Cholera's Clock:
Race, Illness, and Time in the Nineteenth-Century American Literary Imagination

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TABLE OF CONTENTS

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ABSTRACT

My dissertation recovers an American literary history of cholera, exploring how the nineteenth-century epidemics impacted cultural constructions of race, illness, and time. Cholera more so than many diseases calls attention to questions of time. It struck bodies fast and drained them quickly. A young woman seemingly healthy at breakfast could have stomach cramps by noon. By four, completely dehydrated from an unstoppable cycle of diarrhea, her muscles could spasm and her skin wrinkle and darken. At eight she could be dead. Medical texts and news articles often depicted the disease as an agent of aging as well as an Orientalized plague called "Asiatic cholera" come to invade the West's self-proclaimed modernity. Yet the "time of cholera" was not totally defined in oppressive terms. Literary formulations of cholera offer a particularly rich site of negotiation among competing ideas of time and, in turn, philosophical, legal, and scientific definitions of the human. The literature of cholera reveals the extent to which the disease disrupted fantasies of national and individual progress. Yet at the same time, racialized representations of the disease often re-imposed linear arrangements of time on bodies and geographies, separating the primordial from the modern, and the supposedly gross materiality of the body from the lofty intellect and spirit.

A literary history of cholera necessarily exceeds national boundaries. The texts I study trace transmission from the auction blocks of New Orleans to the free streets of Kingston. They shuttle between Wall Street's trading floors and Liverpool's cotton warehouses, and they contemplate the temporal continuities of the Ganges, the Hudson, and the Mississippi. This cholera canon expands the scope of prior cultural studies of the disease, which have centered on European cities and Victorian literature. Following the lead of Michel Foucault, these studies have charted how the illness contributed to the cultivation of health by liberal governments. However, a different cholera narrative emerges when we consider how settler colonialism and slavery have always been predicated on the death and destruction of certain lives. In the texts I attend to, "King Cholera," a popular nickname of the disease, reenacts the sovereign right to kill rather than affirming the state's responsibility to manage and maintain life. Placing the health humanities in conversation with recent studies of biopower in early America, my project illuminates: the intertwined temporal underpinnings of race and illness, the organizations and thefts of time on the plantation and in the nineteenth-century hospital, and the impact of epidemic on how bodies were defined, timed, and organized in the nineteenth-century US and beyond.

PREFACE

If you were to request the undated "Notebook of the University of Virginia" from the Special Collections library at UVA, you would be surprised by the object that arrives. One might expect the journal of a nineteenth-century pupil, a gambling mate of Edgar Allan Poe perhaps, a record of human beings bought and sold by the University, the lost philosophy of some by-gone professor, or the diligently-typed minutes of a trustee meeting. However, the "Notebook" both exceeds its name and hardly qualifies as such. A small packet arrives: five sheets of stained paper folded into a booklet and held together with a fragile string hinge. On the cover, someone has scrawled "Medical Receipt Book" (figure 1). Beneath, another hand offers a few dashes, perhaps testing a pen before adding to the communal document. The booklet's existence today seems a small miracle. Its longevity, perhaps, is a testament to its usefulness.

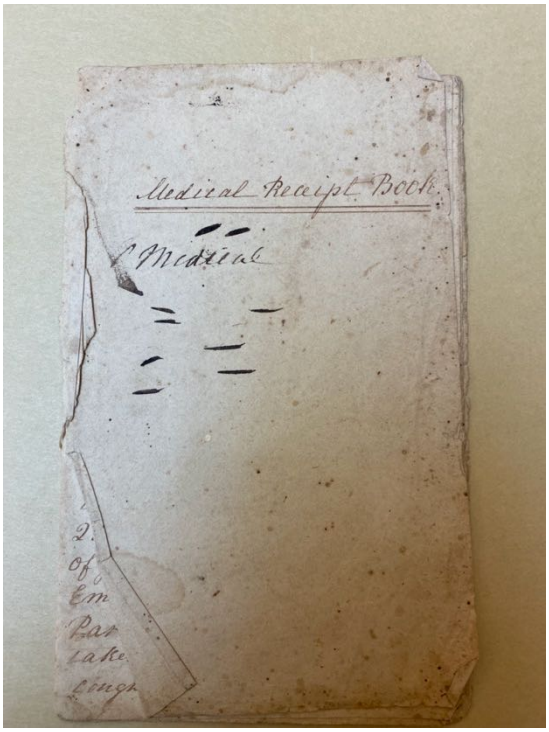

Figure 1: "Notebook of the University of Virginia"

Within the booklet, recipes for a variety of common nineteenth-century cures appear. The first page offers instructions for mixing staples found in any household medicine chest. A recipe

for Laudanum—"Mix 10 ounces of Opium with 1 pint of rum"—sits next to a "Dispeptic powder," a promised alleviation from indigestion. In pencil, a hand scribbles in the margins the names of the doctors, "Dr. Maseton" and "Dr. Baston," who presumably recommended these cures. Throughout the nineteenth century, the home, rather than the doctor's practice or the hospital, was the first site of medical care for many Americans. This "Notebook" was likely kept on hand for domestic, medical emergencies, which ranged in severity from "The Sting of a Bee" to the cholera.

However, sometimes the knowledge of families and neighborhood doctors failed. Tucked between a balm "For a Burn" and a remedy "For Dysentery," rest two newspaper clippings. One reads "An Infallible Cure for Cholera," and the other announces an "Important Discovery in Medicine" (figure 2). As the only printed material found in the notebook, these clippings seem to indicate an epistemological frontier in the collective medical document. In other words, the booklet's authors and scribes appear to have lacked a generational knowledge of cholera, which if one were to parse the poetics of compilation sits parallel to a medical "discovery." While "Dr. B" had a treatment ready for dysentery, the minds of the "Medical Receipt Book" had to turn to the newspaper for advice on how to treat cholera, a seemingly new epidemic disease that first appeared in the United States in 1832.

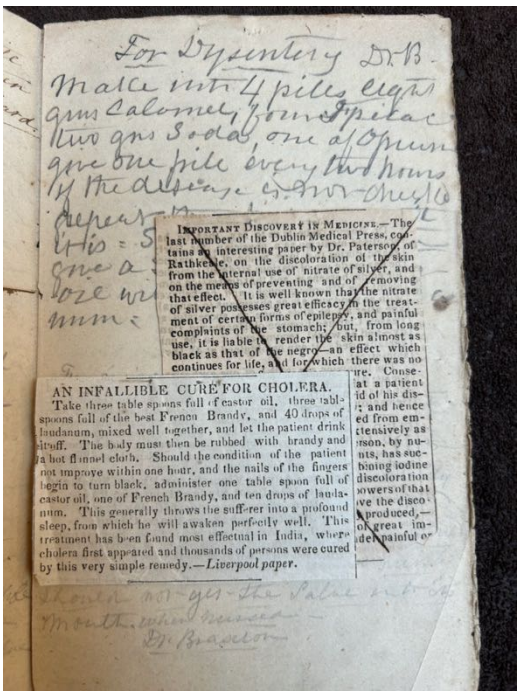

Figure 2: Clippings in The Notebook

To treat this supposedly novel disease, the article recommends giving the patient a concoction comprised of "three table spoons of castor oil, three table spoons of the best French Brandy, and 40 drops of laudanum." In the event that the patient does not improve "within the hour, and the nails of the fingers begin to turn black," the author suggests increasing the dosage, which "generally throws the sufferer into a profound sleep." No doubt the brandy laced with opium helped with that.

Beneath this "Infallible Cure" rests the "Important Discovery." A large X strikes across the article, perhaps a warning to future readers or an indication of a cure tried without success. The "discovery" was made by Dr. Paterson, a physician in a fever hospital, in Rathkeale, a small town outside of Limerick, Ireland. Dr. Paterson published his findings "on the discoloration of the skin from the internal use of nitrate of silver" ("Important Discovery"), an inorganic chemical still used today for its antiseptic properties (PubChem). However, in the nineteenth century (and as this clipping attests), nitrate of silver was used to treat "certain forms of epilepsy,

and painful complaints of the stomach" like cholera—illnesses that could be grouped, and were, as forms of "spasmodic disease." Yet the remedy apparently had a major drawback; "long use" of the chemical was "liable to render the skin" of a patient "as black as that of the negro—an effect which continues for life." To address this side effect, Dr. Paterson recommended "combining iodine with silver," which he argued mitigated the medicine's blackening property.

While there is no way of knowing if the medical advice dispensed in these clippings was ever used to treat cholera at the University of Virginia, it is notable that both the articles express a similar anxiety regarding the capacity of disease, in particular cholera, to threaten definitions of race premised on skin color and time. Indeed, the "Infallible Cure" seems as interested in staving off the blackening of fingernails "within the hour" as it is in remediating illness, and Paterson's experiments are aimed at preventing the "discoloration" of the patient's skin "for life." Medicine and science appear not only in the service of bodily health but as racial practices tasked with policing categories that slide, a little too fluidly for the comfort of the physicians, journalists, and household practitioners, on an unstable continuum of time.

This racial politics of disease was not isolated to a household medicine book; rather, the notebook exemplifies a larger cultural negotiation of cholera, race, and time that represented a lasting and fraught preoccupation in the nineteenth century. Indeed, in 1842 versions of Paterson's "Discovery" appeared in periodicals like the *Provincial Medical Journal and Retrospect of the Medical Sciences* ("The Action of Nitrate Silver on the Skin" 19) and in the *Supplement to the Connecticut Courant* (175), and a reprint of "An Infallible Cure of Cholera" can be found as late as 1897 in *The Medical Times and Register*, where it appears with an added note: "Copied from a Liverpool paper many years ago" (22). This paper trail attests to the temporal scope, geographic range, and the cultural chokehold that racializing discourses

surrounding cholera had in the nineteenth-century Atlantic world.

Nineteenth-century American literature reflected, propagated, and negotiated these racial and temporal figurations of the disease. Yet this archive has been largely ignored by literary scholars, which is at once shocking and unsurprising.[1] Shocking because cholera was a major medical crisis of the nineteenth century: it upended economies, challenged traditional ways of knowing, and threw the culture into disarray. Furthermore, cholera took to the global stage during a formative moment in the making of modern medicine; the disease was a chaotic crucible from which epidemiology and public health would eventually spring.[2]

However, cholera's elision in American literary criticism is not surprising in some ways, because its presence in the canon *is* covert—if only because writers shied away from describing the disease's diarrheal symptoms. However obvious this last point may seem to be, it is worth pausing to examine. Cholera's association with the bowels and with bodily excrement marks it as a disease of abjection, of Western culture's deepest and most repressed corporeal reality, making its intrusion into belles-lettres a problem to be managed carefully.[3] For the most part, authors only mention the illness obliquely. Very rarely do they depict extensive outbreaks. And when cholera does appear, all American writers seem to understand on some level that this quintessential disease of abjection was linked by associative logic to the abject violence of enslavement. For all these reasons and more, to be further explored in this dissertation, cholera texts constitute a kind of counter-canon that shadows the nineteenth century's greatest hits. The disease appears most overtly in *Redburn* not *Moby-Dick*, in Douglass's *My Bondage and My*

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[1] For an exception to this rule see Altschuler, *The Medical Imagination* 85-120; Altschuler, "The Gothic Origins of Global Health."

[2] For histories on cholera's impact on modern public health see Hamlin, C*holera: The Biography* 5; Harper 434; Grob 107; Rosenberg 2, 214.

[3] For the original theorization of abjection see Julia Kristeva's *Powers of Horror: An Essay on Abjection*.

Freedom not his more famous *Narrative of the Life*, in Poe's "The Sphinx" not "The Fall of the House of Usher."

This dissertation attends to cholera's canon, considering how literary formulations of the disease offer a particularly rich site of negotiation among competing ideas of time and, in turn, philosophical, legal, and scientific definitions of the human that were being contested during the nineteenth century. I argue that cholera disrupted fantasies of national progress and individual growth, threatening temporalities of exceptionalism that the West mapped on the world and the body. Yet at the same time, I unearth ways cholera was deployed to craft difference along temporal lines and re-imposed the linear and partitioned arrangements of time on spaces and bodies. My project offers a study of the intertwined temporal underpinnings of race and illness; the concomitant thefts of time on the plantation and in nineteenth-century medicine; and the various epidemics' impact on how bodies were defined, timed, and organized in the nineteenth-century US and beyond.

The first chapter introduces the historical and cultural formation of cholera in the early nineteenth century and lays out the theoretical framing of the larger project. Chapter Two turns to Harriet Beecher Stowe's cholera writings to show how racialized versions of disease ensure the efficient extraction of Black labor and time. The chapter begins with Scipio, a virtually unstudied character who dies of cholera in *Uncle Tom's Cabin* (1852). During an outbreak, Scipio, a "native-born African," works "like a giant" to bring his sick enslaver, St. Clare, "back to life again" (214-215). Figured as a laboring giant, Scipio is integrated into the plantation economy as an extractable unit of biological time rather than as a person worthy of medical concern. In the economy of the novel, Scipio's death (narrated in a brief aside) functions as a foreshortened preamble to the main disease event: "fair" Eva's consumptive convalescence. Indeed, like early

medical science itself, *Uncle Tom's Cabin* understands cholera and tuberculosis as racial foils. Race emerges as a matter of time as the novel gives the consumptive figure time to perform liberal personhood and ornately stage her death, while the choleric subject rapidly dies in the midst of mire and dirt.

In *Dred* (1856), often read by critics as a more radical novel, an outbreak inspires a doubling down of plantation discipline under the guise of care. After cholera descends, Nina, a formerly lackadaisical enslaver, goes on scheduled "rounds" and becomes the "commander-in-chief and head-physician" of her estate (375-6), inadvertently revealing that the organizations of time on the plantation anticipate systems of labor management in hospitals. Stowe maintains the uneven distribution of life hours, weeks, and years in her nonfiction text *Palmetto Leaves* (1873), in which she depicts the lives of white invalids extended by Black laborers even after emancipation.

Such racialized depictions of illness upheld the imperialist fantasies of national benevolence that Melville's novels, the subject of Chapter Three, scrutinize. In *Redburn* (1849), an outbreak of cholera among Irish immigrants "packed like slaves" in the hold of a US merchant ship culminates with sailors dropping the immigrants' "[cholera-]blackened bodies" into the sea—a pattern of allusion that recalls the infamous *Zong* massacre (280, 334). When the narrator concludes that "everlasting Asiatic Cholera is forever thinning our ranks" (333), he defines the history of modernity as an onslaught of perpetual spasms of violence rather than a forward-moving narrative premised on moral growth and political progress. However, by the time he wrote "Benito Cereno" (1855), an inversion of the illness narrative in *Redburn*, and *The Confidence Man* (1857), Melville's engagement with cholera revealed a colonial world order marked by repetition and stasis rather than improvement. Indeed, in *The Confidence Man,*

Melville cryptically wonders: "'Nature is good Queen Bess; but who's responsible for the cholera?'" (122). While suggesting that cholera is a timeless, "natural" phenomenon, Melville also lays responsibility for the disease at the feet of Queen Elizabeth I, the monarch who initiated English colonial conquest in the Americas, and who began an empire that would eventually invade India and carry cholera around the world. If cholera is both natural and an effect of empire, the time of Anglo-American "goodness," Melville suggests, is inherently pathological.

Chapter Four takes up the writings of William Wells Brown and Mary Seacole to explore cholera's place in the African-diasporic medical imagination. Brown and Seacole, who were medical practitioners in addition to authors, laid bare the ways cholera was wielded by US nationalist discourses to relegate racialized bodies to an abject status. Both wrote to combat anti-black formulations of disease and discriminatory organizations of time and medicine. In *The Escape* (1858) and *My Southern Home* (1880), Brown depicts US doctors buying and selling enslaved people based on when they think cholera might strike. Cholera functions as a force of the market economy, and medical knowledge encourages and facilitates speculation in human life. Talking back to the medical market, Brown offers a repeating tableau: a doctor-enslaver accompanied by an enslaved medical assistant, who, when cholera descends on a white neighborhood, steals back his time by pinching the doctor's pocket-watch and attending a party in style. This portrait of quotidian resistance and Black conviviality, in the midst of a medical crisis deployed as an opportunity to consolidate white supremacy and predation, reworks medical trauma into a pliable form of comedy to be dispensed (to the right audience) by the now free doctor and author.

Similarly, in *Wonderful Adventures of Mrs. Seacole* (1857), Mary Seacole, a Jamaican "doctress," defines her practice against white medical authorities by figuring cholera as a blight

of racial capitalism forged in the US: the disease always arrives in Caribbean locales on steamers from New Orleans. In the midst of neocolonial violence, Seacole inaugurates a medical tradition administered by people of color that intervenes in the formation of the modern medical clinic. In an autopsy that she performs on a "little brown-faced orphan" (33), Seacole sequesters medical knowledge in Caribbean milieus in the midst of a parasitic medical economy that would have shipped the baby's body to US medical schools, where its extraction might enable the furtherance of racial pseudo-science.

Seacole ensures the baby's body enters her medical tradition with weighted symbolic significance rather than solely as clinical teaching material. Moreover, she extends her rebuke across the Atlantic as she describes the discriminatory orderings of time and space in the British hospital at Scutari implemented by Florence Nightingale, a central figure in the formation of the medicalized hospital. After Nightingale bars Seacole from participating as a nurse in the Crimean War, Seacole sets up a hotel that includes "a mess table and comfortable quarters for [the] sick" (74), reactivating the original definition of hospital, which shares its root with hotel, as "a house . . . for the reception and entertainment of pilgrims, travelers, or strangers" (OED "Hospital"). Seacole's ambidextrous relationship to medicine allows her to practice at a different tempo, one that looks back rather than assuming progress entails ethical advancements and that opens its doors to "strangers" —a form of hospital(ity) that is picked up by Black authors in the late twentieth century.

As this chapter shows, Toni Morrison's *Beloved* (1987) and Rita Dove's "Cholera" (1980) both attend to a literary archive that registers Black medical knowledges and communities of care usually excised from official histories of Western medicine. For both authors, cholera is an important chapter in this literary history and a signifier of the recursive violence of enslavement.

Dove's "Cholera" rewrites an account of an outbreak on a Southern plantation by the infamous race scientist Dr. Samuel Cartwright. In the poem, cholera appears not as a modern pathogen but as an emotional response to the manifold injustices of enslavement—an "anger" that "had to come out somehow" (16-17). It is also a therapeutic purge and an evacuation of pathological whiteness: "the pouring away of pints of pale fluid" (18). To deal with this malady, Dove explores the physical and psychic possibilities that Black conjure affords, a much-maligned epistemology in her plantation source text. In Morrison's classic, the eponymous Beloved arrives displaying symptoms of cholera—a result of the conditions she endures in the spiritual and historical hold. A "hateful sickness," as Sethe puts it, cholera's bodily manifestations metaphorically encapsulate so many wrongs and centuries of pain finally bubbling up and out of the Black body (64). Yet rather than shunning the choleric body and sending away a possibly contagious stranger, Sethe and her family give Beloved what they can: hospitality and care.

My dissertation concludes with a brief coda on Gabriel García Márquez's *Love in the Time of Cholera* (1985), a Latin American classic that offers a useful vantage point from which to view the largely US-American literary history of cholera offered in this dissertation.

CHAPTER ONE
A Literary, Historical, and Theoretical Introduction to the Time of Cholera

What is the time of cholera? In medicine as well as literature, this long-standing phrase usually indicates a chronological timespan between outbreak and containment, a distinct period of pandemic. But the time of cholera is more complex than this standard usage would suggest and can teach us a great deal about modern experiences of time more broadly.

Edgar Allan Poe is perhaps the most well documented theorist of the time of cholera in nineteenth-century American literature. Poe's "The Masque of the Red Death" (1845), originally published as the "Mask of the Red Death: A Fantasy" (1842), is the most obvious cholera-inspired tale, and it is deeply concerned with questions of time.[4] The narrator tells us that the Red Death—a disease that causes "scarlet stains upon the body" and that kills its victims in "half an hour"—had "long devastated the country" (299-300). If the word "country" primes readers for a story of disease ravaging a modern nation-state, the narrator dashes these expectations by depicting a realm peppered with "constellated abbeys" presided over by a prince and the "knights and dames of his court" (300). As disease devastates the common folk, the Prince Prospero remains "happy and dauntless," inviting his courtiers to his palace, welding the gates shut, and throwing masked balls—bidding "defiance to contagion" (300). The ambiguous setting roots the story in an un-American milieu, one that is either European or antiquated or both. However, as the tale of privilege and contagion unfolds it is hard not to read the story, at least in part, as a commentary on the nineteenth century masquerading as a tale of fantastical antiquity.

Scholars have noted that the story was inspired by accounts of "cholera balls" in Paris

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[4] See Hamlin, *Cholera* 71. For popular accounts of the connection between "Masque" and cholera see Paul Lewis's "Edgar Allan Poe's writings about plagues and how they relate to the current pandemic"; Green "Pandemic Reading"; The Poe Museum's "Cholera Pandemic Terrified and Inspired Edgar Allan Poe"

(Hamlin 71). Poe's editor and friend Nathaniel Parker Willis lightheartedly recounted a "masque ball" he attended in Paris, where he found "some two thousand people . . . in fancy dress," conducting themselves with the "extravagant gaiety . . . with which the French people manage such matters" (2). The French people attending this particular ball, unlike in Poe's story, are the people who "lived in the quarters most ravaged by the disease"—i.e. Paris's urban poor (2). If a "gay" response to epidemic disease is a frivolous French impulse—one that ignores modern projects bent on disease management—it is also a nonsensical reaction of an impoverished population that Willis defines himself against. Indeed, the gathering's "grotesque" nature is epitomized for Willis when one partygoer arrives "dressed as a personification of the cholera" much to the delight of the dance hall (3). Willis's piece casts this performance as a cultural curiosity that the modern American observes, records, and dismisses as an improper way to spend time during an epidemic.

Poe's fictional revision emphasizes not only impoverished people's supposedly bad temporal response to illness—i.e. using their time to party rather than work—but the way wealth sequesters the time of the many in the hands of the few. Poe's story describes what I call a temporal theft exacerbated by epidemic disease. Although a "fantasy," Poe's fiction captures a hard truth: it is most likely the privileged elite that can afford to *safely* make merry while the less well-off die at their doorstep.

Within the story, time simultaneously appears as a technology of the wealthy and as a force of reckoning, something even the affluent cannot escape even as they try to standardize its movements for personal gain. After all, the gaiety of Prospero's party remains unchecked except when "a gigantic clock of ebony" rings out every hour (301). With every "dull, heavy, monotonous clang" of the clock even the "giddiest grew pale" (301). A reminder of the passage

of time—an auditory insistence that time is limited—pauses the revelries. However, the clock, a furnishing that Prospero intentionally places in his palace, also reveals a subtler reality: namely, that the prince's interest in standardizing time—marking the passage of minutes and hours—is bound to an investment in stealing time from others. If the clock marks the hours spent, it also records hours stolen from those locked outside the gates. Measuring and parceling time appears in Poe's story as a function of privilege, power, and health.

However, if the wealthy party-goers hope to avoid the disease and continue to enjoy life for longer than the unchosen people locked out by the prince, the story also enacts a fantasy of justice that perhaps Poe, who lived in and out of poverty during cholera outbreaks, took comfort in imagining. When a figure dressed as the Red Death arrives, the party comes to a standstill. Prospero tries to remove the phantom, only to fall down dead in the presence of the disease. Soon the other "revelers" dropped, and the "ebony clock went out" (304). Pestilence is a great equalizer, reducing all to a "darkness and decay," a zone without distinctions of class and its intersection with time (304). If the clock measures the hours of work and leisure, or of illness and health, apportioned by social and economic hierarchies, the story also reveals time to be a construction that depends on those same flimsy structures for meaning; once Prospero's party dies the clock stops. If death by disease is final and all encompassing, paying no regard to wealth or station, it is also timeless.

This story of an elite group's decadent disregard for others during a epidemic and their ultimate downfall teaches well in our present moment; we all remember when then-President Donald Trump was struck down by Covid after hiding its potentially fatal effects from those who looked to him as a leader. But Poe's story, beginning with its antique setting, also obscures the particular ways that wealth, health, and time were (and are) racially distributed in the United

States. Yet if Poe never directly or unambiguously addresses these dynamics in any of his works, they are more visible in his most explicit, and oddly least discussed, cholera tale: "The Sphinx" (1846).[5] This later story trades "Masque's" vague battlements for a specific US scene: a "cottage ornée on the banks of the Hudson," during "the dreaded reign of the Cholera in New York" (843). If the narrator showcases his own sophistication by dropping the French term "ornée" in passing, he also makes clear that he is financially dependent on an affluent relative to escape the ravages of the encroaching disease. He has "accepted the invitation of a relative to spend a fortnight with him in the retirement" at his upstate property, away from the dangers of the populous city (843).

"The Sphinx" is thus a revision of the tale of privilege that Poe rehearses in "Masque"; however, rather than "A Fantasy" of retribution, "The Sphinx" offers a realistic depiction of the uneven distribution of time during eras of epidemic: the wealthy live longer because they can order their lives—escape to country homes—to decrease their chances of infection. This was particularly true in New York City, where, as the historian Charles Rosenberg explains, "only the poor used the city [water] pumps" which often drew from contaminated sources, while middle and upper-class households supplied their water "from the 'pure' springs and wells of the countryside" or left the city during times of epidemic (18). The narrator and his relation, like their historic counterparts, escape choleric death and spend time in "retirement" in a country seat.

However, the narrator cannot shake the feeling of unease that the epidemic inspires, and soon he sees an omen that he thinks predicts his imminent death. Sitting in his relative's well-appointed library and looking across the valley, the narrator spots a "monster of hideous conformation" with "a *Death's Head,*" a skull and cross bones, on its abdomen (844, 845). The

[5] Altschuler briefly mentions "The Sphinx" in *Medical Imagination,* 86. Also see Elmar Schenkel's "Disease and Vision: Pespectives on Poe's 'The Sphinx'" (1985).

terrified narrator assumes the monster portends his forthcoming death by cholera. However, the beast is explained away by his empirically-minded relative and host as a sphinx moth, which appears large through an optical allusion. What begins as an omen becomes a curiosity of natural history—something a gentleman can consider at a spatial and temporal distance, as he does the disease decimating the city, with no risk to his person. Yet the story cannot totally dispel the specter of choleric death, the historical premonitions the sphinx inspires, nor finally decide from which perspective a geographic and temporal landscape wrought by racial capitalism is most accurately viewed.

After all, the host's confidence in the security and expansive embrace of empirical science is qualified by the story itself through the figure of its nervous narrator, who sees signs of the epidemic's approach all around him. Indeed, the story constructs a diptych of sorts that juxtaposes the narrator, who dwells in a "condition of abnormal gloom" and possesses a "hereditary superstition," to his bully relation, who has a "less excitable temperament" and cheerily enjoys country past-times (843). The tug-of-war between these two figures and dispositions plays out as an interpretive contest that revolves around the identification, meaning, and significance of the sphinx, a name which of course recalls the ancient riddler.

The reader is first introduced to the sphinx by the narrator, who cannot stave off the "palsying thought" that "the very air of the South seemed . . . redolent with death" (843). On the most basic level, the narrator alludes to the infected atmosphere of New York City, which he has recently escaped. Yet "the South" also of course conjures the US South, suggesting that the narrator is not just obsessing over cholera but regimes of enslavement that the national imagination quarantined in the South even as the whole US economy relied on enslaved labor.[6]

[6] For the original articulation of this argument see Jennifer Greeson's *Our South: Geographic Fantasy and the Rise of National Literature.*

Like other authors addressed in this dissertation (Stowe, Melville, Seacole, and Brown), Poe equates a center of burgeoning market capitalism—New York City—with the southern plantation and marks them both as geographies of contagion, revealing how modernity emerged alongside rather than in opposition to racialized enslavement.[7] In Poe's story, as in many of the works discussed in this dissertation, cholera represents the underbelly of national narratives of benevolent exceptionalism rooted in a Northern geography and sensibility.

With this in mind, the narrator's stubborn fear in the midst of Northern tranquility appears less like paranoia and more like a rational reaction to the inevitable self-destructive course of a national history predicated on racialized enslavement. Indeed, the narrator is careful to prove his own empirical chops. He carefully shows that his vision is not a nervous hallucination but a physical reality that can be measured. He estimates "the size of the creature by comparisons with the diameter of the large trees near which it passed" and observes that "the shape of the monster suggested the idea [of a] hull" (844). Despite having an excitable nature, the narrator stresses his ability to measure the world in a cool and collected manner. This creature is not a flight of fancy but a material reality that can be known to science. With this in mind, the story does not necessarily stage a battle between superstition and science but between realist rationality (mistaken for paranoia) and an optimistic empiricism that ignores certain contextual clues—like an epidemic raging in a nearby city—in order to maintain a continuous flow of knowledge and good feeling.

Unlike his optimistic relation, the narrator refuses to ignore context. The monster must be

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[7] Historians have shown that the plantation system anticipated and ran on management practices and temporalities usually associated with urban industrialization and modern capitalism. See Rosenthal *Accounting for Slavery*; Burnard and Garrigus 3; Davis 6. Also see Greg Grandin's *Empire of Necessity* for an account of how free trade and the slave trade in the Americas grew hand in hand. Chapter 2 "More Liberty" and Chapter 6 "The Skin Trade" are particularly useful.

measured against the trees on the hillside that managed to "escaped the fury of the land-slide" and measured against the hull of a ship—material objects that have historical significance (844). They conjure the deforestation of the Americas in the wake of settler colonial "fury" and the ships that forcibly transported enslaved people across the Atlantic. This reading comes more into focus as the narrator continues his description of the beast, who is "about as thick as the body of an ordinary *elephant,*" and who has "an immense quantity of black shaggy hair—more than could have been supplied by the coats of scores of *buffaloes*" (844-845; my italics). The description gestures to the fauna of the African savannah and the North American plains and the decimation of these ecologies and species. After all, the beast's coat hints at an insatiable and unsustainable desire for buffalo hide—even "scores of buffaloes" cannot "supply" the creature's outward trimming. Published just a year after the phrase "manifest destiny" was first coined, the story seems to uneasily anticipate the plunder and genocide already underway in the American West. For the narrator, the beast does not just portend that the depopulating plague of New York's impoverished communities might reach the country seat of the affluent few but the inevitable result of racial capitalism's logics: the consolidation of time and resources (for leisure and health) on the banks of the Hudson—in the suburbs of Northern American centers of commerce—and the exchange and death of people, animals, and ecosystems plundered by US conquest.

Within the story, the cholera epidemic functions as a force that magnifies inequity, just as it is one of many ongoing catastrophes of modernity built on enslaved labor and Indigenous dispossession. The story connects all these catastrophes in the palimpsest-like sphynx, whose breast carries "the representation of a *Death's Head*," registering the accumulation and inevitable results of racial capitalism's devastations (845). While Poe's narrator accurately predicts an

environmental crisis of which epidemic disease is part and parcel, he wrongly assumes *he* is in danger *now,* and his adept contextual criticism collapses into personal drama, as he concludes: the beast is "an omen of my death" (846).

The story highlights this mistake—the breakdown of historical analysis into white biographical navel-gazing, and the miscalculation of risk for wealthy subjects—through the interpretative rebuttal of the narrator's host, who explains away the beast by turning to science. After bringing "forth one of the ordinary synopses of Natural History," with a "cruel calmness," the optimistic cousin reveals that the apparition is not an unidentifiable monster clambering on a distant hillside but a moth of "the genus Sphinx" that "wriggles its way up" a spider thread "about a sixteenth of an inch distant from the pupil" of the narrator's eye (847). The narrator's error, his relative explains, is "the liability of the understanding to under-rate or to over-value the importance of an object, through mere mis-admeasurement of its propinquity" (846). The word propinquity of course refers to physical proximity, but it also can be used to indicate kinship relations (OED "Propinquity"). Propinquity functions in both ways here: the narrator not only misjudges how close the moth is to his face but also how close he is to those impacted most by cholera. While the narrator preoccupies himself with the "desolation of the neighboring city" (844), he fails to acknowledge that those who suffer most from the epidemic are not his neighbors. Thanks to his familial connections, he currently resides many miles away from the New Yorkers plagued by cholera. Similarly, those most choked by "southern airs redolent with death" (843), or the primary victims of racial capitalism, are not his kin. The narrator's psychological and somatic response to other people's pain is at best misplaced and at worse functions as a subject-building exercise, just as his historically aware interpretation is simply the other side of the interpretative coin as the scientific understanding of his optimistic family

member.

After all, if the host corrects the narrator's "mis-admeasurement" and in doing so debunks the monster/omen revealing it to be a harmless insect, the moment inspires him to make an analogy of the situation not unlike his nervous cousin. The interpretative problem of the moth's distance reminds him of debates about "the influence to be exercised on mankind at large by the thorough diffusion of Democracy," which often fail to "estimate properly . . . the distance of the epoch at which such a diffusion may possibly be accomplished" (846). The sphinx, then, for both the nervous historicist and the sunny scientist-aesthete, ushers in thoughts of the expansion of American democracy across time and space. The difference between these two modes of interpretation lies in the language and affect through which they consider the same prospect. One reader emotionally registers the consequences of the regimes of death that will accompany white liberal freedom and private property, while the other assumes that the "diffusion of Democracy," like the circulation of cholera, will not adversely impact him in the *near* future.

This is the mentality that Emily Dickinson conveys in an 1851 cholera letter to her brother Austin, who was then in Boston teaching. The letter begins with an invocation of the time of cholera. Dickinson states, "You importune me for *news*, [but] I am very sorry to say . . . there's no such things as news" (sic); however, "it is almost time for the cholera, and *then* things will take a start!" For Dickinson, cholera time promises interesting tidbits traded in the post and inspiration for a young, literary mind. Presumably *other* people will succumb to cholera, while Emily wets her pen. The lethalness of Dickinson's "time for the cholera" comes into focus as she describes her thoughts on Austin's pupils—Boston's Irish children. Dickinson notes, "We are quite alarmed for the *boys*, [and] hope you wont *kill*, or *pack away* any of em, . . . strange you

have had temptations!" (sic). While Emily at first seems alarmed at Austin's disdain for his students, which manifests in jocular fantasies of murder, she later begins to muse on the Irish problem and on white, proto-feminist literary production. She admits:

> So far as *I* am concerned I should like to have you kill some [Irish boys] – there are so many now, there is no room for the Americans, and I cant think of a death that would be more after my mind than *scientific destruction, scholastic dissolution*, there's something lofty in it, it smacks of *going up*! . . . I dont think deaths or murders can ever come amiss in a young woman's journal. (sic)

Dickinson refigures the murder of Irish children, once a "strange" temptation, into a national good and scientific inquiry. Writing against the grain of nineteenth-century gender expectations, Dickinson wants to include these "scholastic dissolutions" in her own "young woman's journal." Her letter chafes against the constraints of certain aspects of white, bourgeois femininity—what is appropriate for women to write about, and what realms they were officially excluded from (natural history, anatomy, politics, etc.). Yet this piece of juvenalia also reveals that the alternative forms of femininity that young Dickinson was then cultivating were premised on the same ethno-national norms and temporal distributions that necessitated the mass death of Irish school children and lowly cholera victims. If Dickinson's letter gives Poe's sunny, male empiricist the boot, replacing him with a witty woman of science and literature, it does not relinquish the white man of science's systems of thought or his nonchalant attitude towards a epidemic disease and American society's supposed disposables.

Indeed, Dickinson's musings on murder were related to her conception of cholera time. After all, Austin didn't need to make "room for the Americans," because cholera was doing it for

him. In American cities, the disease struck impoverished immigrant communities living in densely populated neighborhoods hard. During the 1849 epidemic in Buffalo, the Irish constituted forty-two percent of the cholera dead even though they accounted for less than a quarter of the city's population (Grob 106). During the same epidemic in New York City, forty percent of cholera fatalities were of Irish descent (Rosenberg 135). Dickinson's time of cholera—a time of interesting epistolary correspondence and white, proto-feminist self-making—was intimately related to national structures of death such as lopsided clean water infrastructures, uneven access to capital, and nativist and racist discourses that defined the haves and the have-nots in terms of time: biological life years, access to leisure, and the imagined progression of history.

As the casual cruelty registered in Dickinson's letter suggests, the nineteenth-century cholera epidemics in the US brought into focus the temporal dynamic of privilege—and of the privilege of whiteness, especially, which those Irish boys had yet to fully attain. Yet authors of the African diaspora took up the disease in very different ways, circulating cholera stories in which they imagined relations to illness that exceeded national distributions of time and health and the dominant temporal orderings of spaces and bodies. For as they well understood, cholera was central to the production of whiteness, and to the dominant imagination of a US-American identity immune to cholera's physiological and symbolic incursions—a construction predicated on obsessions with purity of various kinds.

Cholera's Troubling Biological and Historical Times

Cholera more so than many diseases calls attention to questions of time and history. The disease struck bodies fast and drained them quickly. A patient seemingly healthy at breakfast but

nonetheless infected could have stomach cramps by noon. By four, completely dehydrated from an unstoppable cycle of diarrhea, his muscles could begin to spasm and his skin pucker and turn blue. By eight he could be dead.[8] The prominent, nineteenth-century physician Francois Boisseau likened the onset of symptoms to a "sudden blow" or "a thunderbolt" striking the body (34-5). In *The Working-man's Companion* (1832), John Conolly noted that even "persons in full health" could be "seized with concussions," and die "in a few hours" (49).

What brings down a "healthy" body so fast? Cholera is caused by ingesting food or water that contains *Vibrio cholerae* bacteria, which is naturally found in warm, estuary waters. Once in the human gut, the organism produces a toxin that makes the small intestine quickly secrete electrolytes and water, triggering a loop of clear, watery diarrhea. These evacuations can cause rapid dehydration and demineralization. In severe cases, a person can lose 10% of their body weight within hours. The results can be deadly and dramatic: violent muscle spasms, cyanosis (a bluish coloration of the skin), organ failure, and circulatory collapse. Today, if access to medical care permits, cholera is treated through oral rehydration solutions and intravenous fluids. However, if left unchecked cholera kills 50% of its victims.[9] In the nineteenth century, one's odds were probably worse, because, as discussed in detail later, doctors did not know how the illness worked.

If cholera decimated bodies with alarming speed, during the nineteenth century it also spread across the globe at a then unprecedented clip. In 1850, Dr. William Buel noted that unlike other illnesses, cholera quickly strode across continents and leapt across oceans, seeming to "put a girdle round the earth in forty minutes" (17). Cholera texts register an anxiety over the

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[8] For accounts of how cholera worked on bodies see Altschuler, *Medical Imagination* 86; Hamlin, *Cholera* 2; Rosenberg 3.
[9] For descriptions of cholera's pathology and symptoms see Grob 104; Whooley 24.

disease's potential to trouble normative temporalities—the usual amount of time it took to traverse the globe or the presumed lifespans of otherwise "healthy" individuals.

On a more basic level, texts like Buel's attest to the terrifying new scope a contagious disease could assume in an increasingly globalizing economy. The growing density of urban centers, increases in human migration, expansions in world trade, and advancements in transportation all contributed to the spread of cholera.[10] What's more, the explosion of print media and developments in communication technologies enabled disparate nations to discuss and respond to diseases faster than ever before and to realize the seemingly all-encompassing reach of contagion (Harper 419, 429).

As a result, cholera was first conceived of as a novel pandemic in 1817, when it broke out in a British army camp on the banks of the Rive Sinde, in Jessore India. With the movement of troops, civilians, and goods, cholera spread across India and into China, Japan, and Syria. After a cooling off period, in a new pandemic surge, cholera dashed across Russia in 1830, arriving in England the next year. By 1832, it crossed the Atlantic, taking up residence in North America and traveling across the continent on canal routes, highways, and coastal shipping lanes. Cholera appeared in the US again in 1848, where it would remain endemic, popping up in epidemic bursts until 1854. The US experienced the last major epidemic in 1866, and by the close of the century, cholera ceased to seriously threaten the country, thanks to better understandings of transmission, consolidations in public health movements, and investments in clean water infrastructures.[11] But contrary to popular wisdom in the so-called first world, cholera is by no means a disease of the past: we are currently in the midst of the seventh global

[10] For accounts of how cholera was spread by increased global trade and technological advances see Grob 105; Harper 429, 434; Evans 124.
[11] For full accounts of the trajectories of the nineteenth-century pandemics see Rosenberg 4; Grob 105; Wood 74; Evans 125.

pandemic. And although the WHO recently committed to reduce ninety percent of cholera deaths by 2030 (WHO "Cholera"), rising ocean temperatures may expand the geographic range of pathogenic cholera bacteria (Lipp, Huq, and Colwell 759).

Furthermore, if the time of cholera is still now, an ailment called cholera existed before the pandemic disease's traditional start date—1817, the year used in most official histories. Indeed, cholera abounds in the pre-nineteenth-century historical record, from humoral complaints in Ancient Greece and North Africa to diarrheal upsets found in British medical manuals.[12] Hippocrates names "cholera" along with "chronic diarrhea" as a disease more prone to attack people before "old age" (216). For Hippocrates, illness was the result of an imbalance of the four bodily humors: "blood, phlegm, yellow bile and black bile" (262). Cholera was caused by an over-abundance of yellow bile and could be remedied, like other ailments, by purging or bleeding. Later, Galen extended Hippocrates's theory by associating each humor with stages of life, seasons of the year, and personal temperament (Jouanna 339). By late antiquity, the four temperaments—sanguine (blood, spring, infancy), choleric or bilious (yellow bile, summer, youth), melancholic (black bile, autumn, adulthood), and phlegmatic (phlegm, winter, old age)—were fully theorized and associated with personal traits (Jouanna 340). Humoral theory would impact medicine well into the nineteenth century and inflect conceptions of Western selfhood.

In the early modern period, cholera and the other humors offered a way of understanding both physical illness and individual temperament. In his *Pharmacopoeia Londinensis: or the London Dispensatory* (1695), Nicholas Culpeper describes choler as a humor that "heats the Body" and "moves man to activity and valor." According to Culpeper, one's humoral disposition or "complexion"—i.e. the "nature of the Humor" that "predominate[s] in" a "Body"— was

[12] For an extended account of historical references to cholera see Hamlin, *Cholera* 20-35.

determined by the dreams one had. Culpeper excerpts a poem from Thomas May that explains that those with a "Cholerick Complexion" have dreams "in a flame-like hue" that "soar, as if they meant to scale the Skie/ Or some impossible achievement sought/ To allay the thirst of an inspiring thought" (1, 6-8; sic). In other words, the individual with a preponderance of choler had a fiery disposition, one that was likely to move them to greatness in thought and action.

However, "the Disease called Cholera," according to Culpeper's translation of Lazarus Riverius's *The Compleat Practice of Physick* (1655), was a dangerous medical issue: the result of an imbalanced body's "violent sending forth both by Stool and vomiting corrupt, sharp, and choleric Humors" (272). It first manifested as "a gnawing of the Stomach and Guts" and could, in extreme cases, result in "sudden death" (273). Causes of the disease ranged from "eating too much flesh . . . tarts and sweet meats" to "drunkenness with old Wine" (273). However, the ailment could also appear in "epidemical" force, during which it was "contagious and pestilent" and "commonly deadly" (283). As we shall see, these descriptions of symptoms and causes were recycled during the nineteenth-century cholera pandemics, however, with more emphasis placed on personal responsibility and moral failings.

By the eighteenth century, cholera was already accumulating new social and cultural meanings. In his *A Treatise of Disease in General* (1741), Charles Perry M.D. describes cholera as a "disorder" that "consist[s] in a surcharge of . . . choleric humors," which can be "vitiated and polluted by Gluttony or Drunkenness" (144-145). Perry recasts a diarrheal upset once caused by drinking bad wine into an unhealthy overindulgence, a willful pollution of the body, and an innate inclination towards "surfeit of any kind" (145). This theory of moral susceptibility to disease aligned with evolving definitions of choleric temperament. According to James Mackenzie in *The History of Health, and the Art of Preserving It* (1758), "choleric

temperaments" dispose "the mind to a promptness and impetuosity" (397). "Bodies abounding with yellow bile [choler]" had "hot" blood, and they "ought to avoid all occasions of dispute, strong liqueurs, [and] everything by which they are apt to be overheated" (397).

Gone is May's "cholerick complexion," whose healthy fire vaunts aspirations to the sky. In its stead, Mackenzie sketches a volatile character, who lives in the moment rather than dwelling intentionally through time or making rational choices after periods of meditation, like a proper liberal subject. What's more, persons with a "hot and dry temperament," according to Mackenzie, had corresponding physical features: "a robust, muscular, well-proportioned body and limb; black thick curling hair; and rough brown hairy skin" (181-2). In other words, the choleric person had a strong "brown" body, perhaps well suited for labor. The physiologist Johann Caspar Lavatar explicitly makes the connection between choler and work in his *Essays on Physiognomy* (1801), where he notes that a man with "choleric propensity" is likely "a good laborer" (113). It is no coincidence that at the height of the transatlantic slave trade, European, and especially British, doctors adapted ancient humoralism to theorize a temperament at home in the heat, housed in a darkened body, constitutionally suited for labor, and ill-equipped for self-governance because he lived in perpetual youthfulness.

While nineteenth-century doctors, newspapermen, novelists, cultural commentators, and individuals would work to distinguish the pandemic form of cholera from the older type, this work was never uniform or complete, and ancient, early modern, and eighteenth-century notions of the humoral ailment and temperament inflected how the nineteenth-century disease was described and conceived (Hamlin, *Cholera* 33).

This dissertation is a story about the life cholera assumed in the literature of the nineteenth-century US and beyond. How did a humor of a "fiery hue" and a "complexion"

constituted by dreams become a racialized disease that was incubated in filth and that marked its victims as laborers who were also socially unfit and ultimately expendable? How did literary representations of epidemic both contribute to and resist this reconfiguration of illness? And how might these texts have registered the collapse of complexion into skin color and thereby into "race" as a matter of time and health? Of course, the nineteenth-century cholera epidemics and the literature of cholera are not the only events that contributed to this shift, which began long before 1817 and continues today. However, this dissertation wagers that literary figurations of cholera are one of many textual bodies through which racialized and temporized notions of personhood and medicine were negotiated.

Managing Cholera's Clock in the Nineteenth Century

In the nineteenth century, if someone referred to "the pestilence," they most likely had one culprit in mind: cholera. Although one of many diseases circulating, and not nearly the most lethal, the reaction cholera inspired made it "the signal disease of the nineteenth century" (Hamlin, *Cholera* 4).[13] It went by several names: King Cholera, the Blue Plague, Asiatic Cholera. And it splashed across newspaper headlines, announced itself in public broadsides, puzzled medical journals, and covertly lurked in novels. Indeed, the disease silently shaped literary sensibilities surrounding illness and fueled cultural desires to manage race, health, and time.

We do not know if the nineteenth-century cholera pandemics were a new biological phenomenon—a global dispersal of a germ never encountered before.[14] However, it is clear that

[13] For more on cholera as the quintessential disease of the nineteenth centur see Harper 430; Rosenberg 1; Whooley 22. For how cholera compared to other diseases in terms of lethalness see Grob 107-109; Whooley 24.

[14] See Grob 104; Harper 433; Hamlin, *Cholera* 33-35. The former cholera authority for the

in 1817, as new shipping technology quickened the transportation of goods, people, and microbes, cholera did circulate, producing an explosion of fear and confusion as well as texts bent on knowing, narrating, and periodizing the disease. And scientists and journalists expended a lot of ink to make cholera new and Indian.[15] The *Boston Masonic Mirror* stressed that "Indian or Spasmodic Cholera, is a plague of modern origin," and its "principal symptoms" are "altogether unlike the *English Cholera*" ("Progress of the Indian Cholera"). John Conolly agreed: "our English cholera is merely a disorder dependent on an increased flow of bile" unlike "the true cholera of the East," which produces "discharges" that resemble "rice-water" (149). "True" cholera, according to Conolly (and many others), had "its origins on the banks of the Ganges, under a tropical sun, in a country liable to the overflow of mighty rivers" (156). This tropicalism dominated discussions of cholera during the nineteenth century.[16]

Yet some of cholera's early commentators questioned what would, over the course of the nineteenth century, become doctrine: that cholera was new and Asian. For example, in his *Observations on the Epidemic now prevailing in the City of New-York; Called the Asiatic or Spasmodic Cholera* (1832), Dr. Christopher Yates notes that "this cholera is not such a wonderfully new discovery as some people persuade themselves to apprehend. It was known in London ages ago" (11). Yates refers to cholera as an "Asiatic" disease, but he questions its

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WHO, Dr. Dhiman Barua, notes that after a careful consideration of historical cases "it would be difficult for any student of cholera to agree that true cholera was not present in Europe" before the nineteenth century (qtd. in Hamlin, "Cholera Stigma" 462). Kyle Harper's recent history of disease, which incorporates new findings in evolutionary microbiology, attests that the nineteenth-century pandemics were caused by "a single lineage" of V. Cholera, and that the Ganges Delta is "likely" but not certainly "the evolutionary birthplace of the pathogen" (431-432). But he nevertheless admits that "cholera might not have been entirely new in the nineteenth century" (433).

[15] Christopher Hamlin gives a detailed account how cholera became seen as a disease with specifically Indian origins. See both his *Cholera* 20, 35-44 and "Cholera Stigma"

[16] For an extended study of tropicalism see Nicolás Wey Gómez's *The Tropics of Empire.*

newness, which the text recognizes is predicated on space and time. Similarly, in *The Family Physician* (1833), Daniel Whitney asserts that "it is certain that in 1790, 1787, 1783, 1782, 1780, 1750, 1741, 1730, 1696, 1676, 1669, 1629, 1600, and also at other times, in different places, the terrible ravages of a complaint, the symptoms of which were almost exactly similar to those of the present cholera, are at this day recorded on the pages of history" (307). For both Yates and Whitney unmooring cholera from the nineteenth century means departing from Orientalizing discourses that cast cholera as a novel plague sprung from the primordial Ganges. For them cholera also appeared "at other times, in different places" (307).

However, John Snow showed that one could acknowledge cholera's existence before 1817 and still locate its origins in the East. In his *On the Mode and Communication of Cholera* (1855), Snow traced "the existence of Asiatic Cholera" back to the year "1769" (1). He speculates that the disease was even older but "previous to that time the greater part of India was unknown to European medical men; and this is probably the reason why the history of cholera does not extend to a more remote period" (1). Snow inadvertently reveals what we now know, that the nineteenth-century pandemics were due in part to increased colonial intervention in India. Indeed, historians now acknowledge that British troops logging in regions seized by the East India Company spread a cholera bacteria beyond its endemic region (Raza Kolb 56; Peckham 183).

Yet Snow's gloss of illness performs ideological work that obscures and seeks to justify this colonial exploitation. Snow not only locates cholera's birthplace in India, but he casts this geography as a premodern space without science, knowledge, or history. In his schema, only European doctors can bring the light of modernity to the benighted East. Implicit in this colonial logic is the idea that if English colonial administrators and men of science were supposedly

ushering India into the modern era, then cholera, their great colonial foe, had the potential to pull European bodies and spaces back in time. The modernity of cholera, for commentators ranging from Snow to Conolly, was not necessarily determined by the newness of the pathogen but by the apparently novel threat it posed to Western bodies, conceptions of history, and geo-temporal fantasies of the world.

Ironically, to combat this apparently novel threat doctors often relied on ancient heroic cures—bleeding, blistering, and cupping—and prescribed medicine cabinet staples like calomel (a mercury compound), brandy, and laudanum (an opium concoction). Some physicians recommended plugging the anus with beeswax, while others prescribed enemas assuming that the best course of action was to encourage the body's purge (Rosenberg 66-67). It wasn't. These treatments often weakened patients, decreasing their chances of recovery. With traditional medicine at a loss, the pharmaceutical marketplace exploded with a variety of purported therapies, which ranged from magical blue pills that promised the end of deadly squirts to "copper belts and garters" that apparently "arrest[ed] spasms" ("Cholera and Its Preventive"). Indeed, the cholera question—how to cure and treat it—encouraged the growth of a national advertising industry, led in part by pharmaceutical entrepreneurs (Rosenberg 158, 9).

This chaotic assemblage of slap-dash therapeutic advice and wild public speculation about how to deal with cholera stemmed from a lack of an understanding of how the disease worked. For the majority of the century, laymen and doctors alike thought cholera was caused by miasma, poisonous particles in the air sprung from filth or decaying organic matter (like plants, feces, or corpses) or particular meteorological circumstances (like humidity or fog).[17] Other theories abounded—some speculated cholera was caused by fungal spores or tiny winged insects

[17] For discussion of miasma theory see Baker 717-718; Senior 3; Huet 30-31.

invisible to the eye, or passed person to person through close contact (Rosenberg 78). However, the medical establishment firmly endorsed miasmatism, which held sway even decades after John Snow published his theory that cholera was a waterborne ailment (Whooley 7, 25). Miasma theory sat comfortably next to the belief that individuals with unhealthy inclinations were particularly susceptible. Drinking to excess, living in filth, eating the wrong foods, dressing inappropriately, feeling strongly, and associating with the wrong sort all made one liable to a severe attack. As the historian Charles Rosenberg notes, "to die of cholera was to die in suspicious circumstances" (42). The consensus was clear: cholera was caused by bad air, bad habits, and bad people.

The measures taken to prevent cholera, often performed at the recommendation of health officials and doctors, were often ineffective and unhelpful. Municipal governments slaughtered stray dogs, cats, and pigs (dirty animals all), advised citizens to whitewash and deep-clean their homes, and lit giant bonfires to disinfect choleric miasma. Port quarantines were haphazardly enacted and often shutdown at the behest of particular business interests (Raza Kolb 72; Rosenberg 29, 79). And many measures were left in the hands of individual citizens. During epidemic peaks, store fronts shuttered, congregations disbanded, and all the while corpses accumulated on street corners and cemeteries overflowed.

Wealthy individuals often fled outbreaks, but those who couldn't were advised to police themselves. Dr. Boisseau stressed the importance of "Sobriety, cleanliness, firmness" (141), and noted that "cabbages are very injurious and should be avoided" (139). John Conolly unhelpfully advised, "do not sit still in damp clothes, and do not live in damp places" (172). Warm, dry clothing, especially "long flannel waistcoat[s]" and "flannel drawers" were thought well suited to "guard . . . against spasmodic attacks in the stomach and bowels" (173). Daniel Whitney

succinctly summarized the advice of the day: “the subject of prevention may be condensed into four words, *temperance, cleanliness, ventilation*, and *fearlessness*” (317). And the *Independence* newspaper put an unambiguous point on it: “Be virtuous or you must die” (“The Cholera May be a Blessing”).

Samuel Taylor Coleridge’s poem “Cholera Cured Beforehand” ironizes the advice of such doctors and government officials, revealing the mechanisms of social control baked into public health messaging. The poem, like the health announcements it parodies, addresses the “useful classes,” advising them to “Forswear . . .Wakes, unions, and rows,/ Hot dreams and cold salads” (39-42). The “mudlarks” of London should “Quit Cobbett’s, O’Connell’s and Beelzebub’s banners/ And whitewash at once bowels, rooms, hands, and manners!” (36-44). The lines intertwine standard medical advice—whitewash everything and avoid raw vegetables—with calls to disavow unions and the radical political agendas of William Cobbett and Daniel O’Connell, politicians who respectively pushed for the Reform Bill of 1832, which expanded male enfranchisement, and Catholic emancipation in Ireland. Health campaigns appear as mechanisms bent on policing working-class people under the guise of maintaining their physical well-being. Preventative medicine was not just about staving off biological disease but about inoculating potentially disruptive social forces and populations—in this case, organized laborers, impassioned Irish Catholics, rowdy farmers, and urban “mudlarks.”

The poem describes how cholera inspired the formation of what the historian of medicine Christopher Hamlin describes as “sanitary citizenship” (57). In other words, cholera created an opportunity to surveil the unruly proletariat and encourage their incorporation into the body politic through self-discipline. To be recognized as a member of the state required a performance of hygienic obedience and the sacrifice of alternative forms of association (like

unions) in favor of the state, conceived of as a healthy national body free from disruptive social spasms.

Cholera and the History (and Theoretical Limits) of Biopower

Most historians of medicine are broadly influenced by the philosopher Michel Foucault, who offers a similar reading of the nineteenth-century cholera epidemics in *The History of Sexuality* (1978). Indeed, cholera plays a key but as yet unnoticed role in Foucault's theorization of biopower, which he defines as the modern application and production of power on and through the cultivation of biological life. Opposed to the older sovereign power over death (the right of a king to kill), biopower is not dictated by one authority but is generated by a complex network of relations—the interplay of laws, texts, institutions, personal desires, etc.—that strives to maintain the bodies recognized under its purview. This "political reordering of life," Foucault argues, was not imposed "through the enslavement of others," but "through an affirmation of self" as the bourgeoisie became interested in their health and desires, and new sciences emerged to measure life (123). The working and impoverished classes were excluded from this matrix until conflict or crisis made their consideration necessary; only then was the "proletariat . . . granted a body" (126). Foucault names "the Cholera outbreak of 1832" as an exemplar of this shift, an event that made the lives of the impoverished matters of interest and objects of knowledge (126). Indeed, 1832—with its outbreak of cholera—is one of the few years that historicizes the modern organization of life concretely in Foucault's history.

Cholera thus appears not only at a formative moment in the making of modern power but as an event around which questions of time and history revolve. Indeed, critics considering cholera's performance on the European stage and in Victorian culture have charted in detail how

the illness contributed to the management of bodies by liberal governments.[18] However, as Achille Mbembe and others have observed, Foucault's articulation doesn't adequately account for the ways in which the sovereign right to kill calcified in settler colonial and plantation projects that were, and are, predicated on the destruction rather than the maintenance of life (92).[19] Cholera was not just an impetus for state control, self-discipline, or a tool of subjectification. In the texts discussed in this dissertation, "King Cholera" re-enacts the sovereign right to kill, revealing a politics of disposability and death still at large after the emergence of biopower. For example, in Harriet Beecher Stowe's novels cholera escalates and condenses the temporal theft enacted by enslavement—the transfer of life years, alongside and in addition to labor, skills, and knowledge, from enslaved people to enslavers.

In the last decade, scholars have begun attending to permutations of biopower in early America; however, none of these studies considers how large-scale medical crises such as cholera impacted the formations of power they parse.[20] Bringing studies of biopolitics into conversation with the health humanities, my dissertation on cholera's vexed relationship with temporality fills this gap. I begin to show how cholera was used to racialize groups and individuals by manipulating time and how the disease exacerbated and escalated the theft of health and time along racial lines in the United States.

Historians and literary scholars alike have long noted that cholera was discursively

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[18] Huet 57-77; Chen 187-195; Gilbert 5-14; Raza Kolb 56-82.
[19] For related discussions of biopower and issues of settler colonialism, race, or enslavement see Greta LaFleur and Kyla Schuller, "Introduction: Technologies of Life and Architectures of Death in Early America"; Weheliye 1-16; Dillon, "Zombie Biopolitics" 628, 630-631.
[20] In addition to the works listed above also see Cristin Ellis's *Antebellum Posthuman;* Elizabeth Freeman's *Beside You in Time*; Greta LaFleur's *The Natural History of Sexuality in Early America*; Dana Luciano's *Arranging Grief*; Kyla Schuller's *The Biopolitics of Feeling*; Caleb Smith's *The Prison and the American Imagination*.

wielded to stigmatize individuals and communities and define difference.[21] They have been particularly attentive to the ways the disease was Orientalized. As Anjuli Fatima Raza Kolb explains, "If the Vibrio cholerae bacterium had its origins in . . . Bengal, then cholera, the concept, the historical phenomenon, the discursive and epistemological motor of infectious disease science . . . emerged . . . not [from] the eternal swamps, but [from] the East India Company's zones of operations" (65). In other words, cholera, as it was textually constituted especially in British epidemiology, was a product of "imperial practice," a "historiographical effect" of empire itself (65).

Building on the insights of Raza Kolb and others, I consider how literary works refracted, mediated, and co-created cholera in the nineteenth-century US as the disease-concept discursively morphed and adapted in a political, economic, and cultural milieu premised on enslavement and settler colonialism. For in American literary culture, the "imprecise colorism," which Raza Kolb has shown Orientalized and racialized the disease and its victims (73), was sharpened into an explicitly anti-Black discourse that defined race in terms of health and time.

Cholera on the American Scene: Race, Health, and Time

Scholars of the temporal turn have shown how various conceptions of time were at work in the nineteenth-century.[22] However, they tend to agree, as Dana Luciano puts it, that "the advent of modernity constructed a new vision of time as linear, ordered, progressive, and

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[21] See Hamlin, *Cholera* 56; Raza Kolb 73-81; Rosenberg 15, 42, 55-57; Gilbert 108-132.
[22] Scholarship of the temporal turn includes: Wai Chee Dimock's *Through Other Continents*; Dana Luciano's *Arranging Grief;* Thomas Allen's *A Republic in Time;* Lloyd Pratt's *Archives of American Time;* Cindy Weinstein's *Time, Tense, and American Literature*; Mark Rifkin's *Beyond Settler Time*; Jeffrey Insko's *History, Abolition, and the Ever-Present Now in Antebellum American Writing* ; Cody Marrs's and Christopher Hager's *Timelines of American Literature*; Christopher Castiglia's and Susan Kay Gillman's *Neither the Time nor the Place*.

teleological" even if this vision was not all encompassing (2). With the invention and gradual proliferation of new technologies like the railroad, the telegraph, and the steam engine, time became increasingly standardized and understood as something that unfolded in a linear fashion. Time could be measured, managed, distributed, and extracted. This inflected how individuals and communities conceived of themselves. As Michel Foucault explains in *Discipline and Punishment* (1977), new ways of "administering time and making it useful, by segmentation [and] seriation" were "correlative with" the discovery of "the progress of societies and the genesis [and evolution] of individuals" (160). In other words, the notion that people and nations grew through time, moving toward improvement, was coextensive with new ways of recording, organizing, and dispensing time.

Queer and Critical Race theorists have shown how these temporal constructs—the progress of individuals and societies—worked to exclude certain people and communities from the body politic, and they have attended to the ways cultural, political, and institutional temporalities (like the management of time in factories and on plantations) impacted bodies in uneven ways.[23] As Kyla Schuller explains, the modern organization of power bent upon the cultivation of life and the extraction of labor from human bodies "entail[ed] the racialization of temporality" itself (58). In other words, certain temporalities were not just associated with differently raced bodies but were themselves technologies of racialization deployed to distinguish and hierarchize humans.

For example, the supposedly modern individual, an implicitly white and often male subject, dwelled in a forward-moving and linear though capacious temporality. Ralph Waldo

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[23] See Ibrahim 1-42; Fabian 17-18, 27-30; Gates, *Figures in Black* 100-101; English 1-24; Spillers 208; Fielder 3,15; Luciano 48; Schuller, *The Biopolitics of Feeling* 8,12, 58; Freeman, *Beside You in Time* 30-34, 36-38.

Emerson's metaphor for the self-reliant individual—the "voyage of the best ship," which "zigzag[s]" in the moment but over time moves in a straight line towards a destination (184)—reveals the flexibility of the temporal foundations of liberal personhood. However, if the modern person was embedded in time, he was abstracted from certain material aspects of his body. The liberal individual had a destination not an ending. "Greatness" after all, according to Emerson, does not concern itself with the present moment but "appeals to the future," a never-ending window of opportunity that exceeds the limitations of a physical body (184). Bodily decline was something others did. As Cori Field explains, while "maturity" was "a sign of competence in white, propertied men[,] . . . racialized and gendered forms of oldness became a key mechanism by which white-supremacist patriarchy . . . concentrated property, political office, and cultural influence in the hands of older white men" (845-46). The gendering and racializing of oldness was also a means of extending the health and biological time of raced white people. The temporal fantasy of liberal personhood didn't just ignore some of the biological consequences of the passage of time on certain bodies; rather it was defined against the notion that humans are material beings that can decay or succumb suddenly, without regard to modern figurations of time as something that unfurls in a steady, linear fashion.

This is not to say that the liberal "man" didn't have a body, far from it. Indeed, new sciences, technologies, and discourses (like statistics, public health, epidemiology, clinical medicine, demography, race science etc.) were increasingly defining personhood in biological terms.[24] In *The Birth of the Clinic* (1963), Foucault explains, "Western man . . . constitute[d] himself . . . as an object of science" (197). Empirical modes supposedly rooted in observations of the body began to delineate levels of humanness through articulations of health, psychology,

[24] For an in-depth analysis of the intermingling of the liberal and biological epistemes in US-American culture see Cristin Ellis's *Antebellum Posthuman*.

medicine, and sexuality. Within this schema, the medical "clinician's description . . . like the philosopher's analysis" defined personhood by crafting different chronologies for various bodies to inhabit (95). Individuals and communities were estranged from liberal personhood by being depicted as out of sync with the tempos of modern progress, cast as too old or too young, relegated to prehistory, depicted as an overly material body that did not develop in time, or prodded into a stagnant time of social death.

A concrete example of how time functioned as a technology of dehumanization and racialization, which scholars since Henry Louis Gates have turned to, appears in Frederick Douglass's *Narrative of the Life of Frederick Douglass* (1845).[25] Douglass famously begins his work by dwelling on a glaring biographical absence: "I have no accurate knowledge of my age" (15). And he was not alone. Douglass explains, "I do not remember to have ever met a slave who could tell of his birthday," and it was the "wish of most masters . . . to keep their slaves thus ignorant" (15). Knowledge of time, like the year of one's birth, Douglass shows, is an essential ingredient in nineteenth-century constructions of personhood, from which racial slavery worked to exclude Black subjects, just as it defined Blackness in terms of temporal absence. Enslavers withheld calendar time, chronological age, and familial histories from enslaved people to exclude them from the realm of the human and in doing so maintain their status as chattel; "the larger part of the slaves," Douglass notes, "know as little of their ages as horses know of theirs" (15). Unmoored from modern standardized notions of time, Habiba Ibrahim explains, enslaved people could not adhere to "normative standards of proper liberal subjectivity" premised on "a linearly progressive temporality" (18). Ibrahim and others have shown that this "temporal alienation" and racial capitalism's effort to define Blackness in terms of a "lack of both age and history" are still

[25] Gates100-101; English 28-29.

at work today (4, 8).

In the cholera canon compiled in this dissertation, the disease induced and was associated with temporalities excluded from hegemonic forms of time-keeping and temporal definitions of liberal selfhood. As such, cholera texts enacted and registered threats to the temporal structures upon which life was organized and dominant forms of power obtained their force. However, at the same time, the disease could be discursively wielded to inspire the doubling down of timetables of discipline and temporal formulations of race. More specifically, if cholera could trouble certain chronologies that subtended racial capitalism, cholera talk was also one way the US heaped materiality onto Black people, policed temporal constructions of personhood, and imagined and re-imposed the linear and partitioned arrangements of time on spaces and bodies.

As Sabine Schulting explains, cholera forced the culture to confront the possibility that humans were not only or always rational individuals but also "bodily materiality": the liquid filth that cholera emptied from its victims (55). This takes on new implications, of course, in a society that circulated certain bodies as material that could be owned. American treatments of cholera reveal that the dominant culture mapped both the world and the body under the same logic of purity. Cholera, a disease of the intestines, sprung, as the story goes, from the bowels of the earth, harkened to a labor force extracted from the Gold Coast and stored in the dark hulls of ships. This logic wasn't new nor was it isolated to cholera. Indeed, cholera was easily integrated into older theories of race science developed on plantations that argued, like Dr. Collins, that "fevers are the fatal disorders of the whites" while "bowel complaints are proportionally more fatal" in Black people (235).[26]

In the nineteenth-century United States, this logic was revamped to suggest that Black

[26] For more on how bowel ailments were used to racialize see Hogarth 125, 167, 187. I first came across Collins in Hogarth's monograph.

people were particularly susceptible to cholera. During the 1849 outbreak in Charlottesville, Virginia, J.B.W. suggested in her personal correspondence to Jane Ellis that cholera discriminated, "sweep[ing] the blacks where ever it goes." This personal statement was in line with published accounts. When giving an overview of the history of the disease in the country, Daniel Whitney claimed that in Louisiana in 1833 cholera circulated "principally among the blacks" (310). In one sense, these texts inadvertently capture how disease disproportionately impacts people systemically stripped of health and resources by economic and legal exploitation, social and political marginalization, and the daily stress-inducing effects of racism.[27] In other words, these commentators could have been right about who cholera hurt the most, but they were not correct about why.[28] Furthermore, these early cholera texts frame the disease as an ailment inherent to Black Americans, just as they define Blackness in terms of innate susceptibility to a supposedly abject bowel disease. This belief was pervasive enough that white residents in Richmond, Virginia who caught cholera in 1832, claimed to suffer from other diarrheal ailments,

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[27] See Hogarth 191. Also see recent work on the "weathering" hypothesis—the idea that chronic exposure to adverse social and economic factors and stress induced by racism accelerates cellular breakdown: Geronimus et al. (2006); Forde et al (2019). For racial disparities in mortality during the early years of our own pandemic, see "Corona Virus in African Americans and Other People of Color." However, recent studies show that whites are now more likely to die of Covid-19 (Johnson et. al, "Whites now more likely to die from Covid than Blacks"). Reports speculate that this is due in part to ideological opposition to vaccines and disinformation about the pandemic. This pivot shows us how carefully we should be when talking about mortality and susceptibility to disease in terms of race. And, as Rana Hogarth reminds us, "race" continues to be used inappropriately as a "proxy for explaining susceptibility and suffering" in scientific literature today (189).

[28] While historians can offer statistics on the impact cholera had on Irish and German immigrant mortality (Grob 106; Rosenberg 135), Black mortality is less well documented. However, Todd Savitt's, *Medicine and Slavery* (1978), comments on the disproportionate mortality from cholera in Black communities. He concludes "cholera was more destructive to the black than the white population of Virginia," but admits, "we have no way of ascertain true morbidity rates because many cases went unreported" (228-9). Furthermore, "because whites were permitted to remain isolated at home rather than" be admitted to hospitals, which kept more accurate records, morbidity rates "are weighted toward black cases" (229).

like the less racially-charged dysentery or bilious fever (Savitt 227).

These anti-Black figurations of choleric illness extended beyond the US south. The New York physician Christopher Yates offered advice to southern enslavers: "Humanity as well as interest pleads for suitable care and protection to your slave population. Negroes, in this part of the country, have sickened and died in full proportion to the intemperate white population. You have reason to be seriously apprehensive of great mortality on your plantations" (37). Liability to disease appears not in terms of access to medical resources, quality of care, or even proper self-regulation but as a question of race couched in innate terms. "Intemperate" whites might die of cholera at a rapid rate, but sober Black people—north or south, free or enslaved, rich or poor—are at risk simply for being Black. Daniel Drake put a fine point on it in *An Account of the Epidemic Cholera, as it Appeared in Cincinnati* (1832), claiming, "our black population are unquestionably more liable to the disease, than the whites" (19). For both Yates and Drake "great mortality" among Black communities is a foregone conclusion. They use cholera as a technology of racialization, as the disease marks Black Americans as inevitably destined for a violent death—a suddenly abbreviated life-time.[29] "Care and protection," in Yates's text, are necessary actions that are doomed to fail, just as the passage inadvertently reveals them to be matters of "interest"—hopes of capital gain—rather than "humanity" (37). Or, rather, his advice lays bare how liberal humanism attempts to cloak a market economy premised on unfree labor and mass Black death in benevolence.

These anti-Black depictions of cholera sprang from wider cultural discourses that coded cholera as a darkened specter. In the poem "Chaunt of the Cholera," the personified disease has a "dark spasmy face" (5). And Coleridge's "Cholera Cured Before-hand" describes "the diabolos

[29] This reading is inspired by Jasbir Puar's observation that to be "slated for death" facilitates "the racialization of individuals and populations" (x).

ipse,/ Call'd Cholery Morpus" as "black as a porpus" (17-19). Both poems register an anxiety of cholera's power not only to destroy the health of Western individuals but to blacken them. This transition out of whiteness is figured as an expulsion from humanity—to be numbered among darkened demons and "black" water mammals. As Raza Kolb explains, "curing cholera 'beforehand' was a matter of whiteness as much as of washing" (74). It was also a matter of time. If Coleridge's description of cholera drains humanity from conceptions of blackness, it also registers whiteness as a tenuous category that must be maintained by following codes of health and hygiene—the ways that "good" British citizens should spend their time.

Indeed, medical descriptions of cholera's symptoms are laced with an anxiety about the disease's ability to transform the appearance of skin, and thus trouble racial categories increasingly premised on skin color, within a matter of hours. Nineteenth-century descriptions of the disease obsess over what J.P. Batchelder describes as cholera's tendency to induce a "dark appearance of the skin" (24). Dr. Boisseau remarked that depending on "the violence of the attack" the disease could make "the whole surface of the body" assume "a livid, purple, black, or brown aspect" (36). Similarly, the Doctor Isaac Hays noticed that "as the disease advances . . . various parts of the body" take on "a bluish, cuprous, and finally, a bronze hue" (231). For both Hays and Boisseau, the bronzing or blackening of the body marks the ultimate triumph of the disease. If cholera was known as the "blue plague," its victims were nearest death and the dissolution of self as they became "black" or "brown." Boisseau even distinguished between "*Black Cholera*" (33), when the disease altered the skin, and "*white cholera,*" which apparently gave "greater hopes of recovery" (36, 33). These depictions associated blackness with emboweled embodiment just as they wrote race into the grammar of health, illness, and time. To have "white cholera" suggested a patient would have a longer life, one defined by survival and

recovery rather than rapid decay. These cholera texts defined Blackness as a category marked by foreshortened lifespans, material embodiment, and a non-normative relation to the gradual unfolding of a liberal life-time.

Furthermore, the racialization of cholera easily absorbed older, humoral theories of the disease to ensure it would be associated with immaturity and hotheadedness; it was an illness of the inflamed youth unable to control his passions like a mature individual. At the same time, literary texts, medical studies, and magazine sketches often depicted the disease as an agent of aging. As Harriet Beecher Stowe put it in *Dred,* "in one hour" cholera could transform a "healthy countenance" into the "withered image of decrepid old age" (363; sic). This anxiety was captured in a 1831 engraving that depicted "a young woman" who died of cholera (Figure 3).

Figure 3: *A young woman of Vienna who died of cholera* (1831)

On the left side of the page, she appears "healthy," while on the right, "four hours before death," she is wasted, the bloom of youth drained from her. As Cori Field explains, by midcentury, "illustrators and caricaturists had developed a visual iconography that represented youthful white femininity . . . as a cultural ideal and used heavy facial markings to exclude

women from this ideal whether because of oldness—wrinkles, sharp features—or Blackness—dark skin, racialized features—or both" (860). In this instance, the heavy lines usually used to exclude women from white femininity by casting them as too old or too Black now articulate the racialized ravages of cholera. Stowe's text and the engraving conflate disease with old age, and both oldness and cholera are depicted as the dissolution of whiteness. In short, to have cholera was too be too old or too young, and ultimately too non-white, to qualify as a thinking person in full possession of their faculties and therefore worthy of self-governance.

Yet both the illustration of the young woman and Stowe's text register cholera as an agent that condensed life spans into a matter of hours, implicitly troubling the idea that individual lives unfolded in consecutive stages with the gradual acquisition of experience and knowledge, as epitomized in James Baillie's "The Life & Age of Man" (Figure 4). In other words, the disease dramatized the dissolution not only of a thinking feeling human but also the breakdown of the stages of life that Western humanism had so meticulously crafted and parceled out over a stable timeline.

Figure 4: *The Life & Age of Man* (1848)

Thus, if cholera was discursively wielded to exclude people from progressive time, it also troubled dominant forms of time-keeping. Converting what was assumed to be a thinking,

feeling being into a mass of flesh within hours, cholera laid bare that the definition of a human as a rational and sensitive individual was a temporally-contingent category as well as a fantasy that enabled a legal system to encode certain bodies as material that could be owned. Furthermore, accounts of cholera's ability to rapidly transform the appearance of skin threatened race science's increasing reliance on skin color as the primary mode of difference as well as its claims to empirical objectivity. Throughout this dissertation, cholera texts reveal how intertwined categories of health and race were (and are), in particular by revealing that time, one's historical position but also the hours one lives, determines caste.

Perhaps unsurprisingly, Black authors' figurations of cholera were those that most threatened hegemonic forms of timekeeping and Western selfhood. For example, in *My Bondage and My Freedom* (1855), Frederick Douglass casts the illness as divine retribution for national sin: "the cholera was on its way, and the thought was present that God was angry with the white people because of their slaveholding wickedness" (122). For Douglass, the "time of cholera" hinted at the end of one historical timeline—an era of "slaveholding wickedness"—and the beginning of another epoch. He also used the illness to retrospectively compose his life and claim standard chronological time. He explains, "I left Baltimore, for St. Michael's in the month of March 1833. I know the year, because it was the one succeeding the first cholera in Baltimore, and was the year, also, of that strange phenomenon, when the heavens seemed about to part with its starry train" (137). Cholera oddly provides Douglass with temporal certainty. He uses the disease to claim liberal personhood by establishing himself in relation to normative calendar time, crafting his own personal timeline and reclaiming the temporal knowledge enslavement stole from him. Yet Douglass's cholera also coincides with a cosmic rupture, imagining a relation to time that exceeds the limits of liberalism and the nation. Thus, the cholera of Douglass's pen

has the potential to threaten the temporal underpinnings not just of enslavement but of race.

Like Douglass, William Wells Brown and Mary Seacole talk back to anti-Black, death-dealing portrayals of cholera, drawing on literary form to imagine relations to illness, health, and time that exceeded the bounds of nineteenth-century race science, dominant antebellum literary culture, and the discriminatory orderings of white medical practice. They also begin to theorize a choleric selfhood beyond abjection—a project taken up in the next century by writers such as Rita Dove and Toni Morrison. If the choleric subject was often cast as anterior and exterior to liberal personhood, these African diasporic texts explore the potentialities of this formation. Seacole's, Dove's, and Morrison's texts embrace the choleric body, recognizing her central place in the literary historical narrative as a being worthy of care, of the extended life-time that such care can provide, and most importantly, of the comforts of home.

CHAPTER TWO
Stolen Time: The Uneven Temporalities of Illness in the Works of Harriet Beecher Stowe

In 1857 the *Methodist Quarterly Review* sized up Harriet Beecher Stowe's *Dred: A Tale of the Great Dismal Swamp* with a largely favorable verdict. The novel proved that *Uncle Tom's Cabin* was not the "happy accident of an inspired idiot" but the work of a veritable author (157). However, the review's praise waned as it addresses the novel's cholera outbreak and faulted Stowe for "spread[ing] her cholera so summarily," creating a *"total massacre of all the characters*" (157). Actually, the illness kills only many of the enslavers upon whom the first volume focuses, redirecting the reader's attention to the Black revolutionary community living in the swamp rather than laboring on the plantation. The reviewer's discomfort appears to stem from cholera's role in reorienting Black people outside of the conduits of white control.[30] Attempting to mitigate his anxiety, the reviewer nervously jokes: "We are seized with sympathetic qualms ourself [sic], and hurry to [the] end amid alarming symptoms" (158). The reviewer deflates the possible eruption of Black revolution staged in the novel by turning attention instead to the purportedly imminent eruption of his own bowels.

This chapter offers a study of the manifestations and explosive temporalities of the choleric body in Stowe's work and builds on the scholarly tradition, inaugurated by Lora Romero, that considers how "a nineteenth-century concept of physical health structured" Stowe's critique of American culture (81). Since Romero, critics have named the various bodies and ever evolving notions of health that impacted Stowe's work.[31] A study of cholera, a constant visitor in the author's household and one of the most disruptive health crises in the nineteenth-century US,

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[30] For a different reading of this review see Hyde 80.

[31] For excitable nervous systems see Murison, *The Politics of Anxiety in Nineteenth-Century American Literature* 108-135. For impressible children see Schuller, "The Biology of Intimacy" 461-2. For mourning mothers in monumental time see Luciano 175-193.

is necessary to understand the stakes and curvatures of Stowe's oeuvre.

Yet the relatively small body of scholarship addressing how Stowe imagined cholera focuses exclusively on *Dred*, lauding what the *Methodist Quarterly Review* can't stomach. According to Robert Levine, Stowe expertly wields cultural anxiety that linked cholera to political subversion, particularly the Nat Turner rebellion, and uses the outbreak to inflict biblical justice on the enslaving South (*Politics of Representative Identity* 165, 282). Similarly, Carrie Hyde reads the illness as an indiscriminate plague that forecloses the traditional sentimental vision of white, domestic bliss just as effectively as Dred's ever-imminent revolution (79-80). Justine Murison argues that cholera functions as an indictment of the plantation and illuminates the vitality and promise of the political thought thriving in the swamp (133). Building on this, Sari Altschuler, the only scholar to consider the particularity of cholera, explains that by making the swamp a space of salubriousness, Stowe combats medical figurations of the illness's geographic life, imagining "new possibilities for antislavery revolution" (*The Medical Imagination* 109). For scholars who consider how cholera fit into Stowe's teleology or figured into her geographic politics, the illness marks an evolution away from Stowe's investments in Christian submission, domesticity, and parasitic sympathy toward a more progressive, albeit still contradictory, stance on armed resistance and a more inclusive abolition politics.

When considering *Dred* in isolation this seems right. Indeed, the *Methodist Review*'s anxiety about the cholera outbreak reveals that Stowe nudged her white audience into the realm of discomfort in ways that should be recognized. However, attending to cholera's representation in Stowe's personal correspondence*, Uncle Tom's Cabin* (1852) in addition to *Dred* (1856), as well as Stowe's discussion of health and labor in *Palmetto Leaves* (1873), offers a different view of cholera's meanings in her literary work, in her abolition politics, and more broadly in the

formation of biopower in the US.

Stowe's antislavery novels represent and register cholera's disruption of linear time—plantation time management, normative conceptions of human lifespans, etc. However, they ultimately endorse methods of managing illness wrought on the plantation and its underlying temporal regime: the theft of Black time, i.e. the curtailing of Black life years in order to supplement white lifespans. Cholera's intrusion in Stowe's novels reveals the shared temporal logics underlying, on the one hand, the cultivation of life and subjectivity by liberal modes of governance and, on the other, a national project of enslavement. Stowe's choleric scenes lay bare the disposability and death underlying white health and supposedly benevolent forms of care. If *Dred* is a more radical novel, it is only because it takes *Uncle Tom's* politics of illness and time to an extreme, moving out of the kitchen, away from the cabin, and into the hospital.

Considering cholera's role in Stowe's novels offers us purchase on how epidemic illness contributed to the formation of biopower in the context of the plantation rather than in urban European spaces. In *Uncle Tom's Cabin*, in which cholera kills quite discriminately, this disease reveals systems of disposability and death still at large today. Stowe's novels together distinguish between what *Dred* calls "feudal" forms of resource extraction on the southern plantation and a modern reordering of bodies and spaces based upon standardized forward-moving time associated with the Northern US (3). However, cholera's intrusion reveals the continuities between these two systems while simultaneously threatening and affirming the temporal constructions of race upon which they both relied.

Cholera in Cincinnati and in the Beecher Stowe Household

The successive cholera outbreaks that struck the United States in the nineteenth century

touched Stowe's life and informed her literary career. Most of Stowe's encounters with the illness occurred in Cincinnati—a rapidly growing Western boom town. In 1832, Harriet's father, Lyman Beecher, accepted a post as president at Lane Seminary in Ohio. The whole family packed their bags and headed west, where they would remain for close to two decades (Hedrick 66, 70). During those years, cholera was Harriet's continuous, unwelcomed house guest.

A year or so into Lyman Beecher's tenure, cholera struck Lane Seminary. On the small campus, which presumably shared a water supply, laundry, and a kitchen, cases spread like wildfire. Theodore Weld, a student who would later play a formative role in American abolition movements, gave an account of one cholera death "that made an impression which can never be effaced" (L. Beecher 317). The cholera victim was a boy named George, who apparently "resisted the Spirit" and "devoured infidel books" (L. Beecher 317). Rather than casting George as an unfortunate casualty of a random disease, Weld hints that George's religious inclinations sealed his fate. Off the salubrious Protestant diet, George invites cholera to wreck his body. The doctor "had never in all his life seen a case of the disease so desperate," but no one was surprised: George "was an infidel!" (L. Beecher 318). For Weld, cholera was a just punishment for George's spiritual failing.

While Weld saw cholera afflicting an infidel body, he would later find his own behavior the subject of a very different choleric discourse. In 1834 Lane Seminary expelled him for organizing an anti-slavery society that advocated for "social intercourse according to character, irrespective of color" (L. Beecher 325). President Lyman Beecher thought this took things too far, and he told Weld as much: "if you want to teach colored schools, I can fill your pockets with money; but if you will visit colored families, and walk with them in the streets, you will be overwhelmed" (L. Beecher 325). Beecher knew that "educating" Black Americans could be

profitable for white instructors, but he also understood that attempts to deviate from accepted performances of race (such as the role now known as the "white savior") would bring trouble. What kind of trouble Beecher doesn't specify. Will Weld be "overwhelmed" by a proslavery mob? Or, is Beecher projecting his own racial fears and anticipating that Weld's constructed, white identity might be "overwhelmed" by a closer social association with Black people?

Whatever the case, Weld ignored Beecher and refused to back down from his platform and disband the society. The executive committee of Lane expelled Weld and his compatriots arguing, in a published statement, that the "best citizens" of Cincinnati were beginning to look "upon the seminary as a nuisance, more to be dreaded than cholera or plague. . . . The scenes of France and Hayti recur to their imaginations" (L. Beecher 327-28; sic). For a city consistently thrashed by illness, this comparison meant a great deal—a violent choleric death was preferable to the idea of cross-racial "social intercourse" in their city. In their comments, the committee further pathologizes the anti-slavery society: Weld's professed belief that Black and white people might have similar characters "irrespective of color" was a malady that had to be cured by silence (325). If the abolitionists were permitted to continue, the "best citizens" predicted that they could easily bring the scenes of "France and Hayti" into the streets of an American city. This gesture linked abolition and cholera not only to foreign insurrection but specifically to the Black insurrection that produced the first nation in the Americas to abolish slavery.[32] Cholera constituted a kind of temporal rupture in which past Black revolutions might be re-performed on nineteenth-century American streets. The time of cholera for the citizens of Cincinnati was a period when racialized bodies were in the wrong place at the wrong time and threating to erupt into a new time: a new overturned order.

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[32] For a study of associations between revolution and cholera see Evan's "Epidemics and Revolutions: Cholera in Nineteenth-Century Europe"

While we don't know how Harriet Beecher felt about Weld's expulsion, she did comment on the suppression of abolitionist activity in Cincinnati more generally. During the 1830s, violent mobs routinely destroyed Black homes and abolitionist presses. Publishing editorials under the pseudonym Franklin, Harriet Beecher condemned the riots as threats to free speech, but what she thought about the ideas being silenced was another matter (Herdick 107). In a letter in 1837, she argued that the Female Anti-slavery society's views—the immediate end of slavery—were too "ultra," and she longed for a more "intermediate" platform (as quoted in Hedrick 109). Her politics were similar to a young professor's at Lane Seminary. In a letter to Lyman Beecher, Professor Calvin Stowe refers to the Weld expulsion and assures the president, "we, of course, are not responsible for the doings of the committee" (L. Beecher 328). Washing his hands of the affair, Calvin Stowe absolved himself and Beecher from the wrongdoings of the school's trustees.

At the time of this exchange, Calvin Stowe was married to Eliza Tyler, a vivacious and intelligent woman who later succumbed to cholera (Hedrick 95). Harriet comforted Calvin after his wife's death, and eight months later they married. Not long after, Harriet gave birth to twin girls: Eliza and Harriet (Hedrick 112). While in labor, Stowe was attended to by the same doctor who was treating her Aunt Ester for cholera in the adjacent room (Hedrick 111). Though both women survived, cholera clearly framed the start of Harriet's life as a mother in multiple ways.

A few years after the twins' birth, moreover, Harriet fell ill with cholera herself and nearly died.[33] Yet, this was not her most, nor her last, consequential encounter with the disease. In the summer of 1849, three years before *Uncle Tom's Cabin* was published, Cincinnati was

[33] See Lyman Beecher's account of Harriet's illness: "Now what a scene was that sickness, and all but sudden death of Harriet! It was a violent attack of the cholera, running for three hours without medical aid into a regular collapse, with spasms, burning, and cramps, and the stamp of death on her face" (501).

struck by a particularly virulent strain of cholera. Stowe's youngest child, Samuel Charles, was just one year old; he would not survive the summer. Harriet wrote to Calvin describing the epidemic. On June twenty-ninth, she reported "this week has been unusually fatal. . . . Hearse drivers have scarce been allowed to unharness their horses, while furniture carts and common vehicles are often employed for the removal of the dead" (*Life of Harriet Beecher Stowe* 120). Despite cholera's high death toll, the citizens of Cincinnati decided to celebrate the Fourth of July. Stowe comments on this collective cultural denial with her usual alacrity: "to-day we see parties bent on pleasure or senseless carousing, while to-morrow and next day will witness a fresh harvest of death from them" (*Life of HBS* 121). At the same time, "Gentlemen make themselves agreeable to ladies by reciting the number of deaths," while "serious persons, of course, throw in moral reflections to their taste" (*Life of HBS* 121-122).

Stowe paints a still relevant picture of how life and death can become routine during an epidemic. Yet her commentary also rings, at least initially, with elitism. She implicitly blames the "senseless" carousers, who are clearly of another ilk than her academic set, for the spread of disease. Yet while Fourth of July mobs might cause "a fresh harvest of death," more obnoxious to Stowe are the "gentlemen," who turn the deaths of human beings into statistics and parlor room gossip. However, the most insidious lot are those "serious persons," who lace their commentary with "moral reflections." The main villains of Stowe's letter are the individuals smart enough to capitalize on the social interest in the epidemic and artful enough to avoid being crass, distinguishing themselves from the Fourth of July masses and the blundering gentlemen making light of death. As in her fiction, Stowe reserves her most scathing critique for privileged, intelligent hypocrites.

If Stowe's letter reveals her ability to take the culture's temperature during an epidemic,

her perceptiveness waned as she addressed the intersections between cholera and race. On July seventeenth, Stowe reported:

> To-day we have been attending poor old Aunt Frankie's funeral. She died yesterday morning, taken sick the day before while washing. Good, honest, trustful old soul! She was truly one who hungered and thirsted for righteousness. Yesterday morning our poor little dog, Daisy, who had been ailing the day before, was suddenly seized with frightful spasms, and died in half an hour. Poor little affectionate thing! If I were half as good for my nature as she for hers I should be much better than I am. (*Life of HBS* 123)

Aunt Frankie was a Black woman who worked as a laundress, a job that put her at high risk for contracting cholera (Hedrick 190). Stowe's letter captures the vulnerable position that less affluent women, who performed domestic work like cooking, cleaning, and nursing the sick, were in during the cholera outbreaks of the nineteenth century.

Yet the potential of the letter to offer a prescient social critique collapses as Stowe launches into a personal meditation and expression of sentimental feeling. Immediately after mentioning Aunt Frankie, Stowe's mind jumps to Daisy—"our poor little dog." Aunt Frankie's death offers a mnemonic for the death of the beloved pet, and Stowe records both as equally unfortunate events in her busy week. She bestows each with three trite adjectives, registers her affection for them with an emphatic exclamation, and notes that both possessed dispositions she could learn from. The letter equates Daisy's and Frankie's deaths (and lives) by placing them in parallel syntactical structures and turns them into personality-building reflections for the bourgeois, epistolary subject.

However, Stowe did not have long to dwell on Aunt Frankie's or Daisy's memory. By July twenty-third, it became clear that Samuel Charles, who had caught cholera the week before, would not survive. After sitting by his bedside for three nights, Stowe watched her son die. Informing her husband of Charley's passing, she observes, "I write as though there were no sorrow like my sorrow, yet there has been in this city, as in the land of Egypt, scarce a house without its dead" (*Life of HBS* 124). As she later does in *Dred*, Stowe aligns her personal grief over her son's death by cholera with a larger Biblical narrative that acknowledges, as Carrie Hyde puts it, "communal crime and restitution" (80)—white Americans must pay for the national crime of slavery with their children's blood just as the Biblical Egyptians paid for the crime of enslaving the Jews. Stowe spent the next five years writing two antislavery novels that developed these ideas, and cholera remained a resistant and contradictory site for her racial thinking. As she brought her choleric scenes to order, Stowe retreated from revolutionary impulses and instantiated a temporal economy made possible by the system of enslavement to which she was morally opposed.

Temporal Theft and Racial Hierarchies of Illness in *Uncle Tom's Cabin*

Stowe's first fictional victim of cholera, Scipio, remains under-discussed in the critical canon, appearing in scholarship only as a kind of haunting.[34] Articulating her theory of sentimental Lamarckism, which defined civilized bodies by their ability to respond to external stimuli and thus be embedded in time, Kyla Schuller points to Eva's horrified reaction to a story about the violence of enslavement ("The Biology of Intimacy" 461). That story is Scipio's, and

[34] The one exception to this is Matthew Suazo's "Uneven Improvement: Swamplands and the Matter of Slavery in Stowe, Northup, and Thoreau." Suazo attends to Scipio as figure of the swamp. Suazo's essay does not consider cholera or temporality.

Eva's somatic response to his narrative offers a preamble to what Hortense Spillers calls the "deflected seduction" between Eva, St. Clare, and Tom (190). Scipio's proximity to textual moments that launch brilliant critiques of US culture suggests the unrecognized impact the choleric figure had on Stowe's fiction and nineteenth-century formations of race, personhood, and biopower.

Most immediately, Scipio's story illustrates how biopower works on bodies and populations: it seeks to efficiently extract labor—cut down on the time it takes to produce capital—under the guise of freedom and the promise of health. And yet Scipio's story—precisely because it is set on a plantation—also suggests problems with the traditional account of biopower. For a politics of death, rather than life, governs the history of transatlantic enslavement, which Scipio's untimely but unsurprising death from cholera inadvertently reveals by showing how the plantation steals Black time to cultivate white profit and personhood. The theft of Black life years constitutes the premise of racialized modernity and white subject formation, both of which *Uncle Tom's Cabin* negotiates and produces through the juxtaposition of Scipio's violent death and Eva's drawn-out consumptive demise.

Readers first hear of Scipio in a story that Augustine St. Clare tells about managing enslaved labor. A "powerful, gigantic fellow" and "a native-born African," Scipio was routinely traded because he refused to work until he ended up on Alfred St. Clare's plantation (214). After being tortured, Scipio escapes into the swamp, and Augustine, who wins Scipio in a bet, hunts him down "to experiment on" (214). No longer a sound business investment—he will not perform manual labor—Scipio becomes reinscribed into the economy as an object of knowledge. After claiming Scipio as his "prisoner," St. Clare "dress[es] his wounds, and tend[s]" to him (214), testing an emergent hypothesis of biopower: If you cultivate laborers' health, can you

extract more wealth from their work and time from their bodies? Rather than beating a man, St. Clare just needs to perform care in order to maintain a steady flow of labor and capital. In a qualified way, Scipio's transition from Alfred's plantation to Augustine's illustrates a shift between an older sovereign power that deals in torture and death and a new biopolitical regime oriented around life.

Cholera occasions the ultimate test of St. Clare's modern management. When St. Clare catches cholera, he gets "sick, almost to death" (215). While "everybody else fled, Scipio worked . . . like a giant," and "brought [St. Clare] back to life again" (215). Although St. Clare does not openly admit it, cholera throws the plantation system into disarray: enslaved people cease working and flee the plantation. Cholera's disruption is complete except for Scipio, whom St. Clare casts out of the realm of the human by figuring him as a laboring monster or "giant." The transition out of personhood is accompanied by a superhuman capacity for labor as the work of the plantation and the care of St. Clare fall completely on the emergent martyr. But this Christian framework cannot fully occlude what cholera reveals about the extractive nature of biopower: St. Clare not only steals Scipio's labor, but also his time, since his years of biological life are sacrificed to keep St. Clare alive. The plantation system, we see in Scipio's decline, is a temporal regime rooted in the plunder of years, hours, and minutes.

Just as cholera has the potential to disrupt the plantation's timetable, then, it also exacerbates enslavement's temporal thefts. If enslavement strove to cast people, as Henry Louis Gates, Jr. once put it, "outside of time" (101), depriving them of knowledge of birthdays, ancestral pasts, or clocks and calendars, Scipio's story reveals another way slavery reordered and abused time. The passage describes what Lloyd Pratt calls "laboring time" (164-5), a modern phenomenon in which the enslaved person's time becomes warped into an endless cycle of work,

which, at the risk of torture, Scipio initially refuses to undertake. St. Clare's social experiment repackages this temporality as health care that Scipio can choose to have under a charade of liberal freedom, one coextensive with enslavement. In his anecdote, St. Clare assumes he is conveying his own sentimental training by displaying his affection for Scipio. But the cholera scene lays bare the temporal dynamics of enslavement, as the outbreak escalates and condenses St. Clare's theft into a short period of illness, culminating in the temporal regime's inevitable result: Scipio's premature death.

Cholera inscribes Scipio in what Elizabeth Maddock Dillon calls, riffing off Agamben, "bare labor," a technology through which "the dehumanized body of the enslaved African is forced to live in order to work without respite" (626). Caught in a double bind, Scipio is fully integrated into biopower as a unit of laboring time, but he is not recognized as a person worthy of rights or medical care during a lethal epidemic. In an economy of enslavement as well as in the white Northern imagination, "King Cholera," a popular moniker for the disease, reenacts the sovereign right to kill after Scipio has lived long enough for the psychic and physical benefit of the white sentimental subject.

In one sense, Scipio's story realistically depicts how epidemic illness disproportionally impacts communities and individuals systemically stripped of health and resources even as they provide the labor allowing other communities and individuals to shelter in relative safety. Even so, the sentimental structure of Scipio's story also facilitates these inequities by crafting hierarchies of humanness and transforming the theft of a Black man's life years into a white subject-building exercise. The logic of the story is simple: "native-born African[s]" die of cholera, but American enslavers do not (214). As Sabine Schülting argues, cholera, which induced unavoidably bodily symptoms—diarrhea, vomit, and a milky anal discharge—reduced

"human existence to its bodily materiality" (55-56). Cholera revealed that *all* humans were just matter, but Stowe's Scipio episode shows that sentimentalism can only register the choleric figure as a foil for a thinking, feeling individual. In other words, Stowe's sentimental tale refuses to recognize the choleric victim as a fully liberal human, casting him instead as an expendable resource and a reservoir of dwindling time at the disposal of the white subject. The novel kills Scipio, but St. Clare, although threatened by cholera, triumphs, returning not only to health but reassuming his full identity as a liberal person which he performs by telling a sentimental story.

Inadvertently, St. Clare's anecdote demonstrates that the sentimental story is really about the transfer of time from the enslaved person's body to the enslaver's. The sentimental mode tries to cloak this temporal theft as an affective attachment that exceeds, through sheer feeling, the parasitic economies in which it is enmeshed. St. Clare suggests that Scipio, "trusty and true as steel," is motivated by loving devotion and casts his actions as heroic: "I never had a braver, better fellow" (214). But St. Clare's self-consoling story and performance of sentimental rectitude—feeling "right" about the man who saved his life—inadvertently reveals, as Kyla Schuller suggests, that certain "white feelings" are often "the products of racialized vulnerability, disposability, and death" (*Biopolitics of Feeling* 2). After all, "it is not simply labor or land that is extracted at the site of the plantation: enslaved sociality itself becomes the raw material appropriated for the use of whiteness as capital" (Dillon 642). St. Clare's relationship with (and feelings for) Scipio, whether sincere or not, are geared toward the formation of a racialized white liberal subjectivity that is crafted in a sentimental grammar, physically sustained by a theft of Black life time, and defined against a rapid choleric death.

The sentimental story makes Scipio's choleric demise forgettable not only by placing it in a brief aside (exterior to the narrative proper) but by offering it in the service of (or as

background for) St. Clare's liberal survival and, later, Eva's consumptive demise. Indeed, the ornate staging of Eva's lengthy illness, which occurs on the same lakefront property where Scipio dies, relegates his death into what Alexander Weheliye calls the "domain of the mundane" into which "black suffering" is (still) consigned by the white liberal imagination (11). After narrating Scipio's story, St. Clare says he "never felt anybody's loss more" (215). Eva's death amends this statement, and the novel ensures her tubercular body will be enshrined at the cost of forgetting Scipio's choleric one.

Scholars have discussed how Eva's death expresses the moral power within Stowe's Christian framework or is imbricated in material systems of control.[35] Yet considering consumption's cultural life alongside the novel's engagement with cholera reveals that Eva's long illness doesn't just grant her heavenly authority; rather it performs an important biopolitical function on the plantation and the page. The fictional illness and death instantiate difference and put enslaved people back to work. Eva may be sick, but the novel ensures that her convalescence does not leave her incapacitated. In a sense, the hierarchies of the illness the novel constructs anticipate what Jasbir Puar describes as the biopolitical aim of "effacing the quotidian modalities of wide scale debilitation" and death in order to produce "some bodies" that are "disabled but also capacitated" through their access to material wealth, racial privilege, and legal and cultural recognition (xvi, xv). Within the novel, the drawn-out time of consumption constitutes a forward-moving though ebbing temporality (opposed to the condensed, spasmodic time of cholera) that facilitates a performance of personhood that the novel links to a particular kind of racialized embodiment.

Stowe's dramatization of consumption is in some ways typical for its time, but it also

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[35] See Tompkins 127; Brown, *Domestic Individualism* 28-29; Castronovo 136; Romero 79-80; Schuller, "Biology of Intimacy" 461-462; Farrell 245.

magnifies the ways the tubercular type reinforced racial schemas. In Romantic literature and Victorian novels tuberculosis is represented as an illness to which sensitive, creative, and lofty individuals are susceptible.[36] The disease was thought to slowly burn away the material trappings that enveloped a refined soul and intellect. As Susan Sontag explains, unlike cholera, which "simplified a complex self" and struck populations rather than persons, TB individualized its victims (37-38). The figuration of consumption in *Uncle Tom's Cabin* explicitly links abstract individuality to notions of insularity and whiteness, associating it with the drawn-out time of liberal subject formation. Stowe's narrator describes tuberculosis as "that soft, insidious disease, which sweeps away so many of the fairest and loveliest, and [,] before one fiber of life seems broken, seals them irrevocably for death" (240). Consumption deepens Eva's exemplarity of racial whiteness—her "complexion" assumes a more "intense whiteness" as the disease progresses (263), and the episode also misleadingly suggests that, unlike cholera, consumption strikes its patients without violating the sanctity of the individual or the body. The disease can "seal" Eva for death without disturbing "one fiber of life." Eva leaves this world "[un]broken" by physical ailment or symptoms of the material body in collapse.

The illness "seals" Eva from the impurities of her own material body as well as the bodies surrounding her. If in Victorian literature, as Katherine Byrne contends, the "consumptive seems to be set apart from his neighbors" (2), in this abolitionist text the depiction of TB takes on further racial implications. After the onset of consumption, Eva "still loved to play with Topsy, and the various colored children; but she now seemed rather a spectator than an actor of their plays" (241). Within the logic of the novel, consumption sets apart Eva, the "fairest"

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[36] Sontag 17-20; Lawlor, "Laurence Sterne, Fame and Fashionable Disease" 519–35, 520; Byrne 6; Day 104. Sontag primarily associates this characterization of consumption with Romanticism. Katherine Byrne argues Victorian novels primary cultivated these tropes later in the century. Clark Lawlor traces these depictions further back to the 18th century.

individual, who also maintains a close physical proximity to the enslaved children whose labor, knowledge, and skills, like Scipio's, will increase her family's biological time.

The novel uses the "time of consumption," then, not only to establish Eva's elevation of body and soul but also to craft and help naturalize the racial hierarchies upon which the plantation relies. The illness distinguishes Eva, in part, because it gives her more *hours* of the day to grow spiritually. During her convalescence, Eva spends more time reading the Bible, assuming a "womanly thoughtfulness" and entering a tradition of textual engagement geared toward moral growth and personal development (241). Eva's Bible reading demonstrates her capacity for cogitation, reflection, and spiritual refinement—all traits of liberal personhood and all epitomized by consumption in implied opposition to cholera.

Indeed, consumption counters the threat to liberal definitions of the human that cholera posed. Stowe's consumptive individual is severed from certain corporal particularities (the bodies of others and *some* aspects of her own body) and receptive while still hermetically sealed (her power comes from within or from above). If "Asiatic Cholera" turned people into inert matter *fast*, consumption, or "morbus anglicus"—literally the disease of the English—could be characterized in novels and in medical treatises as a Western, specifically "Anglo," event that could *gradually* reestablish myths of Protestant personhood and fantasies of racial purity.[37]

In *Uncle Tom's Cabin*, cholera sustains this precarious racialized individuality by raising Eva to adult-like stature without her becoming a reproductive body. Although St. Clare mistakes tubercular symptoms for puberty—"the child is only growing" (240)—Eva never assumes the expectations traditionally ascribed to this development. The consumptive girl can thus be "womanly" in mind and body but not fully sexualized. This contradictory status comes into focus

[37] This phrase comes from Gideon Harvey's *Morbus Anglicus: Or, The Anatomy of Consumptions* (1666).

in a scene between Eva and her mother Marie, who finds her daughter's love of reading the Bible "odd" (241). Marie considers Bible reading incompatible with a young woman's normal development, one destined for a healthy Eva—namely, courtship, marriage, and procreative sex. Marie reminds Eva, "when you come to be dressing and going into company, you won't have time" to read "the Bible round to servants" (241). There will come a point in the linear time of courtship, opposed to what Marie conceives of as "round" Bible time, during which Eva will have to cultivate her social presentation and put down the book. Attending to the social responsibilities of feminized bodily experience, according to Marie, is incompatible with spiritual contemplations.

If "plantation biopolitics" worked to "consolidate whiteness as a form of capital associated with futurity and social reproductivity" and "white women" were "central" to this project, as Elizabeth Maddock Dillon argues (640, 642), Eva's consumption shows us that feminine whiteness need not be oriented toward the future or associated with reproduction in order to contribute to enslavement's lopsided distributions of life, capital, and time. After all, Eva will soon die, and her renunciation of the marriage market, shows us how, in Mark Rifkin's words, "nonheteronormative temporalities" (41), can still exist within (rather than in opposition to) coercive regimes, like the plantation.

The novel illustrates this temporal phenomenon by deploying consumption to maintain a racialized and feminized person who eschews some linear temporal formations (like heteronormative courtship). However, the consumptive figure also uses her illness to set St Clare's plantation and southern lake house, which is designed like "an East Indian cottage" (238), to a Northern US clock well suited for managing recalcitrant laboring bodies. If the novel makes "East India" a locus point of choleric contagion—it is where Scipio gets sick and the

plantation system breaks down—Eva's illness reorders the condensed, un-American temporality of the lake property, where she spends her illness, and where she imagines a mode of managing life that outlasts racialized enslavement.

Tuberculosis may unsettle one form of what Elizabeth Freeman calls "chrononormativity," in this case, linear procreative time (*Time Binds* 3), yet it imposes different kinds of forward-moving time essential to nation-building and the acquisition of capital: the progressive time of subject formation and, as we shall see, Northern evangelizing. After the onset of her illness, Eva asks to sell the family jewels, a symbol of her dowry, to start a school "in the free states," where she can take "all our people . . . to teach them to read and write" (242). This space of legal freedom does not entail Black autonomy or economic independence, in Eva's eyes—Tom and Topsy are still *her* people. For Eva freedom facilitates, rather than eschews, a regime of pedagogical discipline and white, "feminine" possession—learning will improve the human capital she plans for Northern teachers to oversee in the modern future.

Eva sets the South to a Northern time predicated on a belief in gradual improvement through moral suasion and by the assumption that Black people need time to catch up under white governance. Topsy, who has evaded Miss Ophelia's evangelizing efforts so far, reveals the racial and biopolitical logics of Eva's scheme. When Ophelia tries to force Topsy into a Northern Protestant time by locking her in a room and giving "her a hymn to study," Topsy turns the scene of her captivity into a moment of ironizing play (256). Instead of reading, she cuts doll jackets out of Ophelia's bonnet trimming, parodying the ideological spat between Eva and Marie. If Eva shuns dressing for bible reading, Topsy dismisses the word for the body, revealing that the reproductive femininity and the cis female embodiment that Eva's consumption refuses are privileged categories that the novel takes for granted.

The novel conceives of Topsy's refusal to enter the time of Protestant pedagogy as a "chronic plague" that only Eva's consumption can cure (230). By figuring Topsy as both a deadly illness and an infamous demographic catastrophe, the novel casts her as a source of contagion, which, like cholera earlier, can wreak havoc on the plantation economy. Only Eva's consumption can prod Topsy into a forward-moving temporality predicated on the extraction of labor for profit. Using her sickness as emotional leverage, Eva tells Topsy, "I am very unwell. . . . I wish you would try to be good, for my sake" (258). Eva's consumption inspires Topsy to stop playing games and get back to work. The consumptive figure thus reorders the bodily economies of St. Clare's household by combatting the disarray that Scipio's cholera and Topsy's "plague" introduce. Eva might be "unwell," but her consumption isn't unhealthy for the plantation and the racial regime at its foundation.

If Eva's racial status and temporal privilege find an apt symbol in her tubercular death, she is able to manage the temporality of her illness because of the timeliness of her primary nurse: Miss Ophelia. Punctual and succinct, Ophelia adheres to schedules and timetables—a temporal sensitivity that earns her the privilege of becoming Eva's main nurse. "From New England," Ophelia notices her niece's "slight, dry cough" before anyone else (240). The novel renders Ophelia's early diagnostic ability as a product of her New England origins and pits it against St. Clare's initially nonplussed attitude to the disease. He exemplifies the wrong temporal response to illness and the temporal failure of the deep south more generally. Conversely, Ophelia keeps "out of sight every disagreeable incident of sickness,—with such a perfect sense of time" (266). Attuned to the hour of the day and the rhythms of illness, Ophelia can spot symptoms fast and act quickly. She knows *when* to remove evidence of biological dissolution, like a handkerchief of blood, from the sick room.

The fact that Ophelia is not afraid of getting tuberculosis, and never does, suggests she might delegate the dirty work to Rosa or Jane, possibly reducing her own risk of infection.[38] A punctual, Northern sense of time extends the length of Eva's convalescence and ensures Ophelia's own longevity, and, like its Southern counterpart, it depends on the theft of biological life years from an enslaved population. Although *Uncle Tom* often ironizes Ophelia, in this instance, the novel endorses her time management skills. After all, during the sickness, the novel and Ophelia perform the same function: both keep "out of sight" the more "disagreeable" incidents of sickness—a tactic we will see deployed during the cholera outbreak in *Dred* where the stakes for depicting bodily symptoms are higher.

Competing Choleric Temporalities in *Dred*

At first glance, the ramifications of illness seem to change in *Dred*. A cholera outbreak occurs over extended narrative time, and Nina, an enslaving protagonist and iteration of little Eva, dies of the disease. The novel explores the possibilities that cholera's chaotic temporalities afford, as it considers, and momentarily seems to endorse its titular character's messianic cholera, which cannot be fully comprehended by modern, racialized timetables. However, *Dred* recoils as the disease descends, disrupting fantasies of temporal difference between strong and weak, Black and white, while interrupting the production of goods for white profit. Ultimately, within the logic of the novel, the outbreak inspires a doubling down of the plantation's linear regime, reimposing discipline on Black bodies under the guise of benevolent care. And, as Stowe's novel polices racialized definitions of personhood and rearticulates compulsory, forward-moving temporalities, through a portrayal of a slow, white death, it inadvertently reveals

[38] Studies estimate that to catch tuberculosis people on average need to stay approximately 130 hours in a shared room with infected patient (Bynum xvii).

how capitalist modernity emerges alongside rather than in opposition to racialized enslavement.

Cholera first appears in the novel as a messianic force that can erupt the linear temporalities of a history predicated on enslavement. Dred, a revolutionary who lives in the Great Dismal Swamp, introduces cholera not as an identifiable disease but as an iteration of a biblical plague and a force of messianic time.[39] Attempting to recruit Harry, Nina's enslaved half-brother and the overseer at Canema, Dred tells him that "she that letteth will let, till she be taken out of the way. . . . There's a seal been loosed . . . and the destroying angel standeth over Jerusalem, with his sword drawn!" (341). In other words, cholera is coming, and Harry should prepare to join his revolutionary force. Dred's disease dissolves distinctions between past, present, and future. Not just preordained, cholera repeats and fulfills biblical truth and yields a moment of revelation offering Dred a chance to realign history, making a future that would otherwise not be available. Cholera, for Dred, occasions spiritual reckoning and even the poetic inspiration for revolution—an endorsement to reclaim freedom by force.

This cholera also has material import and consequences; it affords Dred a strategic military advantage just as it severs white kinship networks that generate social death. Dred doesn't just deliver a prophecy, he conveys practical information that will impact Harry's life and further his own political cause. "She that letteth" refers to the indulgent Nina, who will soon be "taken out of the way" when cholera kills her (341). Dred's message reveals cholera's ability to reorder Harry's kinship networks and priorities. Harry's affection for his half-sister contributes to his continuation through a time that belongs to others. By killing Nina, cholera begins to reverse the technologies of social death at work on Harry that spring from a white kinship constituted by the monetization of its refusals of recognition. Cholera not only

[39] For the original figuration of messianic time see Benjamin, *Illuminations* 196-209.

contributes to revolution by creating a messianic rupture and providing Dred with a second in command, it also reorients Harry's affiliations by inspiring him to join the Black community living in the swamp that will accept him, unlike his white sister, without payment.[40] Dred's prophecy is in touch with material realities and has modern political ends, even if it is articulated in a spiritual idiom.

At first, the novel underwrites Dred's biblical and revolutionary vision of cholera by juxtaposing it against a secular description of disease circulating among whites, a depiction that fails to inspire life-saving action. As Harry returns to Canema, he hears a more specific account of the epidemic's approach in "portions of a letter, describing the march through some Northern cities of the cholera" (342). The novel stages a competition between Dred's cholera, which is at once ancient and imminently present, and a contemporary illness, defined by Western medicine and broader public discourse, and bound by specific US temporalities and geographies. Compared to the description of the modern epidemic brought in the mail, which "left very little immediate impression on the daily circle at Canema" (343), Dred's Old Testament eloquence seems more impactful, and his reading of cholera is more perceptive than the enslavers' initial response. The report and the mail system fail to adequately convey the magnitude of the illness, and the white enslavers do not fathom its threat to their health until it is too late.

When cholera actually approaches the plantation, however, the novel retreats from Dred's vision, and ultimately endorses standardizing technologies of time-keeping to understand and manage the disease. Like the letter from the North, as cholera descends, the narrator compulsively considers its impact on American bodies, geographies, and clocks. Arriving in

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[40] For a detailed account of kinship in *Dred* see Jackson, *American Blood* 69-88. My reading, which links social death with white kinship, is inspired by Brigitte Fielder's illuminating study *Relative Races*.

"successive seasons," cholera defies the "skills of the physicians" by creating an endless loop of illness, decimating homes and condensing life spans "in twenty-four hours" (360). With physicians at a loss, the narrator concerns herself with standard calendar time—hours in a day, seasons in a year—and takes it upon herself to engage in the science of understanding. She attempts to quantify, measure, and know the disease—to manage cholera's clock.

Nina, the first of "the circle at Canema" to realize the physical and temporal disruption cholera can induce, adopts the narrator's strategy (343). If Nina possesses an awareness of the time-sensitive nature of the plantation's predicament, and of illness more generally, the town doctor does not. "Quite *au fait* on the subject," he "entertained Nina nearly half an hour," describing the "experiments which had been made in foreign hospitals" (362). The doctor offers a foil to Nina's time-oriented disposition, and his discursiveness costs lives. After her visit to the doctor, Nina stops at her Uncle John Gordon's plantation only to learn that he had "been seized only half an hour before" (362). Presumably cholera strikes during the "half an hour" that the doctor "entertained" Nina, which begs the question: could lives have been saved had the doctor watched his watch? By placing Nina's time-sensitive approach to cholera next to the doctor's lackadaisical attitude, Stowe offers an American antidote to illness premised on careful time-keeping, do-it-yourself individualism, and womanly goodwill.

The anxiety-riddled description of cholera's attack on Uncle John indicates why the novel endorses time-sensitive modes of secular "care," turning its back on Dred's biblical plague. Rather than developing across time and space in a sequential order, cholera strikes through time attacking multiple localities and bodies simultaneously. While Uncle John dies, some of his "house-servants" are "struck in the same moment," just when cholera breaks out on Nina's plantation and in town too (364). If cholera disrupted assumptions about how time functioned

across space, it also imploded bodily clocks as John Gordon's death scene reveals:

> The disease, like some blind, deaf destroyer, marched on, turning neither to right nor left, till the cries and groans grew fainter, the convulsed muscles relaxed, and the strong, florid man lay in the last stage of that fearful collapse which in one hour shrivels the most healthy countenance and the firmest muscles to the shrunken and withered image of decrepid old age. (363; sic)

Cholera speeds up bodily rhythms until categories like youth and "decrepid old age" become so condensed they fail to signify. Blind and deaf, cholera "destroys" normative notions of health and induces its own traits in the world around it. The illness's rapid onset reveals that ableness and health are matters of time since "strong, florid" bodies will not remain so.[41]

The novel's anxiety stems from cholera's ability to break the temporal rules of spaces and social and economic structures, not just discrete bodies. After all, the "cries and groans" in the passage seem to come from disparate nameless voices across the plantation; it isn't until the final clause that it becomes clear that the narrator describes the impact of cholera on *one* body. This ambiguity conflates geographies with bodies, collectivities with individuals, and enslaved peoples with enslavers. Cholera induces a simultaneity that undoes the idea that differently racialized bodies inhabit distinct temporal orders. Creating chaos and bringing the production of goods to a halt, the condensed, spasmodic time of cholera throws the plantation system into disarray.

To counter these choleric dissolutions, the novel provides an antidote to the disease's temporal effects, insofar as Nina institutes a temporal regime of care that cultivates health while sustaining enslavement's economies. After Uncle John's death, Nina returns to Canema to find a

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[41] My reading is indebted to disability scholars' theorization of "crip time": Price 62-63; Kafer 25-28; Samuels, "Six Ways of Looking at Crip Time"; McRuer 24.

"lamenting crowd, gathering round" Old Hundred's dead body, dwelling in a slow, circular time of mourning rather than forward-moving labor (365).[42] The enslaved people have yielded to cholera's temporality and the emotions it produces; confused, afraid, and mourning people cannot work—or will not. The narrator describes these affective states as detrimental, not to the plantation's bottom line, but to the enslaved people's health. Experiencing "fear and excitement" at Hundred's passing apparently "predisposed them to" cholera (365). Promoting this theory of susceptibility, the novel cloaks Nina's orders and her response to the scene of mourning—"she silenced their outcries and bade them obey her" (365)—as a caring act, aimed at maintaining the enslaved people's health. Yet Nina's orders seek the population's health for capital gains. Reinforcing plantation discipline, she demands that her enslaved laborers end the "round" time of mourning and reset their clocks to linear production time.

If cholera decimates the plantation system in a few hours, the narrator lauds Nina's ability to put the pieces back together in the same time frame: "In the course of two or three hours," Nina transformed "the appalling scene of distress and confusion" into "the resolute and orderly condition of a well-managed hospital" (365). The "appalling scene" of course refers to cholera's bodily destruction but also to the enslaved people's grief. Both constitute an offense to the narrator's sensibilities and Nina's pocketbook. To manage cholera's untimely threat, Nina enforces a strict schedule of rising "in the morning early" and going on "rounds" (375). She becomes "mistress of the fortress—commander-in-chief and head-physician" (376)—the main administrator of the modern state, preoccupied with the management of time and the maintenance of biological life.

Cholera, once a force of messianic time, bent on the destruction of enslavement, now

[42] For a relevant account of race, mourning, and time see Luciano 44,48.

inspires Nina to oversee the plantation herself, a modern woman undertaking such distinctly secular duties. Ultimately, cholera reinforces enslavement's mechanisms of power and solidifies a modern timetable predicated on the management of bodies for profit. The novel endorses these measures just as it praises Nina's timeliness, and it inadvertently discloses that the organizations of time on the plantation uncomfortably anticipate systems of labor management in hospitals.[43]

It is tempting to read Stowe's decision to strike down Nina as a condemnation not only of enslavement but of modern US democracy and the foundational racism that props them both up. If *Dred* lets Nina die a qualified version of Scipio's death—cholera kills her when caring for others—it fails to fully embrace the temporalities of the choleric body. Stowe imagines the equality *of* death (all humans die), but she cannot countenance equality *in* death (some die more humanely than others). Thus, *Dred* refuses to subject Nina to the rapid, choleric violence that its predecessor bestows on Scipio. Apparently, Nina has "gradually imbibed . . . an infected atmosphere," so she experiences "none of the violent and distressing symptoms" (379-380). If Nina shuts down a ceremony of mourning for Old Hundred, the novel bequeaths this time to her, enabling her to reorder the plantation timetable. And through Nina's gradual and painless death, the novel continues to police the racial boundaries of liberal personhood by suggesting that white subjects don't die in messy ways or in ways that do not adhere to standardized conceptions of time.

For all intents and purposes, Nina dies an angelic, consumptive-like death that uncannily parallels Eva's drawn-out demise. Both women rest their heads on pillows and turn their eyes heavenwards. Both are abnormally chatty, constituting a little chorus as they go: "'O! love,—joy,—peace !'" (*UTC* 270); "'Good-by! I shall arise and go to my Father!'" (*Dred* 381). Both

[43] For historical accounts of the intersection between medical professionalization and enslavement see Senior 27; Hogarth 116; Fett 171-177.

display the same breathlessness: Eva gives one last tubercular "sigh" (270), and Nina's "gentle breath gradually" grows "fainter" (381). Once again, a symptomatically consumptive death is ornately staged, casting *mass* choleric suffering—the pain of the many and the pain of the "material" human, which the fantasy of liberal personhood racialized and exteriorized—into a mundane background.

One effect of *Dred*'s implementing this drawn-out death is to establish a standardized national time. As Nina's "life . . . retreated to the citadel of the brain" (381), the narrator ponders the effect it has on her betrothed, Clayton: "What could he do? What have any of us done, who have sat holding in our arms a dear form, from which the soul was passing" (380-1)? Clayton's grief becomes universalized as the narrator imagines a community of mourning, in which characters and readers alike dwell in a shared time that precedes the end of the beloved's convalescence. The novel recalls those "agonized moments, when we watch the clock . . . and every stroke of the pendulum is like the approaching step of death!" (381). Nina's demise adheres to the measurements of the clock. This standard temporalizing of death results not in a recognition of the material fragility of the body, but of the progressive triumph of the "soul" and "brain" and the establishment of a synchronous, bourgeois community of readers that feels at the proper pace, in-step with the clock and within a linear conception of life and time.

There is more at stake here than a failure to embrace a choleric concept of the human. Engaging two diseases as foils for one another, Stowe's novels replicate a dichotomy between two kinds of personhood that have racial repercussions. Nina's symptomatically tubercular death asks us to reconsider both Dred's prophecy and Stowe's description of tuberculosis. For Dred, cholera constitutes a theological fissure, a religious reckoning for enslavement and the ideologies of race upon which it depends—"there's a seal been loosed" (341). Had Nina died a fully

choleric death, Stowe would have at last portrayed the symbolic untethering of whiteness from the boundaries of liberal personhood. Instead, for all intents and purposes, Nina dies of "that soft, insidious disease" that "*seals*" its victims "irrevocably for death" (*UTC* 240; my italics). Like Eva's, Nina's death scene seals her body from choleric incursions, with the novel failing to condone the dissolution of the white body, whose purported abstraction and wholeness underpinned slavery.

Stowe uses the body struck by different temporalities of illness to distinguish between elite individuals and more basic and bodily beings. The stakes of this dichotomy come into focus when Harry presents a contract that stipulates he can buy himself, only to be told that the contract is void because "the law . . . holds him, for nulls, pro mortise;" that is "he's held as nothing—as dead, inert substance" (385). Cholera forced people to recognize that *all* humans will one day be the same "inert, substance." But in Stowe's novels, cholera reveals something deeper: that the definition of a human as an able-bodied, godly, and sensitive individual was a temporally contingent category as well as a fantasy underpinning a legal system that encoded certain bodies as material that could be owned.

If Stowe's polemic suggests that enslaved people are human too and therefore deserve legal protection, they also articulate a continuum of being that begins with "dead inert substance" and ends with liberal individuals. *Dred's* and *Uncle Tom's* refusal to let their female protagonists die a fully choleric death ensures that Nina and Eva are always coded as more human than Scipio and Harry, thereby maintaining concepts of personhood that formed the legal tectonics and the temporal economy of enslavement that have repercussions to this day.

The Swamp Solution: from *Dred* to *Palmetto Leaves*

Of course*, Dred* doesn't end with Nina's death, and cholera propels the narrative perspective and some of the main characters off the plantation and into the swamp, where a healthy free Black community lives unmolested by enslavers and disease alike. Critics have therefore interpreted the novel's movement into the wetlands as liberatory, a progressive rebuttal to nineteenth-century scientific theories about cholera, which often figured swamps as geographies of disease—places where poisonous miasma could infect and weaken the body with foul vapors.[44] Yet if we consider the temporal underpinnings of a very different set of medical theories that linked wetland environments specifically with Black health, we see that, to the contrary, *Dred*'s swamp provides a setting where Stowe begins to theorize how to extract life years, labor, and capital from Black people even after abolition, an ordering of time, space, and bodies that she puts to the test in *Palmetto Leaves* (1873).[45]

Within the world of *Dred*, the health of the Great Dismal swamp depends on its unique time zone. It exists outside "the hot positive light of modern materialism" (273). While the swamp's premodern geography keeps Dred's community safe from cholera, this figuration participates in a long tradition of othering people and communities by casting them out of modern time (Schuller, *Biopolitics of Feeling* 58; Rifkin 13). This formulation shared its logic with medical theories that suggested that Black people were especially well suited for moist, densely vegetated areas even during epidemics. The famous race scientist and physician Dr. Samuel Cartwright, whom I will discuss in further detail in chapter four, even postulated that cholera, "so fatal [to enslaved laborers] on the plantation," could be "cured by carrying them

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[44] For the swamps in *Dred* see Altschuler, *The Medical Imagination* 109; Kuhn "Garden Variety: Botany and Multiplicity in Harriet Beecher Stowe's Abolitionism." For swamps in *Palmetto Leaves*: Navakas 125-153. For swamps as geographies of revolution generally see Womack 4; Brooks 105. For a counterpoint see Suazo 79-94.

[45] For more on *Palmetto Leaves* see: Navaka 125-153; Schuller "Biology of Intimacy" 470; Page "Harriet Beecher Stowe's Palmetto Leaves and the Creation of Florida's Wild Landscape."

back to an imitation of barbarism in the open fields or woods" (163). Like Stowe, Cartwright, locates uncultivated space outside of modernity and establishes it as a geography of Black health, a discourse with roots in older plantation medicine. For example, George Davidson, a physician in the Caribbean, argued that "negroes . . . benefited by living . . . near marshes, which quickly prove fatal to whites" (284). Indeed, there is an uncomfortable continuity between the rationale behind Stowe's swamp and the proposals of race scientists. In her novel and in her non-fiction text, Stowe replicates theories of geographic immunity that made enslaved laborers work in dangerous terrains during an epidemic and that foisted the burden of care on Black communities long before cholera and long after enslavement.[46]

If *Dred* celebrates the swamp's premodern salubriousness, evoking immunity as a geo-temporal feature of racialization, the novel also undermines the swamp's security. It does so to maintain Black health in order to retain an extractable supply of biological time but also to ensure that Black spaces are *temporary*; they will soon fall under white ownership and be incorporated into the temporal order of the plantation. While many fugitives find safety, companionship, and health in the swamp, their time there is limited. Soon Tom Gordon, Nina's hot-tempered (even choleric) brother, begins "beating the swamp" in search of runaways (521), and, eventually, he fatally shoots Dred. Dred's death is the beginning and the end of the swamp community, and it crushes revolutionary plans. Harry does not rise to the occasion and take Dred's place as the latter predicted. Instead, Clayton convinces Harry that revolt will result in failure and needless bloodshed and urges flight instead.

Harry and the other refugees escape with the help of enslaved "lumberers . . . who have extensive camps in the swamp" (520). The loggers' presence suggests various ways of surviving

[46] For more on immunity and enslavement see Stone 34; Hogarth 17-47.

in the midst of the ongoing violence of enslavement, what Katherine McKittrick has called "plantation futures" (2). Yet their presence also signals the forthcoming destruction of the swamp and the reseeding of the plantation at the hands of those whom it will harm the most. If the lumber camps are means of escape and Black domestic spaces, they are also centers of deforestation that will ensure that the swamp will be stripped of life that does not adhere to biopolitical prerequisites of production or liberal notions of property. As Achille Mbembe argues, "the plantation regime was essentially about cutting down, burning, and routinely razing forests and trees": "replacing an ecosystem with an agrosystem" (10).

The novel leaves us here, with the transformation of uncultivated land and free Black space into the plantation. Perhaps this is Stowe's perceptive diagnosis of the future course of modern deforestation and industrialization. However, we can also read it as a refusal to allow the swamp to exist even off the page. In other words, the novel performs the same act of clearing that it describes, which is also an extraction of Black time. Whatever the case, *Dred'*s prescription for the future is decidedly inadequate. The novel finally endorses the ideals the reformist character, Clayton, upholds. It seems to say "don't revolt; give it time"—exactly what the most vulnerable members of society and the natural world do not have. It promotes a relation to time that only the most privileged can afford.

The continuation of Stowe's own literary career inadvertently reveals that American "reform time" cares not for modernity's non-beneficiaries. In *Palmetto Leaves* (1873), Stowe reanimates race science's geo-temporal formulations of Black health for her own swamp management project on her Florida plantation. Reform and abolition, have given the white author more time to fully theorize the best ways to steal time from Black communities.

Stowe first moved to Florida in 1866 to help her son run a cotton plantation after the

Civil War (Hedrick 328). Although his venture failed, Stowe had better luck on her own property in Mandarin where her orange grove annually grossed $1500 (Klein 31). *Palmetto Leaves*, a compilation of essays and letters, alternates between "poetic raptures" inspired by Florida's landscape and "statistics" gleaned from "practical neighbor[s]" (145). It is a work of nature writing, an agricultural textbook, a sales pitch encouraging Northern immigration and investment, as well as a treatise on labor and disease control. The book renders Florida as a state that can extend the life years of wealthy white Northerners, even "invalids" (116). Yet this precious white time is amplified through the careful extraction of time from Black laborers by ensuring that they work efficiently in Florida's more unseemly locales.

A savvy saleswoman, Stowe openly admits that Florida, "like a piece of embroidery, has two sides to it,—one side all tag-rag and thrums, without order or position; and the other side showing flowers and arabesques" (26). Stowe's domestic simile embeds an aesthetic philosophy linked to a rigid moral geography. The "tag-rag" side of Florida's fabric is not just chaotic but "wrong"—an inevitable waste product produced by and endured for the beauty of the "right side" (27). This becomes the organizing principle of the book. On the one hand, *Palmetto Leaves* delineates the salutary benefits that Florida's natural delights provide to the northern, white settler, and, on the other, it describes with fascinated disgust the state's mucky swamps and the beings that traverse this "grotesque vegetable world" (74), often to the advantage of the Northern subject, who keeps a mental and physical distance in order to preserve her commercial and biological time.

Unsurprisingly, Stowe's moral geography is racialized and hierarchized even as her metaphor suggests a cohesive, mutually dependent whole. While boating through a swamp Stowe admires an "undulating field" of water lilies with "broad green bonnet-leaves" (73) but

recoils as she considers their roots, which are "the size of a man's arm" and "look like black serpents" (73). The swamp's underbelly is coded black just as it seems a space of unchecked amalgamation, where the human, animal, and plant all comingle. Moving through this "jungle of scaly roots, how natural to find the scaly alligator," who "seems a half-developed animal[,] . . . perhaps a link from plant to animal" (74). Below the surface the swamp might be a convoluted tangle, but Stowe still imposes a kind of order. The alligator's appearance, after all, suggests a progressive evolution that subordinates various life forms: organisms are organized into distinct levels of being, just as they can "develop" in time.

Yet even Stowe's faith in progressive evolution isn't enough to neutralize the swamp's ontological confusion. Stowe finally dispatches the biological grotesque by leaning into clinical science as she recounts the alligator's dissection. She observes that the alligator's "paw" has a "rather shocking resemblance to a black human hand," and that "even after" the animal's "head was taken off . . . this black hand rose up, and gave the operator quite a formidable push" (74-5). Stowe's image of scientific dissection escalates into a Poe-like tale of reanimation sprung from white horror over the possibility of this "black human hand" rising up and resisting the violence of racial science itself. Ultimately, however, the anecdote casts this moment as a natural curiosity, increasing the knowledge of the writer watching from the shore, along with her interested readers up north.

Stowe seems confident that she can keep the black arms of the swamp occupied. Just as the lilies' black roots supply essential nutrients to its white blossoms, Stowe wagers that the swamp's "black hand[s]" (vegetable, animal, and human) can increase the material comfort of the white subject and nation, especially in times of pestilence. If the alligator is a noteworthy specimen of the swamp, Stowe is struck by another "unusual sight" on Mandarin's docks: a

"most artistic bale of cotton" (268-9). The bale is noteworthy because even though "Florida is especially adapted" for "long-staple cotton which commands the very highest market price," recently "annual ravages of the cotton worm" have decimated the industry—the Stowes' former plantation included (269). Whence then comes this wondrous bale? "Standing by it" is a man named Cudjo, "misshapen, and almost deformed" and "black as night itself" (269). Although seemingly used-up and disabled by a past of enslavement, Cudjo in fact owns his own land and its harvests, and he knows how to cure or avoid the pestilence of the cotton worm. In order to appropriate Cudjo's knowledge without recognizing him as an intelligent human being, Stowe suggests "he might have been taken for a big baboon—the missing link of Darwin" (269). She casts Cudjo as a gargoyle of the slave past, now adorning a Florida dock rather than a medieval cathedral. And just as she depicted the alligator as a figure connecting the plant to the animal world, she evokes in Cudjo some biological "link" between animalized, prehistoric life forms and the modern human species. In a book about the white management of modern labor, Stowe must rhetorically relegate Cudjo to the past.

In the chapter "Yellow Jessamines," Stowe has a similar temporal warning for a young white woman traveling in Florida who comes unequipped with the modern scientific knowledge she will need to flourish as a manager of Black labor. As a "daughter of Eve" (97), the woman arrives audaciously adorned in Florida's natural wonders: a palmetto hat and a cane "tipped with an alligator's tooth" (98). Like Eva in *Uncle Tom's Cabin*, the newcomer loves flowers, but unlike her precursor, this post-Civil War woman must energetically walk "in the woods" to see the best blooms "where they grow" (98). Yet this new Eve remains trapped in the Biblical time of her predecessor: she refuses to explore Florida's "wild glades" (99), explaining, "I'm afraid of snakes" (98). Instead, she orders a man described only as "coal-black Frank" into the swamp to

"bring her wreaths and sprays" of yellow jessamine while she stays safely on more cultivated ground (104). Of which Stowe observes: "that's female sovereignty, the world over!" (104).

Whereas *Uncle Tom's Cabin* cast such scenes of flower-gathering as consolidations of white female supremacy, here Stowe notes that Frank, unlike Tom, "looks admiringly after" a fully grown and sexually mature Eve. In an aside, she even admonishes him for entertaining any hope: "No use, Frank . . . .Her smiles are all for lighter-colored beaux" (104). Within the racist logic of the chapter, Eve's sin is her untimely familiarity with Frank in a postlapsarian and postbellum Florida landscape. Stowe embraces the young white woman's "female sovereignty," but she wants it to be wielded by a modern female figure properly equipped to observe nature's complexities and use its resources more wisely—for science, profit, and crucially, the extension of white life time—rather than personal adornment.

Again and again, *Palmetto Leaves* contrives to place blackness on the "wrong side" of nature's tapestry, just as it renders Black people, like Cudjo or Frank, as quasi-human intermediaries, or "links," between white Northerners and the raw materials supplying them with pleasure, profits, and health. In "Florida for Invalids," Stowe explicitly suggests that the state of Florida can function as a reservoir of white life years if labor is deployed correctly and hierarchies are maintained. She attests that there are "many old established citizens and land-owners" in Florida "who came here ten, twenty, and thirty years ago, given over to consumption, who have here for years enjoyed a happy and vigorous life in spite of Okefinokee Swamp" (121). While the swamp might pose a biological threat, this risk can be negotiated for the right kind of sick person; "land-owners," who have a robust staff of laborers, can increase their lifespans by decades.

In a book attentive to the details of various diseases, including different kinds of

consumption, cholera is curiously absent from the pages of *Palmetto Leaves*. Nevertheless, the drawn-out time of white health depends on foisting the burden of care in this swampy state on Black people, a move Stowe justifies by peddling the same theories of race science that circumscribe Dred's swamp. For example, Stowe gives an account of a captain of a US coastal survey, who "manned his vessel with a crew composed entirely of negroes," because the job involved "hard labor . . . and sojourning and traveling in swamps and lagoons, often most deadly to the white race" (284). "The results" of his experiment "had been perfectly satisfactory": after days of "traveling through mud and swamps" his employees still had the energy to "laugh and tell stories" (284). Stowe and the captain conclude that Black people are not only constitutionally suited for swampy climes but that they thrive by working in environments that dispose white people to disease and death.

Stowe emphasizes this point with anecdotal evidence: while the captain "was laid up with an attack of fever in St. Augustine," he was nursed back to health "by anxious negro mammies," who brought "fruits, flowers, and delicacies of their compounding for 'the captain'" (285). Yet again racialized care "compounds" the biological time of the white body and upholds its position, the title of "captain," at the top of social and economic hierarchies. Stowe presents Black immunity as an essential temporal resource that the reunited Union can wield to sustain white health as the nation assesses and cultivates the South's unsightly geographies. The uncanny resonance between this postwar fever story and Augustine St. Clare's fictional theft of time and health from Scipio allows us to see that while Stowe's prewar novels clamor for abolition, they also begin to theorize how to adapt and repackage enslavement's temporal regimes in a free market. *Palmetto Leaves* finishes this work just as it recasts a Christian, moral wrong—the subordinating of peoples to extract their life years, labor, and knowledge to the

benefit of a ruling class—into a secular and a putatively scientific right.

To complete this project, Stowe endorses these measures on her own plantation. Stowe herself concludes, after "five years' experiment on this subject," that "the negro laborer *carefully looked after* . . . can and will bear" hours of labor in Florida's swamps (315). Stowe has a complex relationship with "the swampy belt of land" in front of her house, "where Nature has raptures and frenzies of growth, and conducts herself like a crazy, drunken, and beautiful bacchante" (137-8). Existing in a time zone of nonnormative ecstasy, the swamp garners Stowe's praise for its ecological diversity and its generative lack of productivity. Though abundant, its growth does not fit into any schema of utility she knows. Stowe celebrates the swamp's "glorious . . . impropriety" until she imagines its choleric face: "under all the tangle of foliage lies a foul stink of the blackest mud" (138). Mapping the body and world under the same logic of purity—mud like choleric discharge must be cleaned up—Stowe considers "ditching and draining" the swamp to convert it into arable land that can be cultivated for profit, transforming "the wild bacchante into a steady, orderly member of society" (139-40).

Stowe's solution to the swamp problem, or the contest between her affective attachment to ecological variety and her bottom line—is healthy Black labor. She illustrates the effectiveness of her vision with an anecdote: "Down in the swamp-land near our house we have watched old Simon . . . hour to hour" as "he drove his wheelbarrow, heavy with blocks of muck" (280-1). When Stowe asks Simon, "how can you work so in this hot weather?" he answers with an "explosion of laughter": "it be hot'; sat so: ho, ho, ho!" (281). Stowe reads Simon's laughter as mirth and good humor, but it may also mark his own interruption of the smooth surface of her attempts to query him—a gesture resisting an uncomprehending plantation boss. Stowe's conclusion that Simon likes working in the swamp and that he is constitutionally suited for it,

enables her to keep her green space and make a dime. She won't need to drain the swamp if she can get a healthy, Black man to cultivate it.

Stowe conceives of her predicament—what to do with southern land and a newly liberated labor force—as a national and biopolitical problem: "Who shall do the work for us? . . . in this new State, where there are marshes to be drained" (279). Attempting to justify her answer—that Simon and men like him will do the work—Stowe uses the same theories that shaped the contours of the Black community's health in *Dred*: "The negro is the natural laborer of tropical regions" (283). "He thrives" in geographies that expose "a white man to disease and death" (283). If in *Dred* the swamp helps Black people escape enslavement and cholera, in *Palmetto Leaves*, the same race science is pressed into extracting Black time, the "hour to hour" of Simon's day, for white profit (280). Stowe uses the management strategies that her enslaving protagonists wielded to distance white America, spatially and temporally, from the "foul stink" of decay that characterizes the end of all human life, whether death comes by cholera or not.

CHAPTER THREE
"Cholera is Forever Thinning Our Ranks": Herman Melville and the Coloniality of Modernity

If Stowe's works cultivate hierarchies of illness to solidify racial schemas bent on increasing "white" health and time, Herman Melville's novels illustrate the ways these racialized formations of disease underlie American neoimperial projects. In the works considered in this chapter, Melville sometimes reinscribes but ultimately critiques figurations of the US as the "Redeemer" nation—a moral power bent on progress and supposedly destined to lead the world into a new age of prosperity and peace.[47] If, in *Palmetto Leaves*, Stowe upholds her management of Black labor and time as a model for a *now* just and modern nation, in Melville's texts cholera implodes myths of American benevolence, revealing how they obscured a dirty past that never passed.

Melville's works achieve this, in part, by inverting the traditional, Victorian dichotomy between the choleric mass and the tubercular individual. Unlike Stowe's ethereal Eva and angelic Nina, Melville's consumptives are grossly embodied anachronisms, inhabitants of a dark colonial past who haunt the age of bright modernity. On the other hand, his subterranean, choleric subjects spontaneously erupt into the time of the present, bringing residual crimes to the surface in an instant. Together, these ailing figures constitute a disjunctive "sick time" that troubles the measurements of clocks and calendars, and threatens the integrity of the modern, reformist subject along with the attendant concept of history that assumes progress is inevitable under healthy, modern leadership. Melville's engagement with cholera offers a different vision of the modern age—one marked by a constant eruption of illness that is always intertwined with

[47] For the original articulation of this formation see Tuveson's *Redeemer Nation: The Idea of America's Millennial Role*.

iterative colonial violence.

Cholera appears throughout Melville's fiction, a constant grace note in a varied career. In *White-jacket*, the sailors aboard the *Neversink* consider a grog shortage to be a catastrophe "worse than the Cholera" (54). In *Moby-Dick,* Ishmael ponders Stubb's smoking habit and determines that, perhaps, he thought that "tobacco smoke might have operated as a sort of disinfecting agent" akin to the "camphorated handkerchiefs" people wore about their mouths "in the time of cholera" (105). And in a less well-known story, "Cock-A-Doodle-doo!," Melville compares a freight train to "the Asiatic cholera cantering in on a camel" (78). While these choleric analogies are deployed for comedic effect, they nonetheless hint at larger issues central to this chapter. The latter Orientalized figure of cholera suggests both separation and continuity between the Western industrial age and a contemporaneous East that the narrator casts as technologically primitive. If the figure attempts to demarcate racialized epochs, it also suggests that the "modern" is constituted by obscuring its own choleric truths. Moreover, Stubb's tobacco disinfectant and the grog drought hint that cholera overturned normative ideas of health and wellness. Perhaps tobacco does have salubrious properties in addition to malignant ones. And maybe taking alcohol away from dependent salts would induce pain akin to and as deadly as cholera.

Following this logic, the analogy for the sailors' plight casts epidemic illness as a human-induced catastrophe, a bureaucratic oversight. Even more darkly, the analogy links cholera to a means of controlling subordinated populations. Melville grapples with these ideas more explicitly and at length in *Redburn* (1849), the main focus of this chapter, and again in "Benito Cereno" (1855) and *The Confidence Man* (1857). As I will argue here, cholera interrupts the reformist time of *Redburn,* propelling its modern American narrator and eponymous protagonist

to glimpse the specters of ongoing coloniality underlying his own present.[48] But these glimpses give way in the novel to a vision of a progress-borne future centered in the idea of moral-national health. By the time he wrote "Benito Cereno" and *The Confidence Man*, however, Melville's engagement with cholera revealed a colonial world order marked by repetition and stasis rather than progress. Time, no matter what one did with it, would not make nations or individuals more humane; it afforded only the opportunity to believe a bit longer in the linked myths of race and health that justify domination and exploitation.[49]

Cholera's Subterranean Subjects in the Time of Melville's Compositions

Like Stowe, Melville lived and wrote through multiple cholera epidemics. He first encountered cholera as a teenager in 1832 in Albany, where he worked as a bank clerk. In the spring of that year, the United States watched cholera move through Europe. By June, American newspapers confirmed everyone's suspicions: cholera was in North America, and other geographies were to blame. The *Norwich Courier* announced, "this dreadful scourge of Asia and Europe, has at length reached the shores of America" ("By the Late Mails"). The disease, apparently, had "been brought to Quebec by the brig *James Carricks* from Dublin," which carried "one hundred and thirty-three Emigrant passengers" (ibid). The *Carricks* appears again

[48] This reading of Melville is of course indebted to Walter Mignolo's idea that violent coloniality subtends Western modernity. See his *The Darker Side of Western Modernity: Global Futures, Decolonial Options*.

[49] Studying how cholera works in Melville's fiction offers a new perspective on themes central to his career. Edward Sugden has illuminated Melville's prescient attendance to the intersection between race, time, and historiography (70-144). And scholars have long noted what Samuel Otter calls Melville's "corporeal fascinations"—the centrality of the human body in his work (3). More recently, disabilities studies have shown how Melville renders health as a socioeconomic construct—the result of historically particular constraints that define "able-ness" and "debility" and strip certain bodies of rights and physical health (see FN 24). Building on this critical tradition, this chapter has explored the intimate relationship in Melville's work between illness and issues of race and time.

and again in accounts of the epidemic's arrival, but the vehicle of cholera's entrance on the American stage cannot be determined with absolute certainty ("Cholera at Quebec and Montreal"). Indeed, there are records of cholera cases in Canada in May—before the *Carricks* docked ("From the Quebec Mercury May 9"). Yet this narrative—that emigrants, specifically the Irish, brought cholera to the Americas—would retain its hold on the popular imagination and inform not only Melville's novels but reports and stories told about cholera in epidemics to come.

In 1832, for the readers of US newspapers, the message was clear: cholera was on its way to their hometowns. The citizens of Albany became vigilant, shunning emigrants and organizing ragtag groups of vigilantes to keep travelers out.[50] In late June, the *Independence* reported "that emigrants from the North were coming into the City constantly," and it praised Albany's citizens for the "alacrity" with which they "volunteered to remain on guard, to prevent the approach of suspected persons" ("From the Albany Evening Journal"). Scenes like this were common across the United States, and they were also ineffective; cholera always got in (Rosenberg 37).

In late July, the Albany Board of Health finally admitted that cholera had "maintained its residence among us" ("Origin and Progress of Cholera at Albany" 55). The epidemic had arrived, and Albany residents needed to wait out the summer or take to the roads like the emigrants and travelers they tried to keep out. Maria Melville, Herman's mother, decided to skip town, bringing her children to her family homestead in Pittsfield, Massachusetts. She urged her brother, Peter Gansevoort, who remained, to "leave Albany" as soon as possible to avoid death by cholera for, as she put it, "yours is a valuable Life" (54). Herman's, perhaps, was a little more expendable

[50] I use "emigrant" rather than immigrant for two reasons. First, Melville uses "emigrant." Second, current historians note the word emphasizes the coerced circumstances in which many fled their homelands. See Levine, "What is White American?" 108; Miller 280, 291, 299.

because, a few days later, Maria sent him back to the city to work. The family, as it would be throughout Herman's life, was strapped for cash, and his potential income outweighed the risk of infection.

We have no record of how Herman Melville felt about returning to Albany. What we can glean comes from auspicious silences. On July 24th Maria writes to her brother Peter, "Herman I have not heard of since he left us at Pittsfield—I hope he is with you, & made to occupy his time when out of the Bank in reading & writing to me. We have sad accounts here of the Cholera at New York—but have heard nothing from Albany since last Wednesday—I am anxious about you & Herman" (55). Needless to say, Herman Melville survived the summer, presumably without catching cholera, and this wouldn't be the last time he would work in an urban center while the disease attacked the less fortunate around him.

Melville would not confront cholera again, that we know of, until 1849. By this point, he had gone to sea multiple times, returned home, written three novels—the first a sensation (*Typee*), the second a middling success (*Omoo*), and the third a flop (*Mardi*)—married, and ensconced himself in domestic life in New York City. He lived at 103 4th Avenue with his wife, Elizabeth, their son Malcolm, his brother Allan and his wife, and a revolving door of siblings and relations (Parker 553, 649). The house was a short walk, a little over a mile, from the Five Points, an impoverished neighborhood in lower Manhattan and the supposed epicenter of the 1849 cholera epidemic in the United States (Rosenberg 104; Grob 105-6).

In early December 1848, a ship called *The New York* sailed into Staten Island and was immediately quarantined (Rosenberg 104). Beneath deck, over three hundred emigrants suffered from cholera. The *New York Herald*, a paper that appears in the hands of characters in *Redburn* and *White-Jacket*, reported there was "such a mass of people crowded together" in the ship,

"reeking . . . with European misery, wretchedness, and disease" ("The Cholera at the Quarantine"). The *Herald* thanked "he who governed the universe, and controls the pestilence" for "restrain[ing] the fierce avenger of human depravity [cholera]" from breaking out on New York City's shores (ibid). The *Herald*'s faith in American innocence enables its optimistic thanksgiving. Cholera, apparently, was primarily interested in emigrant bodies, prone to illness due to circumstances (they were "crowded together"), origins (their "European misery"), and character flaws (cholera was godly vengeance on "human depravity"). As xenophobic as the article was, for the moment, the *Herald* was right. Cholera lay dormant through the winter, but by spring the "fierce avenger" was again at large, and, this time, he would linger in American geographies.

In May 1849, the deaths of James and Bridget Gilligan, impoverished laborers of Irish descent who lived in the Five Points, attracted the attention of the New York Board of Health, which sent their resident physician, Seth Geer, to investigate. Geer subsequently issued a report, promptly reprinted and summarized in newspapers, which marked the beginning, at least culturally speaking, of the 1849 cholera outbreak in New York.[51] The report casts the Gilligans as patient zeros of the new epidemic, and its details likely informed key passages in *Redburn*, which Melville began writing later that month. At 20 Orange Street, "in a rear basement, surrounded with filth and wretchedness," Geer "found the body of a woman who a few minutes before had expired" (46). At once, Geer knew the culprit: "The pinched and sharpened visage[,] the corrugated, blue, and attenuated appearance of the body showed too plainly the nature of the disease which had marked its victim—Asiatic cholera was manifested in every expression" (46). Below the earth, in the "miserably damp and dark basement," Geer notes the Gilligans' "situation

[51] See "City Intelligence" *New York Herald,* 17 May 1849; "City Intelligence" *New York Herald*, 18 May 1849.

was truly deplorable" (46). The clothes they had on were "hardly sufficient to cover their nakedness," and the "odor on entering the place was disgusting in the extreme" (47).

After offering his postmortem assessment, Geer tries to glean information about the cholera victims from the surrounding residents, but he finds "it almost impossible to get a reply" to his inquiries, blaming the silence on "the idiotic condition which rum, debauchery and extreme wretchedness had reduced the intellects of these loathsome objects of humanity" (47). Geer assumes the residents of Orange Street are too poor, too drunk, or too Irish to understand his questions, failing to fathom the possibility that they might intentionally refuse to answer the prying questions of a city official.

Only mildly perturbed, Geer gets information elsewhere. He consults the Gilligans' attendant doctor, Dr. Harriot, who willingly recounts the story of illness. We learn that Dr. Harriot was called to Orange Street on May eleventh to attend to James. He assumed James's symptoms were caused by a drunken binge rather than a malignant illness, and he dismissed the family's concerns. It wasn't until the next week, when Bridget became ill, that he took the Gilligans' ailment seriously. Unconcerned with this flagrant malpractice, Geer records the account and then leaves the cellar, calling in "the proper authorities" to "cleanse and purify the place" (47). While the medical establishment refuses to care for the Gilligans while living, it quickly cleans up their remains—a threat to public health.

Geer, like *The Herald* reporter before him, casts cholera as a personal failing, the result of emigrant uncleanliness and intemperance. He also sketches a figure that appears throughout cholera texts, the subterranean, choleric subject: a person living below the earth, prone to cholera's incursions and beneath the purview of human care—a figure who nonetheless threatens the daytime productivity and standardized time of the streets above and the modern, empirical,

reformist subject like Geer.

This choleric subject appears throughout visual depictions of the illness, and she is often associated with twilight. In J.W. Gear's *A Dead Victim of Cholera at Sunderland*, a livid girl lies on a flat mat on the ground (figure 5). Seemingly aged by cholera, she rests in the twilight of her life. Although her clean white cap and nightgown indicate a kind of material comfort, they are rendered insufficient props against cholera's power, which has already taken her life. This comes into focus when compared against R.H. Giles's *A Girl Reads to a Convalescent* (figure 6). According to the Wellcome Collection in London, the convalescent is most likely suffering from consumption. Unlike *A Dead Victim of Cholera*, the consumptive patient lounges feet above a carpeted floor, and mid-day sunlight filters in through a window, ringing the girl in a halo of light. The consumptive patient is enshrined in domestic elegance and comfort, where she will remain for a while, thanks to the servants and companions who work assiduously to prolong her life. Conversely, the cholera victim has no bed to elevate her towards heaven. Choleric discharges have soiled the linens and stripped the mattress. While the bolster gestures to a comfort lost, the frameless mat places her close to the ground, preparing her to return to the earth as matter.

Visual representations of cholera render this iconography again and again. Paul Van Ryssel depicts a pseudo-subterranean scene when he represents the cholera epidemic that struck Jura, France in 1854 (figure 7). Van Ryssel situates cholera victims in a dark, earth-toned interior, while a blue glow slips in through a grated window. Choleric bodies live in twilight, and their skin takes on the pallor that seeps in from outside. Richard Tennant Cooper's watercolor depicts another night scene, in which a cholera victim seems to spring from the earth (figure 8). Surrounded by a blue fog, he reaches out and wails, imploring bystanders for assistance. Around

him rest bodies already claimed by cholera and a cart coming to collect them. For all intents and purposes, the cholera patient is already numbered among the dead. He is separated from the pedestrians and almost buried by corpses and dirt.

Figure 5: Gear's *A Dead Victim of Cholera at Sunderland* (1832)

Figure 6: Giles's *A Girl Reads to a Convalescent*

Figure 7: Paul Van Ryssel's *Cholera Scene* (1890)

Figure 8: Cooper's *Crowded dark streets full of dead and dying people* (1912)

Melville wouldn't have seen most of these paintings before writing *Redburn*; however, they offer a concrete manifestation of how cholera was associated with subterranean spaces and a twilight temporality. Moreover, these ideas were already at work during Melville's writing career. In *The Cholera, and Its Homeopathic Treatment* (1849), Dr. Humphreys speculated that residing at "considerable altitude above the level of the sea" might "diminish the disposition to the disease" (15). By this logic, populations living in ports like New York or Liverpool, cities close to sea level, were at risk, and people who live below the earth, in wretched cellars, like the Gilligans, banished from the midday sun, welcomed illness into their bodies. Precisely such a subterranean cholera patient appears in Geer's report, and the highly publicized details of this case could have been sitting on Melville's desk as he wrote *Redburn*.

Indeed, as Geer descended below the earth in search of cholera, Melville was trying to formulate a new project. With his reputation on the decline and his coffers draining, Melville needed to write a crowd-pleaser fast. By the end of May 1849, as cholera began to blossom yet again, Melville started to write a tale about emigration, epidemic, and race—though this was not

what he told his publisher. On June fifth, less than three weeks after the Gilligans died, and at the peak of the epidemic, he wrote to Richard Bentley, his London publisher, saying he had a book in the works that was "nothing but cakes & ale" and based, "almost wholly," on his "own observations under comical circumstances" (*Correspondence* 132).

Melville was not lying, per se. *Redburn* recounts the adventures of a young sailor's journey to Liverpool based roughly on Melville's own experience aboard the *St. Lawrence* in 1839 (Parker 144-151; Gilman 129). Its plot is simple: Redburn, a young man from a respectable family in financial decline, sets sail aboard *The Highlander*, where he meets a ragtag group of sailors, including an evil, consumptive salt, named Jackson. *The Highlander* sails to Liverpool, Redburn explores the city, and then returns home on the ship, which, this time, carries five-hundred Irish emigrants in its steerage. Pestilence, I will argue cholera, ensues and then passes. The novel is funny but also cruel. Melville crafts a polemic for immigration reform while also peddling in xenophobic discourses and gross racial stereotypes. It is a comic coming-of-age story, but it also starkly reveals through its major as well as unnamed characters the uneven distribution of health and illness, which is always an unequal distribution of time. Moreover, *Redburn* anxiously oscillates around two issues addressed on the front page of *The Herald* on the morning Melville wrote to Bentley: slavery and cholera.

On June fifth 1849, a small heading in *The Herald* reads: "Capture of a Slaver." Apparently, "her Majesty's steamer Teazer [sic] . . . had sent a brig, with five hundred slaves on board, into port" ("Capture"). Although the Atlantic slave trade was outlawed in 1807/1808, as the report shows, the practice persisted, as did the legal trade of enslaved people within the United States.[52] Furthermore, the recent close of the Mexican War (1848) renewed debates over

[52] See Davis 13; Walvin 5.

the expansion of enslavement in the newly seized territories. Indeed, the cholera epidemic of 1849 was thought by some to be punishment both for American slavery and the unjust war in Mexico (Rosenberg 126). Moreover, some kind of relation between cholera and enslavement would have been visually evident to readers of the *Herald*, for directly below the *Teazer* notice, a reprint of the Board of Health's daily cholera report reads: "June 4, 12 o'clock.—Dr. Geer Resident Physician, reports twenty-three new cases" ("The Cholera in the United States"). *Redburn* meditates obliquely on the intersection of cholera and enslavement. It records the ongoing colonial extraction of goods, labor, and human beings, the violence of British empire and American neoimperialism and their intimate relationship with pandemic illness.

***Redburn*'s Choleric Consumptive**

Redburn's record of coloniality first begins to emerge in Melville's unusual treatment of consumption versus cholera—an approach that inverts the hierarchies of illness present in Stowe's works. Although *Redburn* was written before little Eva coughs, the novel responds to a trope already at large in the Victorian tradition. After all, Eva has a precursor in Bronte's faithful Helen Burns in *Jane Eyre* (1847), and both these tubercular deaths harken back to a crucial novelistic progenitor: Richardson's virtuous victim Clarissa Harlow.[53] Entirely unlike these heroines, Melville's foul and villainous Jackson offers a devastating response to the traditional consumptive figure and the period of spiritual preparation that often attends the illness in literature. Gone is the cerebral illness that elevates its victim and casts her irrevocably as an individual. Instead, in Jackson we see a bodily consumptive, whose illness, when juxtaposed to

[53] What exactly Clarissa dies of is contested. Like Clark Lawlor, I believe eighteenth-century discussion of consumption impacted and informed her death scenes, even if we cannot access her ailment by modern diagnostic standards (*Consumption and Literature* 43-84).

the cholera outbreak later in the novel, offers us some purchase on how Melville's novel thinks about illness and health and their intertwinement with race, coloniality, and nationalism.

Jackson departs from conventional literary consumptives by displaying the violent and embodied symptoms of tuberculosis: the lengthy period of the illness diminishes his body rather than prepares his soul. Jackson eventually dies in a coughing fit of blood, but even before that, Melville shows how a drawn-out illness has subjected his body to more than one malady. Jackson "was yellow as gamboge," like a man "just recovering from yellow fever" (65). The word gamboge, a yellow pigment and dangerous laxative—ingesting the smallest amount could result in a day of diarrhea and death—, gestures to Jackson's presumed recovery from yellow fever, but it also associates him with cholera's most salient symptom. Even though he has a quintessentially "pure" respiratory disease, the laxative links Jackson with diarrheal explosions, and, perhaps, suggests that he might suffer from them.[54] If that weren't enough, Jackson was also "subject to the rheumatism" (65), inflammation of the joints, which could be a symptom of consumption. At advanced stages, the bacteria could enter the bloodstream and scrofula could form on joints, causing pain that might have been read as rheumatism (Bynum xxvii, 163). Consumption does not afford Jackson time for spiritual reflection—he is an atheist—as it does for Eva. It only enables him to accrue more illness and develop choleric symptoms even though he doesn't have the disease.

Jackson's medical history undermines the traditional models of protestant—and tubercular—personhood. By the time Redburn meets him, "nothing was left" of Jackson "but the foul lees and dregs of a man; he was thin as a shadow; nothing but skin and bones" (67). While the consumptive was often depicted as ethereally skinny—almost in danger of evaporating into

[54] For more on the Gamboge see Finlay 219-222; Kelleher, "Gamboge, A Sunny Yellow with a Deadly Past."

thin air like a spirit, Jackson's emaciation has an ominous bent.[55] He is likely to become a "shadow" of darkness rather than an angel of light. What is left of him is not a glowing soul but the base materials of human nature: "the foul lees and dregs of a man"—a liquid sediment that remains after more vital matter has been consumed. Jackson has become a waste product. He has dissolved, like the cholera patient, into base materiality.

Jackson's "lees and dregs" also gesture to the foul residue of ongoing national crimes. Jackson offers a corporeal reminder to the crew, Redburn, and the reader of the darker waters of the current merchant venture. Yet if Jackson's bodily and historical residue is decidedly choleric, his consumption gives him what the true choleric subject lacks: narrative time. As a choleric-consumptive figure, Jackson bridges the generational gap between past and present, colonial and modern, suggesting continuity between artificially distinct epochs. Jackson affronts the young protagonist's sensibility because he is an anachronism: "He had served in Portuguese slavers on the coast of Africa; and with diabolical relish would tell of the middle passage" (66). Jackson's physical presence thus connects the pre-1807 Atlantic, when the transatlantic slave trade was legal, to the post-1807 seas in which it was outlawed though still practiced. His work on Portuguese slavers, already anachronisms in the eighteenth-century slave trade dominated by Great Britain, gestures back to the Iberian nation's formative role in the start of transatlantic-slavery in the fifteenth century.[56] Jackson ushers these temporalities onto the deck of the mid-nineteenth-century ship with the presence of his languishing tubercular body and through storytelling, which Redburn condemns much as he does the past crimes: he finds Jackson abhorrent less because he participated in the Middle Passage than because he recounts it with "diabolical relish." And while the gloss certainly critiques Jackson for sensationalizing his own

[55] See Day 90,124; Byrne 27-29; Sontag 16-18.
[56] For Portugal's role in transatlantic enslavement see Davis 82-95.

crimes, it also reveals that the old sailor, whatever his motives, will not relegate the transatlantic trade of enslaved people to the past.

As a relative of President Andrew Jackson, the sailor Jackson also gestures to the mass genocide of Native people and a history of cholera. Jackson's patrimony recalls the dispossession and murder of Native peoples that occurred at Andrew Jackson's hands as a US army general and as the presidential champion of the Indian Removal Act.[57] Andrew Jackson was also president during the first major cholera epidemic in 1832. The sailor's name and pedigree thus also foreshadow the disaster to come to the steerage, which intrudes on present novelistic time and blurs distinctions between epochs of illness as much as Jackson himself. This is Jackson's most jarring contribution as an ailing character: his lengthy, consumptive time endows the narrative not with scenes of increasing spiritual refinement but with the bodily and pseudo-choleric residue of coloniality—the ongoing histories of settler colonialism and enslavement that refuse to be cordoned off in the national past.

Redburn dislikes Jackson, because he threatens the barriers between the colonial and the national-modern that have been erected in the name of, and in order to constitute, American benevolence, epitomized by our young protagonist. With his choleric consumption, Jackson reveals that American innocence, a guise for continued crime, relies upon certain modes of periodization: the time of slave-trading versus the time of free trade, the time of crime vs. the time of innocence, and—tied to all this—the time of illness versus the time of health. Jackson's sick presence, and later the intrusion of cholera itself, demonstrate how integrally American myths of goodness depend on conceptions of health.

The importance of health to the US benevolence project comes acutely into focus through

[57] Reynolds 92; Howe 99-102.

the juxtaposition Redburn draws between himself and Jackson. As Redburn explains, "I was young and handsome," and "well and hearty; whereas *he* was being consumed by an incurable malady . . . and was more fit for a hospital than a ship" (67). Jackson's poor health, according to Redburn, should disqualify him from the economy and society. The hospital becomes the repository of those un-American subjects used up by their country and left behind with their inconvenient, choleric truths: in this case, the ongoing dispossession of Native peoples and the buying, selling, and transporting of human beings.

Despite Redburn's opinions about how the ship should be run and where Jackson's body should be, Jackson's position on the *Highlander* is more complicated than Redburn's vision of society permits—a vision in which sick bodies along with the evidence of coloniality are hidden from view. On the ship, Jackson is all too visible as a "great bully" whom "all the men were afraid of" (66). This shocks Redburn, who sees Jackson's dominance as a kind of freak anomaly: "What made this [Jackson's rule] more wonderful was that he was the weakest man, bodily, of the whole crew" (66). The young Redburn fervently believes that good health should confer mastery. He finds the dynamics on the *Highlander* perverse because a chronically ill man who refuses to perform innocence has power over his peers. Redburn assumes that ships, and nations, should be run by healthy and handsome men who embody their professed goodness—a notion Melville later critiques in "Benito Cereno," as we shall see, through the character Amasa Delano—a second iteration of the Redburn type.

Yet, for now, both Redburn and the novel seem to believe in notions of US benevolence. Redburn places his faith in the possibility of viable alternatives to Jackson's dominion: there are good and able men out there and, *eventually,* they will rule. Under healthy and upstanding leadership, the US might not only right its own colonial wrongs but the wrongs of the world.

This logic drives Redburn's and the novel's nationalist-reformist agenda: "We are the heirs of all time, and with all nations we shall divide our inheritance" (196). While the narrator admits that neither the nation nor the world is "a Paradise then, or now," he believes it is "to be made so, at God's pleasure, and in the fullness and mellowness of time" (196). Eventually, "the curse of Babel" shall "be revoked, and a new Pentecost come, and the language they shall speak shall be the language of Britain" (196). Redburn thus imagines a future in which the whole world, under the guidance of the United States, becomes a second English-speaking Eden. Americans are the heirs and realizers of the British imperial project. In time, Redburn believes, the US will usher in peace and equanimity at the unspoken cost of erasing language, culture, and presumably life. Jackson's consumptive lingering and the choleric residue it leaves behind lay bare the violence, dispossession, and murder that Redburn's able-bodied "innocence" and swelling prophecy obscure. Redburn's imperialist vision requires relics like Jackson and the choleric subjects he will soon encounter to keep out of sight, buried beneath the surface of the earth.

Cholera's Subterranean Time and the Reformist Subject in Crisis

Redburn's American optimism and reformist orientation to time come into crisis in Liverpool, where starvation, disease, and death confront the young protagonist. Cholera inflects these descriptions of poverty, challenging distinctions between "natural" and human-made calamities. Moreover, the specter of cholera on shore, fully realized during the outbreak in the return journey, threatens Redburn's moral rectitude and sense of time. For in Liverpool, the novel begins to construct a subterranean, choleric subject who exists largely unseen out of the standard production time of daylight—but who rises up to make demands on the modern American, unsettling his conception of history, sentimental training, and reformist mentality.

While Redburn detests Jackson's reminders of the transatlantic trade of enslaved people,

he does yearn to inhabit a sanitized version of the past. He assumes that Liverpool, an ancient British city, will provide that safe antiqueness without reminding him of past and present racialized violence. However, when traversing the city, Redburn is disappointed to find that Liverpool is "very much such a place as New York" (235). As Christopher Hager points out, "Englishness gets deleted from Redburn's Liverpool" (310); instead, the city is tethered to North American temporalities associated with gross production and the standardized movements of the workday clock: New York but also the South.[58] Thus when Redburn encounters a statue of Lord Nelson, he is struck by the abject figures on the podium and is "involuntarily reminded of . . . African slaves," and his thoughts "revert to Virginia and Carolina" (180). Redburn wants to dwell nostalgically in quaint old England and instead he finds the dark coloniality of the modern world, which runs on a commercial time associated with enslavement and North America, and with which Liverpool, a former slaving port and a cotton manufacturing center, is linked.

A merchant sailor, Redburn is a participant in this production time and so in order to maintain his "innocence," he tries to define his orientation to the world against it. If he achieves this on the ship by defining himself against Jackson's sick body, he does so in Liverpool through his interaction with the city's architectural spaces. The old Church of St. Nicholas initially offers Redburn the sanitary past that he craves: it is "the best-preserved piece of antiquity in all Liverpool" (206). Yet even this relic has been irreparably altered. Redburn notes that "thirty or forty years ago" the church bells would ring "upon the arrival of every Liverpool ship from a foreign voyage" (207). The "increase of the commerce," however, has made this practice unsustainable—now "the bells would seldom have a chance to cease" (207). The invasion of

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[58] In *Accounting for Slavery*, Caitlin Rosenthal has shown that capitalist formations of time management, which are usually associated with northern industrialization, were developed on southern plantations. Also see Davis 6. For an account of proto-capitalist practices on Caribbean plantations see Burnard and Garrigus 2-3, 20.

mass commerce has disrupted a tradition, and Redburn mourns. But the time stamp—thirty to forty years ago—also gestures back to a time when Liverpool was still a main player in the trade of enslaved people. And despite the end of Great Britain's official participation in transatlantic slave-trading, business is still booming—perhaps due in part to smuggling ventures like the *Teazer*'s. Even more pointedly, though, Redburn's comment inadvertently shows that Liverpool has transitioned from transporting humans to transporting cotton—the product of those human's labor—seamlessly. Mourning the supposed loss of antiquity, Redburn ironically showcases the coloniality of modernity: the ease, fluidity, and continuity between "free" trade and the slave trade. Both are part and parcel of the same economic venture; both work hand in hand to create a new modern time that the church bells can no longer keep up with.[59]

Despite his inadvertent insights, Redburn is more concerned with how the locals interact with the church's graveyard. Close to "the haunts and swarms of laborers about the docks," the graveyard is "crossed and re-crossed by thoroughfares in all directions" (207). This "most barbarous" behavior alarms Redburn, who notes that "multitudes are constantly walking over the dead" (207). Constituting himself as a modern subject, Redburn nostalgically appreciates the "time-hallowed structure" as an American tourist should, and he condemns the barbarity of the Liverpool natives (207). Being new, not of the past, but a proper observer of the ancient makes him modern. He also importantly stands above the grind of present commercialism; he is not one of the working masses. Though a product of a world order predicated on production, industrial labor, and enslavement, Redburn denies his imbrication in these systems. He maintains his innocence by making an art of forgetting, by *having time* to reflect on his surroundings and to

[59] See Greg Grandin's *Empire of Necessity* for an account of how free trade and the slave trade in the Americas grew hand in hand. Chapter 2 "More Liberty" and Chapter 6 "The Skin Trade" are particularly useful.

identify what needs improving. Redburn's emergence as a reformist character is a temporal matter—a matter of spending time to improve the world or to *imagine* doing so.

Redburn's modern qualms about how the Liverpudlians interact with the graveyard hinge on a particular historical orientation to death. During the 1830s, American cities began to relocate cemeteries to suburban areas, creating a new relation to time and mourning. According to Dana Luciano, these cemeteries created "social spaces set aside for the indulgence of grief, which provided a refuge from the anxieties over acceleration that accompanied the nineteenth-century emphasis on progress" (33). To be truly modern was to have time away from the never-ending wheels of commerce and forward-moving innovation. These suburban cemeteries, of which St. Nicholas's is *not* numbered, provided an imaginative space in which subjects presumed to step away from production time and define their modernity against the means that made their socio-economic positions possible.

Cholera was likely partially responsible for the emergence of the suburban cemetery, which was due in part to sanitary concerns over urban overcrowding (Luciano 33). When the 1832 epidemic left hundreds not only dead but unburied, interment rates could not keep up with deaths (Rosenberg 32, 112-113). This was more than just unseemly. Miasma theory suggested that particles spewing from a rotting corpse or an old open grave could cause a new onslaught of illness. Dead history was a threat to modern health. Redburn's distress at the state of St. Nicholas's cemetery thus functions as a double performance of his modernity: in his eyes, the Liverpudlians aren't just disrespecting the departed, they pose a threat to public health.

But like Redburn's reference to the pealing bells that once announced the arrival of each slave ship, modern sanitation and a particular orientation to mourning were also tied to forgetting and obscuring. Redburn's discomfort with the Liverpool graveyard reveals the connections

between modern American sanitation measures and myths of American innocence. And cholera—which in part created the conditions driving these changes in burial sites—also provided a powerful metaphor for the explosive underbelly of modernity. For society to run smoothly and for the United States to define itself as a new nation bearing good intentions, the process of burying both its corpses and its crimes had to remain safely out of sight—quarantined (preferably in suburban graveyards) below the earth. Cholera threatened both purity projects: dark choleric secrets could erupt as spontaneously from the bowels of the earth as from individuals. Cholera could be caught from decaying bodies, yes, but particularly from the bodies of those better forgotten by modernity's daylight people**.**

While cholera does not break out in Liverpool, its subterranean threat confronts the young protagonist after he comments on the state of the graveyard. Here Redburn recalls a scene in Launcelott's-Hey, a narrow street marked by the ongoing coloniality of modernity: "lined with dingy, prison-like cotton warehouses" (209). Walking through the street, and hemmed round by buildings full of cotton picked by enslaved laborers, Redburn hears a mysterious and "feeble wail, which seemed to come out of the earth" (209). The sound instantly creates in the protagonist an alarming sense of temporal upheaval: "I started, and could almost have run, when I heard that dismal sound. It seemed the low, hopeless, endless wail of someone forever lost" (208). Despite the specificity of the wail—it comes from beneath a piece of sidewalk, on a named street, in a particular town—it possesses a generic quality that produces terror. It issues from a nameless "someone," who could be a member of Liverpool's urban poor, an enslaved person, or a cholera victim. In its "endless[ness]," the wail has no temporal or geographic boundaries.

Redburn finds the wail particularly eerie because he is surrounded by walls "on every

side" that converted the "mid-day" into "twilight" (209). The urban geography and the subterranean wail place Redburn back in time (outside of the modern) into an ancient twilight. They also press him forward in time: Redburn has lost his afternoon. Advancing into the gloom of twilight, he no longer occupies the midday promise of good health and American innocence. Recall how Stowe described slavery as an "institution" that "carry[s] us back to the twilight of the feudal age" (3). With warehouses of cotton blocking out the sun, Redburn enters and encounters the twilight age not on the plantation but in the urban center of the slavery enterprise. This subterranean zone at once pulls its objects back in historic time (to a kind of twilight/feudal age) and pushes him forward in time, prematurely aging him. By doing so, the wail threatens all that Redburn represents—newness, health, innocence, and a promise of eventual progress.

In order to re-situate himself, Redburn performs his empiricist, reformist identity only to be confronted with a distinctly choleric scene that further troubles his sense of self and time. He looks through an "opening which communicated downwards with deep tiers of cellars" and, "fifteen feet below," he finds, "crouching in nameless squalor, . . . the figure of what had been a woman" (209). In "her blue arms folded to her livid bosom" rest "two shrunken things like children" (209). Redburn describes the bodies of these figures using a choleric vocabulary that recalls Dr. Geer's description of Bridget Gilligan's "pinched and sharpened visage," and "corrugated, blue" appearance (46). Though presumably dying of poverty and starvation, this subterranean family expresses choleric symptoms, and Redburn registers them as a form of materiality distinct from personhood. He describes what *had been* a woman and *things* that are *like* children. They have lost, apparently, what formerly made them thinking, feeling humans. Redburn already counts them among the dead: "I almost regarded them as no more" (209).

The family shares another crucial similarity with the choleric patient: they reside below

the earth. Like the Gilligans, who live in a dingy, rear basement, this family lives in squalor fifteen feet below the street. Indeed, Redburn's description of the family is uncannily similar to key aspects of Geer's report. Like Redburn, Geer descends into the earth, entering a "miserably damp and dark" basement to find the choleric subject (46). Responsible empiricists that Geer and Redburn are, they each gaze upon the scene and stay under the earth only long enough to assess the situation, collect the adequate data, and describe choleric symptoms.

The language that depictions of starvation and cholera share in this moment trouble the boundaries between "natural" illness and human-made calamity. The resonance suggests that poverty—the result of social neglect and an economic system tethered to slavery that siphons resources to a fortunate few—is a kind of human-induced ailment. Poverty like cholera drains certain bodies of nutrients needed to survive. At the same time, Redburn's descriptions also call the naturalness of cholera into question. Like starvation, cholera is a byproduct of the unequal distribution of material resources. It troubles most those worn down by want and stripped of health by the hierarchal organization of the commercial world. Of course, the choleric vocabulary used to describe the family could also hint that they have the disease—a reading that becomes more applicable when we learn that the neighborhood does not want to aid the family because they might have to convert the warehouses into hospitals, a fear discussed later.

Whatever the case, the subterranean, pseudo-choleric subject resides below and temporally out of sync with and, therefore, excluded from the modern world-order. Within this schema, the choleric subject can only make claims on modern surface dwellers by wailing. When first looking at the family, Redburn assumes they are dead: "They made no sign; they did not move or stir; but from the vault came that soul-sickening wail" (210). Because the family does not speak, gesture, or move, Redburn initially numbers them among the dead. However, their

wail makes Redburn recognize their status as living beings, a paradox that leaves him stricken. The phrase "soul-sickening" gestures of course to an emotional reaction; the wail makes Redburn despair. Yet if Redburn represents and epitomizes health and able-ness, the wail also pulls him into the realm of sickness, marked by an accompanying temporal shift into twilight. It forces him—however temporarily and metaphorically—to dwell with the subterranean subject. The wail reminds Redburn that other bodies suffer while he remains in good health—but also perhaps that his own health is temporary. It is only a matter of time before he too must join their subterranean world.

Redburn responds to this confrontation with the materiality of human bodies, and with his own inevitable burial and decay, in much the same way Dr. Geer does when he surveys the scene on Orange Street. Both attempt to reconstitute themselves through inquiry, squeezing information from the surrounding neighborhood. Redburn goes out into the street "hoping to meet there some ragged old women," who might provide him with insights (210). "Accosting one," he asks if "she knew of the persons" buried in the cellar (210). The woman responds in the negative, but Redburn tirelessly pursues his inquiry. Like Geer who expands upon the destitution and idiocy of the people of Orange street, Redburn describes the citizens of Launcelott's-Hey in degrading terms. Finding out the identity of the family has become the mission of a social archaeologist rifling through layers of human sediment. Neither Redburn nor Geer can fathom the possibility that the residents of these respective neighborhoods intentionally rebuff outsiders, who are "accosting" them. In the end, Redburn manages to learn the subterranean woman's name: Betsey Jennings, who, according to one woman, "desarves" what she gets for having children out of wedlock (211; sic).

The similarities between Geer's report and Redburn's account are revealing: the American

innocent and would-be reformist shares the same language and disposition as the xenophobic doctor. But it is the differences between Geer's report and Redburn's narration that highlight the invasive and dehumanizing sentimental logic of Melville's protagonist. Unlike Geer, Redburn responds to the scene with an expression of sympathy. Looking down upon the family, he recalls, "my whole soul swelled within me; and I asked myself, What right had any body in the wide world to smile and be glad, when sights like this were to be seen? . . . Were they not human beings? A woman and two girls? With eyes, and lips, and ears like any queen?" (210; sic). Geer's account contains no inflated appeal to humanity like the one performed by Redburn here; with this distinction, Melville appears for a moment to be offering an occasion to applaud our young protagonist. He has transcended his initial reaction; once regarding the women and children as dead material, now he recognizes their humanity. Moreover, Redburn's definition of the human seems relatively capacious. The family need not possess souls or intellects to qualify for recognition as long as they have "eyes, and lips, and ears." If the human for Stowe is a thinking-feeling individual, Redburn's definition is more inclusive—all human bodies seem to qualify.

On the surface, then, Redburn's sentimental outpouring functions as a critique of Geer's treatment of people like the Gilligans. Unlike Redburn, who eventually "feels right," to use Stowe's phrase, Geer never attends to the choleric subject with compassion. Yet Redburn is not faced with adult Irish emigrants; rather, he is confronted with the traditional objects of sympathy—women and children. While Redburn's definition of the human seems broad and inclusive, he can only articulate it when considering a type of person that his culture has trained him to pity. Would Redburn have been able to articulate his broad parameters of the human had he been confronted, like Geer, with the destitute Irish or even the ragged women, whom he queries above ground?

As the passage continues, the novel offers us more foils by which to determine the gaps in Redburn's sentimental training. After accosting the women of the neighborhood, Redburn begins to ask other people in the area to help Betsey and her children. He first approaches a policeman, who quickly disappoints: "It's none of my business . . . . I don't belong to that street" (211). Dismayed but not disheartened, Redburn turns to a nearby porter: "can't we get them out?" (211). Horrified, the porter responds, "you're crazy, boy . . . ; do you suppose, that Parkins and Wood want their warehouse turned into a hospital?" (211).[60] If Betsey is dying of cholera, her presence has the potential to cast the warehouse, which runs on standard production time, into a choleric twilight. The porter is not speaking hyperbolically: housing three small people with cholera *can* disrupt an entire cotton business. A premature night would stop trade in its tracks as efficiently as the end of the day bell. Commerce cannot carry on in the dark. Whatever the case, the residents of Launcelott's-Hey, the city officials, and the cotton moguls want Betsey's family to remain buried.

On the most basic level, then, Redburn's narration of the scene at Launcelott's-Hey critiques the callous disregard in which modern society holds the poor and the sick. Redburn highlights the gross negligence of the police and the cruel reaction of physicians like Greer. However, as Redburn begins to interact with Betsey, his benevolence and his efforts at delivering aid are problematized. After failing to get someone else to look after the family, Redburn decides he has a moral responsibility to "care" for them. He steals some bread and cheese and fills his hat with water. With these victuals in tow, Redburn "contrived to descend," yet again, "into the vault," but "there was hardly space enough" for him to stand (212). The space seems designed to

[60] During cholera outbreaks, city officials often converted warehouses or school buildings into makeshift sick-wards because regular hospitals wouldn't take cholera patients (Rosenberg 29, 107).

keep people like Redburn out. It is a "secluded spot" that "did not obtrude upon any one" (211). Betsey does not want to be found. She has hidden her daughters in a place that a grown man cannot enter easily—a spot that a diligent policeman might overlook, a spot that a "good-doing" American would not feel comfortable in. Redburn's help is not only unsolicited, it is unwanted. His efforts violate the family's privacy and disrupt their painful but otherwise secluded death.

While Redburn does not perform obvious violence—the kind perhaps Betsey thought about when she hid her daughters—his actions are physically obtrusive. After getting into the cellar, Redburn hands out his crumbs to the young girls, but "the woman spoke not a word and did not stir" (213). Discouraged by her refusal to pay him homage, Redburn tries to extract the desired response to his assistance by force: "I tried to lift the woman's head; but feeble as she was she seemed bent upon holding it down" (213). Redburn touches Betsey, whom he refuses to call by name even as he recounts the story years later, and tries to force her to look at him. Extending help and expressing sympathy, he assumes he deserves gratitude and submission. And Betsy, though starving or ill, uses all her strength to resist Redburn's assault. The sentimental object refuses to participate in the scene Redburn has choreographed.

This aggravates Redburn, who becomes aggressive as his curiosity grows: "Observing her arms still clasped upon her bosom, and that something seemed hidden under the rags there, a thought crossed my mind which impelled me *forcibly to withdraw her hands*" (213; my italics). Redburn pries Betsey's hands apart to catch "a glimpse of a meager little babe" that had "been dead some hours" (213). The passage reveals Redburn's sympathetic care to be a violation—he has torn Betsey's baby from her breast. Furthermore, Redburn seems unaware of the emotional and physical violence he commits. The guise of good will, the cloak of American benevolence, hides all crimes in plain sight, tricking even its perpetrators.

This subterranean, quasi-choleric moment does more than just reveal insidious workings of benevolent facades; it also throws our sentimental reformer into crisis. Redburn's interaction with the underground family momentarily uproots his own assumptions of care, charity, and moral correctness. Returning to the street, Redburn contemplates his behavior: he "almost repent[s]" that he "brought them any food; for it would only tend to prolong their misery" (213). Soon he is struck with a decidedly unsentimental thought: "I felt an almost irresistible impulse to do them the last mercy," by "putting an end to their horrible lives" (213). He would have "done so" had he not have "been deterred by thoughts of the law" (213). Redburn's rhetorical decision to dress murder as a "mercy" might give us pause. The moment illuminates the uneven logic of antebellum charity. In its extreme, it repackages murder to the sentimental subject's credit.

Yet this imagined "mercy" seems almost less violent than Redburn's previous acts, which have in fact exacerbated Betsey's suffering. Does the choleric subject force Redburn to acknowledge the perversity of his previous overtures, and does the novel offer murder as an ethical course of action even if it is forbidden by law? Whatever the case, the thought of fatal violence pauses Redburn's agenda of "benevolent" intervention and illuminates the destruction that can result from this course of action. While Redburn has been able to adhere to the sentimental script until this point, the choleric subject finally makes him deviate from his inherited sentimental logic and his own performed identity. Indeed, the choleric subject threatens the integrity of the modern subject. In the end, Redburn cannot adhere to his sentimental training even as he attempts to narrate the events according to the constraints of the genre.

Redburn's moment of revelation is short-lived, however, and eventually he does what he must to maintain his modern sense of self and his salubriousness: clean up the unsightly. While Redburn never re-enters Betsey's vault, he does continue to drop bread down the hole—until,

one day, the bread "remained untouched" and a horrible smell ushered from the cellar (213). Redburn informs a policeman that the family has died, and, soon "in place of the woman and children," he finds "a heap of quick-lime" (213-214). The fact that Redburn is as concerned with sanitizing the vault as he was with aiding the family demonstrates how linked these two functions are. The scene again recalls Geer, who arrives only after his patients have died, and who ends his visit by calling in a sanitation team. Both Liverpool and New York let their respective families suffer for a lengthy period, and both promptly clean them up after death.

Cholera heightened the fear of human "waste"—literal feces but also the ailing byproducts of a modern, commercial economy, the Betseys and Jacksons of the world—and it provided an uncomfortable reminder of human materiality. In response, modern cities did not care for the most vulnerable, instead they cleaned up choleric remains and kept them buried out of view. In *Redburn*, the subterranean, choleric wail, revelatory but not revolutionary, testifies against this system.

Cholera among the Irish: Race-Making and Iterative Colonial Violence

On the *Highlander's* return journey, an outbreak of disease among the Irish emigrants crammed into the steerage brings cholera to the foreground in its relation to time, racial formations, and subterranean subjects. There is no critical consensus on what malady befalls the emigrants in *Redburn*. Yet the epidemic, which is often glossed as a plot point rather than an episode worthy of significant analysis, has hardly inspired a contentious debate. William Gilman, the only scholar to write a book-length study of the novel, identifies cholera, and other scholars seem to agree (222).[61] Sari Edelstein assumes the illness is typhus, which, like cholera, caused

[61] Also see Callow and Reilly 117; Patton 918.

vomiting and diarrhea and struck Irish emigrants hard (572).[62] Robert Levine refers to the outbreak as a "fever," the term Redburn himself uses ("What is the White American?" 115). This nomenclature doesn't preclude cholera. Some nineteenth-century physicians, like Thomas Henderson, suggested cholera could be a "*form of fever*" and noted that people often erroneously associated it with typhus (210).

While cholera, typhus, and fever are all valid readings of the illness on the *Highlander*, the narrator explicitly meditates on one particular disease and its relation to time—and that, as discussed below, is cholera. However, the ambiguity of the illness in the steerage is part of the point: cholera's intrusion in the novel offers an iterative vision of both illness and history. Pathogens do not reign over distinct epochs; rather, illness always plays upon human bodies—just as an endless cycle of colonial violence defines and produces the choleric modern age.

The novel frames the outbreak as a result of the Irish's coerced emigration and exploitation at the hands of the British. Right before the *Highlander* sets sail, Redburn considers why the emigrants are fleeing in the first place: famine. Despite the failure of the potato crop in Ireland, on the docks in Liverpool, Redburn notes, "you see vast quantities of produce, imported from starving Ireland," and "Irish laborers . . . daily coming over by the thousands, to help harvest English crops" (230). Redburn's observation casts famine as a human made calamity. Although a "fungus-like parasite" imported from the Americas turned the Irish potato crop into "fetid mush," inspiring nineteenth-century commentators to call the blight "potato cholera," there was still plenty of food in Ireland (Harper 447). The British government exported these crops or let them rot in warehouses, while protestant landlords increased evictions with the help of English troops, creating mass exodus and death (Nail 117-118). Melville thus anticipates what

[62] For details on typhus see Nail 19.

contemporary historians of immigration generally agree on: that, as Mae A. Ngai explains, "British colonial domination and capitalist agriculture . . . turned the potato blight of the late 1840s into a great famine," producing one of the worst demographic catastrophes of the nineteenth-century (359; also see Nail 117). Redburn's comment thus indirectly shows that the illness on the *Highlander*, like the "potato cholera," is a byproduct of colonial exploitation.

Redburn's observation also reveals how disasters like the potato blight created a cheap labor force to man a capitalist agricultural economy in England and an industrializing one in America. Food goods are not the only products that British-controlled Ireland exported. After all, the starving Irish come, as Melville writes, to "harvest English crops" (230). Ireland possessed the human capital that colonial empires and neocolonial powers, first the British and later the American shipping industry, notoriously exported and exploited.

Captain Riga's *Highlander*, along with many other American vessels docked in Liverpool, trades in the human capital that the famine makes available. In the free market, competition to transport the Irish is fierce. However, an abundance of supply (numerous American ships) does not result in cheaper fare for the consumers—a feat that captains achieved through a manipulation of perceptions of time. Due to "the great number of ships sailing to the Yankee ports from Liverpool," Redburn notes, there is great "competition among them [the ships] in obtaining emigrant passengers, who as cargo are much more remunerative than crates and bales" (279). To convince the Irish to buy passage, he further observes, captains "deceive the poor applicants . . . with all manner of fables concerning the short space of time, in which their ships make their run across the ocean" (279). The Irish are "cargo" more "remunerative" than "bales" of cotton. In this venture, the consumers are being consumed, and the captains manage this by lying about time.

The shipping industry promises the emigrants America fast. They fail to deliver, and their lies endanger the emigrants' lives without hurting the boss's bottom line. As Redburn notes, these sales pitches encouraged "the emigrants to provide a much smaller stock of provision than they otherwise would; the effect of which sometimes proves to be in the last degree lamentable; as will be seen further on" (279). The "lamentable" fate of course refers to cholera, which appears in the novel not as a result of the idiocy and slovenliness of the Irish, but as a product of capitalist manipulations of bodies and time. With immune systems compromised in part by a dearth of food and supplies, the Irish have no chance against the forthcoming illness.

Furthermore, the novel nudges the reader to acknowledge that the exploitation of the Irish is an iterative event in a global colonial project, undermining the conception of time upon which a belief in progress relies. The novel achieves this through a constant if also problematic comparison between the Irish emigrants and enslaved people forced to endure the Middle Passage. Melville begins to build this analogy by describing the emigrants' placement in the steerage of the ship. The sailors convert the space, designed to hold cargo not human beings, by moving casks and crates in order to construct bunks that "looked more like dog-kennels than anything else; especially as the place was so gloomy and dark" (277). The descent below deck, like Betsey's burial beneath the earth, casts the Irish out of daylight, into the dark and beyond the pale of the human—they have become animal-like. But their placement suggests a different equivalency to Redburn: the Irish were "packed like slaves in a slave-ship" (280).

Buried below deck, the Irish make their presence known through lamentation. As the *Highlander* sets sail, Redburn hears "the steady hum of a subterranean wailing and weeping" (280). These subterranean wails take us back not only to the Middle Passage but to Launcelott's-Hey. While the narrative has moved forward and historical time has passed, the wail remains

constant—"endless" as Redburn calls it in Liverpool—imploding illusions of progress. Linking together the Liverpool poor, the starving Irish, and enslaved Africans, Redburn discloses a global subterranean zone in which denizens are predisposed to illness and decay, their life spans violently foreshortened. However, their subterranean outbursts also threaten the modern American's conception of time.

The iterative history, revealed by the subterranean, choleric subject when she wails or erupts in illness, calls into question the linear, progressive concept of history that Redburn himself celebrates. This comes to the fore as time again becomes a point of contention between the Irish emigrants and those purveying them. Alarmed at the dwindling amount of provisions, the Irish begin to think "that the ship had played them false; and that she was bound for the East Indies" given the alarmingly long duration of the journey (300). Jackson takes advantage of the emigrants' geo-temporal confusion, spreading a rumor that Captain "Riga purposed taking them to Barbary, and selling them for slaves" (300). The psychological terror Jackson inflicts with the mention of slavery further instills the emigrants' sense that instead of moving forward in time—making it to a presumably modern America—they might be going backward. They have entered an alternative reality in which the Barbary slave trade—like the outlawed Atlantic slave trade—still exists. Redburn dismisses Jackson's cruel prank "as a ridiculous tale," and he chides the Irish for their credulity (300). However, the novel trains us to see these two temporalities not at odds but as simultaneous and overlapping. The present and future are iterations with slight variations on a violent past.

Yet while the novel offers a more accurate vision of history—one in which the colonial extraction of goods and people is ongoing—the analogies Melville draws also erase the magnitude and particularity of the violence inflicted upon enslaved Africans and their

descendants. In "What Is the White American? Race, Emigration, and Nation in Melville's *Redburn*," Robert Levine argues that Melville's depiction of the Irish drew on the tension "between what was thought of as Anglo-Saxon whiteness and Celtic not-quite whiteness" (108). Levine joins historians who have shown how Irish emigrants, unlike their German, French, English, and even Scottish counterparts, were not considered white.[63] In other words, Melville's analogies were of his time, but they also critique calculated racial formations and attest to the instability of whiteness in nineteenth-century America. Levine notes that the young narrator sometimes "reinforce[es] racial and cultural stereotypes"—reaffirming white supremacists' notions of Blackness and nativist visions of the Irish (114). However, he ultimately concludes that the novel and the older more reflective Redburn (the author figure) eventually trouble these types along with "national ideologies that have race at their center" (114).

Yet the Irish on the *Highlander* are not only victims of American race-making but also active participants who strive for whiteness. And it is cholera's intrusion in the novel and on the *Highlander,* more than any mature narrative perspective, that troubles the novel's racial categories. While Jackson and Redburn constantly draw comparisons between Irish emigrants and Black enslaved people, the Irish themselves resist this schema. In doing so, they foreclose the possibility of establishing radical solidarities that could have undermined a modern world order predicated on enslavement and other forms of unfree labor.

The Irish resist being coded Black directly before the cholera outbreak during a moment, ironically, in which they decide *not* to revolt against Captain Riga, the crew, and the American

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[63] See Ignatiev's *How the Irish Became White*; Dyer 52-56; Roediger 133-163. For a more recent and critical account of the Irish's role in American racial formations see O'Neill's *Famine Irish and the American Racial State*.

shipping industry. The scene reveals a moment in which the Irish become participants in rather than objects of a consensus of whiteness. In Chapter LVII, "Almost Famine," the Irish, undersupplied for the length of the journey, begin to steal food. If the *Highlander* threatens to take the Irish back in time to rehash the Barbary and the transatlantic slave trade, it also takes them back to the time of famine in Ireland. Here British colonial rule is replaced by an American captain. Riga attempts to end the "theft" by issuing a threat: "whatsoever emigrant is found guilty of stealing, the same shall be tied into the rigging and flogged" (327). At first, this announcement causes "secret movements in the steerage" that "almost alarmed" Redburn "for the safety of the ship" (327). He is clearly thinking of potential mutiny—the possibility of "an irruption of [Irish] barbarians" (230), not so different from the "slumbering volcano" famously depicted in "Benito Cereno" (163).

However, despite the secret whisperings, "nothing serious took place" (327). Revolt is averted through an unspoken consensus between Riga and the Irish, who "acquiesced in, or did not resent, a signal punishment which the captain caused to be inflicted upon a culprit of their class, as a substitute for a flogging" (327). Rather than revolt, that is, the Irish "acquiesce" to punishments, some of which are absurd—Riga makes the men wear canisters around their bellies—as long as they are not whipped. Redburn contemplates Riga's motives for this de-escalation: "no doubt he thought that such rigorous discipline as *that* might exasperate five hundred emigrants into an insurrection" (327). The problem is not the cruelty of inflicting harsh punishment for stealing food to survive but the specific association in the cultural imaginary of *that* punishment—whipping—with the treatment of enslaved laborers. This is why Melville rails against flogging in his next novel *White-Jacket*, which critiques whipping punishments in the US Navy precisely because in the act you witness "a human being, stripped like a slave [and]

scourged worse than a hound" (138). It can transform an "American-born citizen, whose grandsire" may have poured "out his blood on Bunker-Hill" into an inhuman "slave" (146). Whipping a member of the navy threatens the white, American citizen by disregarding his presumably traceable blood, sacrificed during the Revolution. Within the logic of the two novels, to be whipped is to lose both American identity (prospective, in the case of the emigrant Irish), whiteness, and liberal personhood.

Riga and the Irish thus form an uneasy racial alliance that averts the possibility of insurrection. Wearing canisters around their bellies, the Irish will be bumbling fools rather than lose their chance at claiming a white identity. Rather than revolt as a force of five hundred against the systems of power that wield the lash and control the stakes of race-making in America, they "acquiesce" and indeed do "not resent" joining a consensus along uneven terms by policing certain racialized lines of punishment. The tacit agreement between the Irish and Riga neutralizes the threat of insurrection by finding a common ground regarding the Irish's liminal racial status. Cholera's subsequent appearance, however, troubles this consensus.

In the chapter directly following "Almost Famine," cholera breaks out in the steerage—mirroring the very "irruption of barbarians" that did not come to pass in the figure of a revolt. Redburn begins the chapter with an account of time, linking illness inextricably to issues of temporality: "Although fast-sailing ships . . . have frequently made the run across the Atlantic in eighteen days" sometimes other vessels take "forty, or fifty, and even, seventy, eighty, and ninety days, in making the same passage. Though in the latter cases, some signal calamity of incapacity must occasion such great detention" (329). The *Highlander* is not a "fast sailing ship," and it will encounter, due to its slow sailing time, a "calamity of incapacity": in this case, cholera. Refocusing our attention to the *Highlander*'s journey time, the narrator nudges the reader to

recall the temporal con games of the American shipping industry.

When cholera does break out, Redburn attempts to measure the disease by recording its progress, tallying infections and deaths. Patients "rapidly" grow "worse" and within the course of a paragraph the illness spreads, infecting two more people: by "four o'clock" the next morning, "the first four died" (330, 332). On the seventh day, Redburn recalls, "we buried three; the next day one, and then the pestilence left us" (335). The chapter reads, at least in part, like a log-book charting the progress of the illness in time. This is odd considering that for most of the novel we often don't know what decade we are in; Melville places us during the famine (1846-48), which directly preceded the novel's publication in 1849, only to suggest that the events of the novel happened "long ago" (337). The choleric period is the only episode in the novel in which we know how long an event lasted—and how quickly the illness ravaged the Irish.

But despite Redburn's efforts to contain cholera by cordoning it off in its own epoch of illness, the outbreak ultimately reveals the futility of measuring illness and time. Cholera collides with a storm, arresting linear time—the passage of days, hours, and deaths that Redburn tries to capture in his narrative. During the outbreak "the doomed craft beat on; now on this tack, now on that; . . . scarcely making an inch of progress toward her port" (333-4). The *Highlander* cannot move forward through space or time, and it almost seems to spasm, moving violently and without volition. And soon, as "the waves ran in mountains[,] . . . the Highlander rose and fell like some vast buoy on the water" (334). The ship begins to function on a subterranean temporality moving down into the sea, rising up only to further fall. While the illness affects only the Irish emigrants, leaving the affluent cabin passengers and the sailors untouched, it jolts the whole ship out of standard linear time, making it dwell in spasmodic stasis.

The outbreak also shows the cyclical nature of history. As the *Highlander* falls into the

sea, "shrieks and lamentations were driven to leeward," and the crew "gave to the gale the blackened bodies . . . of the dead" (334). The screams recall the "subterranean wailing" Redburn describes at the beginning of the journey and, of course, Betsey. The wailing takes us back in novelistic time, evoking previous moments in terms of this choleric scene. The novel, like its ship, doesn't move forward, touching on new events; instead, it cycles through related traumas. And, as the sailors drop cholera "blackened bodies" into the sea, the scene also summons the *Zong* massacre, in which a slave ship, owned by a Liverpool company, infamously threw overboard enslaved Africans stricken with illness in order to collect insurance money (Burnard et al 215-217). Cholera becomes another instance of, and also embodies, the iterative colonial violence rapidly draining life from those it afflicts. No progress has been made, no evolution charted. The cholera outbreak on the *Highlander* reveals history as perpetual spasms of violence rather than a forward-moving journey through time.

The episode also shows how easily race can be unmade. If the Irish have formed a consensus with Riga, cholera dissolves it by "blacken[ing]" the Irish fast—a turn of phrase not out of place in nineteenth-century medical discourse on the disease. Recall Dr. Boisseau's description of cholera turning the body "a livid, purple, black or brown aspect" (36). Cholera undermines definitions of race predicated on skin color, revealing race and health to be intertwined and temporally contingent categories—matters of hours and minutes not just historical position. However, on another level, if the Irish have traded hunger for whiteness, cholera voids this agreement by claiming the Irish for its subterranean set, marking them as hull dwellers, emboweled beings, and sick not-quite-white foreigners. In other words, in this Melvillian moment, cholera simultaneously threatens and polices antebellum racial formations and social hierarchies.

And, yet, the affluent cabin passengers most register cholera as a threat. They fear that their "whiteness" and its attendant privileges might be effaced if the subterranean illness were to defy the hierarchical stratification of the ship by overwhelming the upper decks. Redburn recounts the cabin passengers' distress: "Horrible as the sights of the steerage now were, the cabin presented a scene equally despairing. Many, who had seldom before, now implored the merciful heavens" (331). The cabin and the steerage are simultaneously in-sync and out of joint. Below deck, the Irish writhe in physical agony as cholera contorts their bodies, while, above them, the cabin passengers moan desperate prayers. In the face of the racialized threat below, the cabin passengers turn to objects and rituals that constitute their social position and racial status: "Trunks were opened for Bibles; and last, even prayer-meetings were held over the very table across which the loud jest had been so often heard" (333). The upper deck passengers forage in their material possessions, take out their books, and hold Protestant prayer meetings, all to keep the disease of the Catholic body, which is simultaneously the "blackened" body, at bay.

In the midst of this, the narrator meditates on the timelessness of cholera and its twin rituals—the incursion of illness on the subterranean subject and the hysterics of the "white" upper class: "Strange, though almost universal, that the seemingly nearer of that death which any body at any time may die, should produce these spasmodic devotions, when an *everlasting Asiatic Cholera is forever thinning our ranks;* and die by death we all must at last" (333; my italics). Though prompted by the outbreak in the hold and the cabin's response to it, the narrator's meditation seems to refer to something beyond the novelistic event. It is preoccupied with the moment "near" a generic death, which could happen at "any time" (333). Eventually, the passage particularizes, referring to a death induced by "an everlasting Asiatic Cholera" (333). However, the phrase itself defies specificity. Cholera figures as universal an experience as

death—a constant in time and history. The narrator emphasizes the inevitability of cholera and the ubiquity of the rhetorical and bodily outpourings it inspires, those "spasmodic devotions."

In this moment, the narrator also breaks down the fourth wall connecting the time of the novel to the time of reading. An old Redburn speaks directly to his audience just as a young Redburn refers to events on the *Highlander*. The "Asiatic Cholera . . . forever thinning our ranks" refers not only to the outbreak on the ship, that is, but to the one Melville was writing through at that exact moment. And "our ranks" gestures to the stratified community aboard the *Highlander* but also the divided city and nation living through its own epidemic, as they had before and would do again. The passage hails future readers and epidemics to come, cholera or otherwise. All the children of modernity live in a choleric age, Melville seems to suggest. For modernity is a capacious and continuous coloniality, which includes Andrew Jackson's presidency during the 1832 epidemic, his Indian wars, the cotton trade, British intervention in India and Ireland, and European control of transatlantic slavery.

While stressing the universality of a forever choleric modernity the passage also acknowledges the unevenness of its effects. The cabin passengers are seized by compulsive prayer, but they do not suffer from physical spasms. The novel, not immune to its own critique, is, in a way, a "spasmodic devotion" too—wild and erratic, moving at first this way and then that, feverish before descending into a mundane calm. The meta-textual nature of the passage and its underscoring of the populations that remain physically unaffected by illness reveals the unevenness of cholera's impact. While passengers on the upper decks suffer existential spasms, those functioning on subterranean time—deprived of resources and immuno-compromised—are in mortal danger.

Jackson's Demise: Hierarchies of Illness and Liberal Personhood Unmade

Importantly, there is another character who remains relatively healthy during the cholera outbreak, and his escape also has ideological stakes. Jackson evades the illness and thrives during the entire episode. He is "elated with the thought, that for him—already in the deadly clutches of another disease—no danger was to be apprehended from a fever which only swept off the comparatively healthy" (333). While Jackson's glee over the Irish's calamity registers his villainy, he possesses, relative to Redburn, a more realistic notion of health—it is a temporary state—and an arbitrary and shallow register of mastery.

Furthermore, the interplay between Jackson's tuberculosis and the Irish's cholera recalls the traditional dichotomy between the consumptive individual and the choleric mass that we saw in Stowe's anti-slavery novels. However, Jackson's sensational death possibly inverts Victorian hierarchies of illness, troubling the form of liberal personhood usually epitomized by the consumptive figure. If Redburn refuses to narrate the Irish's dissolution into bodily discharge, he describes in copious detail Jackson's decline. The symptoms of the consumptive, not the cholera patient, are described in bodily terms, and the narrative reduces the tubercular individual into matter.

Although Redburn obsesses over Jackson's body throughout the novel, his meticulous narration of Jackson's symptoms escalates right before cholera descends. Directly preceding the cholera outbreak, Jackson takes a turn for the worse: "His cheek became thinner and yellower, and the bones projected like those of a skull. His snaky eyes rolled in red sockets; nor could he lift his hand without a violent tremor; while his racking cough many a time startled us from sleep" (317-18). Consumption does not exhume Jackson's spirit from his body; rather, it emphasizes his decay, leaving behind a bodily residue—not a self. And a violent cough racks Jackson's body, causing his frame to tremble, or spasm, as a cholera patient's might.

Directly following the cholera outbreak, Jackson dies a gross and embodied death: "'haul out to windward!' coughed Jackson, with a blasphemous cry . . . . But the wild words were hardly out of his mouth when his hands dropped to his side, and the bellying sail was spattered with a torrent of blood from his lungs" (341-42). Jackson does not die peacefully surrounded by loved ones or servants, like little Eva. Rather he dies in the midst of labor, watched by strangers, who get "spotted with the blood that trickled from the sail" (342). We never see his spirit ascend to heaven. Instead, Jackson's body plunges into the ocean in a torrent of blood. In *Redburn*, the Victorian individual emblematized by consumption is not angelic but demonic, and down to the depths he will go.

While Jackson's bodily symptoms and death bookend the outbreak, Redburn refuses to narrate the symptoms of the cholera patients: "scenes ensued, over which, for the most part, a vail must be drawn" due to "the fastidiousness of some readers" (331; sic). While he has no qualms describing Jackson's bodily decomposition, Redburn draws a "vail" over the Irish's suffering. There are no direct mentions of diarrhea, no close-ups of bodies contorting in pain. However, Redburn hints that all these things are happening. After the outbreak, he recalls the "buckets-full of defilements" that the crew cleaned out of the steerage, which, according to him was more like "a stable, than a retreat for men and women" (335). This reference, not to mention Redburn's ambivalent treatment of the Irish throughout the novel, might give us pause. Is the "vail" drawn over they emigrants' symptoms for their benefit? Redburn admits he will not narrate certain scenes to appease his "fastidious" readers, but he does not mention any desire to shield the Irish.

Yet the wryness of the comment suggests the narrator disapproves of these Victorian readers and, possibly, the literary consensus around the non-narratability of cholera. Perhaps,

even, the novel frowns on hiding excrement—on shying away from the human materiality that cholera makes visible. If so, the juxtaposition of Jackson's consumption with the cholera outbreak can be seen as a kind of rebuttal to nineteenth-century literary manners. In other words, Melville makes the consumptive figure—the one that represents Western personhood par excellence—perform the work the choleric body usually does, which is to confront readers with embodiment, make them realize they are *all* materiality.

However, the slipperiness of Melville's narrator not to mention the ambiguous status, racial and otherwise, of both Jackson and the Irish, make it hard to say definitively what the novel thinks about health, cholera, consumption, colonialism, and racial politics. Does the novel deploy illness to undo or reinforce constructions of racial identity and liberal personhood? Does it ultimately endorse young Redburn's vision of American health and benevolence? Or are we supposed to recognize the truth that the villain Jackson embodies and that the choleric wail implores us to acknowledge—that the discourse of benevolent American health masks a colonial past that persists in the present? The novel oscillates on most of these topics, leaving us no time to take the ideological temperature of a text itself written in a time of cholera.

Yet with some certainty, we can conclude, as others have, that the novel recognizes the injustice Irish emigrants faced. Robert Levine explains that "as part of its reformist strategy, . . . the novel attempts to make its readers see and hear those who are literally and metaphorically in the hold" (116). The novel lays bare the horrors of the American shipping industry and advocates for changes to immigration policy. Ultimately, Melville leans on a belief in the eventual promise of American charity. And the cholera outbreak—both the fictional one on the *Highlander* and the historical one Melville was writing amidst—inspires one of the most deeply reformist passages in the author's corpus:

> Let us waive that agitated national topic, as to whether such multitudes of foreign poor should be landed on our American shores; let us waive it, with one only thought, that if they can get here, they have God's right to come though they bring all Ireland and her miseries with them. For the whole world is the patrimony of the whole world . . . . We talk of the Turks, and abhor the cannibals; but may not some of *them* go to heaven before some of *us*? We may have civilized bodies and yet barbarous souls. We are blind to the real sights of this world; deaf to its voice; and dead to its death. And not till we know, that one grief outweighs ten thousand joys, will we become what Christianity is striving to make us. (338-9)

There is much to admire in this swelling passage that appeals to the shared humanity of the world. Let emigrants come to the United States; let them come with dignity and respect. They have as much right to the country as any other to their universal patrimony. Barbarism exists not in Ireland or in Turkey but in the souls of "civilized" Americans, who shut their borders and close their eyes to the sight of human suffering. As an alternative to this xenophobia and isolationism, Melville presents a vision of a global community of caring in which the "one grief" of any member of humanity is taken seriously. But for all its generosity and honesty, Melville's strong critique of US emigration policy relies on a sense of cultural and religious superiority that assumes Christian America has a particular temporal quality and historical destiny: its time is in the future, and the future *will be* better. Progress is not only possible, it is inevitable.

In other words, this passage exemplifies the US's above-deck neoimperial program: the nation will eventually make the world better through benevolent care, doled out by healthy American bodies. Throughout the novel, cholera constantly intrudes on this project. Springing

from below-deck, the disease reveals US benevolence to be predicated on so many disavowals: a disavowal of emboweled embodiment, a disavowal of a dirty past that isn't past, a disavowal of modernity's non-beneficiaries. And, ultimately, Melville leaves us with his own act of sanitation. He articulates a vision of global inclusivity that nonetheless maintains the US's status as a superior nation that will one day redeem the world. If "the whole world is the patrimony of the whole world," America is figured as its soon-to-be just and able-bodied patriarch.

With this in mind, Jackson's demise offers a warning: reform, be better, fulfill your Christian destiny, or be doomed. The novel condemns the "barbarous souls" of America (all its Jacksons), but it still privileges the healthy among its "civilized bodies." It believes in the strapping Redburns of the country *because* they are strapping. Like the young nation, one day this healthy youth will come into his own and assume proper benevolent leadership despite his early, bungled attempts at care.

Scholars use this logic to distinguish between the young Redburn and the old Redburn, our figure for Melville—and it is this logic that I argue cholera's intrusion in the novel powerfully implodes. Robert Levine suggests that when Redburn "speaks directly to his readers about the failure of current emigration policies, he does this through the perspective of the older retrospective narrator, not the younger man whose racism has to be seen as part of his greenness" (116). What are the implications of suggesting that racism is something that individuals and nations inevitably outgrow—that it is a product of innocence or "greenness"? There are many, and Melville helps us to see them more clearly in "Benito Cereno," a text rooted in reassuring myths about benevolence and health that in some ways rewrites *Redburn*'s tale of insurrectionary murmurings followed by the outbreak of disease.

The Critique of Reform Time in "Benito Cereno"

If *Redburn* ultimately puts hope in the US's "civilized bodies" and the promise of gradual progress under the auspices of American good will, "Benito Cereno" more concretely theorizes and explicitly critiques notions of American benevolence, health, and reform. While cholera does not appear in this fictional foray, the novella depicts another kind of subterranean eruption—a revolt of enslaved people. In a sense, the novella offers an inversion of the illness episode on the *Highlander*. In *Redburn*, we anticipate an Irish uprising only to get a cholera outbreak. In "Benito Cereno," we assume the *San Dominick,* a Spanish slaver, has been wrecked by disease, only to find out that illness masks a revolution. The novella's protagonist, the middle-aged Captain Amasa Delano, is, to a certain extent, an iteration of the Redburn type—older but not wiser. Time has not made the prototypical American better; rather, it has allowed him to assume a new role as an emissary of neoimperial power, emboldened to extend his influence in "aid" in the hemispheric Americas.[64] "Benito Cereno" picks up themes, character types, and plot points central in *Redburn*, a transatlantic tale, and reworks them to reveal that benevolent US hemispheric intervention is a sham that relies on the standardization of time, a belief in progress, and imperialist assumptions about where bodies should be in times of illness.[65]

Captain Amasa Delano is not just from the United States, he is "the American"—a representative man and a synecdoche for the nation (158). What is the US American's ultimate quality? Delano has "a benevolent heart" (110), and his "nature," the narrator assures, "was not

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[64] For scholarship on "Benito Cereno" and hemispheric intervention see Sundquist 137, 143; Rowe 82-84; Gillman and Gruesz 231-234.

[65] Scholars have shown how the novella reveals that American racism and a nationalist sense of time warp perception. See Sundquist 135-221; Freedburg 93-131; Yao, "Visualizing Race Science in Benito Cereno". For scholarship interested in the novella and issues of time see Luciano 206-223; Ross "Babo's Heterochronic Creativity"; Sugden 70-144. I am adding that normative ideas of health and illness were central to the racist, national outlook and orientation to time.

only benign but . . . humorously so" (201). Already the narrator nudges us to read Delano's goodness as a ridiculous joke. However, American benevolence is more than a laughing matter. On the surface, Delano's benevolence makes him a "charitable man," just like Redburn (171); and, just as the choleric subject revealed Redburn's charity to be the opening act performed before the modern cleans-up the unsightly, the novella reveals Delano's charity to be an overture of self-serving gain that relies on assumptions about how time and illness work on raced bodies.

Delano's outlook and sense of goodness rely on normative ideas of health and illness, which cause him to misread events on the *San Dominick*. Upon seeing the ship in distress, like Redburn, Delano jumps into action and investigates. The reader and Delano will eventually learn that things are not as they first appear onboard—formerly enslaved people have revolted and are now in possession of craft and crew. To trick the American, Babo, the rebellion's leader, has everyone pretend that the West Africans are still in bondage. They explain the circumstances of the ship—the small number of Spanish sailors, the lack of discipline, and the ship's low supplies—by telling a story of illness: "All poured out a common tale of suffering . . . the scurvy, together with the fever, had swept off a great part of their number, more especially the Spaniards" (117). At first, the trustful Delano, takes the story at face value—plague has killed the Spanish sailors. As Anna Brickhouse explains, Delano "misses the most telling flaw of the original illness narrative[:] . . . a higher survival rate among those with the least access to food, water, space, rest or oversight over their own bodies" (43). Perhaps Babo and his company anticipated Delano would be unwilling or unable to admit that communities stripped of basic resources might be more susceptible to the ravages of disease. To do so would require recognizing the American myth of equality and benevolence was a veneer obscuring dark truths, in this case, enslavement and the uneven distribution of health, illness, and time.

Instead, like Redburn before him, Delano misreads the situation and sees his physical strength as a justification for his intervention on the *San Dominick*—others are sickly and weak so he must provide aid. The physical arrangement of the scenes of charity, in both "Benito Cereno" and *Redburn*, show that the strapping American body is unwelcome. Just as Redburn finds himself hemmed round in the hole at Launcelott's-Hey, once stepping onto the *San Dominick*, Delano "was at once surrounded by a clamorous throng" that he must continuously "struggle through" when moving about the deck (116, 120). Though above ground, Delano, like Redburn, who cannot stand erect in Betsey's basement, feels physically constrained. The space of the subterranean subject—the den of poverty or the deck of revolt—hampers the strapping American, who invades a space staged to keep him out. If Delano and Redburn deploy fantasies of physical health to justify intervention, the subterranean space, to a certain extent, hampers their "strong" bodies—crowding and stooping them—revealing the precariousness of these ideologies. A change of scenery destabilizes the myth of ableness and health.

The healthy American can only attempt to reconstitute himself by defining his body against an ailing colonial foil. The ship's Captain, Benito Cereno, is also ill, and, in Delano's mind, Cereno's state explains the disarray on board, affirms Delano's assumptions about health and mastery, and is a source of both solace and suspicion. Another iteration of the consumptive type, Benito Cereno had "a tendency to some pulmonary complaint," and his "distempered spirit" resided in a frame that "was almost worn to a skeleton" (123). Here is our affluent consumptive whose sensitive nature—his nervous spirit—makes him unfit for embodied life. While shocked at the disorder of the ship, Delano rationalizes it by considering Cereno's illness: "Had Benito Cereno been a man of greater energy, misrule would hardly have come to the present pass. But the debility, . . . bodily and mental of the Spanish captain, was too obvious to

be overlooked" (122). Delano relies on the same assumption about mastery that Redburn ascribes to. If health bestows authority and endows one with the right to rule, illness causes the disintegration of discipline and control.

Delano recognizes Benito Cereno as a consumptive patient in the biological and literary sense. In other words, he sees a man dying of a real ailment, but he also sees a legible cultural type. Wasting away, Cereno needs, like every consumptive individual, the aid (not only that which Delano will soon extend) but the attendance of a fastidious servant. "No wonder," Delano thinks, that while "in this state" Cereno's "private servant apprehensively followed him" (123). Delano's preconceived notions of consumption make Babo's act as the submissive servant more believable. We need only recall little Eva and R.H. Gile's painting to see the fawning servant propping up the consumptive patient as a cultural set piece of tuberculosis. Uncle Tom's assiduous attendance of ill Eva and Delano's ready acceptance of Babo's assistance suggest that, in the Americas, the consumptive figure could and often would have been specifically attended to by an enslaved person. Babo stages this cultural trope to put Delano at ease. The theatrics aboard the *San Dominick* take advantage of Delano's assumptions about what sick bodies can and cannot do, how illness works on persons and populations, and how wellness and debility positioned Black bodies in space and time (at the elbow of the white consumptive patient).

Cereno's consumption codes Babo's attendance as "natural," it is a tableau Delano expects and knows how to read, and it reassures Delano that the state of affairs on the *San Dominick* is normal, the likely result of sickness and catastrophe. Delano also uses consumption to constitute himself as a modern exemplar of health, affirming his perceived placement in the world and in time. Delano notes that Cereno is an anachronism: he was "the image of an invalid courtier tottering about London streets in the time of plague" (137). For Delano, Cereno resides

in a plague-ridden past, while he inhabits a healthy and progress-based present.[66] Yet Cereno also threatens Delano's temporal position. Cereno's timeless invalidism, which inspires disarray, should belong in the past, and its intrusion, to a certain extent, makes Delano uncomfortable. Cereno's presence hints that "the time of plague," both of medieval Europe and of the *San Dominick's* recent past, could come back. Like Jackson before him, Cereno's consumptive lingering demonstrates that the colonial past persists in the present. However, in this iteration of the consumptive story, Melville shows that the moral and temporal separation between the healthful American and his ailing colonial foil is less secure than Delano thinks. Redburn never doubts his health or sense of moral superiority. Jackson is a villain, but he is not a *threat* to the young American. On the other hand, Cereno, whose moral status in the American's eyes is decidedly ambiguous, consistently makes Delano uneasy.

Temporal departures from modern standardized time linked to illness continue to threaten Delano's sense of self. Indeed, Delano's mind begins to swarm "with superstitious suspicions" when he hears the "echo of the ship's flawed bell" reverberating in the ship's "subterranean vault" (229). If Cereno makes Delano uncomfortable because he makes visible the artificial boundary between past and present, the irregular clock ringing below deck hints at a potentially subterranean rupture—a revolt this time instead of cholera—that might suddenly overwhelm the US national body, in an instant. To offset the flawed bell and plague anachronisms, Babo directs theatrics that make Delano feel more comfortably embedded in time. Babo has Atufal appear on the hour to be disciplined by Cereno—a display that standardizes the *San Dominick's* otherwise irregular clock and remedies the sick-subterranean time that the ship runs on. Delano responds well to the scene, complimenting Cereno on his "tall man and time-piece" (223). Babo

[66] For a similar reading see Brickhouse 42.

successfully recreates standard US time, revealing it relies on the regular subjugation of Black bodies.[67]

Delano's standardized sense of time and belief in American health continue to be his main source of confidence—his belief in his own security and in Babo's story. When Delano again begins "to feel a ghostly dread of Don Benito" (161), he reassures himself of his safety by meditating on his own salubriousness: "when he [Delano] roused himself, dilated his chest felt himself strong on his legs, and coolly considered it—what did all these phantoms amount to?" (161). Delano considers his strength by breathing deeply and easily—exactly what Cereno cannot do. He then thinks about illness: "Was it not absurd to think" that "a vessel" depleted "by sickness" should pose a threat to the American ship strong in numbers and in body (162)? Reassuring himself that he is healthier than everyone on board, Delano dispels his suspicions. The narrator explains, "Such were the American's thoughts. They were tranquilizing" (166). A steadfast belief in physical strength and health is a "tranquilizing" myth, reassuring but always made false by time. It is also a particularly American myth that Babo uses to his advantage. Indeed, Babo's perceptive manipulation of Delano's warped sense of health, time, and race poses a significant threat to Delano's strong body.

If "Benito Cereno" shows that the American's "tranquilizing" thoughts about his body and its position in the world are flawed—based on a fantasy of permanent salubriousness rather than the real and complex intersections between illness, health, and power—the story also shows they justify economic exploitation under the guise of charity. After hearing the account of epidemic illness rehashed by Cereno, Captain Delano offers a "fresh repetition of his sympathies" and "engage[s] . . . to see Don Benito and his people supplied in their immediate

[67] For another reading of Atufal's relation to time see Ross 17-18.

bodily needs" in addition to sails and rigging (138). Delano sees an ailing vessel, a sick captain, and a diminished supply of resources and, like Redburn before him, decides to extend a helping hand. However, it becomes clear that Delano does not intend to *give* the *San Dominick* food and supplies, as both the reader and those on board first assume; rather, he wants to *sell* these items—a detail, the "pecuniary part" of his charity venture, that he fails to mention until the food and water have been consumed (216). Understandably, the *San Dominick* feels cheated: "the American observed that, though his original offer of assistance had been hailed with hectic animation, yet now when it was reduced to a business transaction, indifference and apathy were betrayed" (217). Like Redburn, Delano is upset when the objects of his profit-driven "charity" do not display the gratitude he believes his assistance and sympathy deserve—the strapping body once again possesses a deeply fragile ego. However, unlike his young counterpart, Delano desires emotional affirmation *and* monetary compensation. If Redburn hopes to earn self-congratulation and cultural capital for his sentimental display, Delano has learned how to make money off the same performance. Time has not made the prototypical American more just or caring; rather, the passage of years allows the subject to determine how to monetarily profit from his gestures of good will. Ultimately, the "aid" that Delano offers reveals the US benevolence project to be a self-interested ruse that attempts to justify economic and physical domination in the Americas.

The biggest threat to this project, besides Delano's own transparent blunderings, is Babo's armed rebellion, which could take Delano's "offerings" by force and explode American assumptions of race and health. However, even after the theatrics end and Babo and his compatriots are forced to resort to violence, making, as they jump into action, the "past, present, and future" seem "one," recalling a Messianic temporality akin to Dred's (236), Delano still

clings to his "tranquilizing thoughts." At the close of the story, after Babo has been murdered, Delano and Cereno debrief. Cereno admits that had he departed from Babo's script "death, explosive death—yours as mine—would have ended the scene" (266). He defines his slow consumptive decline against eruptive violence, a symbolically choleric death, which would have decimated not only the two men's lives but also Delano's self-assuring assumption of health in an explosive instant. The slow time of consumption and Cereno's careful proceedings have enabled Delano's confidence to remain intact.

In the end, Delano not only retains his assumptions of health and time but imposes them on the natural world. Tired of Cereno's gloominess, Delano tells his companion, "the past is passed; why moralize upon it? Forget it. See, yon bright sun has forgotten it all, and the blue sea, and the blue sky; these have turned over new leaves" (267-8). While Cereno remains haunted, Delano looks to the present and future. He believes that time progresses and that tomorrow holds sweet promises. The sun, the sea, the sky, the trees all grow and change according to the US American's view of history and time. Like him, they forget and move on, living in a perpetual newness. Delano's victory and what it represents—a US neoimperial world order, which has inherited by force both English and Spanish colonialism—has reset the clocks of the natural world to an eternal springtime season of progress, in which winter storms and all subterranean events (volcanos, enslaved uprisings, cholera) can be forgotten. In other words, Delano believes in a benevolent Nature that affirms and represents his vision. For Melville, on the other hand, the insistence on nature's essential benevolence is a ruse that Western modernity uses to disguise an iterative form of coloniality and spasms of perpetual violence. To debunk the con of nature's benevolence, Melville develops a corresponding theory of nature's malignancy and explicitly links it to Anglo-American imperialism—and cholera—in *The Confidence-Man*.

"Nature is good Queen Bess": Cholera and Consumption in *The Confidence Man*

Scholars have long noted that *The Confidence-Man* renders disability and health as socioeconomic constructs—the product of laws, business practices, pay inequities, built environments, cultural morays, medical practices, etc. that both define debility and strip certain bodies of rights and physical health.[68] One can see why disability scholars have gravitated toward the novel. It is full of bodies that depart from norms of perceived health and who perform their own debility in order to get their disproportionately small cut of the pie. The novel's treatment of contagious disease, and more specifically of consumption and cholera, offers a similar portrait. In the novel, health is the exception not the rule. Illness is so rampant on the *Fidèle* that it generates its own business—the infamous herb-doctor peddles promises of a cure driven by the benevolent influence of nature. Ultimately, while consumption's lengthy temporality allows for extended confidence in the herb-doctor and the natural world, cholera becomes a useful conduit through which to consider the malignancy of nature as an emblem for a modern epoch marked by continuous colonial violence.

The consumptive figure and the herb-doctor enter the novel together. We first hear of the herb-doctor when we meet the miser, an old man with tuberculosis, who has traveled around the United States in hopes of a cure. We meet the herb-doctor in the next chapter as he attempts to sell another, more affluent, consumptive character, "the sick man," his "Omni-Balsamic Reinvigorator" (91). The novel conjures the herb-doctor, or he instinctively arrives on scene, at the sound of a cough, appearing as the consumptive's conjoined twin. Melville explicitly makes this analogy when he depicts the old miser leaning on the herb-doctor with an "air of trustful

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[68] See Snyder's and Mitchell's *Cultural Locations of Disability*; Samuels's *Fantasies of Identification: Disability, Gender, Race*; Yoshiaki Furui's "'Secret Emotions': Disability in Public and Melville's *The Confidence Man.*" For disability studies and Melville more broadly see Castiglia, "Approaching Ahab Blind*"* 14-24.

fraternity with which, when standing, the less strong of the Siamese twins habitually leans against the other" (123). The allusion to Chang and Eng Bunker, conjoined twins who briefly toured with Barnum's Circus, reveals the interdependency of the consumptive patient and practitioners who peddled a belief in the gradual return to health.[69] Business takes advantage of the lengthy period of consumption, and a captive and desperate consumer base facilitates the growth of a parasitical twin. While the miser physically leans on the herb-doctor, the latter economically depends on the former.

The Bunker twin analogy also suggests that the consumptive tableau, like the twin circus act, was a legible cultural display—something American audiences expected and wanted to consume—which, as we have seen, Babo takes advantage of in "Benito Cereno." Here the act is a tragic joke and uneven alliance. The miser leans on full belief of the "fraternity" he shares with the herb-doctor, who has just swindled him out of his entire estate and who cringes with disgust at the miser's proximity to his own "healthy" body (he is the "stronger" twin). The image unmasks the "civilized bod[y]": he is a quack physician who profits off illness under the guise of good-will. The allusion also shows that the diseased body and the healthy body are *the same body*; conjoined, they share blood, cells, and organs. It reveals that health and illness (the strong and weak twin) are, in their very interdependence, as much cultural constructions—roles played and ways of perceiving—as biological states.

At the same time, the product the herb-doctor pushes above others is nature. Confronting the affluent consumptive, an iteration of little Eva and Benito Cereno, the herb-doctor attempts to

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[69] When Chang and Eng were young, a cholera epidemic killed their father and all their siblings. Only Chang, Eng, and their mother survived. Before going to the United States, they were the primary bread winners for the family. See Spencer's "Chang and Eng: The Original Siamese Twins" and Wu's "The Siamese Twins in Late-Nineteenth-Century Narratives of Conflict and Reconciliation".

sell him his Omni-Balsamic Reinvigorator. He defines his cure against the more "scientific" therapies that the sick man has already tried—"for years," the herb doctor claims, the poor consumptive has been "the gallipot," a receptacle used to hold medicines, of "experimentizers" (91). The herb-doctor distinguishes himself from others by condemning the medical establishment's and science's hubris and positing them against his own humble and natural remedy. He scoffs at the notion that "science is now-a-days so expert that, in consumptive cases," it assumes that "by prescription of the inhalation of certain vapors" it can "achieve the sublimest act of omnipotence, breathing into all but lifeless dust the breath of life"; he refers here to a ventilator machine the sick man has just gone to Baltimore to try (90). These scientists, or "chemical practitioners," are like "Pharaoh's vain sorcerers" (90). They offer false promises and artificial antidotes—they gesture to modernity but cast the afflicted into a primeval past. "How different we herb-doctors!", he stresses, "who claim nothing, invent nothing; but staff in hand, in glades, and upon hillsides, go about in nature, humbly seeking her cures" (90). Those other doctors use scientific art and fail. The herb-doctor will simply gather from nature and thereby restore health.[70]

The remedy for consumption, then, is to leave behind the mechanical contraptions of the industrial world, the respirators that breathe into "lifeless dust the breath of life," and return to the simplicity of nature, which the herb-doctor prescribes as an effective cure and a more genuine expression of the modern—a modernity that has now bypassed the ugly and ineffective expressions of the industrial age. His Reinvigorator is "nature's own" (92). The herb-doctor promises both social evolution and eventual cure, a forward movement into health. His scheme

[70] This depiction is also most likely a Melvillian parody of Thomsonianism—a medical regimen that stressed the importance of plant remedies and at home care as opposed to traditional allopathic medicine.

runs on the same linear reform time we see at work in *Redburn.* It also suggests a certain level of ontological inflexibility. "Lifeless dust" will remain so unless Nature herself is consulted. Nature's order is by definition salutary and beneficent; therefore, the parameters she creates must be respected. Claiming to understand these parameters, the herb-doctor introduces a logic of violent natural distinctions—the vigorous human vs. the inhuman dust—upon which he can profit.

The affluent consumptive eventually succumbs to the herb-doctor's advances. The patient buys the Reinvigorator after the herb-doctor scolds him for his "untimely . . . distrust" (91). The time of consumption, the herb-doctor stresses, must be the time of confidence: "How weak you are; and weakness, is it not the time for confidence?" (91). Suffering from an incurable malady, all the sick man can do is have confidence and put his money in the herb-doctor's pocket. As soon as the sick man pays, the herb-doctor quickly departs saying, "it may be so that I shall never see you again" (94). The careless phrase confirms what the reader already assumes, that the reinvigorator will not save the sick man, and the herb-doctor knows it. In the end, the doctor is just another member of a medical industry that takes advantage of the sick man by promising him more time—a return to health time or, in the very least, an extension of convalescence. For years, the consumptive has been sold such false temporal promises under the sign of health; today is no different.

Cholera becomes the vehicle through which the novel undermines confidence in nature's perpetual benevolence. After selling his wares to the sick man, the herb-doctor spots another potential customer: the old miser. After making sure that the herb-doctor's reinvigorator is "all nat'ral? Nothing but yarbs?" (119), the miser makes a purchase. Pitch, a Missouri backwoods man and misanthrope, observes the transaction. Pitch sells nothing and advocates for one thing:

skepticism. After seeing the old miser hand over his cash, Pitch pipes up: "Yarbs, yarbs; natur, natur; you foolish old file you!" (121). Pitch sees through the herb-doctor's act and attacks the premise that "natur will cure" an "incurable cough" (121). He asks the old miser, "who gave you the cough? Was it or was it not, nature?" (122). On the most basic level, Pitch questions the notion that only good things come from nature, reminding the miser, and the reader, that disease too is natural. His question anticipates what we now know: that pathogens like the bacteria that cause tuberculosis and cholera are members of microbial communities living in nature. But even without such knowledge at his disposal, Pitch understands that the anthropomorphizing of Nature as benevolent is only a con. To believe that nature can, will, and should cure you in time—that it is permanently benevolent toward humans or any denizens of the biological realm—is not only naïve, but it relies on an anthropocentric vision of the world; it assumes that nature will align with human clocks and confidences. This is the same logic Delano uses when he suggests that the leaves, the sun, and the sea forget as humans forget. Nature can only be "good" if you orient perception around the human individual—if you assume nature is like you, and it likes you.

As the conversation continues, Pitch reveals that the herb-doctor's reading of nature is flawed and self-interested, and cholera allows him to articulate this theory. Taken aback by Pitch's lack of confidence in the herb-doctor and nature, the old miser responds, "you don't think that natur, Dame Nature, will hurt a body, do you?" (122). He believes in nature's goodness and assumes disease is its perversion, not its inevitable product. Pitch responds enigmatically: "Nature is good Queen Bess; but who's responsible for the cholera?" (122). Either meeting the miser on his own terms or participating in the anthropocentric logic his previous comment belies, Pitch, too, personifies nature. She is "good Queen Bess." At first, the bequeathed title seems to capitulate and concede. Nature is benevolent and can therefore be captured in human terms—she

is a queen. Yet she is not just any queen. She is "Queen Bess," Queen Elizabeth the First—and while Helen of Troy might have launched a thousand ships, Queen Elizabeth launched the first English, state-sanctioned ships to the Americas. Under her reign, Sir Walter Raleigh set sail, and Virginia, the first British colony, was named after her (Cooke 86-90). Closer to home, but still on stolen land, Elizabeth centralized and expanded imperial control of Ireland.[71] Here the British practiced and developed the colonial methods of control they would soon deploy around the globe (Cooke 87). With this in mind, "Good Queen-Bess" represents British colonial intervention not only in the Americas but in Ireland, the birthplace of the cholera patients in *Redburn*. She functions as a beginning on a particular timeline—the first sovereign to initiate English colonial violence on a global scale. Her reign began an empire that would eventually invade India, dredging up and carrying a malignant form of the cholera bacteria around the world, and with it a disease that disproportionately affected communities systematically stripped of resources, time, and health by colonial exploitation.[72]

"But who's responsible for the cholera?" We might wave off the question, with one of Pitch's own mannerisms, and with a resigned shrug, say: no one, it's natural. However, Pitch's comment lays the responsibility for cholera at Queen Elizabeth's feet and at the feet of the British and American imperialist regimes that sprung from her rule. The comment reveals that the Nature sold by the herb-doctor, is not only *not* personified benevolence, but that "nature" in the time of cholera, in the modern era, is now the nature of an iterative colonization: nature as "good Queen Bess." Modernity's nature is always hardest—whether in the time of cholera or the time of Covid—on colonialism's non-beneficiaries. To put this another way: nature might not be

[71] Kane and McGowan-Doyle 12; Cheney 404, 405.
[72] "In Symptoms of Empire," Robert Peckham explains that "the global dispersal of cholera coincided with an expansion of British influence in Southeast Asia following the Napoleonic Wars" (183).

benevolent, but it is only “malignant,” like cholera, because structures of human power made it so. States of innocence or states of nature in the modern era are never benign and no amount of time, while certain modes of exploitation and violence still run, can change that.

CHAPTER FOUR

Reclaiming Time: Cholera Care and Hospital(ity) in the Work of William Wells Brown and Mary Seacole

Cholera

At the outset, hysteria.
Destruction, the conjurers intoned.
Some dragged themselves off at night
to die in the swamp, to lie down
with the voices of mud and silk.

I know moonrise, I know starrise

Against orders
the well and almost-well were assembled
and marched into the wood. When
a dry open place was found, halted.
The very weak for a piece of board
and fires were built, though the evening was warm.
Said the doctor, You'll live.

I walk in de moonlight, I walk in de starlight

Who could say but that it wasn't anger
had to come out somehow? Pocketed filth.
The pouring-away of pints of pale fluid.

I'll walk in de graveyard, I'll walk through de graveyard

Movement, dark and silken.
The dry-skinned conjurers circling the fire.
Here is pain, they whispered, and it is all ours.
Who would want to resist them?
By camplight their faces had taken on
the frail finality of ash.

I'll lie in de grave and stretch out my arms

Well,
that was too much for the doctor.
Strip 'em! he ordered. And they

were slicked down with bacon fat and
superstition strapped from them
to the beat of the tam-tam. Those strong enough
rose up too, and wailed as they leapt.
It was a dance of unusual ferocity.

-Rita Dove

"Cholera" appears in Rita Dove's debut collection *The Yellow House on the Corner* (1980), a volume critics have noted not only for launching a new poetic star into the constellation of American verse but for its recovery and repair of a violent US archive.[73] Divided into five sections, the collection's third (and central) section intervenes in a history of enslavement and racialized terror, giving, as Pat Righelato explains, "expression to those . . . whose voices have been unfairly mediated" (23). "Cholera" appears amidst poems about Belinda Sutton, one of the first emancipated people to petition a state legislature for reparations in 1783, David Walker, author of the *Appeal to the Coloured Citizens of the World* (1829)**,** in addition to lyrics written from the perspective of anonymous enslaved people and historical accounts of escape and capture. The poem, which reworks both a description of a cholera outbreak on an antebellum plantation written by the race-scientist Dr. Samuel Cartwright and the disease for which it is named, offers an opportunity to begin articulating the contours of an African-diasporic medical imagination that resists dominant modes of writing history and managing illness.

Indeed, although the poem is titled after the disease, it seems as interested in the epistemological medical struggle that ensues. Juxtaposed to the conjurers stands the doctor—a figure of plantation discipline rather than humane care. His prediction, "You'll live" (13), contradicts the conjurers' prophecies, and registers as a command rather than therapeutic

[73] See Steffan's *Crossing Color Transcultural Space and Place in Rita Dove's Poetry, Fiction, and Drama* and Pereira's *Rita Dove's Cosmopolitanism*. Scholars have also noted its dealings with domestic space Alexander 52; Wheeler 138-157.

encouragement based on reliable facts. In the poem, as in the nineteenth-century US, medical authority and knowledge in the face of cholera is decidedly in flux. The conjurers might intone "destruction" (2), but the "voices of mud and silk" promise a kind of peace—the end of the indignities and violence of enslavement (5). Cholera in the mouths of the conjurers is so strangely seductive—"Here is pain, they whispered, and it is all ours"—that the speaker asks, "who would want to resist them?" (23-24).

The question subtly problematizes entrenched assumptions about medicine and disease. "The doctor" might promise biological life, but every hour he preserves will be repackaged for the plantation owner's profit and pleasure. The traditional figure of medical authority is not a minister of health but a plantation timekeeper; or, rather, health and medicine, the poem reveals, are tools deployed to maintain a timely flow of human labor—a reading that sharpens when we consider Dove's source material later in this chapter. The conjurers offer an alternative to this regime, and the "destruction" they foretell gestures not just to death but to the end of the epistemologies and logics of care that doctor represents and inflicts.

Cholera then, as in Dred's prophecies, functions as a fractured moment in which other lineages of medicine might be imagined. Yet the disease also has strangely intimate undertones. The conjurers call it a "pain" that "is all ours." And the speaker herself wonders, "who could say but that it wasn't anger/ had to come out somehow?" (16-17). Or was it "pocketed filth./ The pouring-away of pints of pale fluid" (17-18)? A filthy, portable possession, cholera's compensation lies in its shared quality; it belongs to all who are possessions themselves. Activating cholera's ancient, humoral definition, the speaker renders it not just as a deadly disease but as an emotion (anger). And just as it encapsulates enslavement's pathological effects, cholera paradoxically offers a metaphoric cathartic release—it exorcises paleness from the

enslaved body.

This cholera is peculiar, especially considering how the disease was often deployed to racialize bodies in oppressive ways. During the antebellum period white communities, doctors, and publications argued that Black people's habits and supposedly distinct biology made them more susceptible to cholera (Savitt 227). As discussed in previous chapters, this ideological agenda aimed to associate Blackness with filth and emboweled embodiment just as it wrote race in the grammar of health and illness—a practice that had historical and transnational roots. In 1803, Dr. Collins, a physician who owned a sugar plantation in the West Indies, argued that "fevers are the fatal disorders of the whites" while "bowel complaints are proportionally more fatal" in blacks, concluding "that the two varieties of men seem to pass out of life by two different outlets; the one by fluxes, and the other by fevers" (235). When cholera became pandemic later in the century, race science's older claim was integrated into medical and popular theories surrounding the deadly diarrheal disease.

These discourses were part of a broader project that undergirded modernity's reliance on racialized enslavement. As the theorist Hortense Spillers explains, slavery required the transformation of humans into flesh (the total objectification of enslaved persons). This was achieved not only through physical acts of violence but also discursive practices, in "the originating metaphors of captivity and mutilation" (208), which would eventually "come to be hidden to the cultural seeing by skin color" (207). Medicine played an essential role in this process, and the work of doctors, particularly on the dissecting table, generated a "profitable 'atomizing' of the captive body," severing the "relatedness between . . . one human personality and another, between human personality and cultural institutions" (208). The making of flesh provided the West not just with a supply of enslaved peoples' labor, time, knowledge, and skills,

but it also transformed "the entire captive community" into a "living laboratory" upon which modern medicine was made (208).

Dove's poem counters the medical making of flesh by inverting the racial discourses that surrounded cholera. It suggests that the disease is symptomatic of enslavement (an angry response to its manifold injustices), and by extension the racial logics that subtend it, just as it results in the evacuation of pathological paleness. Cholera then is associated with oppressive formations of whiteness rather than functioning as a force that bestows, enforces, and cultivates notions of Blackness in the limited grammar of race science and antebellum medicine. Yet, at the same time, the poem refuses choleric stigma, and its radicalness stems not only in its inversion of the racialized dynamics of disease but in its depiction of the collective abdication to the conjurer's cholera, which is at once a re-appropriation of disease in Black terms.

The poem, after all, asks us not to resist either the conjurer's whispers, the lull of the spiritual that punctuates the stanzas, the flows of the body, or the pull of choleric death. Indeed, the last quoted line of the spiritual reads: "*I'll lie in de grave and stretch out my/ arms*" (28-7). This image of submission has revolutionary import for the welcoming of death is simultaneously a call to "*arms*." Dove's emjambment articulates a politics of Black being, or the political import of Black modalities of care and life in the midst of epidemic, that cannot be read within the easy binaries of agency and powerlessness, resistance and submission, and health and illness.

If the poem has an antagonist it is the doctor not the cholera. Or, more accurately, the poem disarticulates the racist medical apparatus surrounding cholera from "cholera" as an idea, a historical and literary creation, a lived experience, and a biological event. The speaker's humoral anachronism—cholera is anger not disease—epitomizes this impulse. The ancient reference circumvents the beginnings of race science, nineteenth-century discourses that racialized cholera,

twentieth-century laboratory science that pathologized the bacteria, and the continuum of medical practices and scientific theories that constitute these related formations and made "modernity" around oppressive regimes of medicine.

Dove's temporal-medical intervention, like the disease she uses to articulate it, has nineteenth-century roots. This chapter turns to the work of William Wells Brown and Mary Seacole, two nineteenth-century writers of the Anglophone African diaspora who were also medical practitioners during the cholera epidemics. In different ways, both explore cholera's role in a racialized and violent world order and imaginatively develop other relations to illness, time, and medical knowledge. This chapter considers the anti-Black formations of medical care that Brown and Seacole negotiate alongside and in addition to disease, the politics of being and modes of community they cultivate to survive this world order, and, finally, their interventions in the violent effects of sickness and racializing discourses that allowed them to cultivate an African diasporic medical imagination that looks back rather than assuming "progress" entails ethical advancements.

In thinking about and with these writers, this chapter joins the recent turn in Black studies that pivots from evaluating Black texts in order to determine how they either resist race-making, racism, and enslavement or are symptomatic of these formations' mechanics. In his "Social Death and Political Life in the Study of Slavery," Vincent Brown suggests that, instead of viewing enslavement entirely through the prism of social death, histories should illuminate "struggles against social alienation" and argues that these readings would emphasize "a politics of survival [and] existential struggle," moving beyond narratives of simple resistance (1244, 1246). Essential to this project is theorizing Blackness beyond abjection. As Brigitte Fielder explains, "the anti-racist potential of race-making depends upon embracing, rather than rejecting

nonwhite racialization" (17), and, as Katherine McKittrick reminds, "black worlds are not always wholly defined by scientific racism" (*Dear Science* 1).[74] Yet trauma and subjection have largely defined accounts of the intersection between race, enslavement, and medicine, and a litany of historical abuses explains why.[75] Without ignoring these brutalities and their continued repercussion, this project follows the lead of Britt Rusert, Xine Yao, and Derrick Spires, all of whom attend to the aesthetic, political, and civic stakes of early Black medical practitioners' work in the doctor's office and on the page to illuminate traditions of Black medicine and knowledge that exceed frameworks of trauma.[76]

With these insights in mind, this chapter first sketches the conjunction of nineteenth-century medical innovations and race-making, including the work of the southern doctor whose archives Dove plumbs to write her poetic counter-history, and then turns to the work of William Wells Brown and Mary Seacole. Respectively their apparent adoption of certain racial stereotypes, their ambiguous and ambivalent treatment of cholera, and their occasional embrace of race science and related ideologies, do not sit comfortably with traditional notions of heroic resistance premised on liberal ideals of self-possession and agency. Nonetheless, their literary works and medical practices partake of the alternative thought realm that Katherine McKittrick calls "scientifically creative" (51), and they cultivate communities of care for people of color and embrace and redefine non-white racialization. When dealing with cholera, Brown and Seacole blend dominant scientific theories of their time with ancient traditions or untimely objects, jokes,

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[74] In addition to the scholarship mentioned above also see Sharpe 4,14; Best 9-11; Pinto 15, 21-22.

[75] For example, see Downs's *Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction*; Kenny's "The Development of Medical Museums in the Antebellum American South: Slave Bodies in Networks of Anatomical Exchange" and ""A Dictate of Both Interest and Mercy"? Slave Hospitals in the Antebellum South."

[76] See Rusert 4; Yao, *Disaffected* 138-170; Spires 34-78.

or expressions of celebration in order to offer alternatives to oppressive formations of time and medicine—the plantation doctor's practice and the military hospital. Ultimately, these authors provide a blueprint for surviving not only in a modern world built on racial hierarchies and enslaved labor but also living through (and in) times of medical trauma and epidemic.

Nineteenth-century Innovations in Medical Discipline, Hospitals, and Race Making

The nineteenth century was a time of transition for medical science, and cholera, a major crisis of the day, played a role in shaping the contours of new epistemologies, practices, and organizations of power. These changes were part of a broader shift in science away from "natural history to comparative anatomy," which, as Britt Rusert explains, helped "to usher in increasingly biological theories of race in the antebellum period" (115). While this transition played out across various popular, cultural, literary, and scientific arenas, the emerging modern hospital became a quintessential space in which the anatomical project was realized and made manifest, even as its patterns of thought, rhetorical practices, ways of seeing, and modes of timing and organizing the therapeutic scene permeated the bounds of its institutional and architectural structures.

By the late eighteenth century, hospitals had long outgrown their original purpose. First established in the 4th century, primarily in the Byzantine portion of the Roman Empire, early Christian hospitals, in the ancient Greek *xenodocheion,* "a place for *xenoi*, strangers, migrants, the rootless," provided care, basic necessities, and shelter to those who lived outside established social structures (Horden 49, 4, 14). By the modern age, hospitals were largely seen as dens of death—places poor people who could not afford at home physician fees went to die. However, a series of transformations brought on by conscious reforms and evolving socio-political factors—population growth, urbanization etc.—that began in some places, such as Edinburgh or Vienna as

early as the eighteenth century, but that would not be realized, especially in the Americas, until the end of the nineteenth and the beginning of the twentieth century—produced the medicalized hospital. While this process was in no way uniform or homogenous, it was nonetheless characterized by basic traits: the incorporation of surgery under the hospital's roof (thanks to the invention of anesthesia and antiseptics), the division of labor between doctors and a professional nursing staff, secular control over therapeutic spaces, the consolidation of authority in the hands of accredited (male) physicians, the entrance of empiricism into medical practice, and the introduction of clinical rounds and anatomical dissections geared towards the instruction of medical students.[77]

Although familiar to us today, Morris Vogel reminds us that these "institutional changes" did not necessarily result in "the bettering of medical practice" (4). For instance, while physicians assumed a new status as sickness increasingly became seen as something humans could manage and cure, throughout the eighteenth and nineteenth centuries understandings of many diseases and their treatments remained in some respects unaltered (Risse 237, 256). And as hospitals increasingly became places of study patients became clinical teaching material.

These impulses and practices were exemplified in Parisian state-run hospitals, like the Hotel-Dieu (Hotel of God), medieval in origin but "modern" in practice, where physicians enjoyed unhampered access to human case studies and cadavers (Risse 331). As Roy Porter explains, beginning around 1800, a "new medical science," marked by the large-scale adoption of bedside examinations, anatomical dissections, teaching rounds, and the development of statistics gradually transformed the hospital from "a site of charity, care, and convalescence . . . into the medical power-house it has been ever since" (195).

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[77] See Horden 3,8-9; Porter 152-155, 187,195; Starr 154-161; Vogel 2.

Michel Foucault called this formation the clinic, a staple of which was the physician's gaze, a way of seeing and uttering that claimed to be rooted in an unbiased evaluation of the material world.[78] The job of the physician and his student was to identify, describe, and interpret manifestations of disease by observing the patient (or a corpse) through sight, sound, smell, and touch. While this empiricism purported to be an uninterested account of reality, Foucault reminds us that "the descriptive act is, by right, a 'seizure of being' . . . and, inversely, being does not appear in symptomatic and therefore essential manifestations without offering itself to the mastery of language" (95). In other words, symptoms were not simply material facts, "essential manifestations," but products of language, observable because they could be spoken and recorded. Empiricism was a literary as well as a scientific endeavor.

This shift in medical practice generated new relations to time. Physician rounds became standardized, personnel schedules were coordinated, and rotations were created to ensure that the hospital patient was "in a situation of almost perpetual examination" (Foucault, *Discipline and Punishment* 186). If time became anatomized, broken down into easily measurable units inhabited by docile bodies, infinity became quotidian—a scene of "perpetual" observation. Within this temporally regimented space, empiricism's "gaze" chronicled "manifestations, frequencies, and chronologies" (Foucault, *Birth of the Clini*c 126). Doctors placed disease on a timeline, recording the moments in which symptoms appeared on a body and when a disease, like cholera, arrived in populations. The clinic "was interested in history, not geography" (*Birth of the Clinic* 126); or, rather, it could only know space (the geography of the body and the world) through linear time.

This form of accounting for time and disease impacted the individual, who was no longer

[78] Empiricism obviously predates the clinic. But it took on special significance and new meaning in Parisian hospitals and in representations of the medical practices rooted there (Warner 4,8).

"a sick person" but an "endlessly reproducible pathological fact to be found in all patients suffering in a similar way" (*Birth of the Clinic* 97). As a data point, the patient mattered because he revealed something about the greater population. While clinical teaching led to an explosion of discursive practices (case studies, lectures, patient charts), Gunter Risse notes that "the patients themselves were now silent, their suffering increasingly categorized within competing disease categories and expressed in professional terms" (11). If the patient was hushed in the clinical encounter, his testimony subordinated to the doctor's expertise and his subjectivity relegated to a diseased instance, from "the opening created by his own elimination," Foucault notes, a new "science of the individual" emerged (*Birth of the Clinic* 197). The self could be constituted in scientific terms. New pathological narratives provided personal histories; modern "Man," a cog within and a product of biopolitics, was born.

While Foucault does not attend to how race impacted or was in part crafted by the new technology of the individual at work in the clinic (and beyond), scholars have long noted how, as Rana Hogarth puts it, "the construction of racial difference" was "essential to the development of medical knowledge in the Atlantic world" (2). And the theorist Alexander Weheliye has explained that race was deployed to define the limits and levels of the liberal figure of "Man"—the same man that Foucault reveals to be constituted in part by the medical gaze and that Hogarth shows to be imbricated in race science. Within this schema, Weheliye notes that Blackness functions both "inside and outside modernity," and it "sets the stage for a general theory of the human, and not its particular exception" (19). In other words, Blackness was both an essential technology used to constitute "Man," but also something liberal humanism consciously defined itself against.

If the Parisian pauper, who came to the Hotel Dieu to turn his body over to the state in

order to gain access to medical care, thus becoming an object of science, epitomized the new individual and the political state of *all* people in biopolitics (what Agamben calls bare life), even as this technology of self was aimed, as Foucault claims in later works, at the wider social body and especially the bourgeois who defined ideal self-hood against this liminal class (*Discipline and Punishment* 108-9; *History of Sexuality* 123), then Weheliye shows us that "certain subjects are structurally more susceptible to personifying its actualization" (35). In other words, racialized Black subjects are more often treated as expendable flesh without receiving full human status and political rights, and the world is structured to require their political death or physical maiming. However, it is also from this subject position, Weheliye reminds us, that we can begin to "disentangle . . . Man from the human" (24). For it is in "the tradition of the oppressed" that "distinct," non-individualistic "assemblages of what it means to be human in the modern world" can be found (12). There are minute fissures and transitory loopholes in the science of man, Weheliye suggests, and they can be found in the intellectual and lived traditions of people of color.

Medicine in the Americas during the nineteenth-century was, in qualified ways, itself a kind of loophole. Clinical-anatomical science's modes of subjectification and practices, though at large in European scenes of care, were hardly the modus operandi across the Atlantic. Indeed, while Europe witnessed evolutions in medicine, the US, according to Paul Starr, was in a state of "therapeutic confusion" (54). Factions of practitioners—thompsonians promoting at home vegetable cures, homeopaths, and allopathic (traditional) physicians—jockeyed for authority. An overabundance of medical schools without standards of evaluation added yearly to their ranks, and licensing remained unregulated. US hospitals were usually small and run by private interests, which often prevented physicians from performing autopsies in the same volume as their

European counterparts. Similarly, in Seacole's Jamaica there was no centralized hospital system or uniform approach to medical education (Hogarth 135-136). It wouldn't be until the 1870s-1910s that US hospitals became central to medical education and that allopathic physicians solidified their authority and their methods (Starr 146).

And yet ideas, methods, and technologies spread faster than institutions, and clinical science impacted medical practice and knowledge even if these ideas were not systemically housed in hospitals until later in the century. Throughout the antebellum period, medical students flocked to Europe, bringing back methods and mores that they incorporated into their own practices, disseminated in lecture halls, and distributed in periodicals. Their influence was so great that the antebellum period is often called "the 'French period' in American medicine" (Warner 3). During this time, the clinic's empiricism transformed "American medical ideas, practices, and above all, epistemology [,] . . . shaping fundamentally a formative period in the creation of the modern scientific medicine we live with today" (Warner 13).

Cholera was a key issue that French-minded reformers used to push their agenda to varying degrees of success—recall how Stowe's *Dred* dismisses the Parisian-trained doctor in favor of Nina's homespun medical discipline (Warner 144). As Owen Whooley explains, if cholera induced an "epistemological struggle" amongst various medical sects in the US, it also inspired organizations and texts through which allopathic physicians consolidated their authority as the arbiters of medical knowledge (21). Indeed, during the 1848 epidemic, allopathic physicians championed a "radical empiricism" adapted from the Parisian school not just to manage cholera but to discredit other ways of knowing disease and practicing medicine (80).

This impulse can be seen even earlier in the century, as physicians like James Jackson Jr., who studied the disease as it ravaged the impoverished in Paris, transmitted clinical accounts

back to a US audience. In *Cases of Cholera Collected at Paris In the Month of April 1832*, Jackson attests that "the Notes and almost the whole of the dissections were translated at the bedside and the dissecting table" (1). The book presumes to offer a replication of the clinical experience as the expert's utterance is copied verbatim at the exact moment of the bedside encounter. The claim of an absence of mediation (despite Jackson's admission of translation) presumes to close the gap between American medicine, which lacked the institutional infrastructure for such scenes to occur in a systemic fashion, and clinical medicine. The book (an old technology), Jackson hopes, facilitates not just the transmission of new knowledge, methods, and timekeeping but their synchronous replication on American soil.

Unsurprisingly, Jackson's book reads like a timetable. The first "case" he offers begins: "Porter, entered April 6th, 5 1/2 A.M" (2). At "8 A.M.", the porter "complains of great exhaustion; face violet and cold; lips a deep violet, almost black; . . . no stool for two or three hours, Pulse 84, thread-like" (2). By "half past 10 A.M." the porter dies (3). The study's concern is not the patient, who exists as a compilation of symptoms and an occupation, but the timespan in which cholera works on a laboring body. This clinical ordering of time insists on cholera's measurability; the disease can be partitioned and placed in time by an observant expert. The cost of cholera's linearity is of course the porter's life. After all, the introduction reminds readers that the book "professes only to be a contribution toward the natural history of the disease"; it does not "offer any mode of treatment" (v).

While Jackson provides an intuitive adoption of clinical methods, the emphasis on direct observation could be taken up for various ends and used to form different yet related orientations to time. The embrace of empirical science was especially strong in the US South, where physicians called for distinct observations of what they thought of as uniquely southern diseases

and bodies (Warner 181). Indeed, southern physicians' uninhibited access to enslaved people made them easy champions of clinical methods, even as they dismissed the findings of European doctors.

During the antebellum period, a plethora of southern medical schools cropped up, touting the clinical experience they could provide their students (Hogarth 176). William Wells Brown attests to this phenomenon in *Clotel*. Indeed, one of the small texts he used to assemble his novel is an ad that ran in the Charleston *Mercury,* which describes the "advantages of a peculiar character" of Southern Carolina Medical College: "no place in the United States offers as great opportunities for the acquisition of anatomical knowledge. Subjects being obtained from among the colored population in sufficient numbers" (102). As Rana Hogarth explains, "the expansion of the slave system and the development of white medical authority" were "mutually constitutive" in the first half of the nineteenth century (118), and the US south, like the Caribbean colonies in the eighteenth century, became a center "of knowledge production on matters related to race and medicine" (45).

Samuel Cartwright's treatment of cholera—which comprises the archival basis for Dove's poem—articulates these southern aspirations, impulses, and trends and crafts a different but related temporal regime to Jackson's timeline. In his "Remarks on Dysentery among Negroes," Cartwright bewails the tendency of Southern physicians to "neglect" their own "experience and observation" in favor of following the advice of European and Northern textbooks (151). According to Cartwright, the clinic's own rules disqualify observations like Jackson's from being applied to disease management on Southern plantations, and he "protest[s] against applying the rules of practice and the plans of treatment, which a few great men at the head of European hospitals, filled with wretched, half-starved white paupers" have found to be

affective in the "hyperborean region, to the strong, stout, happy and well fed negroes of our sunny South" (153).

Cartwright dresses the classic proslavery argument—that enslaved people in America are better off than impoverished people in industrial Europe—as a medical and empirical issue. While seeming to critique European hospitals for experimenting on poor whites, Cartwright also asks for a twin regional counterpart. The observation and treatment of "well fed negroes" is a necessary and unrealized project that must be undertaken by the Southern physician. If the hospital is the locus of innovation in Europe, Cartwright positions the fields of the "sunny South" as a twin site of medical modernity. Indeed, Cartwright realizes that the North's hodge-podge of voluntary hospitals lacks the organization, volume of patients, and unchecked authority necessary to make observations at the level of the population, a staple of the clinic and a void that Southern plantations can fill. He seeks to replicate the clinic's logic in a different clime that can provide a robust data set for the empirically minded doctor to contribute to theories of racial difference.

Cartwright offers his treatment of cholera as a case study for his plantation-clinic—the very account that Dove reworks in her poem. Cartwright's account is set "[o]n a large sugar plantation" where cholera strikes, and he orders "about three hundred negroes, sick and well . . . in[to] the swamp" (148-9). His decision goes against nineteenth-century medical advice—avoid areas of dense vegetation that might contain poisonous miasma. However, he believes Black people, unlike whites, are healthiest in outdoor environments that he thinks imitate "African barbarism" (147). He argues throughout his article that the way to treat an enslaved person experiencing illness is to send him outside to work. Here medicine serves to increase labor hours, just as it cultivates racist assumptions about where bodies fall in time. According to Cartwright,

Black people thrive in a prehistoric time-space marked by uncultivated vegetable growth and a lack of infrastructure.[79]

It soon becomes clear that Cartwright's treatment performs a disciplinary rather than a therapeutic function; or, more accurately, he unintentionally reveals that therapy disciplines bodies unevenly in a racialized society. In the swamp's clearing, Cartwright can surveil 300 people at once—a physics of space and time that, as we will see later, Florence Nightingale deploys indoors as she considers how to reform hospitals. Surveillance is important for Cartwright because he believes that the biggest problem he faces is not disease but the conjurers' "prophecies that the cholera was to kill them all" (149). Like Stowe's Nina, Cartwright thinks that fear will make Black bodies more susceptible to illness, something he calls "*cholera of the mind*" (156). He once again denies the physical vulnerability of Black bodies but also unintentionally reveals that the conjurers cultivate a cholera that exists outside the bounds of the disease itself and plantation discipline—a cholera, which as we shall see, offers more than just physical death and social alienation.

To remedy this apparently psychological ailment and to neutralize the biggest threat to his medical authority, Cartwright strips the conjurers, slathers them in fat, beats them, and then makes them dance "marking time with the *tam tam*" (149). If Jackson's medical praxis results in a timetable of symptoms, Cartwright's gives us something else; the "*tam tam*" induces a rhythmic time keeping that nonetheless orders the site of empirical experimentation according to the doctor's edicts. The "tam tam" (or tom-tom) has a charged and complicated linguistic history. Originally a Hindi word for a small hand-beaten drum, it was adapted in English to refer

[79] Casting Black bodies "out" of time by associating them with prehistory is a well-documented phenomenon see Fabian 17-18, 27-30; Gates 100-101; English 1-24; Spillers 208; Schuller, *Biopolitics of Feeling* 58.

generically to any "traditional" drums used in Africa, Asia, or the Americas (OED "tom-tom"; Kuhn, "Tam-Tam" 436). Cartwright could be describing a nineteenth-century, African American adaption of the jembe, the dundun, or the tangtango—all drums, some beaten by hand, others with a stick, used in the Mande empire in West Africa that French and English colonists collapsed under the general umbrella term tam tam (Charry 1, 3, 237).[80] Cartwright's use of the word then participates in a long tradition of attempting to sever enslaved people from a specific cultural, historical, and geographical lineage just as it works to relegate all non-Western peoples and geographies into a homogenous zone of prehistorical "otherness." Therefore, the linear time that Cartwright imposes is not minute—interested in the exact moment symptoms occur (like Jackson)—but historical. He manages cholera, and cultivates Southern medicine, by placing Black people in what he depicts as a backward temporality measured by the tam tam rather than the clock.

For Cartwright, this is not just a salubrious time zone for enslaved laborers, but it is also a tactic used to discredit the conjurers, against whom he defines his own medical modernity. He claims that this apparently medical "procedure drove the cholera out of the heads of all who had been conjured into the belief that they were to die with that disease; because it" converted the conjurers "into subjects for ridicule and laughter" (149). Humiliation and violence ensure the stability of Cartwright's authority, which might otherwise be usurped by the conjurers' formidable expertise and influence. Yet even in his own account, Cartwright cannot totally diminish their medical prowess. While he retrospectively claims the dance as a part of his "procedure," the sentence in which he first reports its eruption lacks agency: "the grease was well slapped with broad leather straps [on the conjurers' backs], marking time with the *tam tam*,

[80] The contemporary use of "tam tam" refers to a "large eastern gong," which was introduced in Western orchestras beginning in the 18th century (Kuhn, "Tam-tam" 370).

a wild African dance that was going on in the center of the camp among all those, who had the physical strength to participate in it" (149). The dance is just "going on," and Cartwright's grammatically unsound sentence lacks a subject (149). In an attempt to order history and bodies through medical practice, Cartwright gets lost in his own syntax and the dance, the conjurers, and the enslaved laborers evade the doctor and the cholera at once.

In her poem, Dove registers this evasion as she preserves veneration for the conjurers and stresses an inviolable solidarity that arises in response to the doctor's derisive devices. Her poem ends not with humiliation, but with an angry (choleric) dance of defiance. While the doctor has the conjurers "slicked down with bacon fat and/ superstition strapped from them/ to the beat of the tam-tam" (31-33), in the end "those strong enough/ rose up too, and wailed as they leapt./ It was a dance of unusual ferocity" (33-36). If the conjurers are compelled to dance, a strong force rises with them. Their dance is not fearful but ferocious—a counter to the terror cholera induces and the ordering of history that the doctor seeks to impose. The poem will not define the communal outpouring in the race scientist's terms, and it maintains the authority of the Black practitioners.

This is William Wells Brown's project as well. In *Clotel, The Escape,* and *My Southern Home*, Brown offers conviviality, which occurs off the page and hidden from the attending physician's gaze, as a counter to the racializing discourses of white doctors, who try to manage cholera's clock for personal gain.

"See me have a watch": William Wells Brown's Scenes of Community and Comedy in the Time of Cholera

On March 3, 1865, the *Liberator* ran an ad by "Dr. W.W. Brown," who promoted not a new book but a novel cure: "THE DERMAPATHIC REMEDY. . . A NEW TREAMENT OF

DISEASE" ("Medical Notice" 35). Dr. Brown invited "the Feeble, the Languid, the Despairing, [and] the Old!" to "give this new discovery a trial" at his practice in Boston ("Medical Notice" 35). While the confidence and salesmanship of the classified might strike a familiar note, Brown's professional positioning might surprise readers who often think of him as the first African American novelist rather than a medical man. Yet Brown was an author *and* a physician, and, in the last quarter of his career, he made his living primarily off his medical practice with book sales supplementing his income (Greenspan 424). Indeed, in his final literary work*, My Southern Home or, The South and its People* (1880), the author appears on the title page as "Wm. Wells Brown, M.D."

While Brown reclaimed his MD later in life, his training in medicine began early. Enslaved on a plantation in Missouri, Brown worked as a medical assistant for Dr. Young. According to Brown's biographer, Ezra Greenspan, Dr. Young, a graduate of Pennsylvania Medical College in Philadelphia, was known amongst his neighbors for his "profit-seeking" and "self-advancement" (17). In this forced medical apprenticeship, Brown prepared ointments and medicines and, as he advanced, provided medical care to the enslaved people who came to Young's practice (Greenspan 34). These twofold medical thefts—the stealing of Brown's skill, knowledge, and time in addition to the theft of the other enslaved people's right to Young's attention (their enslavers paid for his care)—bothered Brown for the rest of his life, and a portrait of a doctor-enslaver, who delegates the care of enslaved people to his assistant, appears consistently throughout Brown's work, getting its most extensive treatment in *My Southern Home* (1880) and his play *The Escape* (1858), both of which I attend to in detail later in this chapter.

Even after freeing himself and establishing himself as an author and abolitionist, Brown

continued his medical studies. In England, Brown befriended the renowned, Edinburgh-educated doctor John Bishop Estlin, who, in addition to contributing his time and energy to the British abolitionist movement and running a bustling medical practice, also managed a dispensary for impoverished people. Brown visited Estlin's establishments, and the elder doctor gave Brown liberal access to his medical library (Greenspan 239-40). For the rest of his life, Brown would continue to study canonical medical texts, which, at the time, was a valid and essential step to becoming a doctor (Warner 167). Yet Brown was acutely aware that medical authority was unevenly distributed along racial lines, and in his writing, he explores the performative (in addition to the learned) aspect of *all* expertise just as he confronts racialized assumptions about medical care.

Brown crystalizes both the stakes and dangers of being a Black doctor in reconstruction America in an article in the *Boston Daily Advertiser* in 1871. In his account, Brown describes being captured by Ku-Klux Klan members while on a temperance tour in Kentucky and using his medical expertise to escape a lynching. Waylaid by a gang on horseback bent on bringing him to a "hangin tree," Brown sees an opportunity to escape when a Klan member in a nearby house is stricken with delirium tremens ("A Night in the Hands of the Ku-Klux"). Brown not only identifies the man's plight but, luckily, has its "hypodermic remedy" (a syringe with morphine) in his coat pocket (ibid). However, Brown knows that these "ignorant people" will not believe he is a western-trained physician, so, peddling on racist stereotypes of care and conjure, he hints that he "derived [his medical] power" from his "dealings with the devil" (ibid). The Klan readily consume this performance, and they allow Brown to treat their friend in private. While loudly chanting a spell, Brown covertly calms the patient by injecting him with morphine. Impressed, the Klan allow Brown to treat their leader's sciatica with the same mystical remedy. With the

leader zonked, the rest of the mob start drinking, falling into a stupor themselves but resolving to wake up at 4 am to kill Brown. The men dispensed with, only a growling guard dog prevents Brown's flight. However, the wife of the man with delirium tremens calls the dog away, and Brown escapes.

The near fatal encounter encapsulates many themes that appear in Brown's depiction of medicine in his longer works. Brown figures medical knowledge as a literal saving grace—it defers the lynching. Yet Brown's expertise is only legible in a white supremacist nation as a supernatural power—conjure with apparently devilish origins. At the same time, while Brown trains his readers to acknowledge his medical qualifications and prowess, his article offers a meta commentary on the performative nature of *all* medical authority. After all, the article performs secular, medical modernity just as Brown masquerades in Kentucky as a conjurer. Medicine alone will not save the Black man; artfulness (strategy and cunning but also creativity) is needed.

Yet even the art of science cannot save the practitioner/performer indefinitely—at 4 am Brown's time will run out. In Brown's books, Black medicine must make communities to prolong the life spans of its practitioners and patients. In this account, connection is fleeting and minimal—the white woman does not prevent Brown's flight. However, in his fiction, medical tales create abiding and important forms of Black community that combat forces that would otherwise curtail Black lives: cholera and white doctors.

Brown's experience as a doctor would have made him acutely aware of the danger cholera posed to *all* bodies but especially those systemically stripped of health and resources in enslavement. Yet in his first literary foray, Brown inverts cholera's lethal thefts as played out in the writings of Stowe. In *Clotel* (1853), Brown re-writes the St. Clare, Eva, Scipio dynamic in his account of the enslaver Mr. Peck, his daughter Georgiana, and Sam (who uses his medical

knowledge to survive rather than to die for white enslavers). When cholera arrives, "in less than five hours" it makes Mr. Peck "a corpse" (123). So swift is its vengeance, Peck cannot exchange his life for Sam's, as St. Clare does for Scipio, in part because Sam stays away during the outbreak; he is found afterwards singing in the woods, happy that his enslaver is dead.

Inverting Stowe's temporal politics of illness, Brown refuses to represent cholera escalating the theft of Black time. Instead, it ushers in a new regime bent towards emancipation. The saintly Georgiana, an iteration of little Eva, inherits the plantation after her father dies, and, when she, like her literary forebear, is diagnosed with consumption, she "resolve[s] upon their [the enslaved people's] immediate liberation" (157). The drawn-out time of consumption does not result in the doubling down of plantation discipline, as it does during Eva's illness; instead, Georgiana pays her servants for their labor, and she acquires land for them in Ohio. In a piece of theater that parodies Eva's deathbed scene, Georgiana summons the "sons and daughters of Africa," and, as they gather round her "pale, feeble, [and] emaciated" form (158), she tells them, "from this hour . . . you are free" (157). The emancipated people begin to weep not in grief over losing a beloved mistress but out of joy. They leave the next day, except for Sam, who is trained in medicine. This detail allows us to imagine, although it is never explicitly stated, that Sam stays behind as a medical practitioner (not a servant) to tend to Georgiana until she dies.

While sick time in *Clotel* finally allows Black people to get paid for their labor, Brown was ever attentive to illness's violence in a medical, market economy that traded in Black bodies, a theme he draws out in *The Escape* (1858). Brown's play begins with medic-enslaver Dr. Gaines center stage in his Missouri plantation, apprising his wife of their financials: "Well, my dear, my practice is steadily increasing" (5). Recently hired by a fellow enslaver, Gaines "hope[s] that the fever and the ague, which is now taking hold of the people, will give" him

"more patients" (5). A real cash cow, of course, would be yellow fever, which he notes "is raging" in New Orleans to the benefit of doctors, who are "reaping a harvest in that section this year" (5). Envious, Dr. Gaines admits that "yellow fever is a luxury that we medical men in this climate can't expect to enjoy; yet we may hope for the cholera" (5). For the antebellum medical profession, epidemic is not a disruptive catastrophe but a boost to business—a force in the market economy that fills doctors' coffers. As his name suggests, Dr. Gaines is interested in earnings not health, or, rather, his concern for wellness masks a pervasive drive for capital. He invests in disaster, knowing it will be his job to keep enslaved people well enough to get back to work after and during devastation.

Cholera played a special role in this economy. By mid-century, yellow fever was commonly depicted as a disease of the Deep South—a plague that decimated the immoral capitals of the slave trade (like New Orleans), leaving Northern environs untouched (Wisecup, "'The Progress of the Heat Within'" 5-6). This discursive portrait of illness implied there was something inherently pathological about Southern geographies, bodies, and economic structures.[81] Cholera, on the other hand, as Gaines's comments suggest, could not be so easily quarantined. It could make it up to Missouri and circulate between urban centers and remote plantations. It crossed oceans and traveled down rivers, following the exchange of raw materials and processed goods. A marker for the market economy, it laid bare the connective tissue between Liverpool ports, Wall Street trades, and New Orleans auction blocks, and these formations' shared logic—the exchange, monetization, and theft of time from Black people.

Brown shows the role medical practitioners played in this economy. When a trader

[81] For different readings of yellow fever's appearance in *Clotel* see Wisecup "'The Progress of the Heat Within': The West Indies, Yellow Fever, and Citizenship in William Wells Brown's Clotel"; Cohen, "Notes from the State of Saint Domingue: The Practice of Citation in Clotel" 169-177.

arrives at Gaines's doorstep to "take advantage of the times"—the price of enslaved people "is up"—Gaines at first demurs (17). However, he soon recalls that "doctors say that we are likely to have a touch of the cholera this summer, and if that's the case, I suppose I had better turn as many of my slaves into cash" (17-18). The trader agrees: "The cholera is death on slaves" (18). Dr. Gaines must make a temporal calculation—how fast can he profit from enslaved people before cholera kills them (shortening the time in which they are productive)? This emphasizes a contradiction in the legal binding of slavery: if enslaved people appeared in law as "dead inert substance," enslavers could only profit by them if they were healthy human beings. Dr. Gaines decides to exchange enslaved people for cash before cholera can transform them into corpses. Rather than just disrupting production, as it does on Stowe's fictional plantations and as it threatens to do in a Liverpool cotton warehouse in *Redburn*, cholera becomes fully integrated in the market economy as an event that prompts trades and escalates the flow of capital and labor. And medical knowledge—when and where cholera will strike—encourages and facilitates speculation. If medical consensus was tenuous in the antebellum US, Brown shows that white doctors seem to agree that cholera and its racialized impact on populations can be good for their profession and profit margins.

In the midst of this medical marketplace, Brown explores the possibilities created by Black medical communities and the reclamation of time through the deployment of medical knowledge. The Sam figure in *Clotel*, who is renamed Cato and further developed in both the *Escape* and *My Southern Home,* is central to this project. Brown introduces Sam in *Clotel* as an enslaved assistant to a doctor-enslaver with a large practice. Early in his apprenticeship Sam (later Cato) is responsible—just as Brown himself once was—for "grinding up the ointment" and "making pills" (108). However, "as the young student grew older and became more practiced in

his profession, his services were of more importance to the doctor" (108). The description calls us to consider Brown's own experience as a forced apprentice to Dr. Young, a biographical resonance we might ponder as Brown heaps on Sam and Cato minstrel stereotypes for presumably comedic effect. While Brown's description of Sam's (and Cato's) medical background is matter of fact, it implies that after several years of training he has become an effective medical practitioner and invaluable to the enslaver's practice, the vignettes commence to make the apprentice figure the butt of their jokes. All three works contain a scene of Sam or Cato treating the other enslaved people with a bombast rivaled only by incompetence.

In *The Escape*, Dr. Gaines calls on white patients and leaves Cato to tend to any "servants [that] come" by (8). Cato, like Sam before him, is quite pleased and thinks his day as doctor requires a costume change: "I allers knowed I was a doctor, an' now de ole boss has put me at it, I muss change my coat" (8). After trading his jacket for the doctor's, and, in *My Southern Home*, inspecting himself in the mirror, Cato exclaims, "Ah! Now I looks like a doctor. Now I can bleed, pull teef, or cut off a leg" (*The Escape* 8; *My Southern Home* 32). Presumably the audience is meant to laugh at Cato's vanity. However, the line also reveals that medical authority is produced as much by visible signs—the donning of a doctor's coat—as it is by experience or knowledge. After all, the difference between Cato and white practitioners is in some ways as superficial, but nonetheless real in its consequences, as a doctor's coat. He possesses the equivalent training of some of his white counterparts; however, as an enslaved Black man he will not be recognized as an MD, let alone be compensated for his knowledge and time.

With this in mind, we might read the scenes of medical absurdity that follow as a protest masked as minstrelsy in order to pull the wool over the eyes of some of Brown's less sympathetic readers. Indeed, Cato's coat troubles the premise of clinical medicine and race

science: exterior appearances—symptoms, signs, skin color—manifest innate interior truths like the nature of illness, medical expertise, or the supposed "biology" of race. Taking on and off the doctor's coat, Cato emphasizes not only the performative nature of medical professionalism but of race itself. In costume, Cato does not represent himself but the white doctor. The coat then is akin to white face, and it allows Brown to package his critique of medicine's thefts of time in a minstrel scene palatable to white readers, who see what they expect: a bumbling minstrel figure rather than a savvy practitioner parodying plantation medicine. Putting the coat on Cato, Brown turns minstrel performance inside out, revealing that appearances signify nothing, or, worse, facilitate the systemic maiming of certain bodies—a reading that wouldn't have been lost on the members of Brown's audience who had experienced the violence of these effects first hand.

Indeed, Cato's claim that now attired in the doctor's coat he "can bleed, [and] pull teef" mimics Dr. Gaines's description of Cato's skill set: "He can bleed, pull teeth, and do almost, anything" (*The Escape* 6-7). Cato's rehashing of Gaines's laundry list of medical skills critiques traditional white allopathic physicians' limited notions of medical care and continued reliance on bleeding—a common nineteenth-century complaint. This reading becomes more plausible as we see the chaos Cato creates with his parroted expertise. As enslaved people arrive for treatment, Cato examines them—"Let me feel your pulse. Now put out your tongue"—diagnoses them, and doles out therapy: "You is berry sick . . . Come out to the shed an' I'll bleed you" (*The Escape* 9). In *My Southern Home*, Brown adds that Cato takes a "quart of blood, which caused the patient to faint" (32). Cato's turn of phrase, and Brown's late addition, reveals the work of the plantation doctor, and his adoption of the clinical examination, to be the work of the butcher; it's a bloody business that happens in a shed, even if the practitioner is professionally appointed in a neat coat.

In all three works, the vignette culminates with Cato (or Sam) pulling a healthy tooth out of a patient, who has come in with an ache. The finale appears to hammer home Cato's incompetence, yet Brown leaves a well-placed detail to show that Cato's seemingly botched oral surgery elegantly dissects white tendencies to underestimate Black medical intelligence. In *The Escape* and *My Southern Home*, Brown specifies that Cato pulls the wrong tooth with a pair of "rusty turnkeys" (*TE* 9; *MSH* 33). A turnkey was a dental implement used for extracting teeth (OED "turnkey"), but, by 1876, four years before *My Southern Home* was published, *Knight's American Mechanical Dictionary* reports that the tool was "not much used now" (2662). This perhaps accounts for the device's rust, but what do we make of its residual appearance in Brown's work? A hint might be found in the anachronism's other meanings. A turnkey is also a "burglar's implement for turning from the outside a key left in the door" or a human subordinate "who has charge of the keys of a prison" (OED "turnkey"). Both these definitions resonate with Cato's position and the medical knowledge he possesses. Like a turnkey, Cato is a subordinate who resides in a prison. He plays the loyal servant to glean medical expertise and to avoid raising suspicion. However, he knows that his proximity to his enslaver and his experience have the potential to work to his advantage and aid others in bondage. Imposing medical knowledge to increase his profit margins, Dr. Gaines has left the key in the door; Cato waits for the right opportunity to pick the lock.

Cato gets his chance when Dr. Gaines brings him along in his pursuit of people who have run away from the plantation. While Gaines is asleep, Cato steals another suit and joins his friends, explaining to them: "I get tired of hunting' you, an' now I huntin' for Canada" (48). Once there, Cato intends to set up "a doctor shop," and he threatens that if anyone tries to turn him in, he will "pull ebry tooth out of dar heads" (49). Needless to say, Cato and his company

make it to freedom together.

Britt Rusert argues that the "puzzling burlesquing of medicine" throughout Brown's work can be understood as an embrace of "the connection between fugitive science and criminality" (131). Brown believed, according to Rusert, medical training "could be gained from the 'school of slavery,'" and he celebrated the "knowledge stolen by the enslaved" (131). Indeed, Cato's high jinxes, the artfully placed turnkey, and the plethora of purloined coats back this reading up. Yet Cato's stunts also highlight the time, knowledge, and health stolen by enslavers. Without a doubt, Brown celebrates their reclamation and often dresses (or coats) these maneuvers in figurations of theft, but his deployments of medical knowledge, both on and off the page, embrace, first and foremost, covert communities, not just audacious feats of "criminality."

Brown trains his reader to see medical community in the midst of enslavement's systemic thefts in the first version of Cato's daring dentistry, which, as before mentioned, appears in *Clotel* performed by Sam. Importantly, in this iteration, Brown describes the story's initial scene of reception. Sam relays his medical exploits to entertain his friends over a shared meal. As Sam tells his tale, work ceases and laughter ensues. This is a story to be dispensed by the Black doctor (Sam *and* Brown) to Black patients and friends (in the nineteenth century and beyond). The butt of the joke is not the "incompetent" Cato but the plantation doctor who thinks minstrel performance and medical knowledge belong to him.

Brown fully develops this theme and celebrates this insular conviviality in the midst of medical catastrophes in his most extensive dealing with cholera in *My Southern Home*. Like Cato, Dr. Gaines's body servant, Ike, knows how to take back his time. Long before cholera descends, Ike has a habit of taking the doctor's clothes and personal effects and going to party at night, "return[ing] them in time for the doctor to dress for breakfast" (46). One day the doctor,

who was “always very careful with his time-piece,” finds his watch “badly damaged,” and he cannot “account for the stoppage” (47). He questions Ike to no avail. The mystery goes unsolved, until “one night . . . a message came for the Doctor to visit a patient who had a sudden attack of the cholera morbus,” and Ike, the doctor’s clothes, horse, and timepiece are nowhere to be found. With no time to lose and no watch to measure cholera’s minutes, the doctor heads out in boots that don’t fit, a lame horse, and an old suit, perhaps the coat Cato himself discarded. The next morning Ike returns, admitting to his nightly exploits: “I ware de clothes to de dance” and take the good horse “’kase he pace so fass . . . [and] no udder hoss could get me to the city in time for de ball” (49). The time of cholera is juxtaposed to the time of celebration, and the Black ball takes precedence over the white medical emergency.

The ball undermines enslavement’s basic premise: your time is not your own. The convivial dance, which occurs off the plantation and the page during an outbreak, refuses traditional metrics of evaluation, especially medical ones but also totalizing narratives of social death. It is a celebration of life and connection, standing in staunch opposition to enslavement’s alienations, brutalities, and dispossessions, just as it is a refusal of fear in the time of cholera and a protest against white medical edicts and temporal priorities.

The ball certainly befuddles the doctor, who cannot understand why Ike has taken his watch. He asks Ike, “you could not tell time, what did you want with that?” (49). Ike responds: “I know I could not tell de time by de watch, but I guessed at it, an’ dat made de n[——] star at me, to see me have a watch” (49). Brown juxtaposes the medical man’s meticulous time keeping with Ike’s nonchalant disregard for but simultaneous appreciation for the watch. Ike understands time’s symbolic, social, and political significance and the radicalness of pinching the time piece—a technology of medical control—just as he ignores its ordering function. Ike realizes that

the watch's value lies not in its ability to accurately record the passage of an unalterable reality but in its capacity to bestow social worth and power. The watch has the potential to discipline bodies in a time of pandemic—a regime Ike interrupts by attending a ball and by taking the time piece out of the white doctor's hands.

Cholera Care and Timely Hospitality in Mary Seacole's *Wonderful Adventures*

In the same decade that Brown published the first novel of the African American literary tradition in London (*Clotel* 1853), the Jamaican medical practitioner Mary Seacole published her *Wonderful Adventures* (1857), now known as the earliest travel narrative written by a woman of color in the British literary canon. Born in Kingston at the beginning of the 1800s, Seacole spent the rest of the century circling the globe: visiting London, setting up shop in Panama, and tending to the war wounded in Crimea. *Wonderful Adventure of Mrs Seacole in Many Lands*, which is at once a biography, travel narrative, cholera tale, and medical manifesto, embraces English empire in one sentence only to critique it in the next, describes pro bono medical treatments in the midst of bustling business ventures, and self-consciously incorporates antique medical traditions even as it claims to be a document of modernity. Throughout her text, Seacole apologizes for what she calls her "unhistorical inexactness" (128)—a feint that hides from prying eyes an ambitious negotiation of time and history and the radical embrace of alternative forms of cholera care and medical knowledge.

A physician and a hotel keeper, a favorite of the Queen and the people of Cruces Panama, Seacole defies many assumptions that twenty-first-century readers bring to texts written by women of color in the nineteenth century. Indeed, over the past thirty years Seacole's identity—her affinities and affiliations—have preoccupied critics. The first generation of Seacole scholars

thoroughly "mapp[ed] Englishness" and illness in *Wonderful Adventures*, attending to the ways Seacole embraces Victorian identity, albeit in qualified ways, or deploys medical expertise to make her way to the center of the imperium.[82] Recent studies move away from metrics of resistance versus capitulation to emphasize the nuanced forms of subjectivity that *Wonderful Adventures* cultivates in the midst of empire. Seacole at times participates in what Samantha Pinto calls the "unofficial continuums of citizenship," which "included (as well as excluded) black diasporic peoples" and "couple[ed] with national and capitalist structures in uncomfortable ways" (141). Alternatively, Myriam Chancy suggests that Seacole cultivates an "African Diasporic subjectivity that can unhinge itself, at least partially, from colonial definitions" of being (110). But as Sandra Gunning notes, Seacole always carefully negotiates, sometimes embracing sometimes subverting, "raced, gendered, and classed colonial regimes . . . to sustain herself as a woman of color operating on her own on the margins of empire" (26). Despite arriving at different conclusions, Seacole scholars generally agree that *Wonderful Adventures* is an exercise in self-creation.

While attentive to subjectivity, I wager Seacole's subject building has ends beyond the self, survival, and civic desire. In particular, Seacole intervenes in a variety of medical traditions—not only on the level of producing new knowledge within the limits of nineteenth-century empiricism, though she does do that, but by critiquing the contours of contemporary medical discourses, particularly surrounding cholera. She works within and helps to shape a flexible medical ontology that recognizes that all bodies are worthy of care and the comforts of home, and she recognizes that the west's medical "modernity" did not entail ethical advancements. In *Wonderful Adventures,* we see a physician unafraid to deploy and claim

[82] Gikandi 125-143; Paquet 51-72; McGarrity 127-44.

antiquated formations of medicine (the early Christian hospital) or knowledge usually cast outside the bounds of modernity (obeah) in order to conceptualize and practice alternatives to nineteenth-century medicine and the burgeoning, medicalized hospital.

Working as a medical practitioner during the Crimean War and in Panama during the construction of the US-run railroad, another conflict zone that generated death and disease, Seacole was well versed in medical catastrophe, western medicine, and the racialized and gendered discipline of certain therapeutic spaces. As Cheryl Fish explains, Seacole's text both upholds and challenges some dominant medical practices by crafting a "mobile subjectivity" that "bridges the gap between . . . institutionalized curing and individual caring" at a time when "these practices were being split off . . . into the separate spheres of doctoring and nursing" (66). Seacole's critique, however, is aimed at more than gendered divisions of labor. Indeed, Seacole's preferred title—doctress—claims an expertise that was increasingly becoming gendered male while also insisting on a female identity. The title constitutes a refusal to be relegated to the margins of medical networks and to be cast, to use Spillers' term, as ungendered "flesh," which Seacole shows crude American gold diggers and prim British nurses were inclined to do.

Seacole crafts a capacious critique of nineteenth-century medical formations by zeroing in on their temporal underpinnings—on how time was distributed in the military hospital, and how theories of cholera cast certain geographies into ancient temporalities. Much has been said about Seacole's "politics of location" (Gunning 29), the implications of her representations of the places she visits and inhabits, and studies of Seacole's dealings with cholera have been particularly attentive to how she "perceived disease environments" (Howell 3; also see McGarrity 128). However, as Myriam Chancy has shown, Seacole is also interested in temporality. Seacole's decision to tell her life story without regard for chronology enables her,

according to Chancy, to transcend "history as a fixed form" (129). I would add that Seacole challenges traditional notions of time and history—their perceived flow in a linear fashion—by engaging with medical traditions and knowledge formations of the supposed past and reactivating them for the current and seemingly perpetual geopolitical and health crises she faces. If Seacole cultivates "a cartography of care that cuts across, and is indifferent to, the cartography of capital" (188), as Christopher Taylor suggests, she also tinkers with time in order to trouble histories of medical progress and assumptions about where bodies should be when, which were promoted by race science and maintained by the disciplined orderings of the hospital.

Although Seacole challenges nineteenth-century medical practices just as often as she uses them, and often draws from traditions that western modernity defined itself against, she is sure to center herself and her expertise in her present moment, asserting, "the century and myself were both young together and . . . we have grown side by side into age and consequence" (11). Seacole's medical practice then is not out of time; rather it offers a pressingly consequential alternative to a modernity wrought by transatlantic slavery and settler colonialism. Her hotels, medical praxis, and theories of nature and disease are quintessentially of their time even if they repurpose ideas and practices with temporal baggage and redeploy them in order to envision futures for people of color that might not otherwise be available in the liberal, linear orderings of a history written in European centers of science.

Scholars have productively cautioned against "romanticiz[ing] Seacole as saintly and self-sacrificing" and downplaying her "mobility in the emerging capitalist enterprises of empire" (Gunning 18; Pinto 3). However, it is also important to read Seacole's hotels relative to the medical industries they existed adjacent to, such as Nightingale's model medical institution or the Panama Railroad company hospital, both of which had an eye for the bottom line. While

Seacole should not be read as "either a small-scale war profiteer or a ministering angel" (204), as Christopher Taylor explains, this does not preclude the possibility that Seacole's economy of care offers an "alternative mode of socioeconomic transacting" run on "non-market based institutional logics of redistribution, reciprocity, [and] house holding" that interrupts "the worlding of liberal capitalism" (191). Seacole's brand of medicine, scholars have convincingly shown, exists in the ambiguous in-between, neither as heroic praxis nor self-interested gain. Yet I would argue that Seacole does in fact compose her text to be read in saintly terms.[83] Her account is a hagiography, in addition to a series of adventures, that mythologizes a new medical modernity practiced by and for people of the African Diaspora just as it is interested in breaking down binary divisions between the sacred and secular, science and superstition, and health and illness.

"Beside the nettle ever grows the cure for its sting": Seacole's Negotiations of Race Science and Medicine

When introducing herself in the opening pages of *Wonderful Adventures*, Seacole locates her medical skill, disposition, and knowledge in Caribbean lineages and milieus. While she states emphatically, "I am a Creole, and have good Scotch blood coursing in my veins," she "inherits her . . . yearning for medical knowledge and practice" from her mother, who "was, like very many of the Creole women, an admirable doctress" (11-12). Seacole names her mother as her inspiration for pursuing a medical career and gestures to a long line of "Creole women" practitioners of which she proudly joins the ranks. As Myriam Chancy notes, few scholars have attended to Seacole's "precise description of her father's ancestry as Scottish (rather than

[83] Catherine Judd has also briefly noted hagiographic qualities of Seacole's *Adventures* (103, 108). However, she more extensively focuses on the work's resonances with Homeric epic.

British/English)" (133-4). Chancy suggests that Seacole makes this distinction to disarticulate herself from quintessential Englishness; Scotland may share an island with England, but it has its own culture and, like Jamaica, a history of resisting the English crown.

Scotland was also a capital of medical empiricism. Medical students in the Americas flocked to Edinburgh, in addition to Paris, to earn their chops in modern forms of medical practice (Risse 240). With this in mind, Seacole's genealogy resists the traditional geographic flow of medical expertise. She places the Creole doctress as a viable and desirable alternative to the doctor trained in Edinburgh, challenging narratives that cast Europe as the seat of scientific modernity. Jamaica, rather than Scotland, possesses the traditions of care and pools of knowledge better suited for present and future health challenges.

However, Seacole does not depict these medical traditions in binary opposition. And while she might have "inherited" medical tastes from her mother, Seacole's profession is as much a learned practice as it is a genealogical birthright. Seacole recalls that "I was very young when I began to make use of the little knowledge I had acquired from watching my mother, upon a great sufferer—my doll" (12). Knowledge is "acquired" through close observation and practiced on a test subject—a description of medical training that follows the same logic of clinical teaching hospitals in Europe.

That said, Seacole importantly observes her mother rather than a hospital physician (although later she will admit to learning how to treat cholera from a British military doctor), and her gloss could be read as a gentle parody of clinical learning in addition to an astute observation of its performative and playful qualities, which were rarely admitted as motives behind empirical practice. Seacole honestly embraces these aspects of medicine, admitting that she was just like any other child, who "if you leave . . . [her] alone in a room" soon "clears a little stage; and,

making an audience out of a few chairs and stools, proceeds to act its childish griefs and blandishments upon its doll" (12). On one level, this is simply a description of childhood fancy, presumably long past; however, one cannot help noticing resonances between this scene of play and the function of *Wonderful Adventures* itself. The book is very much "a little stage" that affords Seacole the opportunity to present a chosen kind of self to now occupied "chairs and stools."

Whatever the case, Seacole stresses the satisfaction she receives from practicing on her doll—a trend that has important consequences as I will show later. She admits that "whatever disease was most prevalent in Kingston, be sure my poor doll soon contracted it," and, although she had "many medical triumphs in later days, and saved some valuable lives," few had given her "more real gratification than the rewarding glow of health which my fancy used to picture stealing over my patient's waxen face after a long precarious illness" (12). Interestingly, Seacole prioritizes an inanimate object over the "valuable lives" of real people. Such hyperbole is likely deployed for comic effect, but the statement also implicitly asks a probing question: how does a culture determine what counts as a "valuable" life, deserving of medical attention? Seacole's description seems to suggest that no lives or all lives are sacred and that hierarchies between them muddy the water of true science as well as facilitate inequity—a point she drives home as she mentions outgrowing her doll and experimenting on "dogs and cats" and later testing her "simples and essences upon—" herself (12). In a seeming rebuttal to taxonomy, Seacole places the doll, animals, and her own body on equal footing; all are beings that are useful to science, professional development, and, most importantly, worthy of care.

While Seacole's medical praxis seeks to break boundaries of being, she is also uncomfortably aware that colonial violence establishes hierarchies bent on maintaining an

unequal distribution of resources and power. After cholera has ravaged Panama and yellow fever breaks out in Kingston, Seacole meditates on the oppressive orderings of settler colonialism and on assumptions circulating about the role people from the Caribbean should play during times of pervasive sickness:

> I think all who are familiar with the West Indies will acknowledge that Nature has been favorable to strangers in a few respects, and that one of these has been *in instilling into the hearts of the Creoles an affection for English people and an anxiety for their welfare, which shows itself warmest when they are sick and suffering.* . . . Another benefit has been conferred upon them [English people] by inclining the Creoles to practice the healing art, and inducing them to seek out the simple remedies which are available for the terrible diseases by which foreigners are attacked, and which are found growing under the same circumstances which produce the ills they minister to. *So true it is that beside the nettle ever grows the cure for its sting.* (59; my italics)

Scholars note that Seacole deploys "racialized climatic constitution discourse" (Pinto 162)—theories that suggested certain ethnic and racial groups are better suited for certain kinds of climates—in order to illustrate her central role in imperial projects even at the cost of "pathologizing . . . native and black bodies" (Pinto 162; also see Howell 10).

I would suggest, however, that this passage exemplifies Seacole's ironic relation to race science and in fact encodes a critique of British imperialism even if on the surface she seems to concede to and embraces their terms. Punning off "Nature," Seacole first activates the term within the realm of scientific racism (i.e. biology predisposes "Creoles" to be caring and subservient—ever attentive to the needs of the English). Nature then refers to the actual flora of

the islands that provide "simple remedies" that cure bodily ills just as they can cause them. This pun is more than a literary flex, a moment where Seacole demonstrates her writerly as well as medical prowess. Rather it reveals a philosophical orientation towards and a praxis emerging from life in a colonial world: Seacole's "Nature" signals both a politics of survival and an intellectual flexibility necessary for modernity's subjects—an epistemological disposition that Seacole locates (dare I say roots) in African Diasporic knowledge formations.

If "Nature" can be wielded by doctors and race scientists to essentialize, then it can also be deployed by Seacole, and other "Creoles . . . practic[ing] the healing art" (59), to get by and invert those hierarchies. While Seacole does make herself "useful to the project of protecting the Anglo body" (Howell 10), she knows all too well the dangers of being essential during times of epidemic. I would argue that Seacole spots a proverbial chink in the armor of racial discourse, and she uses it to unsettle hierarchal relations. This is achieved both in practice (through the art of caring) and in discursive reclamation (the art of retelling). While "affection for English people and an anxiety for their welfare" might be "instill[ed] in the hearts of the Creoles," the only palatable kinds of British people are the ones who "are sick and suffering" (59). Seacole at once adheres to the script of racialized care while also hinting that the only good English man is one who is on the cusp of death, stripped of the physical ability to perform violence. In this state, the "Creoles" have power, and the Jamaican practitioner, with her knowledge of indigenous plants, could very well administer poison, "the nettle," rather than the "cure" (59).

Seacole rhetorically creates a moment in which the right to cure or kill rests in the hands of a presumed subaltern, who has gotten in that position because of racial assumptions about where bodies should be, how they should feel, and what knowledge they should possess—a tactic, if you recall, Babo uses to trick Delano into thinking his attendance to the invalid Cereno

is a "natural" display of subservient care rather than a reminder of a revolutionary force. Just as the plants of Jamaica contain poisonous and curative properties so too does Seacole reveal the rules of racial essentialism to contain ingredients, in the hands of the *right* practitioner (a doctress or a revolutionary of the African diaspora), for troubling their totalizing and brutal ordering. Of course, this ignores the structural power relations in which the bedside scene is imagined. Is a British citizen backed by the state, the law, economic and social networks, and constructed racial hierarchies ever powerless even when he is physically ill? With this in mind, Seacole offers a fragile mode of resistance, which is contingent on transitory encounters (a rare room where she, as the healthy physician, is in a position of power) or imaginative acts and rhetorical performances. After all, the passage itself preserves and subtly encodes the disruption of race science even as it superficially concedes to its edicts.

If Seacole's theory of nettles and cures is always qualified and perhaps fatalistic—it presumes the existence of poison even as it anticipates an antidote—it also alludes to a medical praxis that has a revolutionary history: Obeah. In Jamaica, Obeah was a set of interconnected medical and religious practices performed by members of the African diaspora for a variety of ends: to heal and exact revenge, to protect and to rebel (Wisecup and Jaudon 130). As Emily Senior explains, "herbalism constituted a major part of obeah practice," and plant remedies were used both "to cure or induce physical and social ills" (166). The obeah tradition, and Seacole, understand a truth that Delano, at the end of *Benito Cereno* cannot fathom, and that Melville hints at in the *Confidence Man* when he asks "Natur is good Queen Bess; but who's responsible for the cholera?" (122; sic): nature is not "good" but can harm and heal, especially in a world predicated on settler colonialism and transatlantic slavery. Just as it is for Melville, for Seacole, too, cholera is a signifier of this world's cruel modernity.

Obeah epistemologies, which Seacole reactivates with her own nineteenth-century bent, offer a more accurate reading of the natural world and the physician's role, troubling, as Emily Senior puts it, "the secularity and singularity of European medical and scientific modernity" just as they historically instigated revolt against British imperial power (191). The Obeah, Rana Hogarth explains, "foment[ed] resistance and revolt among black populations in Jamaica before, during, and after the emancipation process" (84). Obeahs were particularly central in Tacky's rebellion in 1760, in which enslaved people rose up against their British enslavers. During this conflict, Obeahs counseled the movement's leaders and boosted morale by performing rituals that were said to make Jamaican fighters invulnerable to British bullets (Brown, *Tacky's Revolt* 138). With this in mind, Seacole's gloss appears to adhere to a colonial script while also hinting at a rupture in which the rules of race making are overturned and the levers of power are taken by force from the British subjects she supposedly cares for both as a physician and as a "properly" sympathetic Jamaican subject. Seacole's subtle negotiation of racialized forms of care and essentialism thus encodes a radical tradition of resistance and imagines their dissolution just as it provides a nuanced theorization of how medical discourses are as flexible as they are violent.

Seacole approaches everything with an awareness that "besides the nettle ever grows the cure for its sting" (58), and she trains her reader to view her intellectual contributions and negotiations of the history of medicine through this philosophical lens. This is especially true, as we will see, when she tackles cholera and revives a variety of medical traditions—none of which she deems off limits, or uniformly harmful or benevolent, in the hands of a careful Afro-Jamaican practitioner.

Panama in the Unstable Time of Cholera

Following the generic conventions of nineteenth-century disease discourse, Panama in the 1850s should have been a choleric geography—a place that spawns and incubates disease due in part, as colonial theories of atmospheric contagion dictated, to its tropical climate and its concentration of non-European bodies. Initially, Seacole even figures it as such, for it is on that "little neck of land, dividing the Atlantic from the Pacific" where the "refuse of every nation" gather in, what she calls, a "nursery for ague and fever" (17- 18). Panama is not only a liminal space—a literal border of oceans—but a receptacle of human waste (or "refuse") and the seat of disease, a description that registers the fraught geopolitical and social dynamics of postcolonial New Granada. With the Spanish deposed, the isthmus became a prize sliver of the US neocolonial pie, a short cut for East coast Americans in search of California gold, a haven for people fleeing enslavement, and a place Irish, Jamaican, and Chinese immigrants came looking for work.[84]

The Panama Railroad Company, a US-run enterprise, offered these immigrants employment and a likely death. Laborers laying down tracks in mud trenches for long hours often succumbed to exhaustion and disease, usually yellow fever or cholera. Death and racism were so rampant that US overseers did not bother to keep a record of the Jamaican and Chinese dead, though they did record fatalities among the small number of American employees (Salih xxiii, 188; Taylor 211). And a small hospital was erected to quarantine the sick from healthy

[84]For the most part, these laborers were free men. Slavery was abolished in New Granada in 1852. However, at the very beginning of the project, the provincial Panama government did provide convict labor to the company, but that proved unsustainable. The company also briefly exploited people enslaved by a New Granadian contractor to unload supplies from ships at port. This would have been around 1848 before the railroad construction was inaugurated in 1855. However, the use of enslaved labor was soon rejected by company directors in New York due to political pressures. That said, the labor force did include indentured workers and people who worked for passage to California, if they survived (McGuinness 59-64, 86).

laborers rather than to provide care to those struck down on the job (McGuinness 64). The job of acknowledging these lives was left to women like Seacole, who notices that "every mile of that fatal railway cost the world thousands of lives" (19). While deemed disposable by US business men, Seacole shows the death of these otherwise unaccounted for laborers to be an irreparable loss to the human community—"the world," along with Seacole, mourns them. As Christopher Taylor notes, Seacole "figures U.S. Americans as embodiments of the logic of necropolitical capitalism" (211); under this regime, the "laborers in Panama do not appear under the horizon of life . . . but always already maintain a relation to an imminent death" (212). Panama's deathliness and disease are not endemic but imports from a neocolonial power that trades in capital and bodies. While the "refuse of every nation" gather in Panama, it is only the Americans that bring bodily decay even as they attempt, through their labor practices and record keeping, to dictate who counts as human waste.

Cholera concretely manifests the importation of death from the US, while also functioning as a reclaimed signifier that Seacole deploys to articulate her critique of US intervention in the Caribbean and Central America and, eventually, by reconceiving the temporal life of the illness, cultivates a medical subjectivity that places people of color at the center of knowledge production and care networks in a world that would otherwise deem them disposables unworthy of medical attention.

Whether in Kingston or Cruces, cholera always arrives on "steamer[s] from New Orleans" and in the wake of violent Americans (17). Scholars have argued that Seacole's geographic framing of cholera functions as a critique of US expansion often in favor of what she depicts as a more benign form of British imperialism. As Maria McGaritty observes, "both disease and racism emanate from the Americas," and, as a doctor, Seacole combats not just

cholera "but the infection of racial categorization and hierarchy" that the Americans bring with them (139). Yet Seacole's negotiation of dominant figurations of the illness is more intricate than otherwise noticed, and cholera's geographic life in *Wonderful Adventures* has temporal implications.

Seacole doesn't just make America the locus point of contagion, she rewrites narratives of the disease that cast it as a plague of the East come to attack the otherwise salubrious West. Cholera, in Seacole's text, instead moves North to South, from the US to the West Indies; it is not sprung from the primordial Ganges, as the story usually went, but is instead a blight of the West's modern accumulation of capital, and, as Seacole's reference to New Orleans suggests, dependence on enslaved labor. In some ways, this fits with scholarly accounts that argue Seacole distinguishes between bad US neocolonial domination and a nostalgic fantasy of benevolent English imperial relations (Taylor 192; McGarrity 129, 133, 139). After all, she asks us to turn our attention away from British atrocities along the Ganges to contemplate the violence of the slave trade on the Mississippi. However, British scientists, doctors, military men, and journalists were some of the first to emplot cholera with "Asiatic" origins and to heap this geographic rendering with temporal baggage. Seacole's alternative emplotment of cholera, then, not only offers a critique of American slavery but also Western, and particularly English, theories of disease, thereby revealing the extractive and racist logics of both world powers. She highlights that cholera befalls the "Indies," East and West, only after Anglo-American regimes converge on those spaces and peoples.

Seacole's critique of Western theories of disease sharpens as cholera breaks out in Cruces, where she begins cultivating new modes of care. Seacole recounts the moment of outbreak in a mixed grammar that gestures to predestination while simultaneously borrowing

from empirical accounts of the spread of disease. It was "destined" that she "should not be long in Cruces before" her "medicinal skill and knowledge were put to the test" both by the disease and the satellite illness ideologies which surrounded it (29). Upon announcing the disease's arrival, Seacole immediately activates popular debates circulating about cholera:

> I believe that the faculty have not yet come to the conclusion that the cholera is contagious, and I am not presumptuous enough to forestall them; but my people have always considered it to be so, and the poor Cruces folks did not hesitate to say that this new and terrible plague had been a fellow-traveler with the Americans from New Orleans or other of its favored haunts. (29)

Seacole positions herself against medical authorities— "the faculty," still squabbling over how cholera was transmitted. Contagionists, who believed the illness could be spread from person to person through close contact, sparred with miasmatists, who thought the disease was caused by poisonous particles in the air and associated the disease with racialized peoples and geographies. This disagreement had certain social and political valences. As Marie-Hélène Huet explains, proponents of miasma theory, who saw themselves as the children of the Enlightenment, "cast the debate as a new and serious quarrel of the Ancients (contagionists) vs. the Moderns" (64). They depicted contagionist plans for containment—quarantines and isolation—as draconian inheritances from the Middle Ages and recommended instead measures like cleaning up streets, stressing personal hygiene, and abandoning urban centers for country retreats—all methods that stressed individual responsibility, targeted the "dirty" poor, and—crucially—left global commerce and shipping free to continue unabated.

Siding with the contagionists, Seacole risks coding herself as a backwards practitioner. Yet she makes a definitive stand, siding not with the scientific elite, but with her hemispheric

community. She notes that "my people have always considered" cholera to be contagious, a view they share with the "poor Cruces Folks," who do "not hesitate to say that this new and terrible plague" came from New Orleans aboard a ship (29). Seacole positions Kingston and Cruces—rather than Edinburgh or Paris—as centers of medical knowledge and endows usually subordinated people with authority on a new plague. Seacole offers an alternative to medical modernity by embracing supposedly archaic theories of disease (contagionism), drawing from Indigenous and Afro-Caribbean reservoirs of knowledge, and attending to the geopolitical fault lines that disease runs along, in this case, US neoimperialism and enslavement.

Seacole's reclamation of the cholera narrative isn't just a theoretical intervention but also a necessary strategy of survival, which comes to the fore as she narrates the particular circumstance of the onset of the outbreak in Cruces. The first person to get ill was "a Spaniard," whose sudden "death gave rise to the rumor that he had been poisoned, and suspicion rested for a time . . . upon" Seacole's brother (29). This "suspicion," that illness is the result of a Jamaican poisoning a Spaniard, rather than it being a contagion transmitted by US citizens, endangers Seacole and her brother as the dead man's friends threaten violence. The situation is defused only when Mary Seacole uses her medical expertise to diagnose the situation. Going to "see the corpse" herself, she is able to unmask the real culprit (30). After observing "the distressed face's sunken eyes, cramped limbs, and discolored shriveled skin," she "at once pronounced the cause of death to be cholera" (30). This deployment of knowledge, in addition to other people soon displaying the same symptoms, defuses the fervor of the would-be mob, and, as, Seacole recalls, "the very people who had been most angry with me a few hours previous, came to me now eager for advice" (30). Through her control of the cholera narrative, Seacole makes herself a central figure in a postcolonial outpost dominated by racial, gendered, and cultural hierarchies. Yet if we

recall Seacole's descriptions of plants that can heal and kill, another story emerges—one that subtly imagines a reversal of power relations. In this anecdote, after all, Seacole depicts a powerful dyad: a brother that potentially poisons and a sister that cures, imagining again the power to kill and let live in the hands of agents usually subordinated in colonial outposts.

In this liminal choleric zone where traditional organizations of social life are in flux, Seacole practices alternative forms of modern subjectivity through her treatment of cholera. As the outbreak escalates, Seacole's inclusive definition of medical modernity, which had previously given the "poor People of Cruces" their due, wanes. She criticizes "the Cruces people [,who] bowed down before the plague in slavish despair" (31). In addition to peddling in cultural essentialism, Seacole condemns the Crucians' Catholicism, noting disparagingly that "beyond filling the poor church, and making the priests bring out into the streets figures of tawdry saints, . . . they did nothing" to stop the cholera (31). Never did "the poor cowards" stir "a finger to clean out their close, reeking huts, or rid the damp streets of the rotting accumulation of months" (31). In light of the locals' disregard for cleanliness, Seacole admits that "their chief reliance was on 'the yellow woman from Jamaica with the cholera medicine'" (31).

In many ways, then, Seacole positions herself as a secular, liberal subject—she critiques the Catholics and puts her faith in hygiene and medical empiricism. However, she also occupies a space between "backward" religiosity and "modern" sanitation, offering alternatives to both ways of coping with the physical and social fallout of epidemic illness. While Seacole's "cholera medicines" are not terribly unique—indeed her mustard plasters and doses of calomel were common cures—her middle ground mode of care is associated by the people of Cruces, and in the passage, with Jamaica and "yellow[ness]," both of which remind the reader of the creolized and matrilineal tradition of medicine that Seacole foregrounds in her opening pages. Her care

also defies the capitalist imperative of monetized exchange, for "those who could afford to pay for" Seacole's "services did so handsomely, but the great majority . . . had nothing better to give their doctress than thanks" (31). With the "tawdry" saints unmasked and western purity projects dismissed, Seacole figures herself as Panama's and a cholera-struck society's salvation—a saving grace.

Sentiment, Science, and Subversion in a Modern Choleric Nativity

Seacole provides a mythology for her kind of care and outlines the stakes of her practice for people of color in an account of an autopsy she performs on a young child. At the height of the epidemic, a man with a mule-driving business asks Seacole to come attend to his workers, who reside—women, children, men, and mules alike—in a barn. Horrified by the conditions, made worse by cholera's desecration, Seacole does what she can for her patients, but many are beyond saving, including "a poor, little, brown-faced orphan infant," who dies in her arms (33). Seacole's narration of the baby's death, as Cheryl Fish explains, "blurs the discourse of science and sentiment" (74):

> towards morning the wee spirit left this sinful world . . . and what was mortal of the little infant lay dead in my arms. Then it was that I began to think—how the idea first arose in my mind I can hardly say—that, if it were possible to take this little child and examine it, I should learn more of the terrible disease which was sparing neither young nor old, and should know better how to do battle with it. I was not afraid to use my baby patient thus. I knew its fled spirit would not reproach me, for I had done all I could for it in life—had shed tears over it, and prayed for it. (33-34)

The scene functions as a moment of self-formation in which Seacole combines and claims disparate medical traditions while also troubling cultural and gendered norms. As Sandra Gunning points out, Seacole "moves interchangeably between the roles of mother and clinician," claiming "objective scientific analysis generally associated with white male doctors" in addition to "the Jamaican Creole medical practices she learned from her mother" (41; also see Fish 77). However, Seacole also intervenes in the medical epistemologies and rhetorical traditions she seamlessly deploys. As Myriam Chancy argues, Seacole "performs a postmortem on medical and ideological discourses that situate the brown body outside of the bounds of normalcy" (143); rather than viewing brown bodies as pathologized anomalies, Seacole places them at the center of medical science, while also affirming "the modernity of her subject position" as the empirical producer of knowledge (143).

With Chancy's insights in mind, I would argue that Seacole inaugurates a tradition of medical care geared for and administered by people of color, troubling the white medical gaze and its attendant violence. Seacole casts this new tradition as an epochal shift by staging a modern nativity. Seacole, a wise woman who has traveled far, finds a baby in a stable shared with livestock. This pattern of allusion calls us to realize a continuity between the "brown-faced orphan" and baby Jesus, and perhaps, to see the baby as another iteration of the Christ child, this time sacrificed not for human sin but for medical knowledge—a seemingly secular messiah ushered out of the world by cholera rather than crucifixion. Yet the dismal condition of the new nativity—it occurs in a mire of death, mud, and excrement—suggests that this modernity is born out of necessity against the backdrop of colonial and neocolonial violence, which often prevented brown babies from growing to adulthood. A creolized form of medical care, which is scientific without being divorced from a religious, folk vernacular, is this world's redemption,

and a Jamaican doctress its only savior.

In addition to cultivating a new teleology of scientific modernity, Seacole also disrupts an exploitative medical economy at work in Panama as well as offering a critique of empiricism and sentimentalism, discourses that she reveals as propping up a transatlantic system of medicine that trades in Black and brown bodies. There was a long history of dissecting racialized bodies before Seacole takes up her knife. As Rana Hogarth explains, during the late eighteenth and early nineteenth centuries Caribbean and Southern US medical professionals often had uninhibited access to enslaved people, which "contributed to the overrepresentation of black bodies as clinical teaching material" (176). In this context, physicians easily negotiated the contradiction of the proclaimed "physiological distinctiveness of black bodies" and the use of those same bodies to generate medical theories, learn about disease, and to train medical students in human anatomy (181). With this in mind, Seacole's dissection of the orphan hardly seems radical, and we might read it as just another one of empiricism's violations, this time performed by a Jamaican doctress rather than a US man of medical science. Indeed, the anxiety that riddles the passage, not to mention her expressed remorse—she steals away from the scene "like [a] guilty thing" (34)—suggests that even Seacole worries about the resemblance of her practice to more exploitative experiments.

Taking into account the tradition of using racialized corpses for clinical inquiry, Seacole's complicity in empiricism's invasive projects warrants consideration; however, attending to the particulars of the autopsy's immediate historical milieu (Panama in the 1850s) reveals that Seacole offers a praxis of survival, resistance, and cross-cultural solidarity in the midst of a medical economy sustained by neocolonial intervention. As before mentioned, the dismal working conditions on the railroad and a dearth of medical practitioners allowed yellow

fever, cholera, and malaria to run rampant. Death rates were so high that disposing of corpses became a problem. To deal with this issue, local authorities relied on unpaid labor. Directly after the autopsy, Seacole explains that "convicts," who lived in the lowest degree of "wretchedness in Cruces," performed the "terrible task of burying the dead" (35). Alongside this forced labor practice arose a body business: corpses were shipped to the US for use in medical schools. One doctor for the American railroad company pickled bodies and exported them to the US for a pretty penny (Newton 115).

In this economy of extraction, Seacole's operation functions as a concrete example of hemispheric solidarity and anti-colonialist resistance just as it is a performance of empiricism. After the baby dies, a man, most likely a convict for he has no connection to the family and he arrives only when there are corpses to dispose of, comes to bury the child. "With the help of silver arguments," Seacole convinces him "that it would be for the general benefit" if she "could learn from this poor little thing the secret inner workings of our common foe" (34). Although Seacole admits to bribing the grave digger, she also compensates the man for labor he is forced to perform. Seacole frames this gesture and the autopsy as an act of solidarity. She and the grave digger work together for the "general benefit" and fight a "common foe," which of course refers to cholera but also to a medical industry in which the "little, brown-faced orphan" might be sold to line white pockets and to satiate the curiosity of white American medical students (33). Seacole's autopsy disrupts this flow of capital and sequesters knowledge that might otherwise be exported.

The operation is not an empirical plunder but an act of commercial sabotage and a preservation of the sacred. The baby's body will never be sold for profit, and it enters Seacole's hybrid medical tradition with weighted symbolic significance rather than solely becoming

clinical material. This mode of resistance is marked by reciprocal exchange rather than economic exploitation. Seacole pays the grave digger for his labor, and she does "all" she can "for [the baby] in life" in exchange for the knowledge the baby can afford to offer after death. She knows the baby's "fled spirit would not reproach" her (33-4). In the midst of disease and violence, these actors come to an understanding; they know who their "common foe" is.

If Seacole offers a tangible mode of subversion, her retrospective narration also offers a theoretical critique of the empiricism and sentimentalism that undergird the exploitative medical economy. Seacole might be said to perform "unfeeling," what Xine Yao has recently theorized "as a quotidian tactic of survival and a counterintuitive . . . mode of care" (*Disaffected* 5-6). Considering the work of Rebecca Crumpler and Rebecca Cole, the first medically accredited Black women in the US, Yao argues that Black female doctors inhabited clinical detachment in order to combat sentimental prerogatives to "feel right" that overdetermined political recognition (3,140). Yao's insights are particularly useful when we consider Seacole's unapologetic claim that she "was not afraid to use" her "baby patient thus," and that during the dissection she obtained "knowledge" that "was soon put into practice" (33-34). Seacole shows herself to be a detached scientist, refusing a sentimental metric of evaluation and challenging liberal notions of political subjectivity even as she practices empirical rationality—a building block of modern liberalism.

Yet clinical detachment doesn't completely capture the texture of the autopsy's narration, and if Seacole "showcases" her "rationality," as Cheryl Fish claims (77), she also reveals it to be intimately related to uncontrollable feeling. Upon reflection, Seacole admits that she "could not wield the scalpel or the substitute I then used now," expressing some kind of remorse for the impromptu dissection, which she emphasizes did not occur in a clinical setting but on a riverbed

with an ambiguous "substitute" for a scalpel. When explaining her decision to operate, Seacole does not cite the advancement of knowledge, but divulges emotional motivations: "at the time the excitement, had strung my mind up to a high pitch of courage and determination" (34). In a statement of affective honesty, Seacole shows that the clinical encounter is not one of detachment; rather, it is a charged experience that involves a range of emotions: excitement, determination, satisfaction, certainty, pity, remorse, and guilt. Rationality's disavowal of passion and empiricism's supposed divorce of interest is a farce.

Seacole's exaggerated leaps between emotional and empirical registers reveals not just that she can inhabit the role of mother and scientist, but the shared logics of both these cultural scripts and their inadequacy to capture the complicated dynamics of an autopsy performed by a Creole woman without institutional backing—an operating room, a scalpel, and the cultural sanctions and economic privileges that would give her access to these tools. Empiricism and sentimentalism are related rhetorics that obscure the limiting circumstances of an emotionally ambiguous experiment.

Seacole sharpens her critique of these twin logics as she presents a foil for the orphan baby's autopsy in the death of a "Spanish lady," the wife of a "New Granada grandee" (35-6). Unlike the baby, who dies amidst mules and men, the Spanish lady dies in a domestic space that should, under normal circumstances, be a site of comfort, even considering its owner's waning political importance and economic standing. Yet the Spanish lady's well-appointed home cannot save her from cholera's incursions. Unlike Nina Gordon's tranquil deathbed scene in *Dred,* the Spanish lady's demise is distinctly terrifying, and Seacole refuses to narrate it in a sentimental grammar. Cholera has converted the domestic space into a "miserable household in terrible alarm" (36). The lady's choleric spasms are punctuated by "cries to the Madonna" and the

invocations of a "course black priest," who presides over her bedside (36). Perhaps Seacole's clear disdain for Catholicism, rather than cholera, prevents her from narrating the death in sentimental terms the way Stowe is apt to do for her Protestant protagonist. Yet when the woman dies, it becomes clear that Seacole's critique is aimed at a wider tradition of liberal humanism, which she reveals is troubled by choleric death.

What Seacole finds most terrifying about the choleric scene of disarray is not the embodied dissolution and affective confusion cholera causes, but the resulting protests it inspires when the convict gang comes. When "the authorities came for the body," Seacole is shocked by the family's "rage" that the lady, "who had been so exalted in life, should go to her grave like the poor, poor clay she was" (36). If Seacole's gloss seems callous or worse resonates with Nina's repudiation of the enslaved laborers' lamentations after Old Hundred's death in *Dred*, it is important to note that Seacole's comment illuminates the arbitrary and oppressive hierarchies at play during life that cholera implodes in death. The Spanish household, like Stowe, fails to realize, what cholera forced the culture to acknowledge: that the Spanish lady, every bit as much as the brown orphan, is "poor, poor clay" (36). What grates on Seacole's nerves is not the religious fervor of the family or their display of grief but their refusal to acknowledge that their privileged position is not innate but constituted by exploitative forms of distinction. Seacole aims her ire not at "backward" Catholicism but the nascent formation of a modern white fragility—the household's indignant "rage" that their racial status and by-gone colonial power are not recognized in a time of cholera.

Reading the Spanish lady's death scene as a foil for the dissection, we see that Seacole's autopsy also has political and ontological aims. Namely, it dismantles technologies of sentimentalism that create hierarchies of somatic vivacity and that value certain lives over

others.[85] Seacole reveals this technology at work in rituals of death and retrospectively through narration, which her unsentimental account of the autopsy refuses to adhere to. Seacole's critique of sentimentalism becomes all the more trenchant when she herself becomes ill with cholera. Indeed, Seacole catches the disease in the Spanish household, and she suggests that the family's entitled outrage inspires the onset of her own illness. In this schema, European angst is akin to a pathological and deadly illness—an entity to be feared by the Afro-Jamaican subject.

When prostrated by cholera, Seacole confronts another kind of dangerous emotional display, this time rooted in American nationalism. Seacole explains that "when it became known that their 'yellow doctress' had the cholera . . . the people of Cruces . . . gave her plenty of sympathy" (38). While Seacole's description at first seems to laud the "people of Cruces" for their expressions of feeling, it soon becomes clear such displays are not only unwanted but detrimental to her health. She admits, "indeed, when I most wanted quiet, it was difficult to keep out the sympathizing Americans" (38). Here sentimentalism is performed by certain kinds of people (white Americans) for particular ends, in this case the establishment of racial hierarchies that aim to justify slavery.

The Americans after all are not trying to help Seacole in a time of sickness. Rather their performance masks a morbid curiosity that hints at the potential for sexual violence and facilitates a scene of objectification that Seacole, prostrated by cholera and living in an unsecured space, cannot easily combat:

> The rickety door of my little room could never be kept shut for many minutes together. A visitor would open it silently, poke his long face in with an expression of sympathy that almost made me laugh in spite of my pain . . .;

[85] For this account of sentimentalism see Schuller, *Biopolitics of Feeling* 6,13.

> while another would come in bodily, and after looking at me curiously and inquisitively, as he would eye a horse or n—r he had some thoughts to make a bid for. (38)

The "rickety door" cannot keep out the inquisitive Americans, who offer "expressions of sympathy" just as they "eye" Seacole as if she were a "horse." The scene recalls Redburn's descent into the cellar where he disturbs Betsey and her children's choleric dying in order to perform sentimental selfhood. Here, Seacole reveals that this performance subtends racialized slavery. The rules of sentimental exchange permit the men to invade Seacole's space and to objectify a free woman of color. The scene hints of a latent and always present threat of sexual violence, as the men "silently" lurk up to Seacole's bedroom to leer at her defenseless body. They do not recognize Seacole as a human but as a commodity they can use as they wish. The sentimental gaze racializes Seacole who, struck by cholera, loses, for a moment, the ability of self-definition. While Seacole consistently insists on her "Creole" identity, her mobility, and her freedom, the men in this instance fix her as an "n-----" they can "make a bid for" (38). "Feeling right," as Stowe postulated, doesn't threaten slavery but facilitates the logics upon which the parasitic structure relied.

To combat the Americans' sentimentalism, which uses the opportunity afforded by cholera, Seacole turns to her literary arsenal rather than her medicine chest. In response to the Americans' behavior, Seacole admits she "was almost inclined to throw something at them, or call them bad names, like the Scotch king does the ghosts in the play" (38). Seacole here aligns herself with Macbeth the Scottish king, gesturing to her paternal heritage as the American men attempt to fix her in their binary racial categories.

Interestingly, the nineteenth-century editor inserts a footnote (the only one in the whole

book) commenting on Seacole's allusion: "Seacole very likely refers to Macbeth. But it was the witches he abused" (38). This note illuminates not only the English editor's inability to resist "correcting" the Jamaican author but also unintentionally emphasizes a pattern of allusion that Seacole embeds in her text. Indeed, her reference to "ghosts" recalls her first description of the "white men" she sees in Panama as "ghostly and wraith-like" (18). Seacole hasn't misremembered Macbeth; rather, she reworks Shakespeare to critique transatlantic slavery and distance herself from the racializing gaze of the Americans by riffing on accounts of enslavement and the Middle Passage that highlight white ghostliness. After all, her description echoes Olaudah Equiano's equation of the swarms of white sailors on a slaving vessel to "a world of bad spirits" (55). This figurative pattern at once emphasizes Seacole's distance from enslavement and its long shadow. Although an ocean and nearly a century apart from Equiano's encounter and in a vastly different legal and political milieu, Seacole shows that white ghosts still haunt subjects of the African diaspora especially at their most physically vulnerable (in this case in times of cholera).

To counter these calcified dynamics, Seacole stresses her Scottish ancestry and masks her femininity. She figures herself as the King of Scotland, not as a member of the brood of witches residing outside the court and on the wild periphery of the kingdom. Yet even this positioning is not without its own self-awareness. Macbeth betrays his comrades for self-interest just as Seacole distances herself from "those poor mortals . . . whose bodies America still owns," whom she previously expressed a "proud . . . relationship" to, in order to highlight her European heritage (21). However, Seacole's betrayal of African American kinship is not one of ambition—like the Scottish king's—but of necessity: she must reconstitute a scene of trauma and a dissolution of self, brought on as much by sentimentalism and racism as by cholera. In her

narration of the Crimean War, she will later deploy cholera to reconstitute herself and stress her medical expertise just as she challenges the institutions of medicine that usually confer credibility and credentials.

Seacole's Hospital(ity) in the Crimea

The Crimean War (1853-1856) was a modern conflict fought for antique reasons. According to Orlando Figes, it was Europe's "last crusade," waged by the Franco-Catholics, the Ottomans, and their British allies against the Russian orthodox over control of sites in the holy lands and geopolitical influence over the waning Ottoman Empire (xxiii). The war was also an industrial affair exceptional for its unprecedented density of artillery fire, trench combat, daily news reporting (thanks to the newly invented telegraph and camera), use of steamships and railroads, and "innovations in military medicine" (Figes xix; also see Badem 1). The war witnessed the proliferation of emergency triage, the introduction of anesthesia in surgeries at a systemic scale, and the making of iconic cultural figures, such as Florence Nightingale, who would go on to play a role in reform movements that would contribute to the formation of the modern, medicalized hospital (Figes 294-305).

Alfred Lord Tennyson's "Charge of the Light Brigade," which depicts the British cavalry riding to their death after a military official accidentally sends them to the wrong target, most famously memorializes the war's uneasy mixture of modern technologies and fossilized motives. The poem depicts chivalry crushed by the failings of modern war bureaucracy ("someone had blundered") and industrial arms ("Stormed at with shot and shell"), registering a new age of warfare while simultaneously obscuring the subterranean texture of death that constituted the war's novelty if not its modernity—death in trenches carved into the earth, death by microbes

nestled in the intestines. If the Crimean War anticipated the World Wars and the future of medicine just as it gestured back to medieval motives, this was not lost on Seacole, who was ever attentive to the workings of time, the demands of "modernity," and the bowels of history and of humans.

The Crimean War's poetics of the bowels would be left for surer pens, like Mary Seacole's. While the "Noble six hundred" famously rode "into the valley of Death" (7-8), most soldiers fell in ways that Tennyson could not romanticize, succumbing to cholera and other bowel ailments, which accounted for the majority of death by disease—the cause of about half of the total 500,000 wartime fatalities (Hinton 339-340; Britannica "Crimean War"). Enter Dame Seacole, as *Punch* magazine called her, who came to Crimea with two cholera epidemics under her belt. Seacole stresses her expertise and experience, noting that the "most prevalent" diseases "in the Crimea were cholera, diarrhea, and dysentery, . . . [with] which . . . my Panama experience had made me tolerably familiar" (71). Peppered with letters from soldiers admitting to "severe attack[s] of diarrhea" and cholera cured by Seacole (115), *Wonderful Adventures*, as Howell points out, reads as a "retrospective résumé" that outlines Seacole's effectiveness in treating deadly diarrheal diseases (28).

Yet despite her cholera qualifications, Seacole was barred from participating in the war in any official capacity. After being rejected by Nightingale's nursing program, Seacole rightly suspects the reason: "Did these ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs?" (73-4). While Seacole refuses to "blame the authorities who would not listen to the offer of a motherly yellow woman to . . . nurse her 'sons' . . . , suffering from cholera," she anticipates readers, who "in time" will identify the racist motivations of her rejection and pick up on her irony (72).

However, Seacole does not wait for others to catch up, and, making her way to the front lines, she combats these oppressive forms of medical care immediately. In response to discrimination, Seacole establishes "a hotel for invalids" that includes "a mess table and comfortable quarters for [the] sick"—hers is an institution of comfort and conviviality in addition to care (74). Seacole offers a more inclusive medical economy and an alternative to the military hospital and its temporal orderings, which she reveals to be more interested in maintaining a racialized order than providing effective medicine. Conversely, Seacole's radical hospital(ity) celebrates embodied humanness, attends to the imbrication of social and scientific logics in medicine, opens its doors to all strangers, and looks back rather than assume "progress" entails ethical advancements.

Before introducing her hotel in detail, Seacole offers Nightingale's hospital at Scutari as a foil for her own establishment. Inspired by reports of medical mismanagement in the war, Nightingale, a well-connected daughter of a British industrialist, applied to her friend Sidney Herbert, the secretary of war, to organize a nursing corps (Figes 301-2). While Nightingale was an "able administrator," as Orlando Figes points out, her impact on medical improvements during the war has been overblown (303; also see Hinton 345, 348). However, she did institute reforms at Scutari—reorganizing the kitchens, hiring Turkish laundresses, overseeing the cleaning and maintenance of the wards, and implementing nightly rounds—that changed how the hospital ran (Figes 303). These alterations would become a blueprint for hospital reform campaigns that stressed order, hygiene, and discipline (epitomized by Nightingale's influential tome *Notes on Hospitals*) and her own campaign to professionalize nursing after the war (Risse 369). Today she is largely seen as a figure who participated in trends that helped decrease mortality and cultivate credibility for the medicalized hospital, as well as a thinker who

anticipated and participated in early forms of statistics and epidemiology—in other words, as a figure and harbinger of medical modernity (Risse 369, 387; Downs, *Maladies of Empire* 88-113).

What did Nightingale's ideal modern hospital look like, and how did it compare to the portrait of Scutari that Seacole paints? Perhaps unsurprisingly Nightingale stressed order, cleanliness, and good ventilation to dispel bad miasma. However, equally important, in *Notes on Hospital*s (1863), Nightingale also suggests that "whatever system of hospital construction is adopted should provide for easy supervision at unexpected times" (50-1). Hospitals should be designed to make it easy for administrators to conserve and surveil not just their patients but their work force. Poor architecture could waste labor and time: "every unneeded closet, scullery, sink, and staircase represents both a place which must take hands and time to clean, and a hiding or skulking place for patients or servants disposed to do wrong" (49). Nooks and crannies not only waste a professional nursing staff's time but they also enable hospital "servants" to steal time back during a working day, to retreat to a place of relative privacy and apparently "do wrong." Ever attentive to economy, Nightingale endorses designs that enable "easier . . . discipline and oversight" (52), saving hospital administrators cash.

Although Scutari did not adhere to these guidelines, Nightingale's advice, inspired by the challenges she faced in the Crimea, nonetheless illustrates the rigid scene of discipline and surveillance that marked her ordering of therapeutic spaces. Seacole's depiction of Nightingale's domain offers a critique of her management of time and space, revealing it oppressed certain bodies (Irish Catholics, Turkish laundresses, and Jamaican doctresses) more so than others. Upon arriving in the Ottoman Empire, Seacole goes to Scutari to catch a glimpse of the famous hospital and its proprietor. However, once inside, Seacole is struck by "the long wards of sufferers, lying there so quiet and still" (79). Suffering here has no voice; pain no opportunity to

express itself. If the patients were "very quiet" so too were the "female nurses, [who] in their quiet uniforms, passed noiselessly" (79). The environment of the hospital is marked by a silent deathliness even as it is figured as a space of industrious care. Everyone is subdued—restrained but also conquered by Nightingale's management system.

Seacole reveals the uneven impacts of this silencing and interrupts its totalizing grasp on the scene of care. One of Seacole's greatest skills, as Sandra Gunning has shown, is making a home in the most inhospitable of environments. While the silent scene at Scutari first brings "a rush of tears" to Seacole's eyes, she soon feels "at home" by finding compatriots and cultivating a regime of sociality at odds with medical discipline (79). Meeting an old friend, she gets him to give her a tour of the wards—already a convivial alternative to professional rounds—during which she finds another acquaintance struggling in the hospital. Upon seeing Seacole, a man with "bright, restless, Irish eyes . . . hollows out, 'Mother Seacole! Mother Seacole!' in such an excited tone of voice," breaking the unyielding silence with a boisterous expression of kinship, relief, and joy—a loud affinity that disrupts the British Protestant hush. Seacole sits by his side and tries "to cheer him with talk of the future," which works: "he grows alright in a few minutes" (80). If the hospital has stripped the Irish man of vitality, Seacole revives him with a simple remedy (conversation), revealing that physical well-being is tied to interpersonal relationships in addition to regimented hospital dosing.

I do not mean to create a binary between Nightingale's "scientific" albeit brutal medical practice and Seacole's more sociable care. In fact, Seacole stresses that soldiers come to her hotel because of her "practical experience in the science of medicine" (101). Seacole is an adept practitioner, and the soldiers know it. Nor do I intend to romanticize a scene in which a woman of color seemingly sacrifices her time to provide emotional support to a man that "hollows" at

her. In fact, the conversation provides Seacole with important information about how to provide needed resources on the front lines and make a buck in the process. The Irish man tells Seacole that he had been "kept . . . for weeks on salt meat and biscuit, until it gave him the scurvy" (80). Delighted to hear Seacole plans to set up a hotel, he advises her to "take over plenty of vegetables, of every sort" so others might avoid his fate (80). The encounter then is more than a disruption of hospital silence, it functions as a moment where actors who might otherwise feel out of place participate in a reciprocal exchange of knowledge and time with the aim of creating a viable alternative to the cavernous silence of Scutari.

This exchange and Seacole's hotel more generally are not without scientific or medical consequence. After all, as the Irish man's comments suggest, Seacole's hotel, and establishments like it, helped cut down on avoidable conditions like scurvy by providing essential nutrients in an environment of scarcity. Recent histories of the war have argued that private establishments positioned near the front lines, which supplied basic goods and expert medical attention closer to scenes of injury improved wartime health. Mortality did not decrease because Nightingale and the sanitary commission cleaned up British hospitals but because newly constructed railroads got food and resources to the front lines, where medical care became more available (thanks to doctors like Seacole), decreasing the number of wounded or ill who would have been shipped to Scutari often just to die (Figes 294, 303, 353-4; Hinton 345, 348).

Indeed, Seacole's depiction of Scutari brilliantly reveals that Nightingale's organization of the hospital was not particularly hygienic or well suited for medicine but bent on maintaining a racial order premised on hierarchies of time. After her conversation with the Irish man, Seacole endeavors to meet Nightingale in order to procure a place to sleep for the night. However, because Nightingale's "every moment" is "valuable," Seacole is asked to wait in a room that

"was used as a kitchen" (81). Seacole waits "half an hour's time" only to be given a bed in "the hospital washerwomen's quarters" (82). Seacole highlights the irony of relegating a medical expert in bowel diseases to the kitchen and laundry (spaces of domestic work) rather than permitting her official access to the wards (spaces of medical practice) in a time of cholera. She also shows that Nightingale maintains a premium on her time by undervaluing Seacole's. White professional nursing time relies on a theft of time from women of color.

Despite Nightingale's flagrant racism and inhospitality, Seacole nonetheless makes the most of her visit, spending "some hours of the night talking" with the washerwoman, who unlike Nightingale, welcomes Seacole "most heartily" (82). If the hospital is predicated on the strict ordering and possession of time and the segregation of space, then Seacole depicts another scene of sociability premised on a generous exchange that functions within and against the spacio-temporal dynamics disciplining bodies upstairs. She also shows this ordering to be premised on the neglect and disposal of certain bodies. After trading tales long into the night, Seacole finally goes to sleep only to be beset by fleas. While Seacole's description of these "industrious creatures" attacking her "plump person" is quite jocular (83), it also suggests that Nightingale's purity projects are ineffective. Her hierarchies of hygiene neglect the bodies residing in the bowels of buildings, functioning only to increase the time of persons permitted to inhabit spaces traditionally reserved for hospitality and medical care (the parlor and the ward).

As an alternative to this regime, Seacole's hotel combines medical, domestic, and hospitality scenes in one theater, minimizing hierarchies of time and space. I do not mean to suggest that the British Hotel at Spring Hill was unorganized or lacked divisions of labor. In fact, we often hear of a "black cook" working in the kitchen, but Seacole also labors there, and, occasionally, she converts it into a green room where soldiers get dressed to perform theatricals,

often in drag (155). Furthermore, Seacole saw it as her business "to make things right in" her "sphere, and whatever confusion and disorder existed elsewhere, comfort and order were always to be found at Spring Hill" (101). Seacole's "sphere" is decidedly capacious, incorporating medical, commercial, and hospitality logics, just as it is ordered by rules of generosity and comfort rather than discipline and surveillance. This organization is apparent in Seacole's description of how she spends her time: "Whenever I had a few leisure moments, I used to wash my hands, roll up my sleeves and roll out pastry. Very often I was interrupted to dispense medicines; but if the tarts had a flavor of senna, or the puddings tasted of rhubarb, it never interfered with their consumption" (123). Seacole's pastries are gifts of time. She makes them in her "few leisure moments," which are punctuated by her usual doctoring work. Shared communally and containing traces of medicine, they deliver doses of Seacole's unique blend of medical science and hospitality.

A flexible ontology undergirds Seacole's effective medical practice, which refuses to adhere to liberal notions of "man" that established a bifurcation between the intellect (and spirit) and the body, often diminishing the latter as a gross trapping that encases the true individual. Instead, her hotel provides "creature comforts" for the weary troops, acknowledging the importance of the embodied self—the "creature" rather than individual in all. She asserts, "the firm of Seacole and Day would have been happy to have served you with (I omit ordinary things) linen and hosiery, saddlery, caps, boots and shoes, for the outer man; and for the inner man, meat and soups of every variety" (122). Seacole defines "man" here as simply possessing a bodily form. Do you have feet for shoes or a head for a cap? You are welcome. The "inner man" is not a sacred entity defined against the body—one's thoughts and emotions, one's spirit, one's subjectivity. Rather, the interior self is just another facet of the exterior body that Seacole attends

to. Simply having a form constitutes you as a creature worthy not just of care but of comfort.

This orientation inflects how Seacole talks about cholera: "I saw much of another visitor to the camp in the Crimea—an old acquaintance of mine . . . —the cholera" (131). Cholera is just another visitor; and while this is surely a turn of phrase, it also hints at a capacious hospitality: no body, especially the body struck by cholera, will be barred from her hotel. Seacole casts cholera not as a menacing and contagious plague but as a quotidian guest of life—just another entity that the hostess and doctress knows how to treat.

Providing comfort requires temporal gymnastics and a nuanced navigation of history on Seacole's part. If Nightingale walking in the wards at night was the symbol of Scutari and how she received the epitaph "the lady with the lamp," Seacole's hotel conversely lives in perpetual sunlight: "where there was no sun elsewhere, some few gleams—so its grateful visitors said—always seemed to" anoint the British Hotel (101). In addition to absorbing auspicious rays of sunlight, the hotel stands on a patch of land that Seacole calls "Spring Hill" (101), ensuring that no matter what time of the year it is, the hotel is always associated with the promise of new life. Seacole offers a temporal therapy, and her perpetually sunny spring stands in staunch opposition to Nightingale's silent night, which induces a premature sleep that stamps out sociability. Conversely, in the hotel, patients need not define themselves as sick persons, but they can inhabit the role of "grateful visitors" and enjoy the warmth of good company. Seacole's narrative again seems to anticipate the idea that mental wellbeing and a patient's perception of his own body intertwines with physical health and impacts the healing process.

If Seacole anticipates modern notions of patient psychology and placebo effects, I would argue she also draws on medical traditions that predate biopolitical formations of care. Her hotel, which provides meat in addition to medicine, camaraderie in addition to care, and a place at the

hearth in addition to a place to heal, gestures back to the original definition of hospital, which shares its root with hotel and hostel, as "a house . . . for the reception and entertainment of pilgrims, travelers, or strangers" where basic necessities and care were supplied (OED "Hospital").

While the history of medical facilities that would come to be known as hospitals is complex and in no way homogenous, the early Christian hospital, coming into its own in the fourth century and reaching its zenith in Byzantium, departed from Greco-Roman medical practice and was a relic of a tradition of indoor care that reformers in the eighteenth and nineteenth centuries defined their secular-minded hospitals against (Risse 70-79; Horden 4, 14). While Greek and early Roman "social ethics imposed all welfare duties on the pater familias [male head of house]" (Risse 46), the rise of Christianity marked the establishment of institutions designed to provide care, resources, and shelter to those usually estranged from familial and social networks. As Guenter Risse explains, "Christianity adopted ancient Egyptian and Jewish models of social welfare that targeted particular social groups marginalized by poverty, sickness, and age" (73). While the early hospital was a catholic event, it was not a particularly "Western" one, activating traditions of care rooted in Africa and the Middle East and coming into its own in a more urbanized Byzantine empire rather than in territory now considered Western Europe.

Indeed, the hospital's arrival in the western portion of the Roman Empire is mythologized by St. Jerome, the translator of the Vulgate Bible, as a distinctly matriarchal affair. Fabiola, a fallen woman who committed sexual indiscretions but repents, "was the first person to found a hospital, . . . where she might nurse the unfortunate victims of sickness and want . . . . Often did she carry on her own shoulders persons infected with jaundice or with *filth*" (my italics). The hospital arrives in Europe late thanks to a doctress unafraid of filth. While Seacole doesn't

directly allude to Fabiola or the early Christian hospital, her *Adventures* and the British hotel nonetheless reactivate these logics. Her medical praxis attends to persons usually deemed disposable—the Irish man in the British hospital, the orphan dying in a manger, all kinds of immigrants, and the choleric body—and she revivifies the relation between medicine and hospitality to navigate the contingencies of the nineteenth century, offering an alternative to modernity's ordering of life.

Of course, it is important not to romanticize either the premodern hospital or Seacole's nineteenth-century hotel. After all, the early catholic hospital was also a place of ritual and discipline, albeit geared towards sacred rather than secular ends (i.e. the maintenance of human capital): days were divided by prayers rather than dictated by physician rounds (Risse 82-85). In addition, the word *hospital* embeds a history of the hospitallers—a group of Frankish monks who ran the hospital of St. John in Jerusalem, and who eventually evolved into a military force bent on seizing the holy lands from Muslim rule. While the hospital of St. John and other catholic hospitals predate the crusades, and owed much to Islamic medical practitioners and knowledge, the word's association with a military order cannot be ignored (Risse 138-156). Just as the original definition of hospital refers to institutions premised on a certain kind of inclusivity—they were designed for strangers—and a diversity of care functions (clothing, feeding, entertaining, housing in addition to dosing and curing), so too does the word contain a history of sectarian violence and a lineage of territorial and temporal thefts that could easily be co-opted—a history and a lineage that in fact have been, for white supremacist ends.

One might wonder, if Seacole, who knew that every plant contains a poison and an antidote, was aware that her hotel resonated with a tradition of care that afforded damage alongside repair. Indeed, Seacole's picture of a sunshiny spot where everyone gathers to be

merry and well rings with a glossy optimism—a saleswoman's veneer—that we might be skeptical of, or perhaps that Seacole herself wants us to probe. Sandra Gunning reminds us that Seacole's hotel carries a "trace of a locationally and historically specific West Indian tradition of relations between white men and colored women" sprung from slavery and its aftermath (33). Apparently in Jamaica, free and enslaved women often gained some semblance of economic freedom by running hotels that often doubled as houses of ill-repute. Seacole's venture would have been read by her contemporaries with this history in mind (Gunning 33). Nightingale alludes to this stereotype when she refers to Seacole's hotel as not "a 'bad house' but something not very unlike it" (Letter to Verney 180)—an assumption Seacole tries to fend off, assuring her readers that "nothing" was "sold after" 8PM (*Wonderful Adventures* 126). As Samantha Pinto explains, Seacole "extends a long line of Creole women's civic participation in hospitality and care, . . . laced as it is with the fraught history of forced and coerced sexual relationships" (160).

The hotel then might offer an alternative to the segregated temporal orderings of the medicalized hospital, but it carries with it its own history of violence and racialized exploitation. Yet I can hardly think Seacole would want us to throw out the baby with the bathwater, begrimed and monstrous as the infant might be. If she teaches us anything, it is that all forms (corpses, traditions, dolls, knowledges, animal bodies) can be resuscitated by the *right* physician. Seacole asks not for a perfect plant that heals all ills but for a careful doctress of the African diaspora, who can parse the sting from the cure.

Epilogue: *Beloved* and the Choleric Middle Passage

Dove, Brown, and Seacole all register cholera as a nineteenth-century crisis that, in Christina Sharpe's words, illuminates the "precarities of the ongoing disaster of the ruptures of chattel slavery" (5), just as it escalates inequities experienced by Black subjects in the modern

word—"skewed life chances, limited access to health . . . [and] premature death" (Hartman 6). And yet all these writers, in their own way, negotiate and refuse cholera's brutalities and the discourses that racialized the disease in violent ways, arriving not at total abjection but cultivating a praxis of medical hospitality that imagines alternative modes of being and caring in time.

These impulses are captured and crystalized in Toni Morrison's *Beloved* (1987). Written in the midst of an AIDs crisis—another stigmatized disease that emphasized the racialized fault lines of health care—the historically attentive novel activates cholera as a signifier and symptom of the Middle Passage. Both the disease and the global violation bespeak the convulsively repetitive violence endured by Black subjects in "the wake" of enslavement, to use Sharpe's phrase, just as they problematize sanitized narratives of history and medicine. Like her predecessors, in the face of cholera and the ever-present fallout of slavery, Morrison imagines a futurity premised on Black medical community that unflinchingly embraces the choleric body and welcomes her home.

The titular character of Morrison's contemporary classic enters the novelistic world with a flourish: "A fully dressed woman walked out of the water" (60). Beloved, who has come back from the dead to visit her mother, Sethe, gathers her newly reborn strength and makes her way to 124, the famously haunted house. Both journeys (the spiritual crossing and the walk to Cincinnati's outskirts from the Ohio river), leave Beloved physically spent, and Sethe, her youngest child Denver, and her lover Paul D, find Beloved on their stoop listless and possibly ill with cholera. The family of course do not recognize Beloved, who died as a baby. To them, at first, she is a stranger sick with a contagious and deadly disease. Yet rather than turn her away, they welcome her into their home and give her what they can.

Paul D is perhaps the wariest, noting that, as Beloved "gulped water from a speckled tin cup and held it out for more" (62): she "could have the cholera . . . all that water. Sure sign" (64). Sethe worries because she has "nothing . . . to give" the strange woman for that "hateful sickness" (64). Without a cure and without access to trusted medical care—she never considers calling a doctor—Sethe gives what she can: hospitality and care. The family lead Beloved to a bed, and, for the next few days, Denver tends to her assiduously, hiding "like a personal blemish Beloved's incontinence" and rinsing her soiled sheets in secret (64). A far cry from Stowe's asymptomatic disease, finally we see a familial embrace of the choleric body, which is simultaneously the unqualified acceptance of a stranger.

Despite cholera's tell-tale signs, Denver insists Beloved is "not sick!" (64). Indeed, Beloved's symptoms though choleric are not necessarily indicative of a biological infection. After all, Beloved's crossing from the land of the spirits to the land of the living, is retold, from her own perspective, later in the novel, as an iteration of the middle passage: "All of it is now it is always now there will never be a time when I am not crouching and watching others who are crouching too . . . the men without skin bring us their morning water to drink we have none" (248). Beloved only leaves this place, when she "come[s] out of the blue water," a phrase that recalls the narrator's description of her arrival on the banks of the Ohio (252).

Beloved is weak and thirsty because of the physical deprivation she endures in the spiritual and historical hold; she is "sick" from the never ending—"all of it is now"—repercussions and cyclical rehashing of the violence of enslavement. Cholera then, as in Dove's poem, is more than a deadly pathogen. It becomes representative or symptomatic of intergenerational trauma. A "hateful sickness," as Sethe puts it, cholera's bodily manifestations metaphorically encapsulate so many wrongs and centuries of pain finally bubbling up and out of

the Black body (64). The illness is at once a poison and a therapeutic purge. As Dove suggests, "Who could say but that it [cholera] wasn't anger/ [that] had to come out somehow?" (16-17). And the remedy? Dove, Brown, Seacole, and Morrison all might say: finding home and the Black medical knowledge and communities of care that reside within.

To imagine more salubrious futures for all peoples but especially the most vulnerable in a modernity wrought by enslavement and settler colonialism, like Morrison and Dove, we must attend to a literary archive that registers a Black medical imagination that has been excised from the official annals of history. Cholera is both an important chapter in this literary history and a signifier of the cyclical violence of enslavement and the resulting anger and pain that cannot be quarantined in the nineteenth century, despite the attempts of modernity's purity projects to ignore and suppress its own ignoble past.

CODA
Chronic Catastrophe & *Love in the Time of Cholera*

Two years before *Beloved* came out to nearly universal acclaim, setting the stage for Morrison to win the Nobel prize in literature in 1993, the Colombian Nobel-winner Gabriel García Márquez published a late novel, *Love in the Time of Cholera* (1985). Both Nobel laureate-authored novels were written during the first stage of the global epidemic of what is now known as AIDS, the chronic immune system disease caused by HIV, or the human immunodeficiency virus. Moreover, like *Beloved*, *Love in the Time of Cholera* speaks back to nineteenth-century medical and literary traditions while meditating on the temporalities of disease. The novel challenges North American literary depictions of disease and Western purity projects, but it also regurgitates the anti-Black rhetoric baked into cholera literature in the Americas, North and South. As such, the novel offers a fitting summary of many of the insights of this dissertation, just as its blind spots attest to the continued need to return to the theorization of cholera time offered by Seacole, Dove, and Morrison and, more broadly, to attend to African-diasporic medical imaginations.

While time is singular in the English translation of the novel's title, the original Spanish, *El amor en **los tiempos** del cólera,* emphasizes the plurality of cholera's times. Indeed, as the novel shuttles between its characters' pasts and presents, between periods of epidemic and health, and between the nineteenth and twentieth centuries, much like this dissertation, it frames the "time of cholera" not as a distinct epoch—a stigmatized period of epidemic associated with the backwardness of the nineteenth century—but as a constant in life and, potentially, a way of life—a mode of living in the midst of modernity's ongoing, intersecting, and unevenly experienced catastrophes.

The novel illustrates this point most effectively in its rebuke of the character Doctor

Juvenal Urbino, a modernizer and sanitarian who doggedly works to make cholera a thing of the past. The novel opens by offering readers Urbino's official résumé: As the president of "the Society for Public Improvement" (25), he rose to fame "for the drastic new methods he used to ward off . . . cholera," and "he organized the construction of the first aqueduct" and "sewer system" (43). Yet the rest of the narrative unfurls an unofficial history at odds with the doctor's pristine record, probing readers to question the program of purity Urbino cultivates as a health official and as a family man.

The novel locates the origins of Dr. Urbino's misguided fantasies of public and private cleanliness in the modern clinic in Europe. Urbino earned his medical chops in Paris thirty years after a cholera epidemic ravages the city, and his teacher was "the most outstanding epidemiologist," responsible for curbing the outbreak, "Professor Adrien Proust, father of the great novelist" (114). Urbino' sanitation programs are European imports, imposed on the novel's primary setting, an unnamed Caribbean city, with uneven results, which I will discuss momentarily. For now, suffice it to say that the medical modernity that Urbino promises is Eurocentric and, as the allusion to Proust hints, connected to a "Western" literary canon. An American literary history of cholera, then, offers one important origin story in a broader narrative and critical endeavor that traces the intimacies between medicine and literature.

If Urbino acquires his methods on managing disease in Paris, his life-long campaign against cholera is inspired, in part, by a personal trauma that hinges upon Western formulations of liberal "man." While studying in Paris, cholera strikes Urbino's hometown and kills his father, an event that shakes the foundations of his belief system:

> Until then Dr. Juvenal Urbino and his family had conceived of death as a misfortune that befell others . . . . They were people who lives were slow, . . .

> who disappear little by little in their own time, turning into memories, mists from other days, until they were absorbed into oblivion. (113)

His father's death shocks Urbino, because he assumed that his family would be safe from a disease that "was much more devastating to the black population" (112). And he sees a rapid and violent death by diarrhea as antithetical to his conception of a liberal life span, in which individuals fade away "in their own time," sinking not into decay but drifting into the air as ephemeral memory (113). One of the insights of this dissertation is that cholera was not easily integrated into this temporal fantasy of personhood in the way that other diseases, like consumption, could be. And literary depictions of cholera became central in the nineteenth century in policing the fantasy of a mind-body binary, an age-old dualism that has long structured Western thought along racial lines. Indeed, as Urbino's story line shows, the threat that cholera posed to the liberal definition of "man" did not necessarily result in generating more inclusive alternatives, and it could often inspire the doubling down of racialized regimes of discipline (as it does in Stowe's works) and in the good doctor's hands.

The ethics of Dr. Urbino's medical program break down during his supervision of a cholera epidemic. When Urbino returns from France, "in less than a year," he encounters "a charity patient with a strange blue coloration all over his body" (114). Recognizing cholera's tell-tale signs, the doctor advises the city to institute "individual quarantine," for infected patients, and subject neighborhoods with cases to "strict medical supervision" (115). Urbino's methods are effective:

> By the end of the year it was believed that the danger of the epidemic had been averted. No one doubted that the sanitary rigor of Dr. Juvenal Urbino . . . had made the miracle possible. From that time on, and well into this century, cholera

> was endemic not only in the city but along most of the Caribbean coast and the valley of the Magdalena, but it never again flared into an epidemic. (115)

Urbino's miraculous public health measures do not end cholera, rather they ensure the disease remains contained in certain geographies and populations. Furthermore, much like the disease they purport to remedy, Urbino's methods disproportionately burden impoverished communities.

The true beneficiaries of Dr. Urbino's modern sanitation projects come into focus as he navigates romantic encounters, both his own and others'. Indeed, Urbino first meets his soon to be wife, Fermina Daza, due to "clinical error," when a fellow physician thinks he "detected the warning symptoms of cholera" in a wealthy, female patient (115). Upon hearing this news, Dr. Urbino rushes to Fermina Daza's house, "alarmed at the possibility that the plague had entered the sanctuary of the old city, for all the cases until that time had occurred in the poor neighborhoods, and almost all those among the black population" (115-116). Márquez trades Poe's Prince Prospero, a quasi-medieval ruler who ensconces his courtiers in his palace while plague rages outside the walls, for a modern sanitarian preoccupied with keeping the affluent district of his Caribbean city free from the contagion that circulates in Black neighborhoods, triply beset by disease, impoverishment, and medical surveillance. As in Melville's corpus, cholera becomes one of many ongoing catastrophes of modernity, and Western medical care appears not as a palliative measure but as a disciplinary force. Indeed, the doctor's public health methods are preoccupied with extending the time of the privileged elite residing in the "sanctuary" of the "colonial district," the inheritors of Spanish conquistadors' plundered wealth (116,117).

Suffice it to say, Fermina Daza has a fever *not* cholera. Urbino's colleague's "clinical error," then, is not just a medical mistake but a miscalculation of risk for affluent subjects in a

time of pandemic, much like Delano's credulous reception of Babo's story of a plague that supposedly carries off the majority of the Spanish crew in "Benito Cereno." As in Melville's novella, this faulty reading of an illness narrative proves essential to the plot, and Urbino's clinical inspection of Fermina Daza ultimately results in their marriage. The narrator glosses this encounter with no small share of irony: "Dr. Juvenal Urbino used to say that he experienced no emotion when he met the woman with whom he would live until the day of his death," because "he was so concerned with the outbreak of cholera in the colonial district that he took no notice of her" beauty (117). Urbino's lack of "emotion," or passion, defines him as a character and stands in opposition to Fermina Daza's other love interest, Florentino Ariza, whose explosive love often manifests in analogous choleric symptoms.

But before getting into cholera as a metaphor, let us remain a bit longer with Urbino's medical response to biological disease and physical decay. His life-long response to cholera shows that the sanitized modernity he promotes is premised simultaneously on the neglect and hyper-scrutiny of certain bodies. Indeed, the novel opens, long after the cholera epidemics, with Urbino reluctantly venturing into the "old slave quarter"—an area of town that still has the "open sewers . . . inherited from the Spaniards" (12). Clearly Urbino's sanitary reforms did not extend to this area of town. Alluding to the neighborhood's infrastructure, or lack thereof, the novel subtly links the recursive repercussions of enslavement to the continuous time of cholera by revealing how modernization efforts can willfully overlook the most vulnerable, in this case, the descendants of the enslaved.

Indeed, the doctor ventures into this neighborhood not to provide care but to meet his recently deceased chess partner's secret lover—a Haitian woman whose body the narrator describes using gross stereotypes. Urbino ostensibly meets the unnamed paramour to inform her

of Jeremiah Saint Amour's (the chess-player's) death, but he soon finds out that she assisted Saint-Amour's suicide, because he did not want to grow old. After the visit, Urbino returns home to tell Fermina Daza the news. She receives the distraught Urbino, noting both his "astonishment" and "narrowness of mind," and she cannot "comprehend why he thought it an abomination that he [Jeremiah] had a woman in secret, since it was an atavistic custom of a certain kind of man, himself included" (32). On the day of his friend's suicide, the clinically unemotional Urbino is flustered by the revelation that Jeremiah had a loving and physically intimate relationship with a Haitian woman, who apparently possesses a different ethics of medical care than himself.

Urbino's emotional distress becomes all the more curious when we learn that he previously had an affair with "Miss Barbara Lynch, Doctor of Theology" and the daughter of "a lean black Protestant minister" (241). Fermina Daza initially dismisses the possibility of the affair, because based on Barbara's name Fermina assumes she is from New Orleans or Jamaica—"a black woman of course"—and therefore not "to her husband's taste" (242). While the novel critiques Urbino's hypocrisy and registers how modern structures of power strip Black communities of health and time, it either neglects or reductively scrutinizes women like Miss Barbara Lynch. The novel oscillates between shuddering in lust or disgust at Black women, like the good doctor, or dismissing them, like Fermina Daza, as unimportant inconveniences, objects of an "atavistic custom" in an otherwise progressive world.

However, Miss Lynch and the Haitian lover are not the only people whom the novel and the characters gaze at from afar. Indeed, when the main characters venture out of their sanitary sanctuary they observe bodies displaying signs of cholera. For instance, when celebrating the turn of the century, the doctor and Fermina Daza take an air-balloon ride "over the dark oceans

of the banana plantations," which they find littered with "human bodies" (226). One passenger ventures disease is responsible—apparently "cholera was ravaging the villages" (226). But Dr. Urbino, the expert diagnostician, whips out his "spyglass" and corrects the other passenger: "it must be a very special form of cholera . . . because every single corpse has received the coup de grace through the back of the neck" (226-7). The doctor correctly surmises that they observe, not cholera's corpses, but the remains of plantation workers murdered by the overseers of American fruit companies—an episode that gets an extended treatment in *A Hundred Years of Solitude* (1967). Yet the conflation of death by disease with a massacre reveals that the ravages of cholera are symptomatic of a neocolonial world order that violently sequesters the earth's wealth, health, and time in the hands of the affluent few, in this particular case, the hands of US American overseas overseers. And Urbino's diagnoses, both in this moment and in the periods of epidemic, for all their accuracy, do nothing to prevent or repair the damage he observes from a safe distance.

Similarly, when Florentino Ariza, Dr. Urbino's unbeknownst rival, sails down the Magdalena river he spots "bloated, green, human corpses float[ing] past," but he cannot tell "if they were victims of the cholera or the war" (142). It is relevant that Florentino Ariza sails on a boat, owned by his family's company, which has replaced "the older boats" in its fleet that were "built in Cincinnati in midcentury on the legendary models of the vessels that traveled the Ohio and the Mississippi" with sleeker, modern models (138-9). Márquez's fortuitous detail nudges us to see the continuousness of cholera not just outside the imaginary city's walls but across geography and history. After all, Márquez's old boats link the cholera epidemics occurring in his novel to Harriet Beecher Stowe's experience of cholera in Cincinnati in 1848 and recall the "legendary" river boat in Melville's *The Confidence Man* (1857), the Fidèle, which sails down

the Mississippi, as its passengers contemplate the drawn-out time of cholera. In other words, following cholera reveals a latent thread in a broad hemispheric American literary history—a dark yarn in which a fatal illness lays bare the ongoing uneven distribution of time in the Americas thanks to enslavement, settler colonialism, and neoimperialism.

While the novel creates a binary between the clinical Dr. Urbino and the passionate Florentino Ariza, in these twin moments of cholera-gazing, their similarities come sharply into focus. Of course, Urbino is a modernizer obsessed with purity, while Ariza dresses in anachronistic clothing, writes in an archaic style, and prides himself on his genital sores. However, both possess generational wealth that allows them to live within the sanitary city and that enables them to safely traverse zones of war and sickness while gawking at choleric bodies. With this in mind, Ariza seems not the opposite of Urbino but the flip side of the same coin, and the novel appears to ensure that all types of love—everlasting, quotidian, passionate, convenient, unrequited, socially advantageous—circulate primarily, though not exclusively, within elite circles.

However, Ariza cannot be totally numbered among the novel's sanitary elite. Indeed, unlike the other wealthy characters, he is not the offspring of a marriage sanctioned by law, and his mother, Tránsito Ariza, "was a freed quadroon" (62). Furthermore, the novel constantly anoints Florentino Ariza with choleric symptoms, ensuring that he will never be one of those individuals who simply fade away into memory. For example, after being rejected by Fermina Daza, Florentino Ariza is so overcome "by diarrhea and green vomit" that his mother assumes he is suffering not from "the turmoil of love" but "the devastation of cholera" (61). Ariza's interactions with Fermina Daza, good or bad, often result in an explosion of diarrhea, and characters and readers alike often mistake the pangs of passion for the cholera. And yet, at the

same time, the novel seems to link Ariza's choleric symptoms to his ancestral Blackness. In some sense, Ariza's peculiar love sickness performs a destabilizing function. After all, the continuous misidentification and intrusion of choleric symptoms in the novel make it impossible to relegate the "time of cholera" to the past. The novel attests that the time of cholera is ongoing because modernization is predicated on conditions, like war and forms of neocolonialism, that cast some people and populations as human waste products. Yet this connection sits uneasily with the novel's equation of cholera to love, which suggests love affairs are as painful and depleting as a deadly diarrheal disease. Furthermore, the novel ensures that this choleric love match has no future—Ariza and Daza only get together in old age, as they confront death. While this ending encodes an enriching ethics of dying and human embodiment, it also ensures that a racially-mixed line will not continue.

If the novel links Urbino's clinical detachment to conceptions of Western medicine that willfully ignore the health of Black communities and notions of liberal personhood that actively repress the materiality of *all* human lives, the role of "cholera" in the love plot occasionally eclipses the novel's prescient observations about the unequitable distribution of health and time. This highlights the importance of re-turning to writers and practitioners who depict cholera like any other disease and treat its victims humanely, like Mary Seacole; or, who, if they deploy cholera as a metaphor, like Dove or Morrison, do so by incorporating the physical pain, structural violence, and racialized history of the disease. In privileging these insights, my project places the medical humanities in conversation with critical race theory and emphasizes the importance of centering experiences and depictions of medicine and disease that have been traditionally relegated to the margins of the history of medicine and literature.

Yet Márquez too speaks from his own particular margin, and his cholera as love thesis

should not be completely discarded, even if it has its imperfections. Indeed, by linking love to choleric evacuations, the novel begins to undo the separation between spirit and flesh that was central to Western purity projects. As the novel raises the entrails and guts to a supposedly higher plane, it calls us to acknowledge the material aspects of our bodies—vulnerabilities that make us human, mortal, and capable of love. Thus, cholera appears in the novel as an endless way of acknowledging the bowels of modernity (the dark side of sanitation projects and the logics that subtend them) as well as the supposedly low, gross, and messy aspects of human life and its inevitable conclusion.

Indeed, the novel ends with the elderly Florentino Ariza and Fermina Daza sailing uninterrupted down the Magdalena river on a steamboat alone—a feat they have managed by raising the cholera flag. After all, "everyone knew that the time of cholera had not ended despite the joyful statistics of health officials" (343). The former lovers use the guise of illness to rest with each other at the end of their lives aboard the *New Fidelity*, recalling Melville's the *Fidèle*. Of course, the con of cholera infection in Marquez's tale also conveys an important truth; by raising the cholera flag, Florentino and Fermina acknowledge their fate as "mere" matter with acceptance and peace rather than denying that ultimate condition of the body. When the captain of the *New Fidelity* asks Florentino Ariza how long they intend to fly the plague flag, Ariza responds, "forever" (348). The time of cholera for Márquez, as for this dissertation, is *always*.

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