literary character” that he asked for Brown’s writerly opinion, particularly regarding his “Plague of Athens.”)

When the Repository debuted in the fall of 1797, it positioned itself as responding directly to the eruption of fever stories that followed Philadelphia’s 1793 and New York’s 1795 epidemics. Smith, who clearly conceived of the magazine as a vehicle for his own writing and reputation, took an approach that was slightly different from Mitchell’s; he emphasized the visual not so much by creating harrowing images for what cannot be seen, but by foregrounding medical observation—not only through the rise of anatomical knowledge through dissection, which was also happening at this moment, but also by observing the environment. Smith’s hike to the hilltop, for example, allowed him to survey the city, looking for places where the land was not level and buildings too densely packed. As a sanitationist, he believed the sources of the fever would be visible, even if effluvia were not. One medical
historian describes Smith's fever writing as providing a “verbal map” of the fevered city. The same mindset drove one of the editors’ medical allies, Valentine Seaman, to publish in the *Repository* what some historians consider the first spot maps used to trace the progress of an epidemic.  

The *Medical Repository* shares with Brown’s fever writing an emphasis on the difficulties of controlling information and its effects in the midst of an epidemic. A distempered public mind meant that individual imaginations, if unbalanced, could leave citizens more susceptible to the fever than they might otherwise be. The ability of the fever to dominate conversation and thought was only part of the problem. Writing in his diary during New York’s 1795 outbreak, Smith dramatizes the dilemmas faced by citizens and social bodies:

Wherever you go, the Fever is the invariable & unceasing topic of conversation. . . . People collect in groups to talk it over, & to frighten each other into fever, or flight. I saw, in Maiden–Lane, this morning, a Car–man, at a Cabinet-maker’s, taking in a load of Coffins. A number of persons, of various colors, ages & sexes, were staring, half-dismayed, at this unwelcome sight. Here was fresh matter for discourse. In one shape, or other, the fever is constantly brought into view; & the soul sickens with the ghastly and abhorred repetition.

Like death, fear, in Smith’s description, nullifies distinction. The scene distresses Smith not only because any “number of persons” can “frighten each other into fever” (a literal threat, according to his medical understanding), but also because the “discourse” that replaces an “unwelcome sight” (when fever clouds one’s views) is more exaggerated than it is informed. Brown dramatizes these dangers of imagination in a similar scene he used in both a Philadelphia magazine serial (“The Man at Home”) and in *Ormond*: a nervous Philadelphian observes the nighttime burial of an assumed fever victim, then retreats, fearing contagion, to his home, where he dies, “an example,” the narrator intones, “of the force of imagination.” Smith’s street scene is even more sinister; the dead bodies in his narrative are not even present but simply suggested to the imagining onlookers by the load of newly finished coffins. The idea of corpses—imagined or real—as “fresh matter” is both oxymoronic and chilling, and suggests that partial or erroneous information diseases, even as it generates, discussion.

The *Repository*’s editors clearly intended their journal as an anti-
dote. Fancying themselves as exerting top-down control over the dissemination of medical information, the editors hoped to enlist a broad audience in stemming local panic and promoting the climatist cause.\textsuperscript{64} They aimed as well to confer professional legitimacy on all who published there. In the context of fever debates this meant validating a community of physicians and informed gentlemen who endorsed the climatists’ medical agenda. The \textit{Repository}, Smith wrote in his diary, would separate sheep from goats among physicians; as the observers put themselves on display and subjected themselves to public scrutiny, the spurious would be “exposed,” and “men of real talents” would assume “a more elevated rank in the eyes of their fellow-citizens.”\textsuperscript{65}

The fiction of a unified American medical community depended on a projection of a unified public sphere. In this way the \textit{Repository} resembled those who claimed to represent the “popular voice” while dismissing opponents as dangerous or ignoring them altogether.\textsuperscript{66} Debate was limited to the nuances of the climatist position; contagionist doctrines appeared only as the subject of merciless review essays.\textsuperscript{67} In the editors’ minds, such silencing of opponents’ voices was not sinister; it was necessary to convince American decision-makers of the need for precautions that would, they believed, prevent more deaths. In order to construct a national medical audience, the \textit{Repository} assumed the form of popular literary miscellanies, including a broad variety in content and genre. Like literary journals (which also commonly named themselves “repositories,” “cabinets,” or “museums”) the \textit{Repository}’s structure mimicked other cultural forms that were distinctly visual in their self-presentation. With an emphasis on collection and exhibition, popular miscellanies, imitating mineral cabinets, sought to organize knowledge and transfix the gaze, creating meaning in the association of differing objects. Accordingly, each issue was broken up into small selections of periodical essays, specialized observations, reviews, foreign and domestic “medical news,” and correspondence. The final category included letters to the journal’s editors as well as public correspondence between prominent medical figures, or letters from public health officials to municipal leaders. On occasion these exchanges were “representations of correspondence” rather than letters that had their origins in private circulation. These public exchanges were framed as familiar letters to offer an audience the sense that it overheard privileged information from trustworthy sources.\textsuperscript{68} All these forms were popular eigh-
teenth-century genres, occupying an ill-defined border between belles lettres and moral or scientific instruction.

Two examples from the Repository’s store of medical writing—Samuel Mitchell’s poetic rendering of his “Doctrine of Septon” and Edward Miller’s essays on the stomachs of yellow fever victims—illustrate beliefs these writers shared with Smith and Brown about specific relationships between storytelling, fever, and the body. The deteriorating flesh of fever victims provided a compelling text for the competing interpretations of medical observers and others; nuanced narrations of symptoms, climaxing in the “decomposition” of the stomach as signaled by the black vomit, featured regularly in the volumes, pamphlets, clinical anecdotes, and periodical essays that circulated during and after epidemics. These diseased bodies, dead or alive, come to figure, in medical writing and fiction alike, as a trope of deteriorating discourse, both polluted and polluting. But the analogy between a fever-producing atmosphere and a degenerating public sphere took on literal as well as allegorical meanings in epidemic contexts. These writings shared with Brown’s a medical belief that the gut reactions produced by fevers and by fever rumors demonstrated the stomach’s unique susceptibility both to disease and to terror, a belief that underscores the precarious state of these writers’ potential readers.

Published in the Repository’s first volume, Mitchell’s poem contains both the basic principles of his medical system and his response to the reception issues at stake for his readers. The poem follows Erasmus Darwin’s Botanic Garden by beginning with an apostrophe to Popean “Gnomes!” who observe the decomposition of “Organic relics”: “Subdued by Death, whose fury nothing spares,” they “[t]urn back to Earth, or change again to Airs.” Mitchell’s gnomes redeem Pope’s; their association with the earth is positive rather than negative, for they are masters of mineralogy. These sympathetic spectators (who look on “with pity and with pain”) have witnessed gestation and birth as well as death. They have seen living forms “excit[ed]” “Till, aged grown, the exhausted fabric drops,/Each function fails, and every motion stops.” They understand that oxygen is the vital principle, and that “Grim Septon, arm’d with power to intervene” aims to “disconnect the animal machine.” Then, as Mitchell explains in the marginal gloss, we see the “[e]ffects of Septon and its compounds on the mind and body, in producing disease”:
Within the great Disorganizer lurks,
And plans, unseen, his undermining works;


Next, bolder grown, the Tyrant, with a frown,
Bids Scurvy break the blood and vessels down;
Lepra and Serpigo attacks begin,
And sores and blotches desolate the skin;
Shews greedy cancer how he best may thrive,
And gorge and feast on human flesh alive;
Tells Fever, as in ambuscade he lies,
An hundred ways to take us by surprise;
To Intermittent, Plague, and Hectic joins
And Causos, Typhus, Synocha combines;
Possessing each, and all, as war they wage,
Sporadic force, or epidemic rage.

Heeding the almost universal impulse among fever observers to personify the disease, Mitchill characterizes Septon as a literary villain, whose attempts at subversion and seduction aim not to violate female chastity but to “undermin[e]” the universal principle of balance. If every body contains within it the seeds of Septon, only those whose equilibrium is unsettled—by atmosphere, climate, diet, or fear—will fall prey to disease as Septon gains the upper hand. The unsettled balance allows Septon to speed up the natural course of degeneration through aging and allow death and decomposition early entry onto the scene. Once disease has ravaged its human hosts, “foul mephitic vapours” begin to “rise” from corpses as Septon “seduces” “[u]nwary oxygen” to his side. Finally, though, the gnomes “impede the Demon’s deadly course” by marshalling “bands” of “celestial” alkalis, who provide “neutral chains” to bind Septon. The “[o]peration of calcareous earths,” the gloss explains, including “alkaline salts, oily substances, clay, etc.” triumph over Septon by “attracting” and neutralizing “pestilential airs.”

Mitchill litters his poem with literary allusions to familiarize his characters by association. The verses rewrite popular and classic literature—the Bible, Greek mythology and epic poetry, seduction motifs in contemporary novels—in order to secure a broader audience for his doctrines of local origins and noncontagion. The poem attempts to convey in poetic form what Mitchill and his friends had long argued: that the unregulated decomposition of organic matter—both vegetable
and animal—generates disease. Mitchill, like Smith, links such decomposing matter with a figure of corrupted communication. In the middle of the poem we find an extended analogy between Septon’s generation of disease and Satan’s deception of Eve in the Garden of Eden:

—Thus, when of old, as pious men believe,
  The serpent whisper’d in the ear of Eve.
The subtle fiend a fit occasion sought,
  With hellish guile, to poison human thought;
With winning guile seduced her easy faith,
  And gave the fruit of knowledge, but of death:—

Hence Pain, hence Sin, their wasteful course began;
Thro’ all her offspring vile corruption ran;
And Man, depraved, to vice and error hurl’d
Still proves the Septon of the moral world.71

The degeneration of physical matter has corollaries in morals and language. Original sin becomes the “poison[ing] of human thought,” indicating Mitchill’s inability to separate moral from medical lessons. Both are intertwined, too, like the serpent encircling the tree of knowledge, with issues of communication. Those with “easy faith” will be vulnerable both to misinformation and to vice; in either case, the body’s balance of excitement is unsettled, rendering it vulnerable to disease.

Mitchill’s poem is likely the most fanciful description to emerge from the fever literature. A more typical example, though just as dramatic, comes from the inaugural dissertation of a Columbia medical student, written in 1803:

[The fever] is ushered in by a general degree of langour, listlessness, want of recollection, and disinclination to all kinds of active exertion; to which soon succeeds the febrile shivering, which again having continued an infinite period of time, is followed by an intense degree of heat—quickened and laborious respiration—pulse, for the most part, frequent, full, hard and throbbing—skin dry—tongue whitish and moist, having an appearance peculiar to diseases of membranous inflammation—bowels generally costive, great oppression at the precordia, attended also with acute pains of the head, back, and loins, with a suffusion of the whole countenance, but particularly of the eyes. . . . [T]he patient is restless, sleeps little, and awakes without being refreshed; the thirst also
being excessive. These symptoms, if not relieved, only prove to be the precursors of another set of symptoms infinitely more dangerous, and to which the assistance of the physicians can afford very little relief. The pulses sink; they become weak, very frequent, and often intermittent. The state of the tongue is infinitely more alarming, having changed from a whitish color to one almost approaching black. The redness of the countenance generally, and eyes in particular, is now followed by a yellow color. The whole body often takes on the same appearance. The vomiting . . . now becomes incessant, and the matter ejected . . . appears now to be the effect of a morbid change having taken place in [the stomach]. Hemorrhages from the nose and mouth are not unfrequent. The patient is by turns sensible and delirious. Subsultus tendinum, and coldness of the extremities now succeed, when the patient may be said to be struggling with death, which unfortunately soon follows.\textsuperscript{72}

The sprawling sentences, punctuated by sharp graphic phrases, manage to capture both the alarming intensity of the patient’s experience (the dashes suggest a gasping for fresh air) and the clinical resistance to it (enclosing the physician’s masterful scrutiny of physical effects). The febrile body makes radical changes in appearance as it approaches death, with shifts in color corresponding to levels of deterioration. According to one medical historian the four colors most often associated with the fever’s progression—red, bluish-white, yellow, and black—were still linked, in the late eighteenth century, with theories of medicine in which “the body’s four humors were associated with one of the known elements: blood with fire, phlegm with water, black bile with earth, and yellow bile with air.” The color-coded humoral theory fit a seasonal schematic and “a [set of] specific psychological effect[s] (blood with spring and the sanguine temperament; phlegm with the winter and the phlegmatic temperament; black bile with autumn and melancholy; and yellow bile with summer and the bilious or choleric temperament).”\textsuperscript{73}

White to black, red to yellow, cold to flushed to clammy, the transitions read like the seasonal life cycle in fast forward, until the yellow and black of the late-summer, early-autumn “bilious” fever season manifest themselves through the body, which, jaundiced and ejecting black vomit, begins to decompose even before burial.

As in this account, many medical narratives described the fever as disabling body and mind. Most accounts called special attention to the stomach and the brain and dictated the terms by which club members
processed their own experiences. “I do not understand my own case,” Brown wrote to Dunlap following Smith's death, “but see enough to discover the combination of bodily and mental causes have made deep inroads on the vital energies of brain and stomach.”

His perception returns in *Arthur Mervyn*’s infection scene, when Arthur “senses” he has inhaled a “vapour, infectious and deadly”: “I seemed not so much to smell as to taste the element that now encompassed me. I felt as if I had inhaled a poisonous and subtle fluid, whose power instantly bereft my stomach of all vigour. Some fatal influence appeared to seize upon my vitals; and the work of corrosion and decomposition to be busily begun.”

Brown’s belief that physical and mental exhaustion facilitate infection remains continuous from fact to fiction. The most feared symptom, evidence of a vitiating of the stomach’s “vital energies,” the black vomit also signaled death’s immanent approach. The brain's vital energies, when sapped by the fever, yielded to a loss of reason or a derangement of the imagination, thereby increasing susceptibility.

The relationship between brain and stomach, and between those organs and fear, found its most careful expositor in Edward Miller, with whom Brown lived during the final stages of Elihu Smith’s disease. In the yellow fever patient, Miller explains, “miasmata,” embedded in swallowed saliva, first invade the stomach, which then draws “into morbid sympathy various parts of the head, limbs, back &c. then the heart and arteries, and, successively, many other parts of the body.” The stomach is the organ in greatest sympathy with the brain ("as is often observed in the sudden loss of appetite . . . by the arrival of joyful or afflicting intelligence"). This sympathetic nature renders it particularly vulnerable to “terror.” The connection between storytelling, fear, and the body is explicit. A person who has ingested pestilential miasma, Miller argues, might still stave off infection if the body’s “equilibrium of excitement” can be preserved by avoiding “frightful” spectacles or “alarming” stories that would unsettle a delicate balance.

Some authors conveyed specific advice on how to treat irritated brains and stomachs; one graduating medical student recommends yeast for stomach problems, “followed with nourishing antiseptic drinks, such as milk-punch, lemonade, porter diluted with water, &c.,” and for troubled brains suggests “sinapsims, composed of rye-meal, vinegar, and mustard, applied to the soles of the feet, blisters to the ankles, to the inside of the thighs, and to the head.” Rush and his followers, including Smith and Miller, recommended bloodletting to relieve these and
other symptoms. But Miller’s contributions also emphasize clearly the importance of regulating language about the fever. With the likelihood that fevers would continue to haunt the American landscape, and in the context of an overabundance of fever discourse, the need was clear for a carefully cultivated audience, one trained to separate fever rumors from “medical eloquence.”

Arthur Mervyn’s Omnivorous Gaze

When Brown completed *Arthur Mervyn*, following Smith’s death, he described the novel’s epidemic as generating both a surfeit of diseased bodies and a corrosion of social discourse. The novel unfolds through a proliferation of competing narrative voices, including contradictory characterizations of Mervyn himself, crucial information knowingly withheld, misinformation unwittingly passed on, language barriers that prevent communication, misreadings of appearances, conversations overheard illicitly though often fortuitously, letters lost and found, and forgeries. One might argue that the central preoccupation of the novel’s twentieth-century critics—the question of Mervyn’s reliability as a narrator—testifies to Brown’s success in generating narrative suspense through these strategies. But the guessing game equally crucial to the novel’s plot (Where did this fever come from? How are we to respond?) centers on ways in which the epidemic pretext for Brown’s American gothic threatened to undermine the body politic by fragmenting scientific observers and the public mind more generally.

*Arthur Mervyn*, like all of Brown’s work, shares with his friends’ medical writing a fundamental concern with sensory evidence, visual evidence in particular. Eyes abound in the novel, from Arthur’s need to see things with his “own eyes,” which “sparkle with pleasure” when he has original information to convey, to the restless eyes of Watson’s corpse, to Stevens’s confidence in physiognomy, as he trains his eyes on Arthur, to Achsa’s Jewish eyes, which against her will communicate the secret of her heredity.79 Certain characters—Welbeck in particular—shrink from being the objects of observation, but “new light” continues to be thrown on them nonetheless.80 From these optical allusions emerges an understanding of the relationship between how one sees and how one behaves, between one’s “views” and one’s actions.81 Mervyn’s central educational experience, for this reason, involves a lesson in epidemiology by the virtuous physician Medlicote, modeled in part on Smith, who teaches him how to “view” the fever by training
his gaze on the apparently invisible: “He combatted an opinion which I had casually formed, respecting the origin of this epidemic, and imputed it, not to infected substances imported from the east or west, but to a morbid constitution of the atmosphere, owing wholly, or in part to filthy streets, airless habitations and squalid persons.” Mervyn’s “casually formed” opinions on the fever (and his behavioral responses to it) are as cloudy as the contaminated atmosphere of the city until he learns to see clearly the fever’s origins.82

Sight, in *Arthur Mervyn*, is not a tragic or fallen sense; Brown’s notorious suspicion of “appearances” reinforces rather than undermines this claim. Appearance implies uncertainty; observation requires rigor. Even in the novel’s preface Brown visualizes language as a pestilential vapor; fever “discussions,” like putrid miasmata, are “afloat,” hovering over the “community.” Positioning himself as a “moral observer” of this polluted environment, Brown explains what a writer does in such a setting by emphasizing the visual aspects of the fever and its effects above all else. Even human “passions and motives” are offered as “displays,” classified like artifacts in a cabinet, framed for public viewing.83

Such language recalls the *Medical Repository*’s mission to unite and inform “men of observation”; the continuity between Brown’s concerns and those of his medical-writing friends is illustrated well by contrasting the novel’s two major introductions to the fever. The first occurs in the opening paragraphs, narrated by Dr. Stevens, who saves a fever-stricken Mervyn and functions for much of the novel as an amanuensis of the young man’s bizarre adventures:

Returning one evening, somewhat later than usual, to my own house, my attention was attracted, just as I entered the porch, by the figure of a man, reclining against the wall a few paces distant. My sight was imperfectly assisted by a far-off lamp; but the posture in which he sat, the hour, and the place immediately suggested the idea of one disabled by sickness. It was obvious to conclude that his disease was pestilential. This did not deter me from approaching and examining him more closely.

... His throbbing temples and burning skin indicated a fever, and his form, already emaciated, seemed to prove that it had not been of short duration.

There was only one circumstance that hindered me from forming an immediate determination in what manner this person should be treated.
My family consisted of my wife and a young child. . . We ourselves enjoyed good health, and were hopeful of escaping with our lives. Our measures for this end . . . did not consist of avoiding the receptacles of infection, for my office requires me to go daily into the midst of them; not in filling the house with the exhalations of gun-powder, vinegar, or tar. They consisted in cleanliness, reasonable exercise, and wholesome diet. . . . To take this person into my house, and bestow upon him the requisite attendance was the scheme that first occurred to me.  

Stevens’s opening paragraphs deserve to be quoted at length because they make so plain the nature of Brown’s participation in “medical discussions” of the disease; the narrator-physician informs his audience immediately where he stands on debates over the fever’s etiology. Remaining safe, Stevens explains, doesn’t require fleeing the city, avoiding infectious sites, or filling the air with substances popularly believed to counter the poison of pestilence. Rather, simple sanitary measures at home, along with careful attention to personal fitness, will allow him to conduct business even in the “receptacles of infection” without putting himself or his family at risk. Stevens, contemporary readers would have recognized, promotes the sanitationist cause.

The medical implications of these opening scenes—in which the diseased body figures as a text to be read and interpreted—become even more persistent when we contrast the physician’s discovery of a yellow fever victim (quite literally on his doorstep) with Arthur Mervyn’s own narration, thirteen chapters later, of his initial encounter with rumors of the epidemic. According to the account he gives Stevens, Mervyn first hears of the fever while boarding in the country with a Quaker farmer named Hadwin, whose 15-year-old daughter kindles in him a “passion” that resembles a “disease” in its potential to destroy “either . . . [his] integrity or [his] existence.” Ethical dilemmas proliferate until one situation trumps all domestic concerns; following him from Philadelphia, news of the yellow fever epidemic had arrived in the form of a rumour, which had gradually swelled to formidable dimensions; and which, at length, reached us in our quiet retreats. The city, we were told, was involved in confusion and panic, for a pestilential disease had begun its destructive progress. Magistrates and citizens were flying to the country. The numbers of the sick multiplied beyond all example; even in the pest affected cities of the Levant. The malady was malignant, and unsparing.
The usual occupations and amusements of life were at an end. Terror had exterminated all the sentiments of nature. Wives were deserted by husbands, and children by parents. Some had shut themselves in their houses, and debarred themselves from all communication with the rest of mankind. The consternation of others had destroyed their understanding, and their misguided steps hurried them into the midst of the danger which they had previously laboured to shun. Men were seized with this disease in the streets; passengers fled from them; entrance into their own dwellings was denied to them; they perished in the public ways.

The chambers of disease were deserted, and the sick left to die of negligence. None could be found to remove the lifeless bodies. Their remains, suffered to decay by piecemeal, filled the air with deadly exhalations, and added tenfold to the devastation.

Such was the tale, distorted and diversified a thousand ways, by the credulity and exaggeration of the tellers. At first I listened to the story with indifference or mirth. Methought it was confuted by its own extravagance. The enormity and variety of such an evil made it unworthy to be believed. I expected that every new day would detect the absurdity and fallacy of such representations. Every new day, however, added to the number of witnesses, and the consistency of the tale, till, at length, it was not possible to withhold my faith.86

Beneath the second passage’s images of devastation, which will only intensify as the narrative, like the disease, progresses, lurk tensions fundamental to Brown’s fiction: between appearances and truth, representation and reality, imagination and observation. The “tale, distorted and diversified in a thousand ways” suggests a narrative that expands as it decomposes, much like the fever’s paradoxical “destructive progress,” or like the corpse that “decay[s] by piece-meal,” simultaneously extending its bodily boundaries as it “fill[s] the air with deadly exhalations.” The mass response, as described here, inverts Stevens’s discovery of Mervyn on his doorstep; common “credulity” starkly contrasts with Stevens’s detached observation of the fever itself. Mervyn, narrating this sequence, reminds his audience repeatedly that these images were not yet based on his own observations. Rather, he represents the “distorted and diversified” news from the city as a rumor with a weighty life of its own, a rumor that “swelled” until it filled the farmhouse like an unwanted guest.87
In contrast to these responses, Stevens’s reaction to the fever-stricken Mervyn establishes a clear behavioral code for fever seasons, wedding the sympathetic identification idealized in eighteenth-century moral philosophy to the cool scientific gaze of the physician. Visibly moved by Mervyn’s “manlike beauty” and rustic appearance, Stevens had “scarcely ever beheld an object,” he explains, “which laid so powerful and sudden a claim to my affection and succour.” According to contemporary medical ethicists, such sympathy was essential to physicians’ success, but it also rendered them particularly vulnerable. It was, Benjamin Rush argued in an 1801 medical lecture, “sometimes so powerful, as to predominate over the fear of death; hence we observe [physicians] to expose, and frequently sacrifice their lives, in contending with mortal epidemics,” and thus the “graveyards of Philadelphia alone, hold the precious relics of three and twenty members of our profession, who have died martyrs to this affectionate and heroic sympathy, since the year 1793.” But Stevens’s response says as much about clear-sighted observation as it does about sympathy. He diagnoses Mervyn, even in the partial light of a “far-off lamp,” before sympathy stakes its claim, emphasizing his empirical skill over his sensibility. In contrast to Stevens’s actions, the fever appears in Mervyn’s account not through a physician’s observation but as verbal representation. Between rumor and observation, Mervyn repeatedly demonstrates, resides the danger of imagination, the principal threat to accurate information about the fever. People either circulate fantastic fever stories, or, in fear, they shut themselves off “from all communications,” as if simple conversation—the very naming of the fever, or the breath expelled and inhaled while speaking—could facilitate infection. Their “understanding” precluded, they leave “chambers of disease” deserted, refuse aid to those who could be cured (leaving the sick to die of “negligence,” not pestilence), and abandon corpses in the street, acts that will result only in further pollution and a “tenfold” increase of “the devastation.” Fear deprives the powerless of their usual protections; men desert women and children. As the city turns topsy-turvy, public officials, living in the national capital by virtue of their public office, retreat to country manors and estates. Back in the city, that which is most private—the deathbed—is turned out of doors, as victims fall “in the public ways.” Rather than removing themselves from danger, such blind steps have “hurried” Philadelphians “into the midst” of it.

Represented as a rumor, this account has more to say about fever
stories than about the fever itself. The “tales of sorrow” continue to interfere with accurate information as Mervyn makes his way into the city and the “fugitives” who clog roadways “detain every passenger with inquiries after news.” Mervyn’s own progress is delayed as he is “suffered to listen” to these “dialogues”; the stories excite his “panick” and cause him to fear that “the floating pestilence had already lighted on [his] frame” until “by vigorous efforts of [his] reason” he regains “some degree of composure.”

The question posed to moral observers is this: how can one resist the “sublimity” that flows from stories of “enormous dangers” and come to more certain knowledge about the fever’s origins and prevention? Can one behave virtuously in the midst of an epidemic without accurate information? In a context in which terror can precipitate the disease itself, the communication breakdowns occasioned by the epidemic pose an enormous threat, as much in need of diagnosis and treatment as are fever victims themselves.

The care with which Brown differentiates between fever rumors and the fever itself recalls the medical theories put forth in the Repository. As Mervyn makes his way through the epidemic, the novel not only bears out Miller’s descriptions of brain and stomach but also recalls Mitchell’s attention to the politics and poetics of decomposing bodies. In Brown, the decomposing figures of fever victims function as a litmus test for characters, a means of determining their observational or interpretive prowess. Furthermore, decomposition serves as a natural punishment for those who fail the test. Contagionists, in other words, become sources of contagion. The merchant Thetford, *Arthur Mervyn*’s most chilling example of the misguided contagionist, receives, for his inhumane behavior, an “adequate” “retribution”: “the death of his wife and child,” then “the close of his own existence.” Thetford’s malignancy is rivaled in Brown’s fiction only by *Ormond*’s Whiston, who abandons his dying sister and spreads terror by circulating fever rumors. Fleeing to the countryside, he falls sick and is left to die by other fearful contagionists. His body rots aboveground, “suffered to decay by piecemeal,” furthering disease.

In selecting “decomposition” as a principal trope, Brown plays vividly on the term itself: in their “theatre[s] of disaster,” his fever novels stage decomposition as the body’s unwriting, a gothic play on the notion of body language. In *Ormond*, the black vomit “testifie[s]” to Mary Whiston’s “corroded and gangrenous stomach.” The “lineaments” written on Wallace’s face in *Arthur Mervyn* become “shad-
owy and death-like.” Bodies lose “composure” until signs of life have been fully replaced by signs of sickness. All that remains of Thetford, Mervyn notes while exploring the dead man’s home, are the “vestiges” of a body—the yellow and black marks on the bedding, ghostly script, the remains of an unwritten identity.95 The antidote to the decomposing effects of rumor and fear, the novel suggests, is *composure* or even *composition*, the practice of countering pestilential stories with restorative ideas or information.96 “No timidity, no ill-timed despair, of mine, shall palsy my powers,” Smith wrote during the 1795 epidemic. “I grow more composed as I write.” A body that retains its “composure” (its “equilibrium of excitement”), as Edward Miller suggested, can perhaps “sustain” the virus “without injury.”97 For Arthur, writing “circumscribes” the “wanderings” of the imagination and fortifies the frame. “My blood,” he notes, “within the few minutes thus employed, flows with less destructive rapidity.”98 Brown’s characters repeatedly pull themselves out of sickness by composing their thoughts. In *Arthur Mervyn*, Medlicote’s engaging conversation and accurate information about the fever carry similar power. “As I talked with this man,” Mervyn narrates, “the sense of danger was obliterated. I felt confidence revive in my heart, and energy revisit my stomach.”99

The idea of narrative control as both prophylactic and treatment for disease is most extensively illustrated by Mervyn, who cures himself by gradually becoming the sole narrative voice.100 Viewed against the novel’s overwhelming emphasis on the need for an accurate information flow, Mervyn’s progression toward narrative control signals sincerity rather than deception. Even Mervyn’s apparent lies (regarding his own infection, for example) are part of a broader understanding of truth-telling, since he understands that the general populace, operating on contagionist assumptions, will not deal justly with him if they were to suspect him as a carrier of the disease.101 The readings of the novel that most aggressively argue for Mervyn’s duplicity and unreliability fail to account for the intricacy with which Brown treats the subject of informational accuracy, particularly where the fever is concerned.102 Similarly, the critics who read the novel’s second part as a repudiation of the first, as manifesting a shift in Brown’s political and moral attitudes, are not attuned to recognize the informational context for the second volume, in which Mervyn systematically seeks to right Welbeck’s wrongs by making himself a broker of previously concealed truths. Scientific and moral accuracy are intricately linked. Mervyn’s
newfound self-consciousness as a storytelling moralist—whose most urgent project is the need to narrate himself out of other people’s misreadings of his actions—emerges hand in hand with his decision to apprentice himself to Stevens and to become a physician, a vocation that offers both republican rewards (opportunities “of lightening the distresses of our neighbors”) and philosophical pleasure (“the means of intellectual gratification” by exploring “the whole system of nature”).

In one of the novel’s oddest episodes, Arthur boards a morning stage for Baltimore, where he will seek to pay restitution to a handful of Welbeck’s victims. Instead he offers a telling portrait of the ways in which scientific authority could seek to preserve social hierarchy. With him on the stage are “a sallow Frenchman from Saint Domingo, his fiddle-case, an ape, and two female blacks.” The Frenchman plays his violin, the monkey “mounche[s] an apple,” and the women “gaze with stupid wonder” out the coach’s window, “chatter[ing]” with one another “in a sort of open-mouthed, half-articulated, monotonous, and sing-song jargon.” Mervyn takes all this in for a moment:

I sometimes gazed at the faces of my four companions, and endeavored to discern the differences and samenesses between them. I took an exact account of their features, proportions, looks, and gestures of the monkey, the Congolese, and the Creole-Gaul. I compared them together, and examined them apart. I looked at them in a thousand different points of view, and pursued, untired and unsatiated, those trains of reflections which began at each change of tone, feature, attitude.

Mervyn demonstrates above all, in this description, his emerging scientific aptitude, evidence of his transition from being overwhelmed by pluralistic Philadelphia to being the master of this diversity through rational observation. “If men be chiefly distinguished from each other by the modes in which their attention is employed,” he notes earlier in the novel, “I may justly claim to be enrolled” in the “class” made up of “creatures of reflection.” The stagecoach and travel in general were chief forms, at the end of the eighteenth century, for gathering just the sort of information on which enlightened thinkers can reflect. In its democratizing function, placing people of all ranks and backgrounds into a shared intimate space, the coach provided a “stage” on which travelers performed for one another, allowing fellow riders glimpses into other social worlds. For Mervyn, his companions and the passing scenery serve as a natural history diorama. He catalogs and categorizes these
others without ever throwing himself into the mix, creating for himself a sense of critical detachment. His observations, with their unquestioned validity, are minute, “exact,” a careful “account” of physiological, physiognomical, and linguistic sameness and difference. He marks his fellow passengers as different not only by the visible variation in skin color (“sallow,” “black,” “noir”) and the audible difference in language but in the very way they pass their time in the coach—the Frenchman “look[ing] seldom either on this side or that,” absorbed in his own “tweedle-deedle” and his monkey’s antics; the monkey itself absorbed in the physical gratification of munching an apple; the black women who, like Mervyn, observe what they pass but in his mind are unable to comprehend or articulate what they see. Vitalized by this exercise in natural history, Mervyn turns his classifying gaze upon his surroundings, taking “endless enjoyment” in “the shape and substance of the fence[s], the barn[s], and the cottage[s],” and in the very “aspect of earth and of heaven.”

With this brief travelogue, which foregrounds his whiteness as well as his self-conception as an observer, Mervyn joins the fellowship of the novel’s other scientific authorities. Mervyn’s acts of classification resist the stage’s democratizing space and position him at the top of the moving microcosm’s social hierarchy. “I was destined to be something in this scene of existence,” he says on his return to Philadelphia, “and might sometime lay claim to the gratitude and homage of my fellow-men.” Mervyn’s conception of his relation to audience recalls both the Repository’s ideal of “medical eloquence” and Brown’s description of his own historical-fictional practice as requiring “a certain license of invention” in order to make facts stick. The writer of such fiction, Brown argued in a 1799 Monthly Magazine essay, shares with other professionals an “enhance[d] . . . power over the liberty, property, and health of mankind” and an obligation to “obviate, by intellectual exertions, many of the evils that infest the world.” So conceived, professional “power” is unapologetic; it is a “common good.”

This connection between observation and authority is critical to Mervyn’s ability to disseminate information, to tell stories about what he knows. Like Brown, the “story-telling moralist” behind the scenes, Mervyn finds “the United States a new and untrodden field” in which he can “examine objects with his own eyes” and become “entitled at least to the praise of originality.” Brown’s definition of professional authorship joins with Mervyn’s natural history narrative in pointing to the
concerns of the republic of intellect: association, observation (and its attendant acts of organization and exhibition), and anxiety over the receptiveness of American audiences (for whom American literature is, like the new nation itself, understood to be an “untrodden field”). As Brown described these authorial and audience concerns, “The world is governed, not by the simpleton, but by the man of soaring passions and intellectual energy. By the display of such only can we hope to enchain the attention and ravish the souls of those who study and reflect.” The ultimate goal of this “display” is to exhibit a “contexture of facts capable of suspending the faculties of every soul in curiosity, . . . joined with depth of views into human nature and all the subtleties of reasoning.”113

By the novel’s end, clearheaded observation and the science of storytelling (an art that counteracts the fever in his own body) have offered Arthur social authority via admission to professional fraternity. In some ways, his narrative complements the sentimental novel’s marriage plot; Arthur’s marriage to Achsa at the novel’s close cements his drive for social authority and is the capstone, perhaps, of his professional development. Mervyn’s medical bildungsroman parallels the development of his relationship with Achsa Fielding (to be consummated once he stops writing the book). They prefigure their marital union, significantly, by an exchange of their life stories and their ability to provide knowledge the other lacks. Achsa’s “discourse,” Mervyn tells us, is better than “cold, jejune, vexatious” books. “So versatile; so bending to the changes in occasion; so obsequious to my curiosity, and so abundant in that very knowledge in which I was most deficient, and on which I set most value, the knowledge of the human heart”—Achsa’s conversational abilities help convince him that the young Quakeress, Eliza Hadwin, who “prattle[s] forever,” would make a better daughter or sister than a wife. Arthur values Achsa’s experience (based on her age, her previous marriage, her sexual knowledge, her firsthand observation of European affairs) because it offers him intellectual gratification. Her information quotient, in other words, outstrips Eliza’s. The value he places on Achsa’s conversation ultimately sustains his hierarchical position; though an oedipal reading is possible, of course, she will also play “mamma” to his papa. Arthur establishes his hierarchical relationship to her by reading in her eyes some information she has not readily offered (her Jewish genealogy); while she completes his education, then, she remains “obsequious to [his] curiosity,” the characteristic that defines him and by which he has achieved social authority.114
September 1798: “New York this time has got a plague indeed”

In the spring of 1799, Brown wrote the following in *Arthur Mervyn*’s preface:

> The evils of pestilence by which this city has lately been afflicted will probably form an aera in its history. The schemes of reformation and improvement to which they will give birth, or, if no efforts of human wisdom can avail to avert the periodical visitations of this calamity, the change in manners and population which they will produce, will be, in the highest degree, memorable.\(^\text{115}\)

The novel was set in Philadelphia’s 1793 epidemic, of course, but “this city” could easily have applied to New York the previous fall, whose scenes of devastation were deeply personal and certainly fresher in his mind. When he and Johnson left the city in late September, after Smith’s death, the toll was nearing four hundred. By November, over fifteen hundred more had died.\(^\text{116}\) Brown gestures, as he presents his novel to the public, to a future citizenry affected intimately by the fever, a population whose numbers and social institutions have been permanently marked and which will respond with “schemes of reformation” not yet imagined. Brown highlights as well a variety of organizational and interpretive practices that mirror the Friendly Club’s own diverse modes of synthesis and creation. The fever supplies “copious material” for medical, political, and moral observers to classify and “methodize.” In keeping with his fellow club members’ exhibitionary impulses, Brown’s novel is itself a “display” case of “passions” and “motives.” The interpreters agree that the fever has ushered in new ways of life. Manners may change, but the possibility remains that the disease will stay the same. Its “periodical” recurrence has made it familiar, its “visitations” become part of everyday life.

So much more need, then, to control it—and its effects—through careful narrative as well as through medical and political reform. Positioning himself as a “moral observer,” Brown places his novelistic enterprise on a plane with the observational practices carried out by his scientific friends. In *Arthur Mervyn*, Brown’s title character mimics Brown’s and his friends’ self-descriptions. Not only does Mervyn undergo class- and race-conscious training in observing his environment but the novel’s very narrative structure depends on techniques, common to Brown’s culture, of gathering, arranging, and displaying
information. At the beginning of the novel’s second volume, Stevens, the sometime narrator-physician, recognizes that “this season of pestilence” has provided him with “numerous” “opportunities of observation . . . and I had not suffered them to pass unimproved.” So the observers among the Friendly Club regarded their own experience. The crucial terms here—“observation,” “novelty,” “display,” “truth” (both scientific and moral)—not only imply Stevens’s conviction of Mervyn’s sincerity but also point toward the early national literary context in which Brown himself, as a novelist, acts as an “observer,” an arranger and exhibitor of a “contexture of facts.” When Brown writes, as he consistently does of his fiction, that “[f]acts have supplied the foundation of the whole,” he isn’t simply catering to a Puritanical audience for whom “fiction” is morally suspect; he positions his work among other literary projects—the Repository, for example—that seek to observe, arrange, and display facts about the nation’s moral, political, and physical landscapes.

The narrative control Mervyn models at the end of the novel may also suggest an attempt to comprehend or contain the emotional devastation an epidemic wrought. Though the club’s various narrative responses share generic forms as well as moral, political, and philosophical suppositions, they differ, perhaps, in their attitudes toward death itself. Medical narratives claim a logical comprehension of death’s processes; Arthur Mervyn, by contrast, despite its urgent climatist agenda, acknowledges the epistemological limits death has posed. Brown’s “methodiz[ing]” stands as an attempt to comprehend, and even to effect, social change by shaping his audience’s response when the fever returns next summer, but he embraces in the preface the likelihood that “human wisdom” might not be up to the task of arriving at final answers. No aspect of Brown’s experience in the 1790s brought that point home more clearly than the death of his closest friend.

Elihu Hubbard Smith spent the afternoon of 4 September 1798, his 27th birthday, in bed. For two days he had remained at home, failing to make his usual series of medical and social visits. On the twenty-sixth of August he had lain restless until after twelve, kept up by the “heat & the mosquitoes,” and after a brief “imperfect slumber” was “obliged to rise, mount a horse, ride to Corlear’s Hook, & thence cross to Long-Island [Brooklyn] a mile above.” Such emergency calls to see patients, combined with daily rounds under a scorching sun and an eager perusal of Benjamin Rush’s newly published volume of Medical Inquiries and Observations, left him exhausted. “[S]till feeble, but hop[ing] to get
abroad tomorrow,” he tried to make his bedridden days industrious by reading Brown’s most recent additions to his in-progress novels, *Carwin* and the “new begun ‘Stephen Calvert,’” which would follow *Sky-Walk* and *Wieland*, then at press in Philadelphia and New York, respectively. He wrote letters to his friends. The following morning he attempted a medical visit but returned home to face the inevitable: he was “scorched with fever.”

The afternoon of Smith’s birthday, he, Johnson, and Brown wrote a group letter to Dunlap, who had taken his family to Perth Amboy. Brown wrote first, noting that Dunlap’s recent letter to them had “cheared us poor solitary beings with this plaguey fever at our doors, in our cupboards & in our beds. Johnson & I are pretty well,” he continued. “But EHS, by midnight sallyings forth, sudden changes of temperature, fatigue & exposure to a noon day sun, is made sick. perhaps it would not have been so if this Demon had not lurked in the air. Tomorrow it is hoped he will be able to answer your questions as to the prevalence & comparative malignity of this disease himself.” Johnson wrote next, assuring Dunlap that “nothing interesting to an ‘infidel philosopher’” had happened in his absence. He and Brown both chided Dunlap for letting religious allusions slip into his prose. He also urged Dunlap to return to New York. “The Town is the only place for rational beings,” he wrote. “Under the shield of Philosophy what have we to fear? As to fever, it is a being of such unaccountable origin, such amazing attributes, and such inexplicable operations, that I deliver it over to the Doctor, to be treated *secundum artem*. That is to say, according to his trade.” Accordingly Smith took the pen. “These gay friends of mine,” he wrote,

> have so covered the paper with their gambols that nothing but coldness and conclusion, dullness & death-heads are left for me.

> Had you seen me extended on my bed yesterday, rejecting (alas the while!) half a dozen supplications from the sick & confined to pills & potions, you would have trembled for the safety of your poor philosopher. To-day, however, I have sitten up ’till this hour; & c, if the day be fair, tomorrow shall resume my customary functions.

Smith wrongly predicted that the fever would decline; instead, it would rage through September and October. Despite his physical condition, he tried to keep up Brown’s and Johnson’s playful tone, signing off the letter in the language of copyright: “By order of the Con[gress].”

On Friday, 7 September, Smith attempted a medical visit. The
friends learned that an older brother of Samuel and Edward Miller was dead of fever in Delaware and that Brown’s Philadelphia publisher, James Watters, had died during the reigning epidemic there. With “[p]erpetual tears, & perpetual drizzling from the nose to-day, [but] in other respects better,” he returned home to convalesce. For a few days his health seemed to improve. He made several medical calls and stopped by a printing office to “read a mass of papers.” He made social visits in the evening, with Brown and Johnson “at Mrs. Templeton’s,” where they passed time with new friends, Maria Templeton and Margaret Bayard. He walked on the Battery with friends. On the tenth he noted, “Our fever increases.”

The next day the friends learned that the young Italian physician Joseph Scandella had arrived in New York from Philadelphia and was fever stricken. “Went to him, & removed him to my house,” Smith wrote. Mitchill, writing to Noah Webster, who had removed from New York to New Haven, recounted Smith’s “Visit of friendship” to save Scandella, who had been on the verge of eviction from the Tontine Coffee House; by the time Mitchill wrote the letter, Scandella had died. “New York this time has got a plague indeed,” he wrote. “The Scourge is applied severely and cuts deep. I am satisfied more if possible than ever of its local origin. Nobody now talks of importation.” In a letter on the state of New York’s epidemic, Smith had assured Benjamin Rush a few days earlier that “our friend Dr. Scandella,” would receive every possible assistance from “the faculty of N. York.” By the fifteenth, Smith confided to his diary that “poor Scandella has excited all my apprehension & sympathies. I fear that he cannot recover.”

It was Smith’s last journal entry; the next day Scandella was dead. Smith’s friends removed him from the “theatre of death and grief” to Horace Johnson’s—William’s brother—“whose house is spacious, healthfully situated, and plentifully accommodated.” Brown accompanied him briefly, then went to stay with the Millers. Horace Johnson recorded that Smith’s “symptoms were particularly malignant. . . . His attack was [characterized by] vomiting and a slight pain in the back; and the same continued to death. No act or remedy could compose his stomach.” In Edward Miller’s estimation, Brown wrote to his brother, “the disease in no case was ever more dreadfully and infernally malignant” than in Smith’s.

Despite the years of arguing about the disease and promoting their beliefs about its origin and treatment, the friends still found themselves
left to make sense of Smith’s death. In contrast to the cool generic conventions of the autopsy, more intimate forms allowed the friends to reveal that their grief threatened to reorder their entire views of the world. Echoing Brown’s lamentation on “the folly of prediction and the vanity of systems,” Johnson, who only days earlier had vaunted “the shield of Philosophy,” wrote to Dunlap, “How fallacious is hope! How vain is theory!” The gloom did not go away soon. In Perth Amboy, Brown took three days before he described for Dunlap the events leading to Smith’s death. Returning to New York later in the fall the friends were haunted by Smith’s absence. Johnson complained in November to a friend in Albany that “[o]ur City,” in the wake of the epidemic, already “exhibits its wonted aspect of bustle, noises and gaiety.—How much are the common herd of men, superior to brutes in feeling and forethought?” The urban “bustle” contrasted the emptiness he felt: “The incidents of the few last months of my life have deeply affected me. I know not when the impressions will be effaced.—That I have escaped death, is at this time a matter of some surprize.—I estimate the tenure of my existence at a low rate.—and am able to look with indifference on its termination.” Edward Miller echoed the sentiment in a letter to Benjamin Rush on the last day of the year. “The loss of our friend Smith is of vast and incalculable extent,” he wrote. “If his morning was so luminous, what would have been his noontide splendour?”

For Brown’s part, his feelings were strangely divided. His career as a writer, so encouraged by Smith earlier in the year, continued to push ahead and for the first time promised to bring financial stability. “My social hours and schemes, are in their customary state,” he wrote to his brother the following February. “Up till eleven, and abed till eight, plying the quill or the book, and conversing with male or female friends, constitutes the customary series of my amusements and employments. I add somewhat, though not so much as I might if I were so inclined, to the number of my friends. I find to be the writer of Wieland and Ormond is a greater recommendation than ever I imagined it would be.” But by July, his thoughts had turned back to the fever, as the first cases of the season began to be reported. “My sensations, in this state of things are so different from my sensations last summer, that I look back with astonishment,” he wrote to his brother James.

I do not wonder that I then remained in the city, but that my mind retained its tranquility in the midst of perils the most imminent; that I
could muse and write cheerfully in spite of the groans of the dying and the rumbling of hearses, and in spite of a thousand tokens of indisposition in my own frame, is now almost incredible. I perceive that this tranquility and courage is utterly beyond my reach at present. I rejoice that there will be no domestic or social ties making me desert the city with reluctance. Those friends who then were as hard as myself are already alarmed, and all those whose safety is particularly dear to me, will vanish from this scene as well as myself.131

By this point, the first volume of Arthur Mervyn had come off the press. Edgar Huntly was in production. Brown and William Johnson had traveled to Connecticut that summer, where they likely visited Smith’s relatives. Over the next several months Brown would struggle to throw off the “gloominess” that characterized the “out-of-nature incidents” in Edgar Huntly, he told his brother. Henceforth, to please his audience and perhaps to please himself, he would be “dropping the doleful tone and assuming a cheerful one, or, at least substituting moral causes and daily incidents in place of the prodigious or the singular.”132 Arthur Mervyn’s second volume only partly keeps that promise, but Clara Howard and Jane Talbot, his final two novels, would substitute domestic scenes for doleful tones, even if they did not mark an end to his engagement with “moral causes” and other ethical dilemmas.

Brown’s critics often assume that the gloom pervading his first four novels stemmed from his recognition of the limits of Enlightenment knowledge.133 But the disavowal of knowledge is too easy an explanation, even in the face of the fever that took Smith’s life. In one signal moment in Arthur Mervyn, Brown offers, along with a fear that Enlightenment modes of communication and knowledge will fail, a glimmer of hope and a determination to move forward:

I chuse the obvious path, and pursue it with headlong expedition. Good intentions, unaided by knowledge, will, perhaps prove more injury than benefit, and therefore, knowledge must be gained, but the acquisition is not momentary; is not bestowed unasked and untoil’d for: meanwhile, we must not be unactive because we are ignorant. Our good purposes must hurry to performance, whether our knowledge be greater or less.134

The convoluted sentences suggest vacillation and uncertainty as well as determination and fortitude. In the wake of Smith’s death Brown gives what he has: his conviction that certain modes of behavior will
still save lives during fever seasons—though perhaps not every life. He also demonstrates a conviction he shared with Smith, that the “national health” depended on regulating and disseminating such information, even though ignorance might not be a fully curable flaw in the human condition.

The mode of authorship upon which such dissemination depended has an analog in the generic form of the miscellany or review—the “literary museum,” a form to which Brown devoted most of his career after Smith’s death. Critics have called this mode of authorship an “editorial function” and see Brown’s *Clara Howard* and *Jane Talbot* as working in this mode. In these novels Brown “collects” and “arranges” the correspondence of his characters in such a way that the “editor” rather than romantic author is “idealized.” By seriously attending to Brown’s late novels and editorial career, we can see that the trajectory from republican to “bourgeois moralist,” a staple of Brown biographies, might be better understood as “a celebration of a new model of natural aristocracy, in which it is the *true* editor alone who can serve as the proper governor for the nation.”

Above all, Brown’s novels shared with the medical writings of other Friendly Club members such attempts at bodily, narrative, and audience control. The ideas “afloat” in the community, which Brown noted in his preface, were as dangerous as the floating miasmata that generated the pest. “I cannot but admire the exaggerations of rumor,” Brown had declared in the fall 1796 letter to his brother James. Because contemporaries complained so much of the dangers of rumor, Brown’s choice of the word “admire” is striking. But rumor’s ability to seize the imagination, to monopolize the body’s “vital energies,” to generate an ever-expanding audience is what the novelist and his medical writing friends most hoped to mimic.