

Shut it Down: Nineteenth-Century Southern Fictions of Reproduction

by

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Abstract

The dissertation analyzes how the establishment of professionalized—and masculinized—medicine during the nineteenth century controlled female sexuality by policing reproductive rights and rates. Focusing specifically on literature written about the south, I propose that nineteenth-century physicians regulated gender normativity by racializing procreation as a white privilege. Reinvented tools, such as the speculum, and progressive operations, such as the three-stitch suture and ovariectomy, defined a scientific field devoted to eliminating uterine diseases that hindered pregnancy. Gynecologists who restored white anatomy to normalcy mastered the entire racial dichotomy of reproductive stereotypes that informed public perceptions of sexuality across the color line. As the nineteenth century progressed, antebellum operative procedures intended to maximize women’s childbearing periods were adapted to curtail postbellum birthing rates after emancipation. Physicians circumvented female reproductive control by conflating gynecology with the propagandist philosophies of race suicide scientists and eugenicists. Women’s health care became a smokescreen for gynecologists who engineered white genetic superiority under the guise of curing patients suffering from reproductive illnesses. The female body, therefore, became an evolving site of public debate as to the private medical procedures necessary to “breed” racialized perceptions of reproduction.

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Introduction

On Sunday, August 19, 2012, Missouri Republican Senate candidate Todd Akin was interviewed by Charles Jaco on his St. Louis television show *The Jaco Report*. During the segment, Jaco broached the topic of abortion and asked his guest whether or not abortions should be allowed in cases of rape. Akin's opprobrium reflected the political polarity of such a sensitive topic but the rationale behind his reproductive platform was bizarrely irrational. In his response to Jaco's question, Akin stated, "From what I understand from doctors, that's really rare [pregnancy from rape]. If it's a legitimate rape, the female body has ways to try to shut that whole thing down." Akin's comments were indeed controversial, and rightly so. In merely two sentences, he differentiates between "legitimate" and "illegitimate" rape without elaborating on a distinction that does not exist. Rape is an act of nonconsensual intercourse; the crime defies both classifications because the act neither conforms to, nor is authorized by, the law. The two terms are in reality indistinguishable in the context of rape.

Even more problematic in Akin's statement is his belief that the female body consciously differentiates between consensual and nonconsensual sex. He has no need to distinguish between "legitimate" and "illegitimate" if the victim's reproductive system makes that distinction for him. Like the mind, according to Akin, a woman's reproductive anatomy is comprised of sentient organs capable of preventing conception when the body is sexually violated. Akin bolsters his comprehension of female biology by referencing the anonymous "doctors" who have validated the process used to "shut that whole thing down." Simply referencing "doctors" suffices for Akin and presumably the viewers of the *Jaco Report*; the title of "doctor" embodies traits of

intelligence, experience, expertise, and respect that are earned by medical elites in their professions. In other words, the audience is intended to believe, as Akin does, that the words of physicians are fact precisely because their occupation permits them to speak about medicine in the first place.

What is especially troubling, therefore, is Akin's adamancy that "fact" is "truth." Over 150 years after the professionalization of gynecology, biological misconceptions of female anatomy still exist in twenty-first century medicine and society. Akin's words are particularly dangerous because he is a politician speaking on behalf of an entire medical community of physicians. "Doctors" are responsible for the rape-conception fantasy but he projects the message as if medical authority is a joint empowerment. Politics, society, and medicine collide as Akin asserts figurative ownership of the female body: he presumes that he is medically informed, thereby controlling societal birthrates by denying abortions for "legitimate" rape victims who could not "shut that whole thing down." He concludes the segment by declaring, "I think there should be some punishment but the punishment ought to be on the rapist and not attacking the child." He has the power to dictate who will reproduce, and it seems that victims of "illegitimate" sexual assault are destined for motherhood.

The fiction Akin creates symbolizes the power to manipulate public perceptions of female reproduction that is often accepted as truth regardless of the speaker's medical credibility. Akin projects a sense of familiarity with female anatomy despite lacking medical credentials to substantiate his delusional ideology. He is inherently responsible for the dissemination of false medical information that he asserts as uncontested truth. Akin's fantasy moves beyond sexual violence and into the realm of feminine and sexual propriety. His attempt to differentiate between "legitimate" and "illegitimate" rape smacks of doubt as to whether or not a sex crime

actually occurred. The body's ability to "shut down" impregnation suggests that the body does not act in accordance with the mind when granting or denying consent. By Akin's logic, if the victim's body failed to prevent conception, her body must have been consenting to intercourse; if rape had occurred, the body would have prevented pregnancy. Akin advances a reproductive fiction that attempts to control female sexuality in correlation with fallacious perceptions of procreation. The rapist, not the unborn offspring, should be punished for the crime. In Akin's fictional world, individual reproductive rights are appropriated by a medical "authority" that comprehends female anatomy better than women themselves. In this context, Akin is not only speaking on behalf of physicians, but all women capable of reproducing.

Shut it Down analyzes how these medical fictions began in the nineteenth century as a mechanism to control female sexuality by first regulating female reproductive processes. Focusing specifically on literature written about the South, I propose that gynecology emerges as a branch of physiology engaged with the social ramifications of female sexuality. Gynecology evolved throughout the nineteenth century as a progressive new field of medicine specializing in the female reproductive system. Innovative tools, such as the Sims speculum, and revolutionary surgeries, such as the three-stitch suture and ovariectomy, defined a scientific field devoted to curing women of uterine and pelvic diseases. But physicians could not resist the power that resulted from mastering female anatomy. They determined that policing reproductive rates depended upon discriminatory reproductive rights; physicians regulated gender normativity by racializing procreation as a white privilege. Glorifying motherhood as a sacred duty insinuated that copulation was endured, not enjoyed, for the purpose of reproducing within marriage. Gynecologists, therefore, circumvented sexual pleasure by restoring the health of patients suffering from anatomical maladies. A woman's reproductive system was her most esteemed yet

despised treasure: she could not perform her feminine duty of procreation if her body refused to function normally. Reproductive disorders that once prohibited pregnancy, but did not impede sexual intercourse, were now healed thanks to gynecologists' ability to penetrate the female body. Fertile women were now cured of their reproductive dormancy. Gynecologists were the saviors of sexual purity and the destroyers of sexual deviance. What was unseen is now visible—gynecological tools exposed female anatomy to operations that repaired dysfunctional organs.

In the South especially, physicians' hands were tools that controlled who reproduced, when they reproduced, and how often they reproduced. Physicians who racialized procreation as white were consequently empowered to regulate the birthrates of black women. If gynecologists upheld the social convention of revered white motherhood, then they controlled the entire racial dichotomy that informed public perceptions of reproduction across the color line. White reproduction was a Biblical obligation; by contrast, black reproduction was unbridled spawning. Slave owners sought to maximize enslaved childbirth as a means of propagating the labor force necessary to sustain the plantation economy. Black childbirth was stigmatized as primitive—or relatively easy and painless—precisely because white procreation was regarded as dangerous and strenuous. Thus, perceptions of childbirth were constructed upon a racial binary that camouflaged racial reproductive differences as a *biological*, rather than *social*, construct. The emerging field of gynecology reinforced false scientific ideologies of female bodies by correcting anatomical diseases that hindered enslaved women from reproducing at an exorbitant rate to meet the labor demands of their masters. Surgeries such as the three stitch silver suture expose the paradoxical nature of the racialized reproductive constructs: if enslaved women easily reproduced with a high level of tolerance to pain, their childbirths would have been without complications such as vesico-vaginal fistulas. Protracted labor was characteristic of white, not

black, procreation; and yet, all women were susceptible to contracting fistulas that emerged days after difficult deliveries. The racial binary of childbirth was stabilized by the notion that black reproduction was relatively quick, and gynecologists possessed the operative power to regulate the reproductive color line by healing—and therefore concealing—black women who symbolically exposed the medical paradox inherent in the regulation of reproductive norms. Physicians, therefore, could reinforce reproductive disparities by surgically repairing both black and white women afflicted by gynecological diseases.

The abhorrent theory that blacks reproduced frequently with complete abandon dominated southern medical ideology throughout the nineteenth century. And yet, the motivation to promote such racist propaganda evolved from slavery to Jim Crow legislation. Antebellum gynecologists could penetrate the enslaved female body precisely because her status as property negated consent to such medical invasiveness. The abolishment of slavery, however, created concerns of disparity between future white and black birthrates when freed female slaves now had control of their fertility. Despite the regulation of both white and black reproduction, the antebellum black birthrate increased disproportionately to that of whites. Gynecologists were convinced that black reproduction had to be curtailed after abolition or else the white race would become outnumbered and eventually extinct. Operations that treated anatomical abnormalities were still promoted as necessary procedures for the reproductive healthiness of women, but the motives for prescribing such surgeries evolved throughout the nineteenth century. Gynecologists remained devoted to curing reproductive diseases in order to stop, not perpetuate, procreation. Women's health care became a smokescreen for doctors who implemented gynecological treatments that they perceived as beneficial to the greater racial good of society: women were still healed of their afflictions, but for the entirely different purpose of engineering a genetically

superior white race by preventing the reproduction of white and black women who were diagnosed with feeble-mindedness. Physicians scrambled to regain possession of black reproduction in the postbellum south by conflating medicine first with race suicide theory, and then later eugenics. At a time when contraception was illegal—not to mention rarely affordable—doctors resorted to diagnoses of mental illness as sufficient proof for sterilizing black women who were at risk for passing presumed genetic deficiencies down to their offspring. By the turn of the twentieth century, gynecologists moved beyond medical diagnosis to social condemnation of reproduction that challenged their vision of a southern white utopia. Physicians no longer cured patients with the intent to restore their reproductive processes; instead, the necessity of treatment was exaggerated to end the childbearing period of women who did not demonstrate genetic purity. Gynecologists were devoted to treating female reproductive diseases, even when the cause of certain diseases—like hysteria—were fictionalized to “shut down” reproduction. The fiction became “truth” when medical access to the female body substantiated the fallacy engendered by physicians in the first place. Gynecology was informed by—and in turn informed—societal norms of female sexuality.

Shut it Down is theoretically situated in the medical texts of nineteenth-century physicians such as J. Marion Sims, Robert Battey, Thomas Emmet, M. L. Holbrook, Charles Meigs, Edward Dixon, William Leishman, and J. H. Kellogg. Their publications chronicle the development of professionalized health care and provide a framework with which to navigate the racial complexities of reproductive constructs. The project is also in conversation with the invaluable works by scholars such as Terri Kapsalis and Charlotte G. Borst, who have documented the advent of professionalized—and masculinized—reproductive health care. Helen Lefkowitz Horowitz, Janet Farrell Brodie, Linda Gordon, G. J. Barker-Benfield, Philip R. Reilly,

and Carrol Smith-Rosenberg's seminal research on nineteenth-century sexuality serves as a foundation integral to the investigation of gynecologists' control over racialized reproductive norms. The dissertation contributes to the existing scholarship by analyzing how reproductive normativity occurred in the South.

The project begins with an investigation of how menstruation is a racialized performance of femininity ("menstruals" is a pun on "minstrelsy"). In chapter one, the racialization of menstruation becomes a distinctly southern cultural construct with which to regulate female sexuality and the reproductive rights of black female bodies. Plantation owners perceived menstrual cycles as a uniquely white biological process women endured to fulfill their obligation of populating the earth. The physical discomfort and emotional stress that accompanied monthly periods were unfortunate, but necessary, burdens of reproduction. White women were indefinitely quarantined in the home because the symptoms associated with menstruation were oftentimes intractable from month to month. Enslaved women suffered during menstruation as well, but for an entirely different purpose. The female slave's duty was to propagate the plantation labor force with her reproductive labor. Physicians miscalculated that ovulation occurred immediately before or during menstruation, suggesting that menses was the prime opportunity to breed female slaves. To circumvent their perpetual rapes with each menstrual cycle, enslaved women sometimes manipulated physical signifiers of menstruation to transcend racial subordination first imposed by menstruation itself. The inability to either prove or discredit the testimony of menstruating female slaves who were too ill to work empowered them to mimic the confinement of white women long after ovulation. Female slaves, like white women, now menstruated because they *said* so. Using Hannah Crafts's novel *The Bondwoman's Narrative* (c. 1855), I posit that this brief subjectivity is counterattacked by diagnosing hands and feet

bloodied from hard labor in plantation fields as ailments resulting specifically from slave work. “Labor” becomes two-fold, in that the blood produced from strenuous physical toil racially marked black women as slaves now forced to sexually reproduce the next generation of “laborers”: their children. Female slaves, such as the protagonist Hannah, seek independence from this cyclical oppression by camouflaging the external bloodstained extremities that racialize internal menstrual processes.

Menstruation was a biological marker of racialized reproduction that directly impacted white and black southern birthrates. White and black women reproduced for disparate purposes but both races were susceptible to uterine diseases contracted during and after childbirth. The commonality of vesico-vaginal fistulas (a tear extending from the bladder to the vagina) threatened the very color line that imposed reproductive differentiation in the first place. In chapter two, I investigate how physicians such as Dr. J. Marion Sims (accredited as the Father of Gynecology) exploited enslaved female anatomy to perfect the surgical repair of VVFs. Regardless of race, all women were vulnerable to VVFs because the tear appeared after strenuous childbirth. The inability of enslaved women to grant or deny consent to Sims’s experimental operations created a definitively masculine ownership of reproduction that was extended across the color line. Uncontested access to black female anatomy enabled Sims to revolutionize the three-stitch suture before then implementing the technique upon white women. However, Sims’s theory that the suture would heal all VVFs presumes anatomical sameness within a southern environment founded upon racial difference. White and black women could now resume reproduction that was hindered by the fistula. Using Harriet Beecher Stowe’s *Uncle Tom’s Cabin* (1852), I argue that in order to separate themselves from this collective reproductive enterprise, southern white women embraced the VVF as a method of indefinitely

postponing pregnancy. A woman suffering from a fistula could not conceive because her reproductive system was impaired from sustaining the child's life during gestation. White patients exaggerated the discomfort derived from VVFs to subvert male medical authority as they simultaneously reasserted the fragility of white womanhood. The manipulation of pain equipped white women with the tool necessary to differentiate themselves from female slaves forbidden from voicing the suffering endured throughout the hour-long reconstructive surgery. Breaking the silence empowered white women to break with the reproductive demands of their society.

Unfortunately, this exhibition of pain as a method of reproductive regulation was available only to those women who had given birth at least once. Chapter three chronicles white family limitation at a time when prevention of conception was punishable by law. On March 3, 1873, Congress passed the "Act for the Suppression of Trade in, and Circulation of, Obscene Literature and Articles of Immoral Use" to police the dissemination and procurement of contraception. Nicknamed the Comstock Act, the legislation penalized individuals who marketed contraception materials for the public's consumption. Printers responsible for the publication of "obscene literature" were targeted for circulating birth control knowledge; politicians who feared that family limitation would result in racial extinction symbolically criminalized sexual *education*. Women brilliantly circumvented the new law by secretly wearing intrauterine devices (IUDs) that could double as contraception. The law prevented physicians from inquiring of their patients whether or not the IUD was still in use; because the Comstock Act did not clearly define terminology like "obscene," doctors feared imprisonment for discussing with their patients the "immoral use" of legalized medical devices. The voluntary sterilization of white women was publicly exaggerated as contributing to the decline of the white birth rate, as physicians inflated

black census statistics to terrorize white women into procreating. Alice Buckner's novel *Towards the Gulf* (1887) situates white anxiety of black overpopulation within the scientific field of race suicide theory. Nineteenth-century racial scientists believed that miscegenation socially uplifted blacks by amalgamating them with whites. Racial passing engendered a scientific paradox that simultaneously accepted and rejected miscegenation: the black race was improved by whiteness that was destroyed after interracial intercourse. Whiteness could not be sustained in miscegenation despite the racial uplift whiteness guaranteed to blacks. In *Towards the Gulf*, desensitizing the white population to amalgamation results in disastrous consequences of genetic deficiency. Genealogical markers of an individual's racial ancestry were both permanent and hereditary. Genetics were predetermined and therefore impervious to alteration, rendering amalgamation an obsolete method of racial improvement.

The scientific community's obsession with genetics derived from women reappropriating reproductive rights from the hands (literally) of gynecologists. By the end of the nineteenth century, physicians feared that reproductive control over procreation would permeate divisions of class and empower all women to limit their childbearing period. The fourth chapter analyzes how the emergence of eugenics intersected with gynecology in the hopes of creating a superior white race by actually policing white female reproduction. This final chapter explores the "positive" and "negative" eugenic attempts to force affluent women to compete with the black birth rate. Eugenicists aspired to purge society of mental degeneracy that infiltrated the color line and plagued the South with detested imbecility. To sterilize women categorized as feeble-minded, gynecologists asserted the archaic philosophy that female mental instability was a neurological response to anatomical abnormalities. Hysteria was a gendered psychological illness that physicians documented as occurring only during menstruation. Gynecologists

reasoned that if blood flow instigated psychosis, then surgically inducing premature menopause would cure the patient of her physical and mental disorders. In Pauline Hopkins's *Of One Blood* (1902-3), sexual operations such as the ovariectomy (removal of the ovaries) were a eugenic smokescreen that aimed to purify whiteness by ending the reproduction of mentally ill women. The ovariectomy was advertised as therapeutic despite the fallacious scientific evidence that hysteria was a permanent genetic defect. Gynecologists concluded that hysteria was hereditary and removing the ovaries was a preemptive attack against imbecile progeny. But these methods ultimately failed to purify the races. After generations of enslaved rape in the antebellum south, bloodlines are so intertwined that differentiation between white and black blood is an illusion. Incest is possible but not condemnable. Eugenics cannot cleanse bloodlines that are permanently entangled—everyone is kin, “of one blood.”

Reconstructing the South as a landscape of kinship inadvertently reverses the racial dichotomy of reproduction. Nineteenth-century gynecologists manipulated biological processes such as menstruation, childbirth, and menopause to exert racialized reproductive rates for all women. Perhaps the most dangerous repercussion of fictionalized nineteenth-century medical practices is the subsequent dissemination of these fictions as truth. Todd Akin was a single, albeit powerful, speaker broadcasting misinformation to the St. Louis community; his comments garnered national attention because of the ludicrousness of his medical “expertise.” Authors such as Margaret Mitchell reached even larger audiences with works that claim to embody a shared national past. Mitchell's literary nostalgia for the antebellum South transforms reproductive fiction into fact by historicizing female healthcare that is in and of itself fictional history. Mitchell's epic novel, *Gone With the Wind* (1936), attempts to commemorate an antebellum lifestyle that is “gone with the wind” after emancipation. She essentially reimagines traditional

southern birthing customs despite her best efforts to record nineteenth-century health care. In doing so, Mitchell rewrites an invalidated medical history that was misconstrued by the very physicians she idolizes. She fictionalizes fiction.

The boundary between fiction and truth is asserted from a comfortable position in the twenty-first century in which today's medical advancements illuminate the preposterousness of racist scientific ideology from 150 years ago. Gynecology symbolized a revolutionary field of medicine that mastered female reproductive diseases, therefore mastering the female body entirely. The medical control over female reproduction empowered physicians to dictate normative sexual behavior that conformed to racist perceptions of white and black womanhood. Gynecologists urged white women of superior genetic lineage to procreate frequently; they "shut down" black reproduction when emancipation threatened to destabilize white southern power. Male doctors who pledged to heal the sick fictionalized the very illnesses they cured to deprive women of the reproductive control expropriated by physicians. Gynecologists, not women, had "ways to try to shut that whole thing down."

Chapter One

“Who Can Tell?”: Menstruals and Medical Passing in Hannah Crafts’s *The Bondwoman’s Narrative*

In 1853, a *New York Daily Times* reporter by the name of Frederick Law Olmsted embarked on an investigative expedition into the deep South to record observations of plantation life in slave-holding states.¹ The citizens he encountered during his tour confirmed Olmsted’s suspicion that cultural disparities existed between the North and the South. Fascinated by a southern economy founded upon the institution of slavery, Olmsted interviewed a diverse pool of plantation owners, ranging from Virginia to Mississippi, in the attempt to unveil the internal workings of slavery. His immersion in plantation society resulted in a travel narrative that delves deep into the typically private details of plantation economies, illuminating a class elitism engendered—and maintained—by the manipulation of racial difference. Individual responsibilities and duties within the plantation were designated by both gender and race, insuring white male hegemonic control over divisions between persons (whites) and property (slaves).

But as Olmsted frequently discovered throughout his travel narrative, these social boundaries created by racial difference often failed to sustain segregation between the white ruling class and slaves because racial signifiers, such as skin color, became increasingly difficult

¹ Olmsted’s primary occupation was not journalism but rather landscape architecture. Having never completed a formal education at school or college, Olmsted’s architectural skills were self-taught. A self-made man, Olmsted eventually was appointed Secretary General of the U.S. Sanitary Commission (later the American Red Cross) and was the principle landscape designer of Central Park in New York City. For a brief biographical sketch of Olmsted’s career, see Carol J. Nicholson’s article “Elegance and Grass Roots: The Neglected Philosophy of Frederick Law Olmsted.”

to recognize visually. In other words, slave owners could no longer interpret the very racial markers they invented and projected onto slaves. One particular visit to a Virginia plantation exemplified this resistance to the scrutinizing racial gaze of white spectators. Exceedingly frustrated with the lack of productivity from his female slaves, an anonymous Virginian plantation owner despairingly confided in Olmsted that no resolution seemed to exist. The problem, he informed his visitor, was that every month his enslaved women who had “come to the breeding age” refused to work on account of menstrual pain and discomfort (Olmsted 190). When these women were pressed to explain the suspension of their work, an “old nurse” testified to their physical ailments and subsequently claimed “Oh, she’s not well, master; she’s not fit to work, Sir” (190). What confounded both master and Olmsted was the inability to refute the words of the old nurse, the single person capable of knowing the reality of the situation. Despite the reluctance to trust the old nurse’s medical examination, there was no perceivable course of action to invalidate her diagnosis.

Unsurprisingly, both men were certain that the discomfort the enslaved women felt were phantom pains derived from the imagination. Pondering the situation, Olmsted deduces that “the liability of women, especially, to disorders and irregularities which cannot be detected by *exterior* symptoms, but which may be easily aggravated into serious complaints, renders many of them nearly valueless to work, because of the ease which they can impose upon their owners” (190, italics mine). Internal “complaints” were not always exhibited externally. Incapable of visually penetrating the anatomical interior of these female slave bodies, Olmsted and the plantation owner have no choice but to believe what they could not validate. Seeing is not believing. The power of observation is unreliable because the white spectator cannot substantiate symptoms that are invisible to the eye. Olmstead equates the gaze with medical expertise that he

does not possess; he attempts to expropriate spectatorship from the old nurse whom he distrusts in the hopes of discrediting her diagnosis.

However, the diatribe of the irascible slave owner illuminates yet another complicated layer to this complex medical and racial dilemma. “The women on a plantation,” the anonymous owner declares, “will hardly earn their salt, after they come to the breeding age ... You have to take her word for it that something or other is the matter with her, and you dare not set her to work, and so she lay up till she feels like taking the air again, and *plays the lady at your expense*” (Olmsted 190, italics mine). The inability to interpret the medical symptoms of his enslaved women arouses the suspicion that the testimony is a blatant lie. But just as importantly, his frustration at this moment betrays a deeper resentment for his female slaves’ refusal to work during menstruation: he accuses them of acting white. For this plantation owner, enslaved women manipulated menstruation to cross the racial boundary that segregated white and black women to gain access to not just womanhood, but white womanhood. He interprets menstruation as an experience inherent in white female biology by accusing his female slaves of playing the lady—the white lady. In this context, what our owner fears is performance: the ability for enslaved women to manipulate anatomical processes natural in all women but racialized as a white phenomenon consequently inaccessible to enslaved women. Female slaves breed; white women procreate. Thus, menstruation became a key signifier of white femininity and all privileges associated with white womanhood during the nineteenth century: domesticity, virtue, and just as importantly, sexual abstinence until marriage. To “play the lady” was to perform whiteness.

In this chapter, I will argue that the racialization of menstruation became a distinctly southern cultural construct used to regulate female sexuality and the reproductive rights of both

white and black female bodies.² Nineteenth-century medical treatises on female reproduction provide a crucial historical context with which to analyze how physicians and commonplace citizens attempted to penetrate the mysterious interior of women's anatomy. As evidenced in Olmsted's text, natural biological processes such as menstruation occur in all women, which is precisely the crisis confronting the anonymous plantation owner. To distinguish between the lady and the slave, menstruation became a marker of whiteness so as to marginalize those women racially marked as not white. Thus, to bleed for a white woman signified entrance into womanhood; to bleed for a slave symbolized a perverted rite of passage into breeding. However, the inability to verify menstrual symptoms produced racial liminality, a space occupied by enslaved women who were neither black nor white during their self-imposed medical confinement. I assert that female slaves used menstruation as an anatomical weapon with which to transcend racial subjugation first imposed by menstruation itself. The refusal to work while menstruating was an act of resistance to a system in which slave autonomy—and the identity of womanhood—was absolutely denied. In this context, I believe that this monthly subversion of white male authority was an act of what I call “medical passing”: manipulating real or phantom menstrual pain to perform the characteristics associated with white femininity. At a time when black menstruation symbolized breeding, female slaves could use menstruation to momentarily possess their own bodies, to temporarily say “no” to both physical and sexual labor.

² In his 1968 article “A Note on Ante-bellum Southern Nationalism and Medical Practice,” John Duffy asserts that medical documentation defending the racial classification of female anatomy was engineered primarily in the South. As economic dependence upon slavery increasingly isolated the South from the nation, Duffy posits that southerners combatively defended their lifestyle by manipulating medical, legal, and spiritual rhetoric. Thus, “every profession fell into line: lawyers bolstered the South's stand with constitutional arguments; ministers justified slavery on theological grounds; and the medical profession responded by attempting to prove both that Southern medical practice was distinctive and that Negroes were anatomically and physiologically different from whites” (267). As medicine became institutionalized, southerners believed that specific diseases endemic to their southern environment were only curable by southern practitioners. Medical regionalism justified Southern racial disparity as it simultaneously deterred northern doctors from interfering within an environment foreign to them.

Using Hannah Crafts's novel *The Bondwoman's Narrative* (c. 1855), I posit that plantation owners maintained black subordination by regulating blood they could see from hard physical labor. If to menstruate was to be white and secluded within the security and safety of the domestic sphere, bleeding of the hands, feet, and other extremities symbolized the harsh physical labor that signified racial inferiority to whites within the system of slavery. In Crafts's novel, Hannah's attempt to pass as white from her station as a house slave is countered by her removal to the fields in which her degraded status on the plantation is symbolized—and therefore reinforced—by the perpetual blood on her hands. Now marked as a field laborer, her body is both physically and sexually accessible to both white men and male slaves on the plantation. The blood from her physical labor symbolizes her entrance into sexual reproduction: the breeding stage Olmsted's interviewee described so indelicately. Furthermore, I will argue that medical passing was perceived as dangerous precisely because passing is defined as imitation, or performance. The ability to manipulate menstruation and “pass” as white illuminates the mimetic nature of white femininity itself, suggesting that sexuality is a racially malleable constituent of femininity. Finally, I will demonstrate how the correlation between menstruation and performance instigates the ultimate moment of slave autonomy: escape into Northern free states. By disguising herself as a man, Crafts subverts menstruation in its entirety by performing as a person who does not bleed at all—a man. This final triumph exposes the performative loophole within the medical regulation of female sexuality by completely slipping “out” of that female body. To no longer be identified as one who bleeds, and therefore breeds, is true escape and freedom.

Discovered as an unpublished manuscript by Henry Louis Gates at a 2002 Swann Galleries auction, *The Bondwoman's Narrative* is both captivating and perplexing in its

encapsulation of multifarious nineteenth-century literary genres. For Gates, “the novel is an unusual amalgam of conventions from gothic novels, sentimental novels, and the slave narratives” (xxi). A mulatto born into plantation slavery in Virginia, the enslaved heroine, Hannah, is passed from owner to owner before then passing as a white man to secure her escape to freedom. The novel is an intricate blend of what Gates believes to be fact and fiction, as evidenced by Crafts’s inclusion of the real names and identities of Virginian citizens she once served. These factual encounters and experiences serve as the inspirational foundation upon which Crafts crafts her narrative: “As a rule,” Gates explains in his introduction to the text, “novels do not depict actual people by their real names. Slave narratives, by contrast, tend to depict all—or almost all—of their characters by their real names, to help to establish the veracity of the author’s experiences with and indictment of the brutal excess implicit in the life of a slave” (xxxv). Although the plot twists and turns are outlandish at times—babies are switched at birth, the misapplication of cosmetics results in accidental blackface—what is most important about Crafts’s text is her ability to infuse autobiography with imagination, resulting in what is perhaps the first novel ever written by an African American woman.

The key phrase, here, is *perhaps*. Gates is careful to remind the reader that scholars are presently conducting a search of the real Crafts so as to authenticate both her work *and* her race.³ Unpublished during her lifetime, the text was recovered as a holograph (hand-written) manuscript believed to be penned by a former female slave. After an intensive, but by no means exhaustive, investigation into the identity of the mysterious Hannah Crafts, Gates narrowed

³ Since the publication of *The Bondswoman’s Narrative*, much of the academic criticism published on Crafts’s novel focuses on issues of authorship and identity in the nineteenth-century marketplace. Other components of the narrative have not been researched extensively. For further inquiry into these scholarly investigations of corporeality, see Lawrence Buell’s “Bondswoman Unbound: Hannah Crafts’s Art and Nineteenth-Century U.S. Literary Practice”; Jean Fagan Yellin’s “*The Bondswoman’s Narrative* and *Uncle Tom’s Cabin*”; and William Gleason’s “I Dwell Now in a Neat Little Cottage’: Architecture, Race, and Desire in *The Bondswoman’s Narrative*.”

down the possible suspect pool to a handful of potential candidates. Although authorial verification of *The Bondwoman's Narrative* is not the focus of this chapter, Gates's conviction that Crafts is a black woman is crucial to my reading of the novel:

It is important to remember that Hannah Crafts [the protagonist] is a prototype of the tragic mulatto figure in American and African American literature, which would become a stock character at the turn of the century. She is keenly aware of class differences within the slave community and makes no bones about describing the unsanitary living conditions of the field hands in their cramped quarters with far more honesty, earthiness, and bluntness than I have encountered in either the slave narrative or novels of the period (lxv).

Gates is convinced of Crafts's racial classification partly because of the closeness with which she scrutinizes her environment, a familiar intimacy comprehensible only to those born in such depraved surroundings. The implications of Crafts's racial identity are indeed crucial at this moment, for deciding her racial classification alters not only African American literature but perhaps the American literary canon as well. Just as importantly, this act of "deciding" someone's race is precisely what complicates, yet anticipates, the perpetual act of racially marking women within the novel itself. Gates' attempt to "read" Crafts's race prefaces a novel in which racial divides between white and black women are constantly in flux.

The struggle to subvert this constant racial profiling is apparent by the self-portrait Hannah figuratively paints for the reader in the opening pages of the narrative. With a complexion that is almost white, the African blood in her veins gives "a rotundity to my person, a wave and curl to my hair, and perhaps led me to fancy pictorial illustrations and flaming colors" (6). The opening chapter mirrors the nineteenth-century slave narrative format in that

Crafts contextualizes her lineage and childhood in anticipation of impending adulthood. Unlike other slave autobiographies such as those by Frederick Douglass and Harriet Jacobs, Crafts does not begin her story with her literal beginning—birth. Instead, the reader is hurriedly propelled through time to join an adolescent Hannah on the brink of adult maturation. What this temporal shift emphasizes, therefore, is her concern with physical development, for she anxiously dreads an impending future of hard labor unbeknownst to young slave children. She confesses that the laxity of domestic servitude left ample time in the day for repose and reflection. But she also describes the disillusionment that haunts slave children embarking on their rite of passage into adulthood. As a child, “the birds of the air, or beasts of the field are not freer from moral culture than I was” until “no one seemed to care for me till I was able to work, and then it was Hannah do this and Hannah do that” (5). Thus, Hannah’s childhood culminates in the moment in which labor is demanded of one mature enough to satisfy the physical demands of hard work. Although the novel ambiguously glosses her transition into the physical rigor of slave labor, some bodily change must have occurred to engender this transition from inactivity to arduous labor.

The most logical interpretation, therefore, is biology. Taught that her African blood “would forever exclude [her] from the higher walks of life,” Crafts’s blood is racialized as something other, as something non-white (6). If the “higher walks of life” she describes are characteristics of those women who are free—i.e., white—then her bloodline has marked her instead for a life of labor. Only when she reaches a certain stage of physical development will this marking occur, suggesting that the sudden demands for her labor must be code for her entrance into adulthood: menstruation. As evidenced by the chapter’s preface from *Song of Solomon*, blackness results from hard labor forced upon those identified as black in the first place: “Look not upon me because I am black; because the sun hath looked upon me” (5). Thus,

outdoor labor darkens skin color originally racialized to denote physical labor in the fields.

Despite appearing as an insignificant tangent in the first chapter, the verse anticipates Hannah's gradual descent into the lowest ranks of the slave economy. Her physical appearance denotes her racial identity, as her darkening skin from fieldwork reinforces her enslaved status. This racial coding of subjugation is cyclical: menstruation marks her as a slave but the physical and sexual labor demanded of her reifies her status as a slave.

The blood that solidifies her status within slavery is the same blood that is expected to contribute both physically and sexually to the perpetuation of that system. In this context, the term "labor" takes on double meaning: Hannah's African blood subjugates her to a life of physical toil—to produce for the financial benefit of the plantation economy—as well as sexual exploitation—to reproduce as a means of propagating the slave work force. This doubleness is bolstered by Dorothy Roberts's calculations that "with owners expecting natural multiplication to generate as much as 5 to 6 percent of their profit, they had a strong incentive to maximize their slaves' fertility" (24). Hannah's labor, therefore, is two-fold. Her domestic work economically secures the family's wealth as her future birthing pains will proliferate the work force necessary to run the plantation.⁴ Indeed, she will labor to provide a new labor work force. Awaiting the appearance of her new mistress enables Hannah to contemplate her inevitable future involvement within the physical and sexual slave economy. Having entered her teenage years, Hannah begins to conform to a strict routine of domestic work at the moment in which the private sphere undergoes a major familial alteration. Her mind begins to wander as she ponders the magnificence of the abode and the legacy into which the mystery wife enters: "We thought our master must be a very great man to have so much wealth at his command, but it never occurred

⁴ In *Unruly Women*, Victoria E. Bynum notes that "white wives perpetuated the lines of kinship that underlay the wealth and authority of white men, while slave women produced wealth for white men through their productive and reproductive labors" (10).

to us to inquire whose sweat and blood and unpaid labor had contributed to produce it” (14). Hannah’s deduction is wrought with loaded, complex terminology that illuminates slavery’s dark “secret to success”—the physical exploitation of black bodies, specifically female slaves. The African blood that marked black men and women for enslavement emerges as blood both seen and unseen; blood engendered from bodies endlessly beaten, to the secret blood resulting in the breeding of a new labor force destined to be physically abused all over again. Thus, what begins to emerge is the cyclical perpetuation of production made possible through *reproduction*.

This ability to exploit black female bodies occurs precisely because of the racialization of menstruation. For Olmsted’s anonymous plantation owner, female slaves were perceived as dangerous because they threatened to re-racialize biological processes inherent in all women. The inability to “read” the bodies of enslaved women at this time betrays the unsettling realization that black women’s menstruation was being “read” in the first place. Marli F. Weiner rightfully argues that within an environment constructed upon, and therefore stabilized by, the foundation of slavery, race was inextricably linked to the medical regulation of Southern bodies. “Confronted with multiple challenges to and defenses of slavery,” Weiner states, “southern doctors could rarely see beyond race as a way of defining bodies” (15). To maintain white hegemonic control over black bodies, racial subjugation of slaves was ensured by Southern doctors who “turned their attention to studies of comparative anatomy as a means of determining for themselves the meanings and consequences of race for the body” (Weiner 15). Solidifying presumed anatomical disparities between black and white women proved difficult precisely because femininity was a social construct first founded on the premise of physical inferiority and biological vulnerability in relation to men. Female slaves automatically symbolized the exception to this stereotypical rule: they not only satisfied biological demands to reproduce but labored like

male slaves in the fields, oftentimes through the third trimester of pregnancy.⁵ It was then that social constructions of womanhood were medically intercepted in the attempt to reconcile the correlation between race and gender. Doctors determined, therefore, that black female bodies “were not subject to the same laws of nature and so in need of the same care and protection—and medical attention [as white bodies]” (Weiner 47). Permeating gender boundaries reaffirmed enslaved women’s abject primitiveness because they could satisfy the physical demands of a man and the biological responsibilities of a woman. Thus, medical practitioners adopted the malleable term “civilization” to explain this distinctly southern phenomenon: “defined so as to encompass all aspects of fashionable urban life, civilization was a flexible concept that referred to the pleasures of opulence and refinement enjoyed by the wealthy” (Weiner 48). The physical and reproductive doubleness of female slave labor excluded them from society, for “black women were not civilized in the same way as white women” (Weiner 48). It seems that black women were not civilized at all.

Menstruation immediately challenges this medical diagnosis of racial primitivism because such a biological process extends beyond the scope of medical observation. Used symbolically to signify the uncivilized slave’s entrance into the breeding stage of physical maturation, menstruation is a natural occurrence that is at once both known yet mysterious, commonplace yet taboo. This seems to be the case in nineteenth-century publications of medical treatises designed to ameliorate a vast assortment of physical pain. John C. Gunn’s 1835 pamphlet is an enigmatic example of asserting medical expertise of female anatomy without

⁵ In his examination of pregnancy and field labor demands of enslaved women on George J. Kollock’s Georgia plantation, John Campbell concluded that women with surviving infants received more days of respite than women whose children died within a year of birth. However, the majority of this work release was granted prior to and immediately following childbirth: “instead of receiving more days off in the first or second trimesters, woman’s work rose steadily from trimester one to trimester three” (801). Despite displaying the first signs of pregnancy, such as morning sickness and increased urination, owners such as Kollock “needed more compelling evidence of a woman’s condition before they would lighten her work load” (801).

visually penetrating the body. His advice is both vague and astute. For instance, he details the ailments accompanying monthly menstruation—“slight fever, head ache, heavy and dull pain in the small of the back and bottom of the belly”—without providing medical documentation (Gunn 365). Nor does he consider personal testimony of his patients to bolster his credibility. Rather, he offers medical expertise from what he has seen, not necessarily what he has examined. This reliance on an unobtrusive gaze echoes the central frustration of Olmsted’s Virginian plantation owner: the inability to inspect and diagnosis menstrual symptoms.⁶

Therefore, female slaves momentarily have access to the same prescriptions Gunn believes cures common menstrual ailments. He cautions his readers to avoid strenuous outdoor activities in favor of domestic confinement and advises them “to avoid *everything* that may injure the digestive powers, and particularly costiveness or being bound in the bowels, loss of sleep, exposures of any kind” (Gunn 393-4, italics mine). His readers, essentially, become incapacitated.⁷ However, modern cultural and anthropological studies suggest that physical confinement did not ensure the attenuation of sexual urges. In their investigation into the birth of menstrual taboos, Penelope Shuttle and Peter Redgrove argue that perceptions of menstruation are social constructs designed to regulate female sexuality and femininity. In a work appropriately entitled *The Wise Wound*, Shuttle and Redgrove assert that menstruation should no longer be conceived as Eve’s curse but rather as feminine empowerment over those social

⁶ Often, slave owners had little recourse than to trust the diagnosis of enslaved nurses on plantations. Before the advent of professionalized gynecology, masters relied on the expertise of old nurses who valued the health of slave women over compliance with their owner’s demands. Sharla M. Fett asserts in *Working Cures: Healing, Health, and Power on Southern Slave Plantations* that “enslaved nurses often mediated women’s claims of sickness or pregnancy with overseers and slaveholders” and “some doctoring women also used their intermediary position to assist members of their community who feigned illness” (180). Furthermore, “the large number of planter complaints about lack of notification that involved young children suggests slave women sought in particular to protect babies, young children, and new mothers from slaveholder remedies” (180).

⁷ Some nineteenth-century doctors argued that “during menstruation women’s limited bodily energy was diverted from the brain, rendering them, as doctors phrased it, idiotic” (Wertz and Wertz 57). See *Lying-In: A History of Childbirth in America*.

authorities that interpret it as such a curse. One of their more remarkable findings suggests that menstruation and female sexuality were—and are in some cultures—intricately related as if inseparable from one another. They believe that “menstruation must have emerged as a permanent human possession, when the female learnt not to become pregnant, and this was her emancipation towards the experience which a sexuality not geared to reproduction would give her” (Shuttle and Redgrove 148). To compensate for this brief moment of empowerment, menstrual blood was perceived as unclean as, too, were women during their monthly menstrual cycles.

Fearful of licentiousness and sexual deviance during a time in which impregnation was not a threat (or option), menstrual taboos were invented to alienate the bleeding woman from public contact. Thus, “many menstrual taboos of seduction reflect a woman’s desire to be alone at this time with her own body, to the present day” (Shuttle and Redgrove 149). This taboo strategically imposes abstinence under the guise of medical compassion and empathy for women in pain and discomfort. During menstruation, estrogen levels are often at their highest, so that “premenstrual congestion”—or sexual frustration—is interpreted as “unused sexuality” that “according to male standards, the woman would be ‘over sexed’ at this time” (Shuttle and Redgrove 92). Although numerous doctors throughout the nineteenth century understood this female hypersexuality as normal, “it was in response to it that society developed its controls over sexuality” (Shuttle and Redgrove 93). Thus, white femininity—already idealized as sexually chaste and pure until marriage—is adamantly protected by menstrual taboos that suppress scandalous sexual urges by sequestering bleeding women into the protective custody of the domestic sphere.

This seclusion from the ever-present danger of rape and sexual assault is precisely what motivated female slaves in their attempt to obtain sexual autonomy by completely denying their masters of sexual access to their bodies. Enslaved women sought confinement not to explore the sexual urges lurking behind the closed doors of white women's homes, but rather to subvert the sexual tendencies of men.⁸ Prolonging confinement enabled female slaves to extend their physical recovery into the time period in which ovulation was thought to have occurred. As Louise Lander notes, sexual intercourse was encouraged immediately before and after a woman's menstrual cycle, suggesting that "it was erroneously believed that ovulation took place *during* menstruation" (7, italics mine). Thus, menstrual taboos created to regulate female sexuality paradoxically denied physical access to women during the supposed peak of their reproductive processes. Feigning physical ailments resulting from menstruation empowered enslaved women to confirm verbally what plantation owners could not validate medically—that their menstrual cycle was unfinished. This ensured that ovulation had long passed, frustrating any attempts to capitalize on female slaves' monthly fecundity.

Fanny Kemble, mistress of a prominent Georgia plantation, records a fascinating incident in her 1838-1839 journal that exemplifies this temporary female autonomy in the act of prolonging confinement. "I will tell you hereafter of a most comical account," she records, that "Mr.— has given me of the prolonged and still protracted pseudo-pregnancy of a woman called Markie" (Kemble 235). Feigning pregnancy for "many more months than are generally required for the process of continuing the human species," Markie's plot is inevitably discovered: she

⁸ Enslaved women combated both rape and false perceptions of their sexuality. For a brief discussion about the correlation between climate change and sexual development see Janice Delaney, et al, in *The Curse: A Cultural History of Menstruation*. They note that medical generalizations about female bodies "seem based less on observations (which often invalidate them) than on cultural assumptions about the relationship of climate and sex, with the menarche, even in scientific terms, a continuing symbol of sexuality" (46). Furthermore, "the slave traders, entertaining the prejudices of their own societies, assumed that Africans were more sexually inclined because the latter (sensibly) wore fewer clothes than Europeans." (46). Consequently, in European and American minds this illogic engendered the conclusion that "the torrid regions were expected to produce early sexual maturity" (46).

“pretended to be what the Germans pathetically and poetically call ‘in good hope,’ and continued to reap increased rations as the reward of her expectation, till she finally had to disappoint the estate and receive a flogging” (Kemble 235). The incident seems hardly amusing, much less comical. Markie is punished with flogging for simply using her body to receive larger portions of food. Despite Kemble’s peculiar word choice, she does express sympathy for female slaves forced to work in the fields while pregnant. Leah, advanced in pregnancy but commanded to perform field task work, inspires a fascinating reflection of southern female race relations. Deviating from Leah’s story, Kemble exclaims, “I wonder it is not one of murderous hate—that they should lie here almost dying with unrepaid labor for me. I stand and look at them, and these thoughts work in my mind and heart, till I feel as if I must tell them how dreadful and how monstrous it seems to me myself, and how bitterly ashamed and grieved I feel for it all” (Kemble 233). What Kemble observes is Leah’s inability to say no.

Menstruation empowered enslaved women with a biological weapon to reject unwanted sexual advances. The nineteenth-century racialization of menstruation bolsters Chris Knight’s belief that the cultural interception of biology enables unlicensed and inexperienced commentators to judge and subsequently regulate female bodies. In his book *Blood Relations*, Knight argues “when women as a gender group finally brought such pressures to a head, developing subservient internal solidarity to enable them to assert a monthly ‘strike’ many thereby established the basic categories and distinctions of the cultural domain” (374). Women were no longer alienated because they had to be—they wanted to be. In this context, seclusion became a way to actively voice an opinion that screamed “no,” in what Knight terms as a “sex strike.” Although the reclamation of menstrual taboos emerged in the 1970s, it seems that this ideological movement originated much sooner. The ability to say “no” became a powerful tool of

those deprived of individuality and rights to personhood; it was an uncontested vocalization that could not be challenged by those medically unequipped to confirm or refute their claims to confinement. The very taboos created by white men to regulate both white and black female bodies became the same taboo that prohibited physical contact and medical inspection.

For Thomas Buckley and Alma Gottlieb, this reproductive liminality engendered by the same menstrual taboos intended to define womanhood results in the subversive power of female biology. Buckley and Gottlieb note that “menstrual blood is seen as polluting when it symbolically encodes an underlying social-structural ambiguity regarding women and things female” (28). Female reappropriation of this ambiguity produced unprecedented ramifications in the nineteenth-century South: “the common fact of menstruation among all women challenges the social order of a male-dominated society and defines and bounds a female subgroup within the society, thereby creating a new separate and dangerous order” (Buckley and Gottlieb 29). Confined women menstruating during the same calendar cycles symbolized the potential threat of unified resistance against plantation owners. Frustrated by their medical inaccessibility to menstruating slaves, masters stymied potential “labor” strikes by threatening participants with severe physical punishment. To stymie the development of “labor” strikes, masters compensated for their lack of access to menstruating women with threats of severe punishment, as evidenced in Crafts’s novel.

Hannah recalls in one flashback the chilling story of how one enslaved woman’s refusal to comply with the demands of her white master resulted in torture and her eventual death. The tale begins with Rose, a venerated and beloved slave on the plantation of Sir Clifford Linden, the patriarch of the same family line Hannah serves. The once harmonious equilibrium of the plantation economy is destabilized by Rose’s attachment to a small dog inherited from a

daughter sold into slavery in Alabama. For reasons unknown, the dog incites the ire of Sir Clifford who becomes increasingly infuriated not by the dog's presence, but rather by Rose's loyalty to the helpless animal. Rather than release the pet into the wild, or pawn it off on fellow neighbors or even strangers, Sir Clifford sentences the dog to death by drowning, but Rose adamantly refuses. Her compassion for the innocent dog circumvents obedience to her master: "Had he commanded anything else, however unpleasant the duty she would have doubtless have obeyed, but that she could not do. As soon would a mother drown a favorite child" (22). Astonished at such defiant insubordination, Sir Clifford orders both Rose and animal to be suspended from the highest limb of the family tree that shades the entrance to the home.

Rose's devotion to such a small, deceptively insignificant creature conveys her ability to form intensely emphatic relationships with those who suffer from cruelties similarly inflicted upon her. But perhaps this bond is greater than a simple one between owner and pet. Crafts's meticulous word choice in recapitulating Rose's story is especially fascinating because of the familial innuendos hinting at a maternal, and perhaps biological, connection to the dog. It is important to remember that Sir Clifford is solely responsible for selling Rose's unnamed daughter to Alabama, shattering any semblance of a family Rose hoped to maintain. For Rose, the maternal bond denied her by Sir Clifford is redirected and projected onto the last existing remnant of her daughter—the daughter's dog left to her care. Thus, mothering the dog fills the genealogical void created by her absentee offspring. This is neither the first nor the last time in which familial metaphors are employed to describe complex master-slave relations on the plantation. The dog has surprisingly human characteristics, including hair that is "white and shaggy, with great speaking eyes, full of intelligence, and bearing a strong resemblance to those of a child" (21). Emphasizing the dog's childlike qualities reaffirms Rose's maternal instincts to

nurture those incapable of caring for themselves; however, the familial connection to the dog becomes bizarrely human when “child” is linguistically substituted for the term “grandchild.” From Rose’s perspective, so the narrative goes, “it was more much more than a little dumb animal. It had such winning ways and knew so well to make its wants understood that it became to her what a grandchild is to many aged females” (21-2). Suddenly, “grandchild” denotes an intimate biological connection made possible by a shared bloodline—the dog is no longer a dog at all, but rather the genealogical offspring of Rose’s daughter. Crafts is careful to identify Rose’s family members by name, and no other children are attributed to the plantation’s slave matriarch. Therefore, Rose is steadfast in her refusal to comply with the obscene demands of her murderous master.

However, this reading of Rose’s story is immediately complicated by the description of the dog’s fur color—white. True, Crafts offers no logical explanation for Sir Clifford’s sadistic verdict of the dog’s fate, nor does she relate his motivation for selling Rose’s daughter to Alabama. But the racialization of the “dog” as white speaks on behalf of those unspoken details. If the dog is a metaphor for an actual child, the whiteness of the “dog” suggests that the pet could be interpreted as symbolizing the illegitimate offspring of slave rape. To atone for the sins of his sexual indulgences upon the bodies of his female property, Sir Clifford ordered the daughter to be sold and the offspring to be drowned. The “dog” is now public evidence of Sir Clifford’s rape of Rose’s child. The linguistic emphasis on the dog’s childlike traits and whiteness suggests that the “animal” symbolizes an amalgam engendered from the sexual exploitation of female slaves. Karen Sanchez-Eppler supports this reading by actually tracing the rape further into the family line, noting that “we can read Clifford’s order that she drown her ‘grandchild’ as suggesting the possibility that Sir Clifford had raped not only Rose but also her daughter, thereby producing a

granddaughter that Clifford or his wife would have killed at birth to preserve the genealogical purity of the house” (“Gothic Liberties” 284). Thus, “Crafts’ designation of the dog as grandchild metaphorically points to the possibility of the intermingling of blood at the house of Lindendale while not insisting on its literal truth” (Sanchez-Eppler “Gothic Liberties” 284). The reader is left to render a final judgment on the ambiguous situation.

The racial uncertainty of Rose’s dog illuminates a greater nineteenth-century tension to reconcile American doctrines of equality explicitly denied to non-whites. Cassandra Jackson posits that mediating this contradiction between national mantra and national practice entailed confronting racial disparity itself. “By employing racially ambiguous characters within this context,” she notes, “writers could contest the legitimacy of the critical role of racial distinctions in America” (Jackson 5). The dog’s racial liminality straddles the fissure that emerged between American principles of liberty granted to whites and denied to blacks: the dog, like a symbolic mulatto figure, embodies this ideological contradiction, “disturbing America’s profound denial of racial mixing and disputing the myth of racial purity that had become central to the American civil system” (Jackson 5). And yet, the attempt to restore this imbalance that privileges white men like Sir Clifford is complicated by Rose’s obligations within the family home. At one point, her single duty was to nurse Sir Clifford’s white son and legitimate heir; accordingly, she “was treated with unusual consideration by the family in consequence” (21). Rose is revered for her servitude because successfully nursing Sir Clifford’s son ensures the continuation of the family line. She is responsible maternally to two disparate, but not necessarily separate, blood lines: her own and the Lindendales’. The unacknowledged matriarch of the plantation, Rose mothers both the “pure” white lineage of the patriarch’s child and the “impure” miscegenistic heritage Sir Clifford eventually eradicates through the torture and death of Rose and her dog.

Hannah is clear that Rose's punishment is unjustly bestowed upon a woman responsible for the sustainability of two families. Unsatisfied with inflicting a single beating, Sir Clifford concludes that inflicting physical pain will coerce Ruth into committing a vicious act that he himself could not muster the courage to complete. Beyond the parlor window of the home is a tree first planted by Sir Clifford to commemorate the completion of the plantation, and he designates this beloved tree as the site for Rose's cruel punishment. Bellowing to the other slaves to "take this old witch, and her whelp and gibbet them alive to the linden," Sir Clifford punishes the matriarch with her own maternal instincts (22). To "gibbet" the two helpless beings to the tree requires "an iron hoop being fastened around the body of Rose" who is then secured to one of the highest limbs, just as the dog "with a broad iron belt around its delicate body was suspended within her sight, but beyond her reach" (23). Abandoned in the tree to die of malnutrition, starvation, and dehydration, Rose can only watch her "child" suffer the same fate. Thus, her own maternal contribution to both "family" lines becomes Sir Clifford's greatest weapon of retribution against her. Her refusal to murder the dog results in painfully watching her imprisoned pet's gradual death within the tree, incapable of assuaging the animal's excruciating pain.

The description of the tree itself is crucial to understanding Rose's complex roles within the Lindendale family. Although the tree—an American linden tree to be exact—is planted and managed by Sir Clifford, slave blood nourishes the seedling: "many a time had its roots been manured with human blood. Slaves had been tied to its trunk to be whipped or sometimes gibbeted on its branches" (20). The image of slave blood nurturing the tree's roots as some sort of natural component to environmental sustainability embodies a sense of doubleness in Rose's case. She is no longer gibbeted to the family's tree but rather the *family tree*, the white bloodline

she served as a wet nurse and the mixed bloodline she adamantly refuses to eradicate. Despite Sir Clifford's obsession with genealogical purification by racially purging the family of blackness, Rose is inextricably—and permanently—linked to the Lindendales as she is bound to the linden tree. The blood that nourishes the tree becomes two-fold: enslaved women's menstrual blood—such as Rose's menses—births the work force fathered by the white patriarch—such as Sir Clifford—as blood from excruciating field work perpetuates the plantation economy. Rose's designation as a wet nurse and her daughter's sexual vulnerability symbolically nourish the literal and figurative family tree to which Rose is now bound. She essentially sacrifices two forms of blood: the blood currently pouring from her gibbeted body over the tree's roots and the blood marking her entrance into a breeding period in which she birthed the next generational labor force—her daughter.

Although Rose's tragic death seems like the nadir of both the flashback and the Lindendale family history, she is not entirely powerless during her death scene. In a moment of sudden remorse and guilt, Sir Clifford orders Rose's body to be cut down from the tree but she adamantly refuses. She defiantly chooses the tree and her subsequent death over compliance with her master's demands. Her last act of resilience becomes an act of vengeance, for in choosing execution within the tree she is consciously choosing to expire in a tree that she has both literally and figuratively given life in the form of sexual reproduction—Rose and the white “dog”—and nursing infants on the plantation—Clifford's legitimate male heir. Furthermore, it is her ability to not only provide but also *deny* maternal nourishment that engenders true autonomy and independence from Clifford. With her dying breath, Rose curses the very family that has physically, sexually, and economically exploited her for far too long: “In sunshine and shadow, by day and by night I will brood over this tree, and weigh down its branches, and when death, or

sickness, or misfortune is to befall the family ye may listen for ye will assuredly hear the creaking of its limbs” (25). After serving as a wet nurse to the child who will in turn multiply the branches of the white family tree, Rose’s threat of weighing down the tree limbs is a curse on generations to come; her body will no longer be used to propagate an unpaid slave labor force that supplies and secures the wealth of the white upper class. Without this sexual reproduction necessary to proliferate the white bloodline, the tree’s growth is permanently stymied.

However, this curse does not frustrate any attempt by Sir Clifford’s son to continue the Lindendale name. His spouse’s ancestry is shrouded in mystery as is the new wife herself; in fact, the enigmatic mistress is not even identified by a specific name other than the title she inherits through marriage. It is as if her sole marital responsibility is reproduction at all costs, an obligatory honor biologically bestowed upon all white women once menstruation occurs. In her monumental essay “The Cult of True Womanhood,” Barbara Welter concludes after an intensive archival recovery of nineteenth-century women’s documents that femininity was a static ideology fixed within the paradigm of sexual difference. Although man’s place within the public sphere was progressively evolving through participation in national discourse, woman’s place was decidedly situated within the home. Her inclusion within what Welter terms The Cult of True Womanhood depended upon her personification of four nonnegotiable feminine attributes: piety, purity, submissiveness, and domesticity (44). These were the virtues by which she and society critiqued her performance as a lady; failure to comply with one characteristic was a failure to comply with them all. The mistress’s incorporation into the Lindendale family insinuates satisfaction thus far with her womanly resume, so to speak. She anticipates, therefore, the next stage in her feminine maturation: “Purity, considered as a moral imperative, set up a dilemma which was hard to resolve. Woman must preserve her virtue until marriage and

marriage was necessary for her happiness. Yet marriage was, literally, an end to innocence. She was told not to question this dilemma, but simply to accept it” (50). Entrance into the Lindendale home is her entrance into the great nineteenth-century gender paradox: the mistress must uphold the Cult’s inviolable doctrine of purity despite birthing children born from sexual intercourse.⁹

The mistress is initiated into the Lindendale family with the expectation of fulfilling the qualities of The True Woman she espouses, but her appearance is overshadowed by the eeriness of the weather’s sudden unpredictability. Indeed, Rose’s curse is effective, for the linden tree mysteriously creaks and hauntingly moans the night before the arrival of the son’s new wife and the slaves’ new mistress. As the entire household finishes preparations for the bride and groom, Hannah cannot help but take notice of the capricious weather threatening to disrupt the pleasant evening. “What strange ways the wind has,” she ponders, “and how particularly anxious it seemed to enter the drawing room in the Southern wing, or rattling the shutters, and shrieking like a maniac, and then breathing out a low gurgling laugh like the voice of childhood” (20). The description of the wind howling manically like a young child is particularly chilling because of the childhood that was denied to Rose’s grandchild. Furthermore, the infantile laugh

⁹ Although marital sex was permissible between two consenting adults, numerous medical experts and literary writers alike discouraged indulgences of carnal lust and desire. Abusing the Biblical duty to procreate the family line, these authors posited, resulted in sexual insatiability that threatened the marital stability of husband and wife. The physician William Andrus Alcott took a particular interest in proper sexual conduct between couples once the end goal of marriage had been obtained. In his essay *The Physiology of Marriage*, Alcott asserts that romantic ardor develops from the natural human inclination to secure a husband or wife; sentimentality devoid of this objective desecrates the spiritual institution of holy matrimony. This is not to suggest that nineteenth-century marriages were absent of physical passion. The marital honor of procreation was perceived as a religious duty to be physically enjoyed, and Alcott firmly believed that engaging in sexual intercourse was an added perk of matrimony. Targeting those detractors opposed to routine marital sex, Alcott argues that female menstrual cycles maintain a biological checks and balances regulation on sexuality. He believed, therefore, that sexual gratification without the intent to procreate was permissible in marriage if intercourse was scheduled around women’s reproductive processes. “For, we must not forget,” Alcott reminds the reader, “as one item in our estimates, that if woman, by virtue of her own constitutional tendencies, independent of mis-education or perversion, ever makes any advances towards the other sex, as a sex, except perhaps during pregnancy, it is soon after the cessation of the menstrual discharge” (118). Thus, he concludes, “May we not, hence, infer that this function, while it prepares for the commerce of the sexes, at the same time limits its frequency?” (Alcott 118). Tracking the wife’s monthly menstrual cycle enabled couples to enjoy “one indulgence to each lunar month” (Alcott 118). Sex in moderation was the key to a harmonious marriage in which women ironically maintained their “pure” principles through regulated intervals of sexual satisfaction.

foreshadows the new mistress's biological duty to reproduce an heir to continue the family line. The absence of the nurturing matriarch—Rose—illuminates just how crucial her presence had been in sustaining the financial and sexual economy of the plantation. The branches of the family tree will decay precisely because the source of that growth—Rose's childbirth and breast milk—has been executed. The haunting laugh of the childlike wind that conveys the irony of that execution: Rose's life is terminated because of her maternal refusal to kill her descendant, which in turn ensures the termination of a white line dependent upon the slave matriarch to survive. In other words, the wind mocks what the family can never have: generations of offspring. Even if the new mistress births an heir, the family line—and the symbolic linden tree—cannot survive without the slave blood and labor that fertilizes the linden and the Lindendales.

However, the unexpected creaking of the tree foreshadows the arrival of the mistress, not necessarily the arrival of offspring. And yet, such an ominous omen suggests that something is amiss with the new mistress if Rose's curse only applies to death, sickness, or misfortune. Conscious of both Rose's curse and the unpredictability of the weather, Hannah immediately begins to inspect her mistress, and her gaze does not fail to arouse suspicions that something is, in fact, terribly wrong. The mistress arrives with a distinct quality of "something indefinable," and yet Hannah's astute observations begin to speak the unspeakable: "She was a small brown woman, with a profusion of wavy curly hair, large bright eyes, and delicate features with the exception of her lips which were too large, full, and red" (27). It is as if the mistress is "haunted by a shadow or phantom apparent only to herself" (27). Hannah unveils the racial mystery that is unbeknownst to the other characters—the new mistress is not white. The immediate racial ambiguity Hannah detects resonates with Karen Sanchez-Eppler's argument that construction, and oftentimes deconstruction, of nineteenth-century bodily politics involved the convergence of

two threads of social rhetoric: abolition and feminism. In *Touching Liberty*, she asserts that “the abolitionist concern with claiming personhood for the racially distinct and physically owned slave body” intersected with a feminist discourse concerned with “claiming personhood for the sexually distinct and domestically circumscribed female body” (Sanchez-Eppler 1). The site of these converging ideologies is the human body, the physical embodiment of subjectivity denied to those individuals lacking the appropriate signifiers of autonomy: whiteness and masculinity. For Sanchez-Eppler, the mulatto figure disrupts this white masculine dynamic by combining corporeality and identity discourses: “miscegenation and the children it produces stand as a bodily challenge to the conventions of reading the body, thus simultaneously insisting that the body is a sign of identity and undermining the assurance with which that sign can be read” (*Touching Liberty* 33). Sir Clifford’s identity is inherently linked to his obsession with genetically purging evidence of racial mixing from his lineage. Reproducing white children—*pure* white offspring—denotes a Southern white heritage untainted by miscegenation.

If the mistress is indeed a racial amalgam, then her future children symbolize the exact ramifications Sanchez-Eppler describes in relation to bodily subjectivity. Thus, the linden tree anticipates the repercussions of the mistress’s marriage into the family and the reproductive consequences of procreation. No wonder the branches bend and shake erratically at her entrance to the home. Passing for white enables the mistress to integrate into a family obsessed with maintaining boundaries between white and black bloodlines. This is precisely the reason for Rose’s torture and execution in the first place; she refuses to terminate a life emblematic of racial hybridism. Therefore, Rose’s curse of death and misfortune to the family manifests in the arrival of the mistress, for the mistress’s responsibility is to continue what would become a racially tainted family line. With the entrance of the bride and groom, Clifford’s indiscretions have

symbolically returned home to corrupt the home. For instance, the weather becomes violent as the mistress tours the parlor in which the family portraits are hung. As she pauses to examine the eerie likeness of the deceased patriarch, “the rising wind moaned fitfully amid the linden branches” as “the rain began to patter on the roof, with the dull horrible creaking that foreboded misfortune to the house” (29). Staring eye to eye with Sir Clifford’s portrait, the mistress represents a body mis-racialized, a body intended for breeding and sexual exploitation that instead will now reproduce the family’s “legitimate” heir.

Hannah is not the only character who is suspicious of an encroaching darkness enveloping the new mistress. The bridal party is curiously accompanied by a brooding, seedy man name Mr. Trappe who hovers over the bride like a second—or perhaps third—shadow. With “great black eyes so keen and piercing that you shrank involuntarily from their gaze,” Mr. Trappe’s penetrating eye betrays a secret hidden from the mistress, and she “in particular would give worlds to know just what that old man knew” (28). Appropriately named Mr. Trappe, the old man accompanies the mistress on her journey to Lindendale with the end goal of racial, and subsequently physical, entrapment. Unconvinced of her claims to a pure white lineage, Mr. Trappe is obsessed with discerning the truth and in his ruthlessness to do so, would sacrifice his own family members if there were a financial profit to be made. Similar to land speculators, Trappe symbolizes a perverted version of race speculation in which his furtive racial detection skills earn him the title “blood hound”: “Love of gold had blunted all the finer sensibilities of his heart, and he would not have hesitated a moment to sell his own mother into slavery could the case have been made clear that she had African blood in her veins. No blood hound was ever keener in scenting out the African taint than that old man” (232). Trappe’s sobriquet reveals not only his pecuniary lust for wealth and prominence but also his crafty skills of racial detection.

Although he was an intimate confidant to the mistress's deceased father, Trappe's primary occupation is the slave trade, specifically in shipping female slaves to the New Orleans sex market. Women once passing for white—and accessing the medical and sexual privileges of white femininity—are now accused, convicted, and sentenced to a life of rape and breeding. In this context, Trappe is not merely obsessed with the African blood in their veins but simultaneously re-racializing that blood. The trace of African blood immediately recategorizes enslaved women's social statuses by racially redefining the anatomical composition of black female bodies. Blood once symbolizing the white biological privilege of procreation is reimagined as sexual exploitation necessary for financial and social gain.

Tragically, this is precisely the fate of the mistress. Exhausted from years of suppressing her lineage, the mistress confesses the disheartening truth to her confidante Hannah. The nascent bond between the two women transcends the typical mistress-female slave relationship primarily because of the performative nature of the mistress's white status on the plantation. She is always conscious of the genealogical traits she shares with Hannah, and accordingly treats her slave as a close companion. The mistress respects Hannah because she recognizes she should *be* Hannah. To Hannah, she laments that “only one thing is wanting to complete the chain of evidence and that is the testimony of an old woman, who it seems was my mother's nurse, and who placed me in her lady's bed, and by her lady's side, when that lady was to[o] weak and sick and delirious to notice that the dead was exchanged for the living” (44). Hannah's immediate assumption about the mistress's heritage illuminates the paradox in the mistress's confession: what is painfully obvious to Hannah is utterly invisible to all other spectators. If a swift glance conveys to the mind physical characteristics that the observed object cannot possibly disguise, then logically the mistress's race should have been readily apparent at the moment of her birth—regardless of the

swapped infants. The mistress's ability to pass unmolested among her white community reflects the complexity of visually penetrating the racial masquerade assumed by those who pass. Werner Sollors goes so far as to suggest that the term "passing" is "a misnomer because it is used to describe those people who are *not* presumed to be able to pass legitimately from one class to another, but who are believed to remain identified by a part of their ancestry throughout their own lives and that—no matter whom they marry—they bequeath this identification to their descendants" (250). Either the mistress's racial performance as a white woman is that convincing or spectators refuse to acknowledge physical evidence of racial amalgamation within white genealogy, evidence Sir Clifford unhesitatingly exterminates to purify his family line.

The fluidity with which the mistress has previously passed among her community illuminates the ease with which non-whites could imitate white femininity. In her scholarly reinvestigation of the tragic mulatta figure, Eve Allegra Raimon asserts that perhaps the mulatta figure is not tragic at all, but rather an autonomous woman actively challenging nineteenth-century motifs of womanhood. The mulatta trope explored "what place mixed-race persons are going to occupy in the new republic and indeed whether the Union itself can survive such profound divisions over race" (Raimon 5). It seems that Hannah's mistress occupied a rather comfortable position among her peers throughout her childhood and adolescence. The family and community's visual recognition and verbal confirmation of the mistress's racial ambiguity suggests a conscious decision to turn a blind eye to the situation. They cannot—or refuse to—literally see the physical features racially attributed to black women, the same characteristics Hannah observes upon her very first interaction with the mistress. "Publicly known and received in society as the daughter of his legitimate wife," the mistress's ability to pass unmolested outside of the private sphere is protected within the safety of a community who endorses her

passing in the first place (45). Unlike Rose, her daughter, and potentially grandchild, the mistress is no dirty secret to be permanently silenced by execution. Perhaps this is the greatest racial revelation of all—there is no secret to keep if her racial identity is public knowledge. Furthermore, the immediacy with which both her family and peers racially classify the mistress as white might also suggest that she is the mulatto offspring of mixed bloodlines between her family and original owners. Astonishingly, her lineage is uncontested despite the possession of African features: in other words, she could be in possession of characteristics that are somewhat familiar, and therefore recognizable, to the family if she is “born” into a community that loves her unconditionally. The mysterious secrecy of her heritage enables her to pass as if no secrecy exists at all.

Unfortunately, the mistress’s secret is not solely hers to keep or share. True to the symbolism in Trappe’s name, he discovers the truth of the mistress’s African lineage in a set of documents belonging to her father. The white privilege of consensual marital sex and reproduction is abruptly exchanged for black sexual vulnerability and exploitation—bleeding now denotes breeding. Incapable of abandoning her mistress-turned-slave, Hannah desperately urges the fallen young woman to collect several basic necessities needed for survival before they venture into the wilderness in search of freedom. The mistress is grateful, yet skeptical of Hannah’s plan, and rightfully so: the wilderness becomes a terrifyingly unknown space to a domestic slave and a woman passing as white in southern society. The forest is also the playground of the bloodhound. Lost, disoriented, and eventually cornered in a remote hovel, they miserably await Trappe’s arrival with his party of slave catchers who will without hesitation market them to potential New Orleans customers. As the men inch closer to the coterie, the delirious mistress begins to hallucinate: ““There; there it is, it is coming, keep him off, keep him

off won't you? Oh horrible. He tears my flesh, he drinks my blood. Oh; oh,' then falling to the ground in paroxysm of the wildest fear. She would remain insensible for a long time" (67). Of course, Trappe does not seek to ingest the literal blood of the fugitive but her hallucination suggests a fear of metaphorical consumption. Trappe's financial gain derives from the sexual profit his potential buyer desires from the purchase.

Trappe's power over the mistress derives from his ability to detect African blood (like a bloodhound), insinuating his intimate familiarity with her internal biological and racial composition. The invasiveness with which Trappe penetrates the very private and intimate core of the mistress's identity enables him to reracialize the mistress from white to black, person to property, and accordingly sell her as a slave marked for sexual exploitation and breeding. As it turns out, the bill of sale never materializes. Choosing to dispose of her in "a private matter," Trappe informs the mistress that "tomorrow morning you will receive the visit of a gentleman who proposes, if pleased with your appearance, to become your purchaser. You must look your best, as he is extremely fastidious" (99). Confronted with the reality of her impending prostitution—she must look her best for a private showing with a potential buyer—the mistress faints in the most bizarre, yet arguably empowering, way. Both Trappe and Hannah hear a scream before Hannah "discovered that the sofa pillows were tinged with blood that bubbled from [the mistress's] lips [...] Her excessive agitation had ruptured a blood vessel" (99). At the very moment in which Trappe sentences her to a life of breeding, the mistress suffers an aneurism and subsequently bleeds out onto the floor. She denies Trappe both forms of blood he has lusted after for years: the African blood denoting her subjugation and the menstrual blood that perpetuates that status by permanently marking her for a life of breeding. The mistress's

bloody death becomes her final triumph over those who spent a lifetime reracializing and dictating her identity as both a white and black woman.

The mistress's ability to cross racial boundaries without a murmur of protest from family and friends begs the question: What exactly *is* white femininity and sexuality? Yet again, Crafts presents us with a sense of imitative doubleness as slaves were accused of feigning debilitating menstrual pain to play the white woman during a time in which wives such as the mistress were in and of themselves mimicking whiteness. Thus, whiteness becomes an intractable racial performance, with each show destabilizing the original idealized image of white femininity. This begs the question—who is imitating whom? In an environment defined by the same racial amalgamation southerners supposedly feared, the mistress's undetected assimilation into white womanhood echoes Judith Butler's discussion of performance and the regulation of sexual normativity. In *Gender Trouble*, Butler argues that political discourse predetermines sexual normativity for subjects who construct sexual identities under the false pretense of independence from social and cultural influences. This belief that sexuality is an individual choice is false precisely because language used to ascribe meaning to that sexuality is the discourse that engendered normativity in the first place. Sexual expression of a unique, individual self is therefore an illusion.¹⁰ In Crafts's novel, participating within the social discourse *disguises* the imitativeness of the mistress's racial identity, enabling her to pass undetected within a system

¹⁰ To counterattack this regulation of sexuality, Butler proposes a new discourse that suggests that there exists a discontinuity between the words "gender" and "sex": "If gender is the cultural meanings that the sexed body assumes, then a gender cannot be said to follow from a sex in any one way" (6). Social ideology, she asserts, ensures that these two terms coalesce as one signifying unit as a means of dictating a sexual normativity that, like the language projected upon the sexual subject at birth and into maturation, is predetermined. Despite the individual's belief that his or her subjectivity is distinctly original, it is in fact a sexuality that has been controlled and regulated since the sex of the offspring was first determined. From this point forward, culturally encoded language is projected upon that subject, who now engages with that discourse to assign meaning and significance to his or her sexual identity. In this context, the subject merely reifies compliance with a system that reinforces submission at the risk of marginalization from the system of normativity itself.

inherently safe guarded against such a disruption. The mistress's ability to intercept the liminal space between the terms gender and sex enables her to mask her racial deviance from the status she is intended to fill. In this context, Crafts's novel inverts Butler's already complex theory of gender performance and complicates it even further: in Butler's analysis, those who deviate from the system of sexual normativity do so undetected in order to expose the system itself. The mistress incorporates the very language of the patriarchy Butler criticizes in order to disguise her racial deviance by passing as an example of the very normativity Butler shuns. Whereas deviance is power in Butler's theory, racial otherness and sexual abnormality must be subverted by the mistress to pass successfully within a system that is in and of itself the reason for her passing in the first place. She must comply with the very system that punishes those who are differentiated from the standardized racial norm of whiteness. The mistress's performance, therefore, does not challenge the social discourse that imposes racial difference but rather incorporates it to presumably perpetuate it as a "white" woman.

The performance is not meant to last and the mistress makes her final curtain call with her unexpected, bloody death. Hannah's journey, though, is far from over. After months of living in slave-foster care with an emphatic family unable to purchase her, Hannah is finally sold and placed into a prominent Virginian family named the Wheelers. A distinguished politician, Mr. Wheeler's reputation extends well beyond the realm of his Virginian society and Hannah at first feels rather honored to be connected to such an esteemed family. But the illusion of her comfort is made apparent as she becomes increasingly close to her mistress, Mrs. Wheeler. An overly ambitious, obstinate woman, Mrs. Wheeler's grand schemes for her husband's political career stem in part from the rewards extended to her as his wife. This ambition, however, becomes her greatest liability when she attempts to campaign aggressively on his behalf. After an evening of

paying house calls to neighborhood politicians, she returns home embarrassed and angered by the treatment bestowed upon her by supposed friends. It takes a single look into Mrs. Wheeler's face to unriddle her puzzlement: "In two hours a carriage stopped at the door; the bell was rung with a hasty jerk, and the servant admitted a lady, who came directly to Mrs. Wheeler's apartment. I was greatly surprised; for though the vail, the bonnet, and the dress were those of that lady, or exactly similar, the face was black" (165). Before long Hannah deduces the cause of Mrs. Wheeler's facial blackness. Obsessed with eliminating unwanted physical blemishes, Mrs. Wheeler applied a vast amount of a new cosmetic powder insured to remove "tan, freckles, or wrinkles, or other unseemly blotches" (158). Mrs. Wheeler purchases the powder with the intention of illuminating her whiteness by deemphasizing facial coloring she fears will be seen as tainting flaws. The results could not be more opposite and more unexpected: the powder turns Mrs. Wheeler's face completely black. The label on the bottle even warns that "the powder certainly is white, and yet it may possess such chemical properties as occasion blackness" (166). Thus, the more Mrs. Wheeler attempts to whiten her face, the blacker it actually becomes.

This moment of race reversal is even more complicated by Mr. Wheeler's humorous reaction to the comic situation. Whereas Mrs. Wheeler attempts to blame Hannah for her failure to inspect the warning label on the bottle, Mr. Wheeler is quick to defend the slave rather than side with the mistress. Mr. Wheeler's interposition on Hannah's behalf antagonizes the injured pride of his wife who irritatingly rejoins, "Of course, you don't. No: no: slaves generally are far preferable to wives in husbands' eyes" (167). Mrs. Wheeler's diatribe is quite revealing at this moment, for her generalized conjecture about the relationship between slave masters and enslaved women is sometimes true. The bad reaction to the chemical compounds of the cosmetic powder blackens her face to a color darker than Hannah's complexion, suggesting that plantation

roles have been inverted symbolically. Mr. Wheeler “prefers” Hannah because she has assumed the position of mistress, as Mrs. Wheeler’s blackened face demotes her to a status of demeaning subservience—she has, after all, just returned from groveling for her husband’s political support. White empowerment derived from racial differentiation collapses when whiteness is no longer clearly defined or recognizable.

Racial destabilization within this system of gender normativity is possible when deviation is masked by outward performances of compliance. Butler argues that consciousness of social constructions of sexuality creates a liminal space between the two terms gender and sex, in which the individual maintains subjectivity through cultural and social performance. Therefore, “when the constructed status of gender is theorized as radically independent of sex, gender itself becomes a free floating artifice, with the consequence that men and masculine might just as easily signify a female body as a male one, and woman and feminine a male body as easily as a female one” (Butler 6). Precisely because sex is defined as a noun and gender defined as an adjective, Butler suggests that the action and behavior of the subject can deviate from the system of sexual regulation without detection. The same was true for a time in the instance of the mistress, and the same is certainly true in the case of Mrs. Wheeler accidentally manipulating racialized gender roles. If black is the new white, women such as Mrs. Wheeler are performing as the new epitome of idealized femininity disguised as a playful and temporary trend. For instance, once the news of the masquerade circulates around town, fellow women in the community mistake the event as an *intentional* cosmetic statement. Doctors learn of the story and attempt to prove medically that “black for the time being should be fashionable style” (169). Consequently, female slaves would no longer be accused of performing like a lady if that lady

figuratively becomes them—they cannot perform as, or imitate, what already defines them racially.

There is little Mrs. Wheeler can do to salvage her reputation among her closest female companions. The scandalous gossip is so shockingly outrageous that the social pariah—and arguable race traitor—is disgraced into seclusion and ultimately expulsion from the city. Her unwanted notoriety even circulates among the slaves themselves, the greatest insult of all: “Faces black by nature were puckered with excessive exultation that one had become so by artificial means” (170). Embarrassed by the incessant chatter, Mrs. Wheeler’s mortification derives from her accidental deconstruction of racialized gender roles. The players’ roles within the performance have been reversed and the escape to the country becomes a strategic maneuver to realign racial and sexual statues within the family. To reappropriate her role as the idealized white woman of the home, Mrs. Wheeler subverts the favoritism she accuses her husband of displaying for Hannah by coercing Hannah into marrying a fellow slave. The news is too much for Hannah to comprehend, who concludes “but when she sought to force me into a compulsory union with a man whom I could only hate and despise it seemed that rebellion would be a virtue, that duty to myself and my God actually required it” (206). Christopher Castiglia argues that this social demotion in the hierarchy of slavery exemplifies Crafts’s overall objective to expose the humiliating process of slave classification. Hannah’s horror derives “not simply at the identification with the wrong people but with the process of identification itself: all identifications, as Crafts suggests in her critique of portraiture’s capacity to represent the complexity of human desire and rage, is *misidentification*” (Castiglia 235). Hannah is by no means racist in her despair; she’s merely classist. Thus, the marriage would reinforce Hannah’s subjugated position as slave as it cruelly tempts her with a life of domesticity and matrimony to

which she is denied access. Condemning Hannah to a miserable union with a slave she loathes is the ultimate punishment for her crime of imitation—she is relegated to a life of performance, a perverted mimesis of “playing the lady.”

Despite Mrs. Wheeler’s vicious intentions, the marriage strangely stalls as Hannah, a former house slave, adjusts to her new life of hard labor in the fields. Terrified of the unfamiliar work that awaits her, she projects a false sense of determination to satisfy her labor quota. “It was toil some and weary work,” she relates, “my fingers unused to such employment blistered and bled, and towards night I grew faint with the unwonted exertion” (208). The blood that emerges from her cracked hands is engendered from her work as a designated field hand as it simultaneously reinforces her enslaved status. Like her fellow slaves, she is a victim of “the practices of visual speculation that posit a direct correspondence between outside and inside, between what is shown on the surface (of bodies, texts, historical actions) and what those physical traces purport to reveal about obscure ‘insides’ (character, psychology, meaning)” (Castiglia 233). The excruciating intensity of her physical exertion results in bleeding that racially marks Hannah as the lowest caste within slavery. At once capable of passing as white, Hannah’s bloody hands signify her new life of both physical and sexual drudgery. Examining her coarse hands, the overseer diagnoses the bleeding as temporary, for “I’ve seen many a gal likely as you put into the fields to work, though she had never done a hand’s turn before. We must all come to it sooner or later” (208). No matter how temporary the blood, Hannah’s fate is now sealed. Conversing with Bill, another field hand, the overseer recognizes the potential match between Bill and Hannah: “You seem interested in Hannah,’ [the overseer] remarked. ‘Now take her to your cabin, she has, I believe finished her task.’ Bill’s eyes sparkled with delight, and I was too weak and weary, too dispirited and overcome to offer resistance” (208). The blood that

marks Hannah as a laborer re-racializes her reproductive anatomy to contribute to the enslaved work force on the plantation. Thus, her bleeding hands resulting from physical labor symbolize the sexual labor expected—and demanded—of female slaves in the breeding age. The physical work finished in the fields symbolizes Hannah’s readiness to begin her sexual work in Bill’s cabin.¹¹

With the overseer’s permission, Bill takes Hannah back to his rustic shack with the intention of adding her to his increasing harem of wives and children. What Hannah observes immediately terrifies and repulses her, for every where she turns she witnesses “filth and impurity of every kind, and already occupied by near a dozen women and children, who were sitting on the ground, or coiled on piles of rags and straw in the corner” (209). The leering women grotesquely inspect Hannah’s appearance and find demented pleasure in receiving the newcomer, grinning “with malicious satisfaction that I had been brought down to their level, and made some remarks at my expense” (209). The impending scene of copulation exemplifies southern slave breeding practices. In the attempt to calculate the mathematical logistics of breeding slaves for sale, Richard Sutch calculated the infant to women ratio in states he divided into two categories, those who “sell” and those who “buy.”¹² To explain the increase in fertility ratios among buying states, Sutch deduced that “one-third of the women of childbearing age who were exported across state lines would have had to have been barren if the other two-thirds were of average fertility” (190). White owners therefore devised a breeding regime for their female

¹¹ In their brief study of enslaved women’s preemptive actions to prevent pregnancy before conception, Darlene Hine and Kate Wittenstein remark that slave offspring who survived childbirth brought immediate financial profit or future labor to the plantation. They note that “the planters were the only beneficiaries of the increase in the numbers of slaves: \$1,500 for a good, strong buck, \$1,200 for a hardworking, childbearing wench, with no large-scale investment necessary to insure future profit” (297). Much like the uncanny scene in Bill’s cabin, “the master could, presumably, simply sit back and wait for the children to be born” (297). See “Female Slave Resistance: The Economics of Sex.”

¹² For example, between 1850 and 1860 the infant-women ratio in Virginia (a selling state) rose from 152 to 178, whereas Texas (a buying state) witnessed the greatest influx in this ratio, an increase of 132 to 170 (Sutch 183).

slaves in order to maximize financial profit from reproductive surpluses of slave children. What Sutch's statistical data uncovered is quite remarkable: "the slave women of those states with poor or exhausted soils conceived children more frequently than the women of the southwestern slave states where agricultural productivity was much higher" (190). Any hesitancy to acknowledge slave breeding is dispelled by the realization that "if breeding was not typically a part of the eastern slave owner's business, why should he sell off barren women and retain those capable or willing to bear children?" (Sutch 191). Owners, therefore, had no scruples about interfering in the sex lives of slaves such as Bill, going so far as to encourage polygamy in the attempt to accumulate white wealth. Frightened and alone at the prospect of becoming an addition to this economic system of sexual (re)production, Hannah concludes that her misery can be ameliorated only by freedom.

Absconding from Bill's quarters at nightfall, Hannah encounters few inquires about her wanderings at such a peculiar hour of the evening. When questioned to account for her behavior, she hastily "told them all I was going to the house and passed on" (209). Although she literally passes by her fellow slaves at this moment, her statement is replete with irony. Hannah determines that the most successful method of escaping the plantation undetected is to actually leave "Hannah" behind: slipping into the master bedroom of the home, she discovers a "suit of male apparel exactly corresponding to my size and figure" as well as "a candle, some matches, scissors, and other necessary utensils in this same chamber" (210). The acquisition of these tools provides the ultimate gender transformation: she becomes he. Furthermore, it is a disguise that successfully ensures her safe passage to the North. Her masculine performance is remarkable not only for her physical persuasiveness to deceive the public gaze but also for subverting the racialized gender roles within slavery. Confronted with the reality of her situation in Bill's

shack—rape and a life of breeding in squalor—she circumvents her status as a female slave by completely subverting the blood that reinforced that status in the first place. The blood on her hands marks her as a slave to be bred in Bill’s quarters. But by passing as a man, Hannah eliminates all white patriarchal power over her body by performing as a gender incapable of menstrual bleeding. Thus, her cross-dressing disguises a feminine biological act that is racialized, exploited, and manipulated throughout the entire novel. Hannah’s moment of triumph is the ability to disguise menstruation as if it is nonexistent; she can no longer be racially marked as a slave if that reproductive marker has seemingly disappeared.

True to the sentimental genre, the novel concludes with the emotional—and no less miraculous—reunion between Hannah and a mother taken from her at birth. She befriends and eventually marries a free black man who is an ordained Methodist preacher and her time is primarily occupied with the religious edification of young children in the couple’s church. Long-lost friends are rediscovered, homes are established, gardens are planted, and just as importantly, Hannah resumes her feminine persona. The exact details of these unfolding events are intentionally omitted, but rightfully so; after a lifetime of subservience to public authority, Hannah’s experiences are now intimately private and hers alone. Outsiders, however, are welcome to “picture it all to his imagination,” as Hannah bids her final farewell (239). “Imagination” is, indeed, the most accurate word in the novel’s concluding sentence. The story’s resolution results from the inability of spectators to penetrate the clothed exterior of enslaved women with the intention of diagnosing the anatomical interior of their bodies. Olmsted’s anonymous Virginian plantation owner, Hannah’s former owners, the hoodwinked public who permit Hannah’s “passing”—all of these men and women accept their reality not necessarily on reason, but rather on what they are *permitted* to see. The inability to validate or disprove the

testimony of menstruating slaves and the old nurses who serve as medical character witnesses leaves the average master with nothing but his imagination. It leaves enslaved women with an empowering moment of biological authority over their own reproduction.

Chapter Two

No Pain, No Gain: Gynecology and Childbirth in Harriet Beecher Stowe's *Uncle Tom's Cabin*

During the nineteenth century, the subject of women's reproductive diseases was a medical taboo rarely discussed among physicians who viewed female anatomical abnormalities as incurable. Medical disdain for enigmatic illnesses derived from physicians' inability to penetrate the female body in order to comprehend biological processes completely foreign—and for a time off limits—to men. In December 1845, a major but accidental breakthrough in female reproductive medicine occurred in the backyard of a Montgomery, Alabama pediatrician. Presuming a correlation between the medical treatment of children and slaves, local plantation owners began sending Dr. J. Marion Sims enslaved women suffering from vesico-vaginal fistulas (VVF's). Defined as a tear extending from the bladder to the vagina, VVF's were common side effects of protracted childbirth in the nineteenth century. They were, however, deemed untreatable because no obstetrical tool existed with which to open the vaginal canal for viewing ruptures never before examined. Painfully uncomfortable but certainly not life threatening, VVF's caused a continuous leaking of urine women could not control. The physical embarrassment that ensued imprisoned women within a domestic sphere they could no longer maintain as required of their sex. Invalidity caused both the woman and the home to waste away.

VVF's occurred often enough that external physical symptoms caused by the internal anatomical tear were readily identifiable by doctors despite the inability to penetrate the female

body.¹ The outward display of pain and discomfort signified complications during parturition to which both black and white women were susceptible. The fistula could thus interfere with the labor demanded of healthy enslaved women, resulting in their incapacitation. Increasingly frustrated by the invalidity of their female slaves, plantation owners began sending the ill women to Sims for examination. Convinced of the incurability of a rupture he could not see but could detect, Sims refused to investigate the cases sent to him out of pure desperation. One by one, slaves Lucy, Betsy, and Anarcha were repeatedly dismissed from Sims's back yard hospital because of the supposed permanence of their physical condition.²

A chance encounter with a neighboring white woman who was thrown from her horse changed Sims's mind and instigated the modernization of obstetrics. Mrs. Merrill came to Sims complaining of "great pain in her back, and a sense of tenesmus in both the bladder and rectum, the bearing down making her condition miserable" (*Story of My Life* 231). Suddenly remembering a technique from medical school that would balloon the vaginal canal, Sims placed the patient on her knees and elbows before then inserting his index and middle fingers into the

¹ In *Parturition Without Pain, A Code of Directions for Escaping from the Primal Curse* (1871), M. L. Holbrook quotes Professor Hubbard: "The sympathies of the uterus with every other part of the female organism are so evident, and the sympathetic relations of all organs of woman with the uterus are so numerous and complicated [...] that it would almost seem, to use the expression of another, 'as if the Almighty, in creating the female sex, had taken the uterus and built up a woman around it'" (14-5). Reproductive ailments were perceived within the medical community as natural consequences of women's biblical plight of painful childbirth. Some reproductive illnesses, therefore, were deemed unworthy of investigation. In a commemorative eulogy of J. Marion Sims delivered to the Medical and Surgical Society of Montgomery, Dr. W. O. Baldwin described women's diseases as "loathsome" (Sims *Story of My Life* 429). In his introduction to *Woman, and Her Diseases*, Edward H. Dixon remarks that "it is difficult to perceive either the force or propriety of the arguments used by those who allege, that the diseases of woman form an improper subject for popular instruction" (5). And yet, Dixon determined that women's intellectual inferiority prevented physicians from engaging in sophisticated medical discourse when composing self-help manuals: "we shall avoid technicalities, as far as possible, and also all the more abstruse explanations of disease; because it is not to be supposed that they could be communicated with any advantage to any other than a medical mind" (9). See also M. K. Hard's *Woman's Medical Guide: Being a Complete Review of the Peculiarities of the Female Constitution and the Derangements to which it is Subject*.

² Dr. J. Marion Sims was born in South Carolina in 1813 and relocated to Montgomery, Alabama after completing medical school at the Medical College of Charleston in 1835. Originally specializing in pediatrics, Sims switched to obstetrics after attending a Mrs. Fritzgreene's childbirth during which the patient suffered a fistula. After perfecting the silver suture to heal VVFs, Sims moved his family to New York City in 1853 where he co-founded the Woman's Hospital in 1855. For a more detailed account of Sims's biography, see S. Buford Word's article "The Father of Gynecology."

opening. He easily felt the retroverted uterus. Within moments, Mrs. Merrill declared that the pain was gone and returned home completely healed. Momentarily perplexed, Sims quickly deduced the cause of her immediate alleviation: “When I placed my fingers there, the mouth of the vagina was so dilated that the air rushed in and extended the vagina to its fullest capacity, by the natural pressure of fifty five (sic) pounds to the square inch, and this conjoined with the position, was the means of restoring the retroverted organ to its normal place” (*Story of My Life* 233). Remembering the incurable VVF cases of the enslaved women, Sims had the medical epiphany that with modern surgical equipment the vagina could be opened to full capacity to suture an anatomical tear he simply had been thwarted from seeing. He reasoned that diametrical variations in female anatomy would prevent his fingers from simultaneously dilating and probing the vaginal cavity. To remedy this potential dilemma, he purchased a pewter spoon and bent the handle so that when inserted into the body the utensil acted as a primitive speculum. Thrilled by the prospect of viewing the mysteriously elusive fistula, Sims contractually consented to repair Lucy’s vaginal tear in exchange for the cost of room and board. With the patient, tools, and two medical attendants in place, Sims was ready to operate.

What Sims saw revolutionized women’s reproductive medicine. Access to enslaved women’s anatomy enabled Sims—credited in the twentieth century as the Father of Gynecology—to test and perfect obstetrical procedures to suture VVFs. “Introducing the bent handle of the spoon,” he recalls in his autobiography, “I saw everything, as no man had ever seen before. The fistula was as plain as the nose on a man’s face” (*Story of My Life* 234-5). The anatomical visibility engendered by the spoon—known today as the Sims speculum—reflected his discovery of uncharted territory as much as it illuminated the medical expedition itself. The

medical gaze upon the VVF mirrored Sims's participation in the operation as if female anatomy was an extension of himself—like “the nose on a man's face.” His masculinization of a distinctly female reproductive ailment divorced the patient from the VVF by which she was identified. In this context, the VVF ceased to exist as a marker of female disease as it was reappropriated as a symbol of male medical mastery. Sims identified not with the patient's pain but rather with his own obstetrical expertise. Thus, professionalized gynecology was born not by the enslaved woman vulnerably exposed at this moment, but rather by the man who gazed upon a rupture that resulted from childbirth in the first place. Lucy had all but disappeared.

In this chapter, I argue that the physical exploitation of black female bodies enabled physicians such as Sims to become experts in black and white female anatomy, despite the presumed racial disparity that precipitated these grotesque gynecological experiments. The frustrating inability to penetrate female anatomy is resolved by Sims's reinvention of a speculum that enabled doctors to see (literally) into the female body for the first time. I asserted in chapter one that with no medical procedure available to disprove claims of menstruation, menstruating female slaves were secluded from the labor force and temporarily deemed unfit to work. This empowered enslaved women to resist both demands for physical production in the fields and sexual reproduction within the slave quarters. However, the modernization of the speculum enabled physicians to open the female body in ways never before imagined; female patients suffering from VVFs were now vulnerable to the penetrating gaze of the medical spectator. Enslaved women like Lucy had little recourse other than to submit to Sims's gynecological experiments because of their inability to grant or deny consent. The classification of slaves as property enabled Sims to manipulate racial difference as a means of asserting the anatomical sameness of all women. His medical mastery of female anatomy is two-fold. Enslaved women

suffering from VVFs first caused by strenuous childbirth could now be repaired with the intention of continuing the breeding and working process. The perpetuation of slave reproduction solidified the surgical success of an experiment Sims in turn implemented into operations on white women incapable of procreation. As the Father of Gynecology, Sims equated the anatomy of women like Lucy with the biological composition of white women, suggesting that the operation on one patient could be used on all patients regardless of racial differentiation.

Of course, this implication of anatomical sameness is complicated within a racially segregated southern environment. White women could be similarly healed of a fistula that stymied reproduction during a time in which fertility rates were high. In order to reassert anatomical differentiation and racial superiority over blackness, I posit that southern white women embraced the VVF as a method of indefinitely postponing the reproductive demands of their society. Conception was near impossible so long as a woman suffering from a VVF was sequestered from the rest of the household because of the continuous leaking of urine she could not control. In the experimental years of 1845-1849, Sims conducted all of his operations on Betsy, Lucy, and Anarcha without anesthesia, later claiming that he was ignorant of the existence of anesthesia to explain his failure to administer the drug. Supposedly unaware of anesthesia until the 1850s, Sims's initial repairs on white women were conducted without inducement. Diana E. Axelsen notes "even after his unsuccessful attempts to operate on white women emphasized the pain associated with the surgery, apparently Sims continued to ignore the issue of pain control for at least a year" (12). Excruciating pain prohibited white female patients from enduring the hour-long surgery.³ Claiming an intolerance for extreme physical suffering enabled white women to differentiate themselves from enslaved women who were commended by Sims

³ Axelsen notes "After the successful operation on Anarcha, many white women came to Sims for treatment of vesico-vaginal fistula. However, non of them was able to endure a single operation" (11).

for their brave silence throughout the operations. These brave women were resilient because they had no other recourse but to suffer silently. The manipulation of pain equipped white women with the tool necessary to reaffirm their racial superiority by medically differentiating themselves from female slaves. Because “stoic acceptance of pain was seen as ‘natural’ for women in childbirth,” white women who elected not to endure the operation subverted male medical authority as they simultaneously reasserted the fragility of white womanhood (Axelsen 12). Using Harriet Beecher Stowe’s *Uncle Tom’s Cabin*, I will argue that this reclamation of southern white femininity was reinforced by going so far as feigning physical pain, specifically symptoms related to VVFs. Even if the VVF were imaginary, convincingly performing the part of the suffering patient would have given her control over her reproduction. I assert that if physicians such as Sims exaggerated the reproductive afflictions of his patients, so, too, could patients use their own discomfort to their advantage.⁴ Thus, women such as *Uncle Tom’s Cabin*’s Marie St. Clare could postpone sexual intercourse indefinitely while circumventing the social expectation to birth numerous offspring. Despite her incapacity to nurture her one child, Eva, Marie’s supposed physical enervation is actually an act of empowerment: each day she pines away listlessly on the couch is another day pregnancy is postponed. Bodily inaction is the key to controlling reproductive action.

A national bestseller within months of its publication in 1852, *Uncle Tom’s Cabin* chronicles the trauma endured by men and women entrapped within the institution of slavery. Throughout the novel, Stowe demonstrates the far-reaching effects of an abhorrent system that was never geographically contained within the South. Passage of the Fugitive Slave Act in 1850 forced all citizens regardless of their abolitionist or pro-slavery ideology to participate in the

⁴ According to Axelsen, “Sims over-emphasized the severity of the condition” he was curing (12). Moreover, “while certainly a source of chronic discomfort and possible secondary irritation, and while obviously embarrassing in many contexts, vesico-vaginal fistula is not a disorder involving chronic or severe pain” (12).

bondage of an oppressed people. For Stowe, such laws existed because of the moral bankruptcy plaguing the nation. The emotional disconnect between the private and public spheres enabled apathetic politicians to perpetuate an institution devoid of all sympathy. Moral degeneracy was engendered from white citizens' reluctance—or arguably refusal—to empathize with suffering unbeknownst to them. Stowe uses her novel, therefore, as a literary platform with which to elicit compassion from readers who have become emotionally dormant. She focuses intensely on domesticity to prompt the moral regeneration of white citizens who complacently separate and destroy slave families. Under slavery, parental attachments were discouraged and at times adamantly denied to persons legally classified as property. Recognition of the pain resulting from the destruction of slave families was the first step in reinstating the missing moral compass necessary within the public sphere to eradicate slavery. Stowe asserted that women, as the spiritual beacons of the private sphere, possessed the power to emotionally invigorate an amoral government. Stern masculine logic had to be subverted with the feminine capacity for empathy. The abolishment of slavery would occur when political discourse was constructed upon a foundation of emotion. Men must feel like women.

In *The Feminization of American Culture*, Ann Douglas argues that this revolutionary re-rendering of an amoral masculine society reified women's identification as domesticated spiritual beacons incapable of leaving the home. As the title of her book suggests, feminizing male politics began with the unification of religious doctrine and the female pen, in that literature became the pulpit from which women authors preached about moral harmony between the two spheres. For Douglas, sentimental writers such as Stowe promoted domestic, maternal, and familial ideals within literature that merely reinforced their place within the home. Thus, "the triumph of the 'feminizing,' sentimental forces that would generate mass culture redefined and

perhaps limited the possibilities for change in American society” (Douglas 13). Women were falsely empowered by men they perceived as spiritual extensions of themselves; mothers prided themselves on masculine accomplishments otherwise impossible without their moral guidance. This moral revitalization of the public sphere would fail should women abandon their domestic post in the attempt to instigate change themselves. Thus, public appreciation for women’s work became a paradox of praise in which men expressed approbation for the maternal influence of women within a sphere they could not enter. Society was consequently defined by absence: American culture was feminized while prohibiting women from participating in public matters. Douglas posits, therefore, that women remained within the home, perpetuating their own oppression through the publication of literature that reiterated the private sphere as the single source of feminine power.

Douglas is right to assert that female authors such as Stowe empowered women privately by disenfranchising them publicly, but she is quick to dismiss the sentimental genre as maudlin and sub-literary. Jane Tompkins argues in *Sentimental Designs* that sentimental fiction became the tool with which women writers subverted the gender dialectic that positioned domesticated femininity in opposition to masculinity. What Douglas criticizes as the intentional subordination of women to men, Tompkins perceives as female autonomy: that literature enabled women to dictate masculine behavior when few other options were available to them. Such an outlet “sees literary texts not as works of art embodying enduring themes in complex forms, but as attempts to redefine the social order” (Tompkins xi). Novels such as *Uncle Tom’s Cabin* “serve as a means of stating and proposing solutions for social and political predicaments,” to “act out scenarios that teach readers what kinds of behavior to emulate or shun” (Tompkins xvii).

Transforming the public sphere into a realm spiritually reminiscent of the home blurred the line between politics and domesticity, masculinity and femininity.

For Stowe, the power to destabilize politics by emotionally reconstructing the public sphere begins within the home. More specifically, it begins with the mother. The home symbolized the spiritual safe haven to which men could turn for moral rejuvenation after countless hours of public engagements. The woman's religious duty to nurture the spirituality of her family extended to both husbands and sons. The failure of politicians to abolish slavery inspired writers such as Stowe to redirect their literary focus to the next generation of children expected to enter the public sphere: male offspring. Karen Sanchez-Eppler argues in *Dependent States* that children became an integral factor in the development of nineteenth-century American culture. She asserts that children are both an object and force of socialization and their participation within society reflects, as much as shapes, cultural norms. For Sanchez-Eppler, Stowe recognized a dormant abolitionist power children could awaken and wield in the fight to end slavery. The crux of the novel, therefore, "grounds public political change on personal domestic feeling" (106). Death—specifically the death of children—becomes Stowe's greatest literary tool with which to elicit mourning from her predominantly female readers. "It is important to note," Sanchez-Eppler writes, "that before Stowe can proffer the family as a model for national life she must affirm its good heart, and she does this most often and most forcefully by detailing its capacity to mourn" (106). The heartbreaking permanence of loss—be it death or separation of mother and child—inspired Stowe's readers to hold close offspring who would become the future leaders of a morally resurrected American society.

Bereavement was a universal emotional condition female readers shared during a time in which infant mortality was common. Every pregnancy was at risk of complications during or

after delivery. At the turn of the nineteenth century, women were reproducing at an alarming rate of every two years as a result of miscarriages and infant death. Judith Walzer Leavitt speculates that high fertility rates were responsible for a prolonged childbearing period that extended beyond middle age into a woman's forties and perhaps fifties in the early 1800s. Women bore an average of seven children before fertility declined but Leavitt correctly notes "this implied considerably more than seven pregnancies, because many terminated before term" (Walzer Leavitt 330). One New England woman conceived and/or gave birth twelve of the first twenty-three years of her married life.⁵ Childbirth became a cyclical routine as women were reproducing mechanically without recognition of the physical repercussions of being constantly pregnant.

Carroll Smith-Rosenberg and Charles Rosenberg assert that failure to acknowledge publicly the private physical torment endured by laboring women was necessary to maintain woman's identity of procreator. The medical association between femininity and anatomy presumed reproduction a necessity for a woman to prove the existence of her womanhood. Smith-Rosenberg and Rosenberg posit that "the Victorian woman's ideal social characteristics—nurturance, intuitive morality, domesticity, passivity, and affection—were all assumed to have a deeply rooted biological basis" (334). The end results were scientific arguments that "formed an ideological system rigid in its support of tradition, yet infinitely flexible in the particular mechanisms which could be made to explain and legitimate woman's role" (Smith-Rosenberg and Rosenberg 334). Therefore, women elicited no empathy for a cyclical reproductive process deemed biologically natural. Women were accordingly prisoners of their own bodies and reproduction "shaped [their] personalit[ies], [their] social role, [their] intellectual abilities and

⁵ Between 1760 and 1782, Mary Vial Holyoke spent her time either recovering from miscarriages or childbirth. Only three of the twelve children she delivered survived to adulthood. See Walzer Leavitt's article, "Under the Shadow of Maternity: American Women's Responses to Death and Debility Fears in Nineteenth-Century Childbirth," in *Women and Health in America*, second edition.

limitations; all presented as well possibly ‘critical’ moments in [their] development, possible turning points in the establishment—or deterioration—of future physical and mental health” (Smith-Rosenberg and Rosenberg 336). The systematic process by which women were impregnated and gave birth exploited high fertility rates to maximize the number of offspring per family.

By the time *Uncle Tom’s Cabin* was published, this high fertility rate dropped significantly as women reproduced remarkably smaller families by the mid-nineteenth century. Comprehending the magnitude of this sharp decline in female fecundity depends upon a clear understanding of the statistical methodology used to calculate childbearing rates. Ansley J. Coale and Melvin Zelnik determined nineteenth-century fertility rates by computing the generational crude birth rate of childbearing women. Coale and Zelnik define crude birthrates as “the number of births during a year divided by the average size of the population during the year” (69). Yearly fertility rates are computed by dividing the annual total of children birthed by the average number of women of childbearing age. Thus, “total fertility can be viewed as the average number of births that would occur to a hypothetical cohort of women subject through its life to the given fertility schedule” (Coale and Zelnik 69). The demographers conclude that lower fertility rates correlated with the decline of the nineteenth-century birth rate in childbearing women aged 15-44. Within a population that remained eighty percent rural, the birth rate dropped drastically from 55 to 41 per thousand women.

Although families were becoming smaller according to Coale and Zelnik, this decrease in reproduction does not account for the minimization of white childbirth in *Uncle Tom’s Cabin*. Within the novel, white women from prominent southern families have reproduced only once.⁶

⁶ The Senator and Mrs. Bird have multiple children but live in Ohio and therefore are not considered Southern.

Mrs. Shelby is the mother of George, a “smart, bright boy of thirteen” who is an only child (68). Augustine and Alfred St. Clare are the sons of a woman characterized as “a direct embodiment and personification of the New Testament” but they are twin brothers, birthed during a single delivery (333). Even the saintly Eva St. Clare and the despicable Simon Legree are the only offspring of their parents. In each of these instances, no other conceptions, pregnancies, or miscarriages are described, suggesting that procreation ended abruptly with the birth of a first child. Warren C. Sanderson’s reexamination of Coale and Zelnik’s fertility calculations bolsters the conclusion that women were progressively reclaiming their reproductive rights. Sanderson argues that during the period 1800-1920, 74 percent of the total fertility rate decline “can be attributed to the reduction in marital fertility rates and the remaining 26 percent to the change in marriage rates” (340). Women were marrying later in life rather than at the onset of adulthood beginning in their late teens and early 20s. Consequently, “from 1800 to 1860, the total fertility rate fell by 31.2 percent, while from 1860-1920 it fell by 40.0 percent” (Sanderson 343). Delaying marriage enabled women to push impregnation well into a childbearing period now shortened by reproductive procrastination.

This reclamation of reproductive rights and the statistics provided by Coale and Zelnik and Sanderson are unfortunately applicable to white women only. The objective for and means by which childbirth occurred among enslaved women differed tremendously from white women. On numerous plantations, female slaves were bred at the onset of menstruation and impregnated long past the age in which white women no longer bore children. In Stowe’s novel, the decrepit Prue is purchased with the intention of populating a Kentucky plantation with future laborers. She mournfully recounts to Tom that “a man kept me to breed chil’en for market, and sold ‘em as fast as they got big enough; last of all, he sold me to a speculator, and my Mas’r got me o’

him” (323). Although Prue’s age is never revealed, her physical deterioration is the tragic result of one final pregnancy for her sadistic owner. Furthermore, the reader is introduced to an enslaved woman named Hagar during the chapter entitled “Incident of Lawful Trade.” Hagar and her only remaining son await the auction block and their respective futures at the hands of new masters. She is described as a “regular African in feature and figure” who “might have been sixty, but was older than that by hard work and disease” (194). The ambiguity of the phrase “hard work” suggests a life of unimaginable physical and sexual exploitation as evidenced by the fourteen-year-old son who stands beside her. If Hagar is indeed sixty, then her son Albert was born to her when she was 46 years old, two years after Coale and Zelnik’s calculated childbearing period for white women. Extending the reproductive time span of enslaved women enabled plantation owners to maximize black female fecundity as white female fertility rates drastically plummeted.

Vesico-vaginal fistulas emerging days after parturition disrupted this process of systematic breeding. Although VVFs were not visible to physicians until Dr. Sims redesigned the speculum, women recuperating from protracted labor could still exhibit signs of this reproductive abnormality. The nineteenth-century physician Thomas Addis Emmet was adamant in his writings that the expectant mother was the only party responsible for VVFs occurring during childbirth. In his medical treatise *Vesico-Vaginal Fistula from Parturition and Other Causes*, the ambiguous clause “and Other Causes” does not account for medical equipment such as forceps as attributing to the appearance of VVFs. After a tedious investigation of childbirth records at the Women’s Hospital in New York City, Emmet deduced that he “could not satisfy [himself] that more than three cases of the whole number should be regarded from instrumental delivery” (19). Thus, these rare cases were closed because “of malpractice” and lack of value from “a statistical

point of view” (Emmet 19). Emmet’s investigative conclusions are circumspect precisely because he provides no statistical evidence at all. The term “malpractice” assumes the medical negligence of attending physicians, not the mother in labor. This fact is circumvented by the exclusion of statistical evidence that would potentially credit doctors as the culprits of VVFs. With no reference to the total number of childbirth cases examined, it is impossible to calculate the ratio of VVFs occurring during deliveries assisted by forceps. Instances of physician interference are casually dismissed. He does not, however, deny the involvement of forceps during labor but adamantly decries the harmful nature of the instrument: “The exceptions to this rule are those caused by rapid labor, lacerating the neck of the uterus and extending beyond so as to involve the base of the bladder, together with lacerations at its neck, which sometimes occur on delivery by forceps” (Emmet 19). Emmet’s logic, however, is a paradox. He does not attribute the application of forceps as responsible for VVFs when the tool merely exacerbated lacerations first caused by the “rapid labor.” Furthermore, forceps would not be used during rapid labor because such equipment would have been unnecessary; the instrument was used during difficult deliveries in which the child’s position was inverted.⁷ It seems that the use of obstetrical equipment such as forceps did indeed cause VVFs.

Dr. J. Marion Sims’s medical reputation as a pediatrician included his familiarity with obstetrical equipment such as forceps. His misapplication of the tool during the difficult delivery of an enslaved woman named Anarcha inadvertently began a four-year obsession with women’s reproductive diseases. Before inventing the speculum, Sims was contacted in the summer of

⁷ Richard W. Wertz and Dorothy C. Wertz note in *Lying-in: A History of Childbirth in America* that the application of forceps was a point of debate in the nineteenth-century. The instrument was popularized in the eighteenth-century by English physicians who needed assistance during deliveries, regardless of the child’s position in the womb. Thus, instances of inversion were not the only cases in which forceps were used. Forceps varied in shapes “that would fit both the angles of the birth canal and the baby’s head” but they were dangerous “when used hastily or clumsily, for it could damage the mother or crush the child” (Wertz and Wertz 35).

1845 by Mr. Wescott to attend the childbirth of the seventeen year old who had been in labor for three days. Sims's autobiographer Seale Harris recounts that "using forceps, Sims delivered the child without any great effort and returned home assuming that with the delivery his part in the case was closed" (82). Five days later, Sims was once again asked to examine Anarcha who "had lost control of her bladder and rectum as a result of the harm done to her vagina by long-continued pressure of the infant's head before its delivery" (Harris 83). Like Emmet, Harris deflects attention from the forceps and instead attributes responsibility to the protracted labor. Thus, forceps cannot be responsible for the vaginal tear that they presume had already occurred.

Sims then believed VVFs to be incurable and his diagnosis was compromised by the inability to penetrate beyond the outward symptoms Anarcha exhibited. He refused to provide medical care and reports to her master that "the girl was doomed to permanent invalidism, that she never could work again as a servant, and that there was nothing which he or any other doctor could do about it" (Harris 83). Although VVFs produced great discomfort, they were not life-threatening and Anarcha's medical classification as an invalid is a gross exaggeration. As Dana Axelsen notes, while a source of irritation and "obviously embarrassing in many contexts, vesico-vaginal fistula is not a disorder involving chronic or severe pain" (12). Concerns over Anarcha's financial worth are overstated because her economic value on the plantation correlates to the exponential reproductive rate of the slave labor force: her children. Her status depreciates with each passing menstrual cycle not resulting in pregnancy. She is too ill to "work," or in this context, reproduce more children. As a seventeen-year-old, Anarcha has only just begun her childbearing period that cannot be exploited if a fistula compromises her fertility. She and a second enslaved woman, Betsy, are dismissed from Sims's premises because of the inoperability of their anatomical abnormalities.

Sims's realization that VVFs were curable derives from both his encounter with Mrs. Merrill, the white woman suffering from a retroverted uterus, and a third enslaved woman exhibiting VVF-type symptoms. Lucy was present on Sims's premises during his examination of Mrs. Merrill and was scheduled to return to her master uncured the following afternoon. She did not return home until four years later. "Instantly [Sims's] mind flashed back to Lucy," Harris recapitulates, "the young vesico-vaginal fistula victim whom he had examined yesterday and pronounced incurable" (86). Prohibited by southern racial politics from further inspecting a white woman's body, Sims recalls with great excitement Lucy's candidacy for experimentation. The racial differentiation protecting the integrity of white femininity is the same racial disparity Sims manipulates to exploit enslaved women incapable of refusing consent. In a matter of days, Anarcha and Betsy are summoned back to Sims's makeshift hospital: "He went on his daily rounds much as usual and continued to do other types of surgery, but all his thoughts and hopes were on his plans for the wonderful new vaginal operations he intended to perform as soon as he could figure out all the necessary details of technique and make certain other preparations" (Harris 87). The discomforts of the enslaved women are all but forgotten in Sims's excitement to operate, rather than to heal.

According to Axelsen, the pain caused by an operation intended to heal women was justified as the amelioration of future suffering. The ethical duty to do no harm was momentarily subverted precisely because creating discomfort was necessary to cure the patient's agony. Medical professionals asserted that white femininity was defined by a woman's biological duty to reproduce and anatomical abnormalities such as VVFs threatened this womanhood. Healing fistulas cured women of their inability to reaffirm their womanhood through the act of childbirth. Sims in particular "saw women as defined in large part by their capacity for reproduction" and in

fact had “a deep distaste for the treatment of ‘women’s disease’” (Axelsen 11). He had little interest in curing women suffering from an illness perceived as a feminine deficiency. Women no longer valued for their reproductive contributions to society could only wish for death as an escape from the physical shame they felt.

This same ideology extended to female slaves despite their racially marginalized status as property. Enslaved women in particular “lived on year after year in misery and ostracism and disgust, wishing for death and sometimes committing suicide to achieve it” (Harris 87). And yet, suicide would have been an extreme solution for an ailment that was not life-threatening. Axelsen argues that “the discomfort of vesico-vaginal fistula, in comparison to the effects of excessive beatings, chronic malnutrition, and other forms of physical and psychological aggression, hardly constitutes a probable motive for suicide” (12). Axelsen is correct to illuminate the ludicrousness of attempted suicide for a medical condition that enabled enslaved women to postpone reproduction indefinitely, but this was precisely the crisis confronting both physicians and plantation owners. Physicians camouflaged the desire to restore female anatomy to breeding by focusing on the humane gesture of assuaging physical pain caused by VVFs. A doctor’s medical service to alleviate physical suffering was in reality a disservice to these enslaved women—the sooner the women were healed, the sooner they could resume reproduction, as well as comply with the physical demands of sustaining the plantation economy. It was, in fact, a great act of service for slave owners.

No enslaved mother in *Uncle Tom’s Cabin* embodies this destitute condition more than Prue. A middle-aged woman physically deformed from years of beatings and breeding, Prue is notorious for her alcoholism. The infamous drunk is commanded by her master to sell rusks and hot rolls to neighboring plantations in exchange for tickets that are then converted into currency

by her owner. This unusual system of capitalism illuminates a deep seated distrust of Prue's financial management of the profits owed to her master. The complicated economy is implemented to prevent Prue from embezzling money with which she would purchase liquor. Any attempt to stymie her drinking is futile. "They half kills me," Prue states, when tickets and money are unaccounted for at the end of the day, to which Jane replies "and serves you right ... if you will take their money to get drunk on" (320). What is most perplexing about Prue's destitute situation is the cyclical nature of her abuse. Her drunken escapades are public knowledge, and yet she is routinely sent into the neighborhood to market a profit she habitually pockets. The perpetuation of Prue's addiction is the only net gain within this enigmatic economy, for her master is in fact losing money with each plantation she visits. Furthermore, the tickets given to Prue in exchange for her commodities would not be credible currency for the purchase of liquor within the community. This problematic system of supply and demand functions only within Prue's plantation. This mystery is complicated by the historical fact that "slave women rarely used alcohol, seldom drank to excess, and did not use opium or other narcotics as did upper-class white women" (Axelsen 12). Precisely how Prue acquires alcohol is indeed a mystery.

Never does Stowe offer an explanation for how Prue obtains her liquor, nor does she identify the culprits responsible for selling alcohol to a woman *everyone* identifies as a drunk. Just as importantly, it seems illogical to send a woman described as physically revolting into a neighborhood in which her deformity is uncomfortably visible. Her body is so broken from decades of abuse that she has difficulty getting dressed. When the St. Clare slaves repeatedly inquire about her welfare, she disparagingly responds with the same rejoinder: "I wish't I's dead!" (319). Drinking to cure her misery and miserable because she drinks, Prue longs for death

to interrupt this cycle of self-inflicted pain. Disgusted by a creature they perceive as physically vile and morally corrupt, the St. Clare slaves fail to empathize with a woman who consciously—and publicly—defies her master’s imposed prohibition. The St. Clare slaves believe that a servant’s demeanor is a reflection of the elite white family to whom he or she belongs and Prue’s alcoholism is despicable because of the disgrace she brings to her owners. Even Jane cannot help but to spurn the poor alcoholic when she states “I think such low creatures ought not to be allowed to go round to genteel families” (321). Of course, Jane is exactly right. A “low creature” such as Prue would not have been permitted to traverse the neighborhood among citizens who would—and certainly do—gossip about her physical condition. Female slaves exhibiting symptoms of VVFs “had been hidden away for years” to minimize gossip of a medical disorder that was commonplace but rarely discussed (Axelsen 11). Although her pain is not diagnosed as a fistula, her suffering is nevertheless bizarrely exposed rather than customarily hidden. Enslaved women such as Prue would have been invisible within a southern environment that exploited black bodies for economic gain.

And yet, Prue’s physical deterioration is publicly paraded to emphasize the brutality of a system responsible for the destructiveness of her alcoholism. Her expeditions around the neighborhood provide her the financial means with which to purchase alcohol before then being beaten for the theft in the first place. Despite the tragic condition of her body, Prue’s inflictions would not be life-threatening were they immediately abated. The physical violence resulting from her abuse of alcohol would immediately cease if she were secluded from the public as was custom. Her plight is severe enough that she would have been “hidden away” according to nineteenth-century medical and social propriety. Therefore, her masochistic obsession with death would be non-existent within a community that privatized pain. To expose the moral corruptness

of slavery, Stowe completely reinvents history in the attempt to publicize very private suffering. She makes the invisible, visible.

Stowe's method of displaying inhuman suffering might be historically skewed but she successfully redeems an enslaved woman publicly chastised for her pain. Prue's misery begins when her mistress succumbs to a mysterious fever that she subsequently contracts from numerous nights of nursing her owner back to health. Prue's immune system deteriorates from an unidentified illness that is spontaneously contagious only among the women within the home. Prue recounts to Tom that her mistress inexplicably "tuck sick" a short time following the birth of Prue's last child (324). The ambiguity of the "fever" enables Stowe to manipulate each woman's biological response to the disease once it is contracted. Despite suffering from the same illness, the symptoms they exhibit could not be more disparate. Whereas the mistress merely "tuck sick," Prue "tuck the fever, and my milk all left me, and the child it pined to skin and bone, and Missis would n't by milk for it" (324). The severity of the disease corresponds exponentially to the race of the patient, for the mistress's flu-like illness strangely attacks Prue's reproductive system. Prue's inability to produce the breast milk necessary to sustain the life of her newborn results in the infant's starvation and death.

Stowe evokes empathy from her female readers by successfully demonstrating that infant mortality transcends the racial difference imposed by slavery. The horrifying death of Prue's child evokes Marianne Noble's argument that sentimental fiction such as *Uncle Tom's Cabin* capitalized on the concept of shared maternal loss regardless of the racial difference between mothers. Stowe "reinvigorates readers' own anguished memories of bereavement and separation, suggesting that those experiences are qualitatively the same as the miseries of slavery" (Noble 129). The word "same" aims to destabilize an institution of bondage constructed upon difference

by extending maternal mourning to all mothers. Prue's fate is inherently linked to her slave status and consequently foreign to Stowe's female white readers. But her trauma is an experience to be shared because the loss of a child creates an irreparable maternal void among mothers of deceased infants. This absence creates what Noble terms a wound, "a site where emotions and senses intersect in pure *feeling*, and in attempting to produce affect in their readers, sentimental authors attempt to communicate through the presence of physical and emotional feelings, rather than through abstract detachment from the body" (131). Prue's wound is two-fold, in that she relies on alcohol to assuage suffering that is only remembered the more she drinks. Noble rightly posits that a wound is essentially a gap, "a metaphor for the absence of the other" and "while the sentimental wound cannot heal that gap, its representation of the desire for 'real presence' partially compensates for the inevitable deferral of 'real presence'" (137). The original wound—the death of Prue's child—is cyclically reopened in her attempt to suture her emotional pain with liquor, creating a metaphorical second wound of loss exacerbated by her alcoholism. The absence of the child is made present by Prue's drunken escapades to forget the infant in the first place.

If a wound is a site of sympathetic feeling among women, then Prue's mistress is impervious to emotional persuasion because she has no children of her own. Her refusal to purchase milk for the child reflects her incapacity to nurture a child that is not her own. Prue's request to feed the child a breast milk substitute illuminates the possibility that there are no other biological replacements among the surrounding plantations. Thus, the mistress refuses to care for a child that she cannot pawn off onto another slave wet nurse. The child is cruelly perceived as dead before the unfortunate infant actually expires. Prue is shamed into falsely believing that her failure to produce breast milk is a biological deformity; she is now an invalid mother who is at

fault for the child's starvation. To hide this reproductive deficiency from the public, the child is locked away "off in a little kind o'garret" as if the child never existed at all (324). Both the infant and Prue's physical abnormality are hidden from the community similar to those women suffering from VVFs. Prue is once again free to traverse the neighborhood after the child has died because her inability to produce breast milk is no longer a symbol of her invalidity—her nourishment is no longer required. Failure to reproduce because of a VVF or failure to sustain life after reproduction results in the displacement of enslaved women within a system dependent upon reproduction for survival. Prue is of little value when her childbearing period concludes and even she cannot escape a fate similar to that of her poor infant. She, too, is imprisoned within the home's cellar, drinking herself to death.

The tragic passing of both Prue and her infant illuminates the identification of enslaved women as the reproductive matriarchs of the institution of slavery. Angela Davis argues that the term matriarch is inapplicable to women prohibited from mothering their offspring within a system perpetuated by slave reproduction. This ideological tension derives from enslaved women's forced participation within a system dependent upon their reproductive contribution to slave labor. Becoming a mother did not grant to enslaved women the matriarchal entitlement that was awarded to white women. Enslaved women could be not the matriarchs of families denied legal status in a court of law. Thus, Davis reaches the conclusion that matriarchy "had to be refuted at its presumed historical inception" to prevent reclamation of reproductive rights denied to female slaves (3). For Davis, enslaved women's resistance to breeding commands veneration worthy of a matriarch who was forced to "surrender her childbearing to alien and predatory economic interests" (5). It is possible, therefore, to attribute matriarchal power to enslaved

women without framing them as reproducers of slavery. The slave matriarch is a mother to children, not slavery.

This ideological dilemma of matriarchal power is inherent within Sims's gynecological experiments upon his enslaved patients. Perfecting surgical techniques to repair fistulas earns Sims—not Lucy, Betsy, or Anarcha—the prestigious title The Father of Gynecology. The birth of gynecology occurs when a solution to the enigmatic vaginal tear is reflected from the enslaved women's anatomy back to Sims. It is slaves' anatomy, therefore, that figuratively gives birth to a new physiological branch of medicine specializing in women's diseases. However, the experiments upon the women eventually result in a division of professionalized medicine mastered by male physicians. Terri Kapsalis argues that “gynecology is not simply the study of women's bodies—gynecology *makes* female bodies” (6). The reinvention of the speculum opened unexplored female anatomy to the male gaze, empowering physicians with visibility denied to those women during medical examinations. Kapsalis notes that “the paradox of inside and outside joins the asserted importance of making the vagina visible for medial exploration, experimentation, and intervention with cultural entrance taboos and fears of margins” (7). In this context, “the female body is metaphorically produced as raw natural territory awaiting discovery and cultivation by the hands of male medical culture” (Kapsalis 39). Sims's eventual mastery of Lucy, Betsy, and Anarcha's bodies anticipates the medical dominance over all women's bodies, regardless of race. But these enslaved women by no means should be blamed for birthing a branch of medicine exploited by white male physicians. Responsibility for the repercussions of Sims's experiments belongs solely to Sims and gynecologists that come after him. Davis's nuanced approach to patriarchy is applicable here: acknowledging enslaved women's forced participation in the experimental surgeries enables scholars to credit their contribution to

gynecology without assigning responsibility for the medical ramifications. Lucy, Betsy, and Anarcha should be commended for their silent endurance, not held responsible for the power wielded by white doctors such as Sims.

This point is further emphasized in Sims's medical publications detailing the appropriate steps to suture VVFs. In his 1852 article entitled "On the Treatment of Vesico-Vaginal Fistula," Sims's patients all but disappear as he chronicles the discovery of a medical phenomenon never before seen by physicians. The intentional exclusion of the patients' medical histories is unsurprising in an article written for the training of fellow surgeons performing similar operations. What is peculiar, however, is the ambiguity of the patient's race and age. Whereas the autobiographer Harris is meticulous in his recapitulation of the enslaved women's physical conditions, Sims identifies Lucy only as a patient placed "upon a table about 2 ½ by 4 feet, on her knees, with the nates elevated, and the head and shoulders depressed" ("Treatment of Vesico-Vaginal Fistula" 64). The incredibly small dimensions of the table mirror the space within the article dedicated to describing Lucy's condition. Her participation in the surgery is restricted to the parameters of the table upon which her anatomy is exposed. Her personal background is irrelevant in relation to the fistula that put her on the table in the first place. Confining Lucy's contribution to the emerging field of gynecology to the surface area of the table enables Sims to emphasize his role in the operation. The hour-long surgery involved the application of a tenaculum (a surgical clamp with sharp hooks at the end); a knife; a probang (a flexible rod with a sponge at the end); a needle; and silver wire for suturing. The operation began with the insertion of the speculum: once in place, it "stretches this canal out to its utmost limits, affording an easy view of the os tillcae, fistula, etc ... It is as easy to view the whole vaginal canal as it is to examine the fauces by turning a mouth widely open, up to a strong light" ("Treatment of

Vesico-Vaginal Fistula” 64). The repetition of the word “easy” reinforces the simplicity with which Lucy’s body opens for Sims’s inspection. The word also signifies Sims’s expertise to correct a medical deformity believed to be permanent. The patient’s painful discomfort throughout the operation is subverted by the physician’s mastery over her body.⁸

The exception to this intentional anonymity of his patients is Sims’s blatant preference for healing white women. His compassion for patients suffering from VVFs is redirected from the enslaved woman on the operating table to those white patients he can now cure. Capable of reversing the permanence of reproductive invalidity, Sims revises his original diagnosis: “the accident, per se, is never fatal, but it may well be imagined that a lady of keen sensibilities so afflicted, and excluded from all social enjoyment, would prefer death” (“Treatment of Vesico-Vaginal Fistula” 59). The physical affliction is no less severe in light of a cure but the abnormality is no longer fatal. This does not, however, insinuate that white women should not undergo the corrective surgery. Quite the opposite. Sims does not explicitly racialize the patient in his hypothetical postulation of the suffering she endures but his use of the word “lady” denotes her whiteness. Enslaved women were denied the entitlement of womanhood and Sims is careful to differentiate the racialized responses to a medical condition that plagued all women. Fistulas threatened to desegregate gynecological patients by equalizing the suffering derived from the identical tearing of the vaginal canal. The fistula symbolizes medical sameness within an environment constructed upon racial difference; a tear is a tear regardless of the woman’s race.

⁸ A contemporary of Sims, Dr. Nathan Bozeman criticizes Sims’s assertion that viewing fistulas was an easy task with his reinvented speculum. In “The Clamp Suture and the Range of Its Applicability,” Bozeman argues that such language bolsters Sims’s credibility as a surgeon and disguises the reality of the operation—that in opening one vantage point, the clamps closed another. For instance, Bozeman argues that Sims “never entertained the idea of applying the clamp-suture to any other form of fistule than that of vesico-vaginal” (“The Clamp Suture” 348). Furthermore, “such a mechanism as that requiring the burrowing of the apparatus into the tissues, thereby becoming *concealed* from view, and having to be *searched* for in the tissues with a probe, when it did not occasion the more disastrous result of *strangulation and sloughing* of the borders of the fistule, can only be associated with the favoring conditions of a small fistula” (Bozeman “The Clamp Suture” 348).

The components of VVFs are invariable but Sims recognized the malleability of suffering. Whereas enslaved women turned to suicide out of desperation to end their pain, white patients merely “prefer” death as a viable solution to their illness. Of course, a “lady” would never go to such extremes because the disease is reracialized as innocuous for a white woman. In one particular case, a white patient was so distraught that she “absolutely pined away and died, in consequence of her extreme mortification on ascertaining that she was hopelessly incurable” (“Treatment of Vesico-Vaginal Fistula” 60). By perfecting his surgical techniques on enslaved women, Sims could prevent white femininity from committing race suicide. From a medical perspective, he is quite literally the savior of white womanhood.

For Sims, the anatomical architecture of female reproductive organs was different for each patient. Speculums of varying sizes and shapes were readily available to fit the needs of both patient and physician. Sims once noted to a fellow doctor that “vaginas were as variegated as faces” but he adamantly advocated “the imposition of a standard on the rest of the generative tract” (Barker-Benfield 112). Regardless of the anatomical uniqueness of each vagina that Sims observed during his gynecological examinations, all women complied with a preconceived code of reproductive conduct. Imposing a standard of female physiological normalcy was advocated by doctors in the wake of Sims’s successful repair of fistulas and womanhood. In 1876, the physician Nathan Allen published a report on the condition of white propagation that he concluded was decaying and on the brink of extinction. Allen adamantly argued that the degeneracy of white femininity resulted from anatomical deficiencies caused by deviations from a healthy reproductive lifestyle. Abnormalities were primarily defined as barrenness, or worse, the application of contraceptives to prevent pregnancies. For Allen, women were unhealthy because they were not reproducing. Implementing a rigid standard of normalcy was necessary to

correct the abnormalities that threatened the white race: “that, in these differences of organization, one kind of development, one form of body, or one class of organs being better developed than another, is more favorable for the fulfillment of this law of propagation” (Allen 2). Classifying the standard as a single law assumes compliance at the risk of incriminating one’s self; Allen consciously crosses the boundary between medicine and law to assert woman’s legal responsibility to procreate. He is never clear on the fate of those women who refuse to comply with this medical law but their disposal from society as reproductive pariahs seems likely. “Besides,” Allen states, “it is not the mere continuation of the race that should be sought, but its improvement and perfection” (4). Perfection is achieved when, and only when, women reproduce.

Female adherence to the biological duty to procreate inspired Sims’s experimental surgeries on the enslaved women. VVFs disrupted the childbearing period that established a woman’s reproductive worth based on the number of offspring she birthed. A woman who could not reproduce was not a woman at all. Sims believed that the ability to redeem a woman’s dignity by surgically restoring her womanhood was talent ordained by God. Sims was adamant that “he could emulate ‘the finger of God’ by digital examination and repair of reproductive organs” (Barker-Benfield 109). Ironically, the fistula stymied a woman’s ability to satisfy her domestic responsibilities despite her exile inside the home. Physicians such as Sims “could restore woman from the exaggerated separation to which the fistula condemned her, to her regular sphere” in which she is already imprisoned (Barker-Benfield 109). Women could once again satisfy their domestic and sexual obligations courtesy of a single operation that regulated reproduction by revitalizing barren female anatomy.

The urgency with which Sims operated to cure women of their reproductive imperfections reflects nineteenth-century constructions of female sexuality. It was widely believed that nervous system disorders originated from reproductive complications during conception, pregnancy, or childbirth. A woman's mental stability was proportionate to the healthiness of her womb and doctors discouraged the simultaneous use of the mind and uterus. Vern Bullough and Martha Voght argue that after puberty in the mid-nineteenth century "females were not to exercise their minds without restriction because of their monthly cycle" (30). Furthermore, "overstimulation of the female brain causes stunted growth, nervousness, headaches and neuralgias, difficult childbirth, hysteria, inflammation of the brain, and insanity" (Bullough and Voght 31). A woman could not think with both her head and her womb, and she was subsequently dissuaded from thinking at all.

An education and formal schooling were just as dangerous a threat to procreation because academic studies distracted women from their primary biological objective to reproduce. In 1871, the gynecologist Horatio Storer remarked that woman "was what she is in health, in character, in her charms, alike of body, mind, and soul because of her womb alone" (Barker-Benfield 88). Redirection of a woman's attention from her reproductive anatomy to her institutionalized learning was blamed for the moral degeneracy of the nation itself. The inability of the mind and uterus to act in symbiotic conjunction displaced educated women within a society sustained by female reproduction. Impregnation could not occur within a womb made obsolete by an advanced education.⁹ Physicians feared that reproductive dormancy would create

⁹ Thomas Addis Emmet notes in *The Principles and Practice of Gynecology* that young girls are "subjected to the emotional influences of music and light literature, which, in a sensitive nervous system, are capable of arresting the development of the uterus and ovaries" (20). He records that he has witnessed firsthand the dangerous repercussions of a formal education and in each case "the spirit of emulation which is encouraged in all schools has a deleterious influence on the nervous system of girls at any age, but particularly about the time of puberty" (20). On review of these numerous studies, Emmet states "I have been surprised to find the same statement repeated again and again,

a hysteria epidemic caused by women refraining from procreation. Perceived as the moral “deterioration” of femininity, “woman’s nervous complaints [were] regarded as the result of her sexual transgression” in which case “all of woman’s troubles stemmed from her physiology” (Barker-Benfield 88). The transgression in this context is not engaging in intercourse with the intent to procreate. An educated woman’s reproductive inactivity reflected the miscommunication between the nervous system and the uterus if the womb dictated all behavior. Hysteria resulted from the conscious suppression of biological process doctors perceived as natural. Equilibrium of a woman’s faculties depended upon the reinstatement of a regulated reproductive routine.

Marie St. Clare is the personification of this nineteenth-century hysteria in *Uncle Tom’s Cabin*. Her youthful vivaciousness is replaced by debilitating headaches that render her physically incapacitated within the home. Her husband, Augustine St. Clare, attributes her lethargy to the boredom of a southern environment sustained by the servitude of their slaves. Her laziness results from relinquishing her domestic duties to house slaves who fulfill her housekeeping responsibilities. But her hysterical episodes occur inexplicitly without warning and often with the least provocation. The nervous breakdowns begin after the birth of the couple’s only child Eva: “From the time of the birth of the child, her health gradually sunk. A life of constant inaction, bodily and mental ... in course of a few years changed the blooming young belle into a yellow faded, sickly woman, whose time was divided among a variety of fanciful diseases” (243). A mother’s alienation within the home was oftentimes the first symptom of physical complications suffered during childbirth. VVFs were unspoken common knowledge, yet a disruption in a woman’s domestic routine “spoke” of the reproductive affliction that now

that the sufferer had taken the highest honors at some female school or college, and evinced no signs of weakness until the reaction took place after her return home” (20).

plagued her. In other words, a woman suffering from a fistula did not need to confess of the abnormality—the abrupt change in her routine figuratively voiced the illness on her behalf. Therefore, the unexpected alteration in Marie’s demeanor suggests two possible interpretations: one, she suffers from a VVF; or two, her nervousness is perpetuated by the inactivity of her womb. It is possible, in this context, that her reproductive system—the hub of the female body—has shut down from disuse. Although Marie’s educational background is never divulged, her physical listlessness does not necessarily equate to mental inactivity. She is conscious of her surroundings despite her emotional detachment from her family.

This emotional disconnect is partially engendered from the immediate familial attachment forged between St. Clare and Eva. To compensate for what she perceives as her husband’s neglect, Marie occupies her time proclaiming her diseases to the household in a desperate—and arguably pathetic—attempt to garner attention now denied to her. Or perhaps constantly broadcasting her illness is an intentional strategic maneuver to distance her family. The description of Marie as a once “blooming young belle” suggests that her marriage to St. Clare occurred not only during youth but also during the most fertile years of her childbearing period. She is essentially alienating her husband at a moment in which she is expected to birth multiple children. Parturition has created a “fiction of ceaseless ennui and disconnect, united to the ordinary weakness which attended the period of maternity,” suggesting that Marie had suffered complications during the delivery (243). Describing Marie’s potentially phantom pain as a “fiction” calls into question the length of time necessary to recover from the exhaustion that naturally occurs after childbirth. Eva’s maturation into childhood means that Marie has had ample time—years, in fact—to recuperate from her one and only pregnancy. Regardless of the validity of her medical condition, Marie’s performance as an invalid projects to spectators the

likelihood that such a condition exists. The household—especially her husband—has little recourse but to believe the symptoms she exhibits on a daily basis. Until the family feels compelled to seek the attention of medical professionals, Marie manipulates her nervousness to maintain isolation from a spouse who is currently preoccupied with the welfare of the couple's daughter. Her disease, whether real or feigned, ensures sexual distance from a husband who could one day demand more offspring. So long as Marie produces symptoms related to VVFs, reproduction is deferred.

Indeed, Marie's intractable health is in constant fluctuation within the St. Clare establishment. Controlling the severity of her suffering enables Marie to differentiate herself from other women in the home, particularly female slaves. At a historical moment in which Sims revolutionizes women's medicine by exploiting racial difference, Marie defiantly asserts her autonomy by constantly reiterating a level of physical pain only she can feel. On one particular morning after Ophelia's arrival on the plantation, Marie complains of a headache that paralyzes her from leaving the breakfast chair in which she lounges. The migraine is in response to Eva confiding in her parents that Mammy, resident nurse and overseer of the home, has been stricken with similar headaches from endless nights of tending to Marie's own frail condition. Marie chastises Eva for provoking a situation she is convinced is nonexistent: "I think it's selfish of [Mammy] to keep so sound nights, she knows I need little attentions almost every hour, when my worst turns are on, and yet she's so hard to wake. I absolutely am worse, this very morning, for the efforts I had to make to wake her last night" (261). It is peculiar that a woman claiming to be in such a fragile state possesses the physical strength to arouse a slave nurse who in actuality is too ill to be summoned. The paradox in Marie's statement is overshadowed by the performance that accompanies her conversation with Eva. When Mammy's ailment is finally identified as

identical to that of Marie, the invalid mistress embarks on a hysterical tirade that ends in tears. “If you encourage servants in giving way to every little disagreeable feeling,” she states, “and complaining of every little ailment, you’ll have your hands full. I never complain myself—nobody knows what I endure” (264). Of course, Marie does not bear her physical burden quietly precisely because her disease would be ignored and forgotten if her symptoms were not vocalized. She would, in other words, be hidden away within the domestic sphere like those enslaved women afflicted with VVFs. The persistence with which she asserts her illness ensures differential treatment from other “diseased” women such as Mammy. Only one woman in the St. Clare home can physically suffer—and that woman is Marie.¹⁰

Marie’s selfish manipulation of her symptoms for attention exemplifies nineteenth-century women’s attempts to validate their whiteness with medicine. Four years after his first experimental surgery, Sims finally perfected an operation that he felt confident would restore white women’s femininity by healing the womb of its reproductive abnormality. However, as Sims’s autobiographer Harris notes, Sims was shocked and greatly disappointed at his white patients’ inability to endure the length of the operation. Whereas enslaved women “had been the loyal and uncomplaining subjects of his countless experiments,” it was “far harder to operate on white women (Harris 108-9). Harris’s veneration for the physical strength of Lucy, Betsy, and Anarcha derives from their silence during the experiments; the enslaved women are the “loyal and uncomplaining subjects” of Sims’s surgeries (109). What he fails to acknowledge is that

¹⁰ In her 1853 review of *Uncle Tom’s Cabin*, the Southern aristocrat Louisa S. McCord slammed Stowe for her inaccurate portrayal of slave owners and mistresses. McCord was especially offended by Marie St. Clare’s relationship with Mammy: “the coarse indifference which this elegant lady constantly expresses for the feelings of her dependants, and particularly for those of ‘mammy,’ ... can find its parallel in no rank of society” (98). McCord was outraged further by Marie’s blatant refusal to imitate—however half-heartedly—the Southern social customs demanded of a woman of her rank. “Never,” McCord states, “was there the Southern woman, brought up in decent associations, at once so heartless and so foolish, that, supposing it possible for her to feel nothing in such a case, would not, for mere fashion and gentility sake, imitate those feelings of which she would know it to be her shame to be devoid” (98).

these women were forbidden to verbalize the excruciating pain they no doubt felt. Ignorance of the enslaved women's suffering is complicated by the medical hypothesis that pain was nonexistent if pain was unspoken. In his 1978 defense of Sims's experiments, I. H. Kaiser remarked that "with each operation the fistulas became tantalizingly smaller, and as the procedures became less extensive, the discomforts lessened" (879). His paradoxical assertion that the patient's suffering gradually lessened is unsubstantiated because of the assumption that suffering did not exist in the first place. If the enslaved woman's silence was a signifier of her tolerance of pain, then Kaiser has no beginning reference point by which to reevaluate her level of suffering after several operations. He unintentionally admits that discomfort existed in his attempt to discredit accusations that Sims caused more pain than he actually alleviated. The abject condition of enslaved women afflicted by VVFs was emphasized to compensate for the severity of pain physicians chose to ignore.

Vocalization of pain endured throughout surgery became a method through which to reinstate racial difference by reinforcing white subjectivity. The power to halt an operation mid-surgery was a privilege denied to enslaved women who had no voice with which to express their discomfort. Speaking one's pain became a signifier of the delicacy and frailty of the white female body: Sims notes in his personal journals that "the pain was so terrific that Mrs. H could not stand it and I was foiled completely"; that "the patient insisted that it was impossible for her to bear the operation"; and finally "patient, assistant, and surgeon were all worn out" (Harris 109). The surgeries on white patients failed not due to the pain the women exhibited physically but rather for the trauma they spoke into existence. The patients above insisted with words, not body language, that the surgery could not continue; verbalizing the suffering "foils" Sims's efforts to repair the femininity that these women are actually asserting at this moment. White

women are anatomically unequipped to withstand the same level of pain suffered by their enslaved, silenced counterparts. By contrast, the inability of slaves to voice pain must mean that no pain exists.¹¹

Therefore, the severity of Marie's pain is proportionate to the publicity of her symptoms. The louder the vocalization of pain, the more intense the hysterical attack she suffers. Broadcasting physical discomfort solidified the existence of a woman's illness as it extended her incapacitation. Future surgeries to correct reproductive deformities could be avoided. Harris notes that "each new operation that [Sims] performed added that much more to the body of precedent he needed in order to build up a dependable code of technique" (109). Enslaved women were the bodies on which Sims perfected an operation now validated by the application of the suture on white patients. Female slaves were merely test subjects; white women represented medical prestige. The word "body" in Harris's statement possesses double meaning: white bodies were necessary to establish a medically credible "body" of work. Sims's body of work increased exponentially in relation to the enumerable bodies on which he operated. But as Deborah McGregor argues, the gynecological precedent Sims set involved both numerous patients and countless surgeries. Sims's three-stitch silver wire suture was not the instantaneous cure he envisioned.¹² Patients suffering from VVFs oftentimes underwent multiple operations

¹¹ In *Mrs. Russell Sage: Women's Activism and Philanthropy in Gilded Age and Progressive Era America*, Ruth Crocker chronicles Sims's involvement in the establishment of the Woman's Hospital in New York City. She notes that female patients did not exhibit physical pain because no physical ailments existed. Oftentimes, "Sims and his colleagues regularly operated on women whose symptoms were psychological and displayed no other evidence of disease" (Crocker 117). Feminist scholars have condemned the Woman's Hospital as a site in which "cultural ideals about gender were the primary determinants of surgical intervention on women's bodies," particularly tools like the speculum that symbolized "a misogynist medical therapeutics that laid women's bodies open to the male scientific gaze" (Crocker 117).

¹² Bozeman adamantly voiced his opprobrium of Sims's surgical techniques to repair fistulas. In his treatise "Additional Remarks on Vesico-Vaginal Fistule," Bozeman responds directly to Sims's printed reports that the silver wire suture was the only operational method available by which to heal vaginal tears. Bozeman passionately disagreed, citing his own invention of the button suture as a technique requiring fewer surgeries to cure the fistula: "this statement was, in effect, that, to the best of my knowledge, the clamp suture of Dr. Sims has failed in as many

because “the process of childbirth and delivery might reopen the scar tissue or somehow aggravate the vaginal tissues to create new tears” (McGregor 17). The surgery that purportedly cured women of a reproductive deficiency ensured the continuation of the childbearing process that originally caused the fistula. This suggests, McGregor posits, “that completely rectifying the tears was a difficult process, and not one accompanied by guarantee of success” (17). White women suffering from or claiming to suffer from VVFs exploited physical pain to stymie an operative cycle of reproduction that could have existed until the end of the childbearing period.

VVFs became an arguably fashionable disease when white women discovered the advantages of manipulating physical suffering to increase leisure while decreasing pregnancies. Analyzing Catherine Beecher’s physiological treatise “Letters to the People on Health and Happiness,” historian Ann Douglas argues that Beecher’s statistics illuminate that “a sizeable number of American women wanted or needed to consider themselves ill” (223). At a time in which physicians theorized that death was a preferable solution to reproductive inactivity, white women socially marginalized by their invalidity were in reality flaunting aberrant behavior that was classified as diseased. Anatomical abnormalities were embraced, not shunned, in the attempt to deviate from the medical regulation of the female body. Women were diagnosed with VVFs in the attempt to illuminate their reproductive deficiency and subsequently make them “totally dependent on the professional prowess of [their] male doctor[s]” (Douglas 228). Physicians wielded the power to name and therefore treat female afflictions but not all women succumbed to the pressure of healing an ailment no longer incurable. The fragility by which white femininity

trials as it has succeeded, or, in other words, that in a given number of operations—not cases—the clamp suture fails in one half” (338). Bozeman records two cases in which patients uncured by Sims seek his medical attention. The first woman, he notes, was healed after one surgery in comparison to “*several times* according to the method of Dr. Sims”; the second woman “was under his treatment for more than three years, and I am satisfied he performed upon it not less than ten or a dozen operations,” whereas Bozeman succeeded after a single surgery (Bozeman “Additional Remarks” 339).

became defined and stereotyped could be strategically used against doctors who aimed to restore that delicacy with corrective surgery. The gendered pretext of anatomical frailty during childbirth could be used “as a way not only of escaping household labor but also of closing the bedroom door while avoiding the guilt consequent upon a more flagrant defiance of their ‘duties’” (Douglas 226). Although the onset of hysterical nervousness was equated with uterus degeneracy, panic attacks prevented physicians from scrutinizing the patient’s condition to prescribe a cure. More often than not, the cure involved surgery.

Exaggerating physical suffering became a dangerous game in which white women calculated the precise level of outward pain necessary for solitary confinement without requiring the services of a doctor. It is a strategy of manipulation that Marie St. Clare abuses not only to distinguish her medical condition from other ill women but also to silence her detractors. She selfishly dictates familial discourse to control conversational topics of interest to her, and discussions that displease her are abruptly ended with hysterical outbursts. In fact, “Marie always had a head-ache on hand for any conversation that did not exactly suit her” (386). It is no coincidence that debates over racial equality are never resolved in *Uncle Tom’s Cabin* because the topic deviates from Marie’s static ideological perception of black inferiority. When Eva passionately exclaims that she would set the St. Clare slaves free should she ever possess the legal authority to do so, Marie at first laughs before feeling more faint: “Come, come, Eva; you are only a child! You don’t know anything about these things ... besides, your talking makes my head ache” (386). The family is so accustomed to the routine that Eva responds the only way she knows how—by not responding at all. Eva simply “st[eals] away,” leaving Marie alone on her couch to recover in solitude and silence (386). What is perplexing about this exchange between mother and daughter is the immediacy with which Eva reacts to Marie, more so than Marie’s

unsympathetic rejoinder to her child's dream of emancipation. Eva's response suggests a familiarity with Marie's condition, illuminating the possibility that Marie's nervousness is not spontaneous—or performed spontaneously—as is the case for other white women suffering from a real or imagined VVF. Marie's flagrant display of her illness has become a routine the family entertains by refraining from treating symptoms that are suspiciously fake. Her performances continue despite the audience's awareness of the patient's medical performance.

Indeed, the act of calling a doctor to investigate Marie's nervous condition would signify the existence of an illness of which the family is ignorant. Their hesitance to seek medical attention derives from their reluctance to exacerbate an unsubstantiated condition they believe to be for show. The irony of the resolution to keep knowledge of Marie's invalidity confined to the home is that the domestic sphere becomes the stage on which she performs her suffering. The performances escalate because her illness cannot be medically confirmed or refuted. In *Born Southern: Childbirth, Motherhood, and Social Networks in the Old South*, V. Lynn Kennedy argues that the abolitionist movement was founded upon the public exposure of female slave owners' moral depravity. Kennedy notes that "abolitionists further suggested that living in a slave society diminished southern white women's maternal feelings—not only did they lack empathy for the suffering of slave mothers but, abolitionists suggested, elite southern women also lacked a bond with their own children" (175). Kennedy correctly characterizes Marie as "a pampered southern belle," "wholly selfish," and "lacking all affection" (175). Such an apathetic mistress "proved unfit for her sacred duty of motherhood and, Stowe suggests, she had to be rescued by a more capable northern woman" (Kennedy 175). What Kennedy fails to acknowledge, however, is the reality that Marie does not need rescuing from an environment in which she is in full control. Postponing a medical diagnosis of her hysterical symptoms delays a

prescription that would cure her of—or rescue her from—her emotional maladies. Thus, Marie is free to wallow in a misery that she believes no one understands—or chooses to comprehend. She becomes, in a sense, her own doctor who constantly reminds the family of their inability to empathize with a disease they do not have because of the medical ambiguity of her condition. Without a formal diagnosis from an educated physician, Marie has the power to alter her symptoms so that her performances can never be critiqued and accordingly healed.

Unidentifiable illnesses cannot be cured, and the intractability of Marie's condition increases as the novel progresses. In one particular discussion on health, Marie claims that she is now suffering from heart palpitations, to which St. Clare rejoins "If it's particularly agreeable to you to have heart disease, why, I'll try and maintain you have it" (406). He continues by stating "I didn't know it was," meaning that he was unaware of an illness from which she *wants* to suffer (406). St. Clare's comment is important because it illuminates the marital disconnect that first began after Eva's birth. He is unable—or adamantly refuses—to relate to his physically incapacitated wife because of his willful incomprehension of her evolving symptoms. Marie comments to Ophelia that St. Clare "never realizes, never can, never will, what I suffer, and I have, for years ... But I've kept things to myself, and borne, till St. Clare has got in the way of thinking I can bear anything" (264). Of course, Marie is anything but quiet and consciously makes a point to vocalize her pain with every bout of nervousness she endures. But this intentional contradiction has played to her advantage beautifully: the more complex the contradiction in her words and actions, the less likely the family can pinpoint both the cause and effects of a malleable medical condition. As she states herself, St. Clare has all but abandoned the hope of Marie regaining her physical strength and mental vitality. He can never realize what she suffers because her pain is always shifting into an unidentifiable new disease. She is

incapable of bearing the responsibilities typical of the average white woman—including bearing more children.

Marie's medical deceptiveness to alienate herself from both her husband and the rest of the household is tested by Eva's death. For Marie, Eva symbolizes the greatest distraction from St. Clare's desire to procreate more children. It is Eva upon whom St. Clare bestows all of his affections: "It was for Eva that he had managed his property; it was for Eva that he had planned the disposal of his time; and to do this and that for Eva ... had been so long his habit" (439). Eva's death creates a filial void in the life of a man who prided himself on being a father first and a husband second. Although Eva is irreplaceable, the emotional numbness her death creates in her father could be assuaged by the birth of more offspring. Simply put, the emptiness does not necessarily have to be permanent. It is no coincidence that Marie's nervous episodes escalate as Eva's death becomes imminent. As the angelic daughter distributes curls of hair to the entire household, Marie "rose and threw herself out of the apartment into her own, where she fell into violent hysterics" (421). Stephanie A. Smith notes that Marie's erratic behavior "can be ascribed to a radical perversion of maternal love" that is exhibited during Eva's death scene (99). Marie's hysteria illuminates a fictional portraiture of a very real patriarchal paradigm in which the maternal "creates, fosters, and condones a sexual and psychological violence that denies women—particularly mothers—both self-interest and self-determination" (Smith 100). Smith does not deny, however, that Marie is performing as the detested victim of maternal loss in her selfish redirection of attention from her deceased child. Marie is demonized as a grotesque mother precisely because she manipulates her illness to avoid motherhood; she is the embodiment of "self-interest" and "self-determination." Her anxiety attack is certainly selfish at a moment in which all eyes literally are on Eva, but that is precisely the point: Marie's fate is

inextricably linked to that of Eva's. When she dies, St. Clare has every spousal right to approach his wife with the intent to reproduce a new heir for an estate that could pass out of the family.

Redirecting the family's attention with such melodramatic measures reinforces their acknowledgment of her illness. According to the nineteenth-century physician Edward H. Dixon, hysterical outbursts such as those exhibited by Marie were common among women suffering from a prolapsed uterus. For Dixon, prolapsus was not merely caused by protracted labor but by malnourishment and lack of physical exercise. A woman's health depended upon all of her organs working harmoniously together. Excessive dancing, early marriage, and premature confinement are all cited as culprits of female physical degeneracy. Dixon asserts that such deterioration is irrevocable: "the patient is commonly found in a morbidly sensitive state; physical derangement producing mental depression, that with leaden weight reacts upon the organism, and prevents the fulfillment of the first and plainest indication of nature, free exercise in the open air" (152). Marie's imposed alienation within the home results in the "physical derangement" Dixon describes here; she flails about her apartment to reinforce her lapse of sanity. She is so desperate to maintain her invalid identity that she finally summons a physician for his medical expertise. Marie "at last declared herself dying; and, on the running and scampering, and bringing up hot bottles, and heating of flannels, and chafing, and fussing, that ensued, there was quite a diversion" (433). Calling the doctor bolsters her proclamation that her condition is indeed severe but her diagnosis is yet again self-prescribed. Female hysteria could be cured by childbirth after the successful repair of a woman's anatomy but such a prescription is futile for a woman who claims to be dying. The physician's presence creates a "diversion" from reproduction despite his medical authority to prescribe procreation as a cure for her nervousness.

So long as Marie maintains the persona of an invalid during her childbearing period, she subverts the biological duty to reproduce.

Although Marie's hysterical panic attacks increase with St. Clare's unexpected death, a remarkable alteration occurs in her physical demeanor after his funeral. To maintain the illusion of her paralysis, she reacts to his untimely passing with shock and terror as she passes from "one fainting fit to another" (458). And yet, the alacrity with which she recuperates is remarkable. Only a fortnight after the funeral, the inheritor of the St. Clare estate issues a shocking mandate ordering Jane, a domestic slave, to be whipped. The punishment is issued for Jane's crime of insolence when she is caught in Marie's closet modeling the mistress's clothes. At one time crippled both mentally and physically by her nervous condition, Marie miraculously possesses the constitution to control the plantation's economy by reprimanding Jane for her insubordination. She even drafts the missive personally: "It was an order, written in Marie's delicate Italian hand, to the master of a whipping establishment to give the bearer fifteen lashes" (459). An invalid once too weak to reach for her smelling bottle now possesses the energy to issue an order she perceives as necessary to maintain the racial hierarchy of the plantation. Just as importantly, Jane literally feels the effects of her transgression before she is whipped. When she seeks the alliance of the sympathetic Ophelia in the hopes of reducing her sentence, Jane remorsefully recounts the unfortunate event: "I was trying on Miss Marie's dress, and she slapped my face; and I spoke out before I thought, and was saucy, and she said that she'd bring me down, and have me know once and for all, that I wasn't going to be so topping as I had been" (459). Slapping Jane's face suggests that Marie's physical frailty is not as severe as she had the household previously believe. With St. Clare's death, there is no longer a reason to maintain the performative ruse of her incapacitation. Despite her moral marginalization from Southern

society, she now “wields an actual, if despotic, worldly power to determine the fate of her own ‘fortune’” (Smith 105). Now a widow, she is no longer pressured to continue reproducing when procreation is no longer necessary. As the sole executor of the estate, Marie controls both the fate of the plantation and her own reproductive choices. In full control of the property, she relocates to her birthplace in New England and sends the entire St. Clare labor force to the slave market.

In a sentimental novel defined by the urgent reinstatement of universal humanity, Marie St. Clare embodies the very amorality Stowe perceives as a national disease. Marie’s reproductive freedom is ransomed for the profit cruelly garnered on the slave auction block. Her decision to sell the St. Clare slaves is, after all, what seals Uncle Tom’s fate; Simon Legree purchases Tom and the pious martyr is inevitably beaten to death at the novel’s conclusion. This perhaps explains why Marie St. Clare is arguably one of the most despised characters in the text. And yet, Marie strangely embodies Jane Tompkins’s perception of *Uncle Tom’s Cabin* as the great revolutionary novel: “The totalizing effect of the novel’s iterative organization and its doctrine of spiritual redemption are inseparably bound to its political purpose: to bring in the day when the meek—which is to say, women—will inherit the earth” (139). Marie’s manipulation of her physical meekness secures her status within New England’s most prominent social circles. She has—literally—inherited a fortune she need not share, for she is the sole survivor of the St. Clare family and estate. In this regard, Marie fulfills the most basic requirement of a successful sentimental text: the publicity of her pain emotionally compromises her peers into abiding by her every demand. Marie may lack empathy, but she is a master of sentimental coercion. The hysterical outbursts that distance Augustine St. Clare empower the widowed Marie to reassert racial difference; in other words, her pain reinforces a whiteness that she now exerts by perpetuating the enslavement of her servants. The vocalization of symptoms related to VVFs,

regardless of medical validity, imposes racial difference during a time in which physicians such as J. Marion Sims presumed female anatomical sameness to further their own careers. The reappropriation of reproductive abnormalities subverted doctors' intention to reinstate womanhood by surgically repairing fistulas. For Marie St. Clare and thousands of white women like her, this white femininity was never lost. The meek have truly inherited the earth.

Chapter Three

Unseen Obscenities: Contraception and Miscegenation in Alice Buckner's *Towards the Gulf*

After the Civil War, physicians sought to revitalize white birth rates by policing sexual intercourse in marriage. Venerated physicians such as J. H. Kellogg took to the printing press to advocate antebellum norms of sexual propriety. In his marital advice book *Plain Facts for Old and Young* (1891), Kellogg encourages chastity by juxtaposing sexual deviance with the peace of mind abstinence provided. He emphasizes in great but ambiguous detail the physical and moral degradation resulting from premarital sex in the hopes of emotionally compromising any reader tempted to violate such strict standards of purity. He confesses “it is absolutely dangerous for a worker or speaker to express the truth if he knows it and has a disposition to do so” (Kellogg 457). Even conservative authors such as Kellogg endured self-imposed censorship to avoid accusations of promoting immorality in his attempt to eliminate promiscuity. Kellogg’s language is ambiguous because he fears the medical discourse will be misconstrued as obscene. His writing, therefore, is intentionally vague: “To even mention all of these would be too great a breach of propriety, even in this plain-spoken work; but accurate description is unnecessary, since those who need this warning are perfectly familiar with all the foul accessories of evil thus employed” (Kellogg 489). The omission of birth control discourse betrays his fear that the reader will use the very preventative methods he argues against. It seems the facts are not so plain after all.

Kellogg’s anxieties over censorship extended to early twentieth-century political debates over medical free speech. On Thursday, March 1, 1934, a subcommittee of the Committee on the

Judiciary gathered in Washington, D.C. to discuss an amendment to Sections 211, 245, and 312 of the nation's criminal code: "The provisions of this section shall not be construed to apply to any book or information relating to the prevention of conception, or article, instrument, substance, drug, medicine, or thing designed, adapted, or intended for the prevention of conception" (1). One of the legislation's key proponents, Margaret Sanger, poignantly articulated her frustrations with the criminalization of birth control. Sanger testified that in her interactions with lower-class women in desperate need of family limitation, countless women were terrified to speak about their personal experiences. This was precisely because their personal experiences involved discussions of birth control, speech that constituted as "information relating to prevention of conception": "Some years ago as a trained nurse, I found that I could not discuss this question with mothers, that I was unable to get information to assist them, even after they had been told by the doctors that another baby would cost their lives" (15). Sanger's revelation illuminates the censorship not just of common citizens but also the medical profession; even medical speech, as evidenced by Kellogg's meticulously composed treatise, was punishable by law.

The amendment passed. If no compromise by the subcommittee had been reached, women would continue to be fined or imprisoned for the procurement of birth control literature and devices. The classification of prevention of conception materials as obscene began on March 3, 1873 with the passing of the "Act for the Suppression of Trade in, and Circulation of, Obscene Literature and Articles of Immoral Use." Nicknamed the Comstock Act in honor of the legislation's primary advocate, Anthony Comstock, the act clearly stated that the production, distribution, and purchasing of birth control materials was an offense punishable by law.

¹ However, the language with which the act ascribed criminality to use of contraceptive materials is bizarrely ambiguous. Women, physicians, printers, and manufacturers all knew the penal ramifications of disseminating and procuring literature detailing contraceptive methods to prevent pregnancy. However, anti-birth control discourse denoted the illegality of contraception without providing a definitive explanation of the obscenity concept. According to the law, “whoever shall have to his possession, for any such purpose or purposes, any obscene book, pamphlet, paper, writing, advertisement, circular, print, picture, drawing, or other presentation” would be incarcerated. Furthermore, any “figure, or image in or of paper or other materials, or any cast, instrument, or other article of an immoral nature, or any drug or medicine, or any article whatever, for the prevention of conception” was also punishable under the government’s imposed morality clause. The legislation explicitly lists the materials falling under the jurisdiction of the act—the word “materials” is used so as to encompass any item unintentionally excluded from the list—but never defines the words “obscene” or “immoral.” By not explicating the moral scope of the law, legislators—including Comstock himself—cast a wider penal net over the entire nation. Citizens were especially cautious precisely because the vagueness of the law prevented them from actually knowing when an obscene act had been committed. Everyone was a potential suspect at a time in which the crime one was suspected of committing was indeterminable.

Obscene materials may have been outlawed, but the intent to prevent conception was not.

Women found ingenious ways to procure contraception, even if they did so without the guidance

¹ Comstock’s crusade to desexualize American society began after his service in the Civil War. Disturbed by the promiscuity he encountered during the war, he moved from his home state of Connecticut to New York in 1866 with the aspiration of morally cleansing New York City. His work at a dry goods company put him in contact with W.C. Spellman, a member of the Reformed Church in Brooklyn Heights, who invited him to join the Y.M.C.A. Comstock rose to power and fame through the association that aimed to restore Christianity throughout the country. His involvement in the Y.M.C.A. enabled Comstock to form political alliances that provided him with the financial backing to form anti-smut campaigns that eventually turned into national legislation suppressing smut entirely. See chapter sixteen of Helen Lefkowitz Horowitz’s *Rereading Sex*.

of a licensed physician. One such item that threatened reproduction regulation was the pessary. Pessaries were intrauterine devices (IUDs) popularized in the nineteenth century for the correction of multifarious gynecological disorders, ranging from a prolapsed uterus to painful menstruation.² IUDs could still be manufactured, prescribed, and sold to patients demonstrating a physical need for them, despite the rigid postal codes that now prohibited the mailing of lewd materials. The length of time the pessary was worn, however, became a controversial topic physicians were hesitant to broach with patients. Pessaries were worn for intrauterine correction—at first. Particular IUDs could double as contraception, meaning that a woman legitimately suffering from a prolapsed uterus or other reproductive ailment could continue secretly wearing the pessary to prevent conception long after uterine realignment. Although women relied upon doctors for a pessary prescription, the insertion and removal of the pessary did not require medical assistance.

I assert that the legal monitoring of medical discourse benefited women who re-purposed the pessary as a contraceptive device. In chapter two, I argue that women suffering from VVFs manipulated their symptoms to reinforce the physical fragility of their reproductive whiteness. VVFs hindered pregnancy and empowered white women to reassert racial differentiation from enslaved women who were healed of VVFs in order to proliferate the plantation labor force. However, this reproductive control was only available to white women who had already given birth at least once, as VVFs were caused by protracted labor. I propose in this chapter that the Comstock Act was designed to persecute women procuring and practicing birth control but in actuality protected them from legal punishment. Because the law did not necessarily exclude—but did not necessarily include—medical conversations concerning IUDs, doctor-patient

² One of the most common pessaries was the stem pessary, which was constructed from rubber, metal, or glass and could expand up to five inches once inserted in the uterus. The cup or button was positioned with an attached stem that prevented the IUD from becoming lost in the woman's body.

privilege was eradicated. Thus, I believe that women wearing pessaries were protected by the Comstock Act in the sense that doctors assumed that conversations pertaining to the abuse of pessaries would inevitably include a discussion of birth control—discourse now labeled as obscene. The prosecutorial scope of the Act instilled fear into physicians, like Kellogg, who were unsure of the precise medical language that constituted obscenity and were subsequently silenced from vocalizing their suspicions. Doctors informally included conversations as punishable under the Act. Inconspicuous use of the pessary could not be reported based solely on a hunch, for accusing a patient of reproductive fraud could implicate the same doctor who prescribed the device in the first place. The very physician charged with restoring a woman's reproductive functions with a pessary could be found criminally negligent for preventing conception. Therefore, once the pessary was prescribed to a patient suffering from a prolapsed uterus, the IUD was literally and figuratively out of the doctor's hands. The danger of this reproductive empowerment was the ability to stymie the overall birth rate of the nation; women secretly using pessaries as contraception were inherently contributing to a birth rate in decline since the mid nineteenth century.

Using Alice Buckner's novel *Towards the Gulf* (1887), I argue that physicians—particularly Southern doctors—feared that the black population would surpass a declining white birth rate because of women who secretly used contraception like the pessary. To compensate for lost medical control over emancipated slaves, physicians instigated reproductive competition with black women by literally scaring white women into procreating at a faster rate. Doctors emphasized that racial suicide was an irrevocable consequence of birth control; only procreation would preserve racial purity—whiteness—that was declining with the same rapidity as the white birth rate. Little is known of Buckner, but her novel explores how the population growth of

mulattos is exaggerated as a scare tactic to illuminate the reproductive death of white women in New Orleans. In Buckner's world, miscegenation threatened racial order in the South not because blackness was camouflaged by whiteness but rather because a blending of the races did nothing to improve a person's genetics. What the novel's male protagonist—John Morant—fears the most is not passing but instead the passing *down* of racial genes from mother to child. For John, and nineteenth-century racial scientists like him, skin color was not the primary determinant of a person's race; external whiteness could conceal internal black traits inherited through generations of miscegenation. Thus, genealogy was impervious to racial uplift. Amalgamation may have reconfigured visual signifiers of race, but interracial intercourse could not reprogram permanent genetic markers of a person's ancestry; genetics could be black or white, but not both. Race was hereditary. Only when John discovers that his wife—appropriately named Bamma—is a mulatto does he become conscious of the need to preserve the racial integrity of the South. Racialized genetic traits are insuppressible and Bamma ultimately determines that suicide is her reparation for the blackness she has integrated into John's white lineage. Physical whiteness cannot disguise black heredity after it has infiltrated white bloodlines. Genetics and race are inseparable.

Buckner's examination of the biological repercussions of miscegenation has gone unnoticed by scholars today but the novel sold well enough in 1887 to attract the attention of famous authors such as William Dean Howells, editor of the *Atlantic Monthly* magazine.³ The novel carefully mediates the boundary between literary realism and sentimentality, resulting in a textual amalgam of romanticized local color fiction. Buckner's ability to infuse two disparate

³ Debra J. Rosenthal argues that *Towards the Gulf* was the inspiration for Howells' novel *An Imperative Duty*. She notes that the title *An Imperative Duty* comes directly from Buckner's text: "The hero John Morant ponders the 'imperative' burden of his wife's racial taint and questions his 'duties' to her black ancestry as well as to his white lineage (236)" (120).

genres such as realism and romanticism testifies to both her talent as a nineteenth-century female writer and the delicacy with which she treats her topic of race. The story unfolds in New Orleans, more specifically in an impoverished French section of town that at one time was financially prosperous and socially progressive. John and Isabel Morant are the living descendants of a pure white family line that their father, the Major, proudly traces back to the Huguenots in France. Isabel's struggle to escape the spinsterhood that imprisons her in the ruined mansion exemplifies the typical marriage plot of the sentimental genre; but this is not the marriage plot that dominates the story. Instead, Isabel's unfortunate situation frames a second, more imperative marriage plot that actually concerns her brother and miscegenation.

Howells clearly admired Buckner's sensitive treatment of race relations that only intensified towards the end of the nineteenth century. In his 1887 review of *Towards the Gulf*, he lauds the sensitivity with which Buckner explores such a controversial topic as miscegenation and announces that the story is "told with abundance of local color; and it is immensely pathetic" (76). For Howells, Buckner's sympathetic portrayal of a prominent white family's financial ruin beautifully—and tragically—illuminates the blatant disdain for the economic wealth accumulated by mulattos. Buckner proposes, therefore, that economic survival during the Reconstruction era hinged on adaptability to a racially diversified market, a sort of economic Darwinism. Refusal to comply with this evolving capitalism resulted in the financial destruction of even the most affluent families. This is precisely the dire situation in which the Morants find themselves in the novel's opening pages. The family occupies a dilapidated mansion that at one time was considered by many to be the most regal home in the neighborhood. Years of neglect are visible in the home's architecture, but apathy is not the cause for the estate's deterioration. The necessary renovations to restore the mansion to its antebellum beauty are simply

unaffordable. Built under the direction of a French woman only known as Madam, the matriarch constructs a domestic empire reflective of her antebellum prosperity. After all, the novel reminds us, “many considered it the finest in the whole city” until the abolishment of slavery financially devastated an economy sustained by the exploitation of black labor (8). The Morant’s wealth accordingly “came and vanished” with a series of poor financial investments and “the drift of improvement, for a long time totally arrested, was afterwards in an entirely different direction” (9). The family fails to increase their yearly income, but this does not suggest that economic improvement has been stymied throughout the neighborhood—progress has been redirected, not arrested. The impoverished state of the family as reflected in the condition of the house is not indicative of all homes in the community. One particular home is marveled at by some—and despised by others—for its pristine condition as a result of meticulous maintenance. The home belongs to a quadroon woman who is perceived by many as “the growth of a new influence which had begun to assert itself, and there were neighboring eyes which would not look upon its aggressive assumption of prosperity” (13). Her prosperity as a quadroon is juxtaposed with the financial desolation of white families who economically suffer at the expense of rejecting amalgamation. Thus, Buckner illuminates a connection between market profitability and racial heritage. Buckner never discloses the precise financial scheme by which the mulatto population prospers but she is sure to emphasize amalgamation as a form of despised racial—and subsequently economic—uplift. Miscegenation is the new “improvement”—a word Buckner repeats twice—that enables men and women to penetrate racial boundaries as a means of achieving financial security. Social status is sustained by the accumulation of wealth.

But just as importantly, the home becomes a symbol of the racial purity of the family bloodline. If postbellum affluence is correlates directly with the racial improvement of society

through miscegenation, then the family's poverty reflects white heredity uncontaminated by blackness. One look at "the rigidly closed shutters of the Madam's old house would determine the fact that its occupants followed the precedents of their generation in utterly ignoring and never voluntarily acknowledging by so much as a glance the existence of disagreeable facts" (13). Genealogical pride in the family's ancestry subverts the desire to accumulate wealth through racial improvement. The Morant line thrives despite the meager income that barely covers the expenses of basic necessities. This genetic perseverance is symbolized by a cluster of trees planted to the right of the home's rusted front door. There a wall shelters a garden in which "aged evergreens" are "still surviving neglected ill-usage" (10). Like the estate, the garden is untended and unkempt: but alive. The strength derived from racial solidarity is reflected in the evergreens' natural resilience in an environment of decay. The family's tree—like the family tree—is an image of endurance amidst chaos. The environment may evolve, or arguably devolve from the family's perspective, but the inhabitants will not waver at the threat of "improvement."

This concept of socio-economic improvement through amalgamation defied nineteenth-century reform policy that aimed to purge society of sexual deviance including miscegenation. According to Helen Lefkowitz Horowitz in *Rereading Sex*, constructions of sexual normativity were distinctly gendered so that male licentiousness was a privilege at a time in which female sexual pleasure was a disgrace. Sexual promiscuity was expected of men but discouraged in women who were idealized as the moral anchors in a spiritually corrupt society. Intercourse for a woman was an obligation, a biological duty. This emphasis on women's reproduction in the vernacular sexual culture enabled public authorities to regulate fertility, while permitting the "sharp arousal and release" of male sexuality (Horowitz 5). The perception, and arguably rationalization, of sex depended upon the participant's gender. However, by the mid-nineteenth

century, reform activists such as Anthony Comstock began publicizing their disdain for individuals who endlessly sought to satisfy their insatiable desires. For Comstock personally, intercourse without the intent to conceive contributed to the alarming rise in prostitution, bawdy literature, and contraception. He despised individuals who exerted reproductive control when intercourse was intended for the sole purpose of procreation. Preventing pregnancy was an immoral violation of women's biological duty to reproduce. Comstock advocated legislation that would hold men and women legally accountable for abusing copulation privileges. His crusade began with the persecution of printing and manufacturing companies that mass-produced explicit pornographic and contraceptive information to enhance sexual pleasure—"sharp arousal and release"—without fear of pregnancy. Attacking this particular tier of the market enabled Comstock and numerous others like him to alter messages of sexual freedom by controlling how information was disseminated. As Horowitz notes, "the texts of reform physiology shaped censors' thoughts on sex and desire and the power of sexual representation" (11). Comstock controlled the printing press, thereby controlling what was printed. He could regulate consumers' sexual behavior by intercepting the materials that encouraged promiscuity.

Comstock's campaign to eliminate lewdness targeted any literature that depicted contraceptive techniques. Even medical publications were susceptible to censorship. For Comstock, any individual attempting to procure prevention of conception information should be penalized; Comstock imposed a moral law that he felt demanded legal enforcement. The literary boundary between pornography and medical discourse was blurry, and he refused to acknowledge legitimate scientific publications because they were sold alongside bawdy texts: "commerce in racy literature reinforced a mental connection between published erotic words and images and sexual acts, for sold in the same shops or through the same catalogues that stocked

words and pictures were birth control articles called ‘rubber goods’” (Horowitz 369). These rubber goods included condoms and other devices that prevented conception, so that in a single text the reader could achieve sexual arousal while receiving an impromptu anatomy lesson as to the means of preventing pregnancy. It was, in a sense, the perfect self-help manual.

As Comstock began forming a task force to raid companies suspected of printing and distributing sexually explicit literature, he was aware that some contraception devices were being fashioned out of materials not intended for such use. To expand his legal jurisdiction over the sex market he now policed, Comstock amended the warrants to include the clause “obscene and immoral rubber articles” that were “carried on by those who sold books and pictures” (Horowitz 375). Substituting “articles” for “goods” targeted industries that manufactured suspicious materials, regardless of the intent with which they were created. “Articles” now implicates any product containing rubber that might be redesigned as birth control, including the womb veil (an early form of the diaphragm). Furthermore, Comstock was especially meticulous in the naming of the task force charged with destroying indecent materials; he was granted the power of search and seizure even if businesses accused of disseminating obscene articles were actually innocent. No one knew when or where the task force would appear, but all were convinced that the force would, in fact, appear. The unpredictability of the raids (occurring primarily in New York City) heightened the security measures taken by vulnerable business owners to conceal the production and marketing of illegal materials. In 1872, the year before the Comstock Act was passed into law, the New York legislative board “renamed the informally constituted Committee on Obscene Literature the Committee for the Suppression of Vice and elevated it to regular status in the association [the Y.M.C.A.]” (Horowitz 374). The addition of the word “Suppression” clarified the objective of the committee, just as the changing of “obscene” to “vice” enlarged the

prosecutorial scope of the committee itself. Comstock could now punish the effect—vice—as well as the cause—obscene materials. Once again, “vice” is never clearly defined by the committee, so that ordinary citizens could not ascertain if a crime had been committed. In this context, refocusing attention from the source (obscenity) to the outcome (vice) enabled Comstock to attack the immorality war from both sides: the producer and the consumer. Everyone participating in this sexual economy was now a suspect.

If the committee’s intent was to investigate the production and purchasing of rubber articles, men and women were susceptible to search and seizure of their private property. Because womb veils now fell under the category of obscene material, women could be fined or arrested for obtaining devices that were in direct violation of their biological duty to procreate. Andrea Tone asserts that the opposition to birth control “was part of a larger defense of female sexual purity that protected women’s roles as guardians of the nation’s morals at a time when women’s economic and political opportunities were limited” (17). It was believed that “women’s moral authority derived from their distinctive attributes as current and prospective mothers,” an ideology readily challenged by a birth control market that promised prevention of conception coupled with sexual enjoyment (Tone 17). In other words, sex could be as pleasurable for women as it was for men. Female sexual freedom had to be subverted by the Comstock Act to ensure the preservation of virtue through reproduction. Using contraception was now a punishable offense because refraining from reproduction was a crime against the biological obligation to procreate.

In the attempt to control female fertility, the Comstock Act made it increasingly difficult for physicians to prescribe medical devices that corrected reproductive ailments in women unable to conceive. Committees such as the Suppression of Vice crossed medical boundaries and

penetrated the realm of scientific discourse to speak as moral authorities on reproductive issues well beyond their professional jurisdiction. Membership in the prosecutorial committee suddenly empowered men lacking medical expertise to manipulate the reproductive drug market by shutting down production of devices used for purposes other than anatomical repair. One such device that came to occupy a liminal space in this economy was the pessary. Used first and foremost to cure women suffering from a prolapsed uterus, pessaries were prescribed to patients who clearly exhibited external symptoms typical of the internal malady. James Reed asserts that “women were turning to physicians in unprecedented numbers for a variety of vague complaints that in part reflected a desire for help in controlling their fertility” (28). Exhibiting physical symptoms related to prolapsed uteri resulted in a pessary prescription, even if the pain was neither severe nor even a direct result of retroversion. But not all pessaries were used strictly for corrective purposes. As Tone notes, “doctors acknowledged but generally disapproved of the IUD’s contraceptive attributes, and most refused to insert them into women unless there was a ‘legitimate’ medical need” (59). Therefore, “law enforcers and polite society” judged the necessity of an IUD by evaluating “the intent of those who used them” (Tone 58). As long as a physician conducted a thorough examination of the patient, it was believed that the doctor could determine the intent with which the pessary would be used. The physician could then protect himself from legal prosecution under the Comstock Act by claiming that he recommended a pessary built for reconstructive purposes only. The patient would then be healed of her physical complaint that prevented conception, and procreation could resume.

One such physician who championed the therapeutic value of the pessary was Charles Meigs. In his 1859 medical treatise *Woman: Her Diseases and Remedies*, Meigs wrote openly and candidly about the recuperative power of pessaries when worn as directed by a professional

doctor. Meigs published his work fourteen years before the legalization of the Comstock Act and did need not to censor himself out of fear for a punishment that did not yet exist. And yet, he is extremely careful in his recommendation of the pessary to correct a prolapsed uterus. The device was intended to restore reproductive functions, not destroy them from retaining the IUD indefinitely. Thus, the pessary was prescribed for a prolapsed uterus that occurred for a wide variety of reasons, including childbirth, physical weakness, and prolonged “relaxation of the supporting tissues” (Meigs 214). Lounging for too long on a sofa was believed to be a common cause of a retroverted uterus. One particular IUD Meigs advocated was the Globe pessary, a device made by Mr. Joseph Warner in Philadelphia. The globe was made out of glass that was “of two inches in diameter” and “thus formed, weighs not more than two scruples” (Meigs 215). Cost effective production made the device inexpensive to purchase and accordingly the globe became the ideal IUD to elevate “the uterus to its proper level in the pelvis, and the maintaining of it *situ naturait*” (Meigs 216). The pessary was so comfortable and lightweight that the patient would hardly remember that it was being worn at all.

Whether or not women actually forgot that the pessary was inserted is irrelevant. What matters most is that the device’s comfort enabled the patient to wear the IUD for an extended period of time. It was so comfortable, Meigs believed, that it “may be worn a year or more without displacement, if required; and it has no aperture to admit of the collection of putrescible materials within it” (217). It would seem that Meigs’ estimated expiration date of a year could actually be prolonged because of women’s prudence when approaching their doctor about such a sensitive and private topic as prolapsed uteri. “Several months will in general be required in any case,” Meigs states, “because the fastidiousness delicacy of a female will always prevent her from disclosing to you her distress in its early stages” (219). What Meigs perceives as timidity,

patients could possibly see as strategy. If the patient could negotiate the length of time in which a pessary was worn, then the device could be retained long after the uterus was realigned. Women could therefore experiment with the device as a potential contraceptive mechanism. Just as importantly, the pessary “does not prevent the escape of the mucus of the uterus and vagina, nor of the menstrual” (Meigs 217). Although Meigs does not specify if fluids can come into the body through the pessary, he does not explicitly state whether or not the device blocks the entrance of fluids. Women could test the full potential of the pessary as a therapeutic and contraceptive device.

Not all pessaries were constructed of glass. To regulate the intent with which pessaries were worn, authorities incorporated rubber IUDs under the “rubber articles” clause in Comstock’s legislation. By conflating law and medicine, Comstock successfully reimagined the rubber pessary as aimed at prevention of conception, rather than as a corrective medical device as it was originally advertised and sold. Consequently, “the medical and legal credibility of IUDs and other therapeutic contraceptives (douching syringes, suppositories, medicated sponges, solutions, and the like) made them fair game for ethical firms who saw the cloak of legitimacy as an economic opportunity” (Tone 61). Although the Comstock Act successfully shut down the production of obscene materials that were then disseminated through the postal service, Comstock targeted small locally owned printing shops rather than large corporations. He “perceived that the distribution system operating through the mails was more important than sales over the counter” and therefore “behind sellers of books and images he saw a larger industry—publishers, printers, engravers—and middlemen” (Horowitz 370). To circumvent the government’s encroaching power, printers downsized their operations by turning to vendors and peddlers who would advertise their products with utmost discretion. Prior to 1873, “condoms,

douching syringes and solutions, vaginal sponges, diaphragms, and cervical caps could be purchased from mail order houses, whole sale drug supply houses, pharmacies, and dry-goods and rubber vendors” (Tone 14). As contraception became more commercially visible, sellers and traders in this vice market became more creative with their marketing tactics, rather than halting a lucrative economy. In the North, advertisements still appeared in “broadsides, home medical manuals, and private cards placed strategically on street corners, in railway and steamship depots, and in hotel lobbies” (Tone 15). The sex market was still in business; consumers just had to know where to look. Printers were defiantly taking their products to the streets in spite of Comstock’s law.

That was the North. Although numerous scholars have analyzed the marketing impact of the Comstock Act in northern states, historians have neglected to investigate advertising strategies of companies manufacturing obscene materials in the South. Publicity of materials and contraceptive devices changed considerably in the North (the shift to vendors and peddlers) but little alteration seems to have occurred in the southern market. Printing and industrial companies, such as B. F. Goodrich, could afford to sell their products through local vendors who could easily procure and distribute the materials. These businesses, however, were dissociated from a southern region in which peddlers were few and far between precisely because the products were not easily obtainable. Rubber pessaries were native to the northern region (Philadelphia, for instance) where they were manufactured (companies such as B. F. Goodrich). So long as reproductive abnormalities (such as retroversion) presented themselves, southern doctors continued to prescribe pessaries in the same manner prior to the 1873 legislation suppressing obscene materials.

First, the pessary would have been purchased from a northern seller at the request of the physician who obtained the necessary mail order form from advertisements found in medical journals such as the *Virginia Medical Monthly*. The May 1880 edition of the *VMM* includes an interesting pessary advertisement. For “Dr. McIntosh’s Natural Uterine Supporter,” which claims that the device not only corrects uterine displacement but also provides exceptional comfort while doing so. Although the pessary was held in place at first by an abdominal supporter—a broad leather belt that buckled around the hips—the device was lauded for “its self-adjusting qualities” (*Virginia Medical Monthly* 38). What this suggests is that the product conforms to the shape of the uterus so that the patient need not fear shifting of the pessary should the abdominal belt be removed. The soft rubber cup and stem of the device were elastic, adapting “to all the varying positions of the body” to “perform the service of the ligaments of the womb” (*Virginia Medical Monthly* 38). Furthermore, the pessary “will not interfere with nature’s necessities” although the advertisement strategically neglects to explicate the phrase “nature’s necessities” (*Virginia Medical Monthly* 38). These necessities could be the passing of urine, menstrual discharge, or even fluids exchanged during sexual intercourse. It seems that the pessary is truly adaptable to a lifestyle not clearly defined.

The “Dr. McIntosh’s Natural Uterine Supporter” was manufactured by a company of the same name in Chicago, Illinois, but the distance between North and South did not stop Virginian doctors from ordering products essential to the reproductive welfare of their female patients. Despite the prosecution of small business owners participating in the sex economy throughout the country, many southern pharmacy and general stores continued filling prescriptions of controversial devices such as the pessary. On December 12, 1885, the proprietor of Massie’s Mill Drug and General Store in Massie’s Mill, Virginia recorded the purchase of one pessary

sold for \$1.50 to a Mr. Henry Miller. The record is interesting for a couple of reasons. One, a man paid for the device, suggesting that the woman suffering from a prolapsed uterus was no longer suffering silently. Pessaries could be worn secretly, but at this moment Mr. Miller—presumably the patient’s husband—has knowledge of the device. Second, the ledger demonstrates a lack of censorship in the sense that neither the business owner nor the consumer feared public reprimand or legal punishment for purchasing a rubber good included in the Comstock Act, now in its twelfth year of implementation. Pessary procurement was methodical, yet discreet, in contrast to northern underground markets that operated on secrecy.

Doctors may have been needed to obtain a pessary prescription, but their services were no longer required after the device was purchased. The historian Janet Brodie argues that “physicians who encouraged their patients to use vaginal devices also taught them to insert and remove sponges, tampons, and pessaries and to use vaginal drugs as suppositories and douches” (214). The patient’s ability to insert and extract the pessary herself suggests that although her medical coterie—her husband, her doctor, her druggist—was aware of the device’s insertion, they were not necessarily informed of the device’s removal. In other words, the patient was under no medical or legal obligation to inform her spouse or physician that the device had been extracted once her physical symptoms subsided. “The emphasis on secrecy in the discussions of women’s vaginal devices,” Brodie notes, “can only have exacerbated the fear that separating sexual intercourse from reproduction would destroy the virtue of wives and daughters, making illicit sexuality possible by removing fears of pregnancy” (219). In fact, before the passing of the Comstock Act in 1873, some medical publications openly discussed the sensitive topic of secret birth control. Martin Larmont and Dr. E. Banister argue in *Medical Adviser and Marriage Guide* (1861) that some pessaries were “used by the wife without inconvenience, and so secret that it

cannot be known by the husband, and will last until the change in the wife's life [menopause], at about her fortieth year" (89). Larmont and Banister were absolutely correct in their postulation that pessaries could be worn indefinitely without spousal consent. It was an astounding trend that transcended geographical boundaries: in New York, a pessary first inserted in 1853 was removed after twenty-five years; in Minnesota, a pessary worn for twenty-four years was extracted after the 1855 insertion date; and in Texas, an 1870 pessary was worn and removed after a thirteen-year period (Brodie 222). Women began associating pessaries not with prevention of conception but rather fertility control; women who wanted both children and sexual pleasure could now determine their own personal birth rate that differed from family to family. It was family limitation at work.

What is especially remarkable about the length of time in which pessaries were worn is that the insertion and extraction dates intersect the legalization of the Comstock Act. Despite the potential punishment for wearing a pessary as contraception, the female patients above who inserted the device before 1873 were under no immediate pressure to remove it after 1873. This lack of urgency is perhaps best explained by the medical community's fear of incarceration should private birth control discourse become public knowledge. Although this anxiety was commonplace nationwide, by 1885 some states—such as Iowa, Massachusetts, Missouri, and Pennsylvania—sought to “make even private conversations illegal by prohibiting the verbal transmission of information about contraception or abortion” (Brodie 257). The amendments strictly prohibited explicit discussions of contraception and abortion, which could have included IUDs. Pessaries that doubled as birth control were constituted as contraception that gynecologists could not discuss with their patients. Medical conversations were now obscene like the materials outlawed in the Comstock Act. Doctors were apprehensive about broaching such a topic with

women precisely because language such as “contraception” and “prevention of conception” could emerge should the physician suspect his patients of pessary abuse. Therefore, physicians were confounded “about what they could and could not do legally with respect to contraception” (Brodie 257). Many doctors were reluctant to collect medical histories from patients who were under no legal obligation to disclose that information.

In this context, the ambiguity of the language in the Comstock Act actually protected those consumers purchasing medical devices for birth control purposes. Women guilty of refashioning pessaries as contraception would never discuss the versatility of the device should the IUD successfully prevent conception as it corrected retroversion. Such a conversation would implicate both patients’ and physicians’ participation in the act of preventing conception. Surely no woman incriminated herself when IUDs facilitated freedom from reproductive norms that were dictated by male gynecologists. Any physician brave enough to broach the topic of contraception with a patient would likewise be an accessory to the crime of prescribing the pessary in the first place. To punish the patient is to punish the doctor. Women who practiced family limitation were criminalized for contributing to a declining national birth rate. The Comstock Act symbolized the illegality of *not* procreating; female reproductive control was immoral because contraception was a sin. Peter C. Engelman notes that in a survey conducted by Dr. Clelia Mosher between 1892 and 1912, forty-seven respondents born before 1870 reported using a variety of birth control methods to prevent conception. Dr. Mosher’s conclusion was that middle- to upper-class women used birth control often: besides douching and the withdrawal method, a small number relied on pessaries, suggesting that “at a minimum, half of the women had to have procured a contraceptive, either from a store or mail order form” (Engelman 12). Furthermore, “the numbers alone tell us that women were actively taking control of their fertility

with or without their husbands' involvement" (Engelman 12). Female reproductive control also limited the influence of physicians who were silenced by the Comstock Act's moral code of conduct.

Pessaries that functioned as birth control might also explain the reappropriation of reproductive rights in more rural and economically impoverished areas, especially in the South. Beth Widmaier Capo posits from her analysis of the same fertility survey conducted by Dr. Mosher that "despite an earlier marriage age, family size was shrinking (from 4.6 in 1890 to 3.8 in 1920)" due in part to the dissemination of contraception information and materials (15). Capo also argues that "the working class in urban northern areas and in the South did not have easy access to birth control, and evidence of effective contraceptive use outside of the middle class only surfaces in the 1930s" (16). However, medical pessaries were not advertised as devices that prevented conception; they were marketed as therapeutic devices that cured uterine retroversion. As demonstrated in the *Virginia Medical Monthly* and account ledger from a Massie's Mill general store, pessaries were not hard to come by in the South. And they were certainly inexpensive. What Capo glosses over, therefore, is the possibility that at a time in which birth control was strictly regulated, southerners turned to unconventional means with which to limit their families. True, rural southerners could not easily obtain birth control that was either expensive or banned because of its illegality under the Comstock Act, but Capo is analyzing a limited definition of the word contraception. Advocates of procreation could reinterpret the pessary as off-label contraception, but the device was neither technically nor medically categorized as birth control. The manufacture of pessaries, therefore, was not suppressed. Historians falsely believe that southern birth rates cannot be adequately analyzed until substantial

evidence appears in the 1930s. Perhaps scholars like Capo have been misinterpreting the evidence.

This is not to say that no correlation exists between affluence and access to birth control. Those with the financial means to procure contraception certainly did so, but this does not suggest that the lower classes did not obtain birth control at all. In *Towards the Gulf*, the connection between the sexual economy of contraceptive materials and social status is exacerbated by the fear that the Morant family line will end should they remain in debt. Their poverty depreciates the siblings' marital value to any potential suitor with the resources to salvage the dilapidated mansion and restore the family's wealth. Courtship is merely a trifle for the son. John is content in his bachelorhood and resides within the city, in close proximity to the modest building where he works as an accountant. Isabel's attitudes could not be more opposite from that of her brother. She is despondent and timid, a recluse who rarely wanders the neighborhood. At one time a vibrant and youthful girl, she fears that spectators can visualize the family's economic struggles with a single glance at her premature wrinkles and furrowed brow. The Morant bloodline and white wealth are so intertwined that Isabel personifies the family's destitution in her physical appearance. During the period of girlhood, "the loss of fortune and necessity for economy had come upon her" when "the gay world gleamed upon her exalted fancy like the processional incidents of her childish fairy tales" (17). Isabel's loneliness is pitiable, but the correlation between wealth and beauty tragically illuminates women's reliance upon physicality to negotiate the best marriage contract possible. Isabel's coterie of potential suitors would have been vast had she retained her beauty. Instead, "it was pathetic to see upon her face the traces of beauty dimmed by the struggle" and "the sorrowful droop of eyes and mouth carved

other lines than pleasant ones” (17). Rather than a limitless number of marriageable bachelors at her disposal, Isabel’s choices are limited—to no one.

In her solitude, she turns to sewing as a distraction from the spinsterhood she cannot escape. Sitting in the overgrown garden, she labors over her stitching as “the shuttle flew in and out of her work” and “it occasionally paused to give vindictive stabs in the air as if battling with unseen foes, and again it fell helpless in the nervous hand that guided it, seemingly borne down by the weight of hidden forces” (18). The scene is truly pathetic because she produces numerous amounts of domestic novelties without a home to call her own. Her sewing, in other words, indicates of the responsibilities of a wife and mother, but the family’s poverty ensures her permanent solitude. The household materials she sews go unused and wasted, symbolizing the family’s fate should the Morants fail to reverse their financial misfortune. Her low value in the marriage economy proves the connection between wealth and reproduction, but for different reasons than those offered by Capo. The family is not so poor that they could not afford contraceptive devices—or medical devices re-purposed as birth control—but rather too poor to put such materials to use. Infertility is perpetuated by a life of poverty.

Beauty, therefore, reflects prosperity. And although the neighborhood shuns the profitable mulatto in her modest cottage, no one can deny that the exotic beauty is unaffected by the financial turmoil plaguing the community. The mulatto’s physical attractiveness increases exponentially with the wealth she accumulates. Nor can the neighbors deny the racial and economic shift occurring in the city: “Did one comment on their [mulattoes’] strange dark beauty, there came instantly the chill shadow of reproach, the shadow of race distinction in the frown which silenced discussion of it” (11). Acknowledging the strange aesthetic beauty of the mulatto is recognition of the widening economic gap between races amalgamating to achieve

that very wealth. What the silenced white spectators see in the faces of mulattos is a diminishing color line that perpetuates class division established upon the accumulation of wealth. Isabel's childlessness is magnified by the exponential growth of the mulatto population in the neighborhood who chose amalgamation as a racial survival mechanism. White women who manipulated IUDs to prevent pregnancy were suspected of prematurely terminating their childbearing period; if they refrained from or limited their biological duty of procreation, the white race would inevitably become extinct. On a grand scale, therefore, Isabel's figurative barrenness because of the family's poverty symbolizes the end of both the Morant and white race's bloodlines.

For the Morants, preservation of their pure, white bloodline symbolizes the racial salvation of a new postbellum South they perceive to be overpopulated by blacks and mulattos. Reproduction is vital, therefore, to the sustainability of the white race in order to compete with the black birth rate that has increased in the Morants' neighborhood. White women who failed to reproduce at a faster rate than blacks were held accountable for causing the birthrate decline. Allison Berg argues that the white terror of becoming the racial minority stemmed from diverging perceptions of motherhood in white and black communities. At a time when white women were harshly criticized "because their apparent abnegation of motherhood compromised white racial supremacy," black women were praised "for their maternal contributions to black racial advancement" (Berg 2). If white women were guilty of exterminating their race through reproductive choice, then black women "were responsible not only for literally bearing a child but also for symbolically bearing a race" (Berg 2). Black communities encouraged women to comply with traditional gender roles—such as domesticity and motherhood—as the primary method of achieving racial uplift. As Berg notes, "as in white eugenics discourse the black

woman was viewed in terms of what she gave to the race; thus, like white women, black women gained a degree of power from their domestic and reproductive roles” (109). At a time in which some white women challenged reproduction as a biological duty, many black women embraced motherhood as an opportunity to nurture offspring who would continue the campaign of racial uplift.

“Uplifting” and “increasing” are two terms that were not necessarily synonymous in nineteenth-century black communities; black women valued motherhood but certainly did not reproduce with complete abandon. The white public, however, chose to ignore this fact. Black pride in procreation was exaggerated as a method of terrorizing a reproductively dormant white society into competing with the rising black birth rate. By the end of the nineteenth century, motherhood “became a primary site of racial competition” in which “the New Mother provoked particular anxiety because her role in racial reproduction collapsed traditional divisions between public and private” (Berg 8). Reproduction was no longer a private experience but rather a public spectacle regulated by the masculine public sphere. Yet again, the printing press was manipulated by authors such as Olga Louise Cadija who viciously denigrated black sexuality as a method of influencing white reproductive choices that were no longer private. To encourage racial competition with black women, Cadija emphasizes white extinction as the irrevocable consequence of family limitation: “Race suicide, unless checked, means that our morals will be blunted to the degree of dumb animals. It means that in the next century America will begin to take its place in history by the side of Rome” (Williams 3). Cadija correlates the termination of the white race with reproductive death; women who prevent conception endanger the racial prosperity of future generations. As a consequence, “by the time the average white woman marries, the average colored woman is the mother of several children” (Williams 3). Cadija’s

rhetoric is certainly hyperbolic but her language reflects the exigency of stimulating white procreation. White childbirth was the epitome of racial salvation and women who elected to control their reproduction were ostracized as racial traitors.⁴

Nowhere in Cadija's census does she offer statistical data to bolster her hypothesis that blacks outnumber whites three to one. It is entirely possible, therefore, that her postulations are embellished with the intent of scaring her white readers into reproducing at a rate exceeding that of black women. The attempt to minimize the southern black birth rate by maximizing white reproduction derived from changes to institutionalized medicine after the Civil War. As Steven M. Stowe notes, the abolishment of slavery directly impacted the racial diversity of a southern physician's clientele. "For many white physicians," Stowe argues, "the number of black patients attended fell off sharply when no longer determined by white owners calling on them" (265). Just as importantly, "African Americans who chose other kinds of doctors delivered a keen economic loss for some white physicians" (Stowe 265). No longer forced to undergo examinations conducted by the doctor of their master's choosing, black women had a choice in selecting a healthcare attendant: they exerted personal control over their medical issues by simply invoking the right to choose a physician.⁵ This transfer of reproductive control from white owners to black women left doctors puzzled as to how to reclaim the regulation of the

⁴ In their introduction to *"Bad" Mothers: The Politics of Blame in Twentieth-Century America*, Molly Ladd-Taylor and Lauri Umansky note that "women of 'superior' heredity could ensure not only the well-being of their families but also the future of the nation (since they raised the next generation of citizens)" (9). Consequently, "Darwinian ideas thus enhanced the authority and prestige of Anglo-Saxon mothers, even as they turned up the pressure on them" (9).

⁵ Despite the postbellum emergence of medical institutions and facilities maintained by black physicians, some African American patients chose white attendants for healthcare over black doctors in their local communities. Thomas J. Ward, Jr. notes that "because of either discrimination or expense, black doctors often could not provide patients with the same services as their white counterparts" (126). Furthermore, "white doctors usually had better-equipped offices with more modern facilities and medicines than did blacks" (126). Although competition for clientele existed between white and black physicians, Ward does not specify the percentage of black female patients who were treated by white physicians. Healthcare from the perspective of African American women is beyond the scope of his book.

black birth rate. For doctors, the evolving medical landscape made it “all the more difficult to see the profile of black health in general” (Stowe 267). Many physicians were no longer in close contact with black patients after emancipation, but what physicians could control was the reproductive image of black women. The inability to “see” the progression of black healthcare created a space in which the word of distinguished physicians was neither fact nor fiction—the burden of proof to solidify or discredit birth rate statistics did not belong to postbellum southern doctors. The literal and figurative “body” of medical work needed to contradict perceptions of black reproduction disappeared as the number of black clientele diminished. The word of distinguished doctors was trusted even when no medical evidence was readily available to support public diagnoses of black reproduction.

Maximizing white outrage in response to the threat of racial suicide distracted the public from the statistical truth about black and white birth rates: that they were declining at an almost equal pace. According to Norman E. Himes, a 1900 consensus showed that “for the United States as a whole the birth rate of native-white woman aged 15-44 years declined about one-third” (375). Furthermore, “it declined one-fifth between 1920 and 1930, compared with almost two-fifths for foreign-born white women and one-fifth for negro women” (Himes 375). The statistics demonstrate that between the 1887 publication date of Buckner’s novel and the census conducted in 1900 that black families were actually employing methods of family limitation. Contrary to the public perception of uncontrolled black fertility, racial uplift of black motherhood did not encourage reckless impregnation for the sake of racial preservation. For Joseph McFalls and George Masnick, family limitation in southern black communities increased in the 1890s after the publication of *Towards the Gulf*. In their assessment of fertility trends of the black population during the late nineteenth century, McFalls and Masnick assert that “after Emancipation, there

are no indications that black sharecroppers were encouraged to learn about birth control” but “there is clear evidence of knowledge concerning contraception and induced abortion in the black American folklore of this period” (92). Prevention of conception information could have been disseminated from generation to generation. Using data from a survey of black women who reached the end of their reproductive periods around 1930, McFalls and Masnick determine that “these women relied most often on the condom, douching after intercourse, and male withdrawal” (100). Racial uplift was a tremendous responsibility undertaken by black women at their discretion.

Such statistics had to be kept from the public. Instead, demographers emphasized census records that distorted the image of the domesticated black mother. Nineteenth- and early-twentieth century analysts published reports of prenuptial intercourse and bridal pregnancies in black communities without acknowledging the predominance of two-parent households (Degler 127-8). Children were born out of wedlock to parents who were eventually married. The manipulation of statistical data to appall the public exemplifies Reed’s concept of the “shock principle”: “Through the ‘shock principle’ the proud patrician father of five could show that the declining influence of his class was not due to lack of vigor or high ideals but to regard for posterity” (201). Furthermore, “in a world in which the health of men and nations was still measured in children, the demographer had to do more than count. He had to justify his graphs in nationalistic terms” (Reed 201). Census numbers, similar to Buckner’s exaggerated picture of an overpopulated black New Orleans, could “shock” white women into reproductively competing with fertile black women.⁶ In the Morants neighborhood, “strange phantoms flitted with singular

⁶ John D’Emilio and Estelle B. Freedman support this position by stating, “blinded by racial stereotypes, white professionals ignored the demographic evidence that, for over a generation, black fertility had been lower than that of matched groups of whites” (248). Even in 1939, consensus reports proving the decline of the black birth rate were ignored in favor of government legislation that imposed birth control on the African American population: “In 1937,

pertinacity” within a region that has “reached a period in its decline when stagnation became picturesque and silence eloquent” (9). The “decline” arguably refers to the white race that now haunts the city like romanticized ghosts of the antebellum past. White citizens have perished and Buckner strategically uses the dwindling numbers to illuminate the racial prosperity of neighboring blacks. The “strange phantoms” are a direct result of the “death” of white reproduction.

This fear of overpopulation in the black community correlates with the rise of southern miscegenation panic. In *Towards the Gulf*, two of Major Morant’s companions, Burton and Byrne, visit weekly to debate racial improvement while preserving the purity of white family bloodlines. One evening, Burton rationalizes that the black man’s social plight is a result of his blackness, a physical stain that can only be blotted with amalgamation. Infuriated, Byrne rejoins, “You cannot mean it; and it is idle for you to try to convince us that you have adopted theories which would advance an individual at the expense of a whole race” (31). Burton’s stance is, indeed, formed out of jest but Byrne’s remark is entirely serious. Based on the observations of the distribution of wealth throughout the neighborhood, socio-economic improvement through miscegenation has been successful in the social elevation of people once destitute. The growing population of mulattos in the city proves Burton’s point that interracial reproduction could be the answer to resolving racial conflict. But as Byrne remarks, for every amalgam that improves blackness, whiteness is utterly destroyed. What enrages Byrne, therefore, is the birth of a new race that mimics whiteness while actually eradicating it.

To prevent amalgamation from obliterating the white race, miscegenation laws were passed in conjunction with increased medical efforts to prevent black conception. In *Pace v.*

North Carolina became the first state to sanction the provision of contraceptives with tax dollars; it was soon followed by six other southern states. Fear of black population growth during the hard times of the Depression encouraged the move toward state-supported birth control” (D’Emilio and Freedman 247).

State of Alabama, 1883, an interracial couple named Tony Pace and Mary J. Cox filed a lawsuit appealing their conviction of committing miscegenation as defined by the Alabama constitution: “if any white person and any negro, or the descendant of any negro to the third generation [...] intermarry or live in adultery or fornication with each other, each of them must, on conviction, be imprisoned in the penitentiary or sentenced to hard labor” (25). Pace’s attorney argued that the miscegenation law violated the Fourteenth Amendment, which declares that no state will deny equal protection of laws to any citizen. The appeal was denied and the original conviction upheld, but the Alabama Supreme Court’s rationale is paradoxical. The majority opinion stated that no violation of the Fourteenth Amendment occurred precisely because miscegenation laws were not discriminatory: they applied to all citizens regardless of race. The rights guaranteed by the Fourteenth Amendment, the justice argued, made all citizens susceptible to “punishment, pains, penalties, taxes, licenses, and exactions of every kind,” even if legislation was manipulated to trump certain “privileges,” such as choosing a sexual partner (26). In other words, enjoying the Fourteenth Amendment came at a price: no state will deny inalienable rights, but all citizens are required to obey the law of the land. Both Pace (a black man) and Cox (a white woman) were convicted, thus, miscegenation laws in the Alabama constitution were not interpreted as discriminatory. Therefore, “whatever discrimination is made in the punishment prescribed in the two sections is directed against the offense designated and not against the person of any particular color or race” (26). The offense is against race itself—the white race.

In this context, Byrne’s racial anxiety does not concern passing but rather what is *passed down* after generations of miscegenation. As the debate between the three friends continues, he posits that no matter how white the external appearance of a mulatto, the person remains internally black. “In spite of wealth and culture,” Byrne argues, “Nature will assert herself” (33).

Racial flaws cannot be whitened, for “hereditary descent stamps the man, and one can never be sure when race characteristics will entirely disappear” (33). Blackness will merely persevere under the guise of whiteness. Genealogy resists improvement through interracial mixing because altering heredity contradicts the very concept of “Nature” itself. Genetic codes are inherently racialized as biological markers of one’s “natural” traits that are inherited. Nature is unchanging, impervious to genetic improvement precisely because nature is defined as the genetic code with which we are born.

The purported inability to suppress natural genetic traits is symbolized in Buckner’s novel by the enigmatic white blackbird that is housed at a local taxidermist’s shop. The peculiar bird attracts John’s attention one afternoon as he peruses the store’s exotic curiosities. As he enters the garden located behind the shop, he is awestruck by the bird’s unnatural physiology: “In the shade of a crape-myrtle was a large, handsome cage swinging by a cord from one of the branches and inside of it, a slender graceful white bird, resting quite still upon its perch” (61-2). John is confounded by the physical whiteness that is contrasted with mannerisms typical of the blackbird species. The animal is scientifically categorized as a blackbird but is unmistakably white; it is, in all essence, a white blackbird. John recognizes the physical traits that denote whiteness as he simultaneously identifies the biological characteristics ascribing blackness, such as the typical cawing and head cocked to one side. What astounds him, like Byrne, is the possibility—the plain truth hanging in the cage—that blackness can infiltrate genealogy and coexist with predominant white traits.

The white blackbird is truly an anomaly. As the taxidermist explains to John, the animal is certainly unique, but the aberration defies scientific classification; the bird is neither black nor white, yet simultaneously both. The bird’s owner is incapable of selecting the appropriate mate

because he is unsure of the hereditary ramifications of breeding the animal with an ordinary looking blackbird. Coupling the animal with a blackbird would diminish its whiteness. The owner worries that “Nature is mo’ strong ‘hen we. Po’ lill’ bird! He kin never fin’ his own feather” (64). The inability to breed the white blackbird with another of its kind symbolizes a racial anxiety of when to stop miscegenation, should theorists prove that amalgamation is the answer to racial improvement. Mulattos, like the bird, represent racial liminality, in the sense that racial blending must persist to eliminate blackness that is all but temporary. Reintegration into the black community only reverses the external effects of amalgamation, just as perpetuating miscegenation threatens the purity of white lineage. Debra J. Rosenthal argues that in the novel, the answer to miscegenation is the reproduction of white women: “if a man’s lust causes him to wander across the racial divide, a white woman will revive his wisdom through race loyalty and thereby protect whites from degeneracy” (128). However, refashioning pessaries as contraception slowed reproduction to a minimum. Race preservation would be achieved by emphasizing the permeation of the racial divide to shock white women into once again reproducing.

The white blackbird is not the only racial curiosity in *Towards the Gulf*. So, too, is Bamma—the beautiful stranger newly arrived in New Orleans—a mystery to those unfamiliar with an ancestral past she cannot disclose because her genealogy is hidden even from her. When John is first introduced to Bamma at her debutante ball, he is so entranced by her bewitching physical appearance that he unhesitatingly pursues her despite the city’s ignorance of her lineage. It is common knowledge that her English father raised her in London after the death of her mother during childbirth, but her genealogy strangely ends there. No one is able to trace her parentage beyond the patriarch and no one but Celine, the Morant’s faithful slave turned servant,

suspects the hidden blackness disguised by Bamma's physical whiteness. For Celine, Bamma's allure prevents John from visually penetrating the belle's white exterior in order to see the black traits Celine claims to detect. Although the Major never disapproves of the match between his son and Bamma, he does become exceedingly frustrated with John's refusal to investigate his fiancée's heritage before the wedding. Attempting to protect the family's pure white bloodline, but in no way suspicious like Celine of Bamma's race, the Major interrogates his son to divulge what little information John possesses: "But who is she? What of her family? You know we Morants hold good lineage above everything else" (78). The Major is simply unimpressed with physical beauty that will inevitably fade. What is of the utmost importance are the hereditary traits she will contribute to the offspring she and John are expected to produce. The objective of their marriage is, after all, to continue the family line through procreation. The physiological characteristics inherited by his future grandchildren are what prompt the Major to pry invasively into his son's romantic affairs. The son could not care less about such an issue. "You have given me credit for an amount of hereditary pride which I do not possess," John declares, and is consequently "content with the merits of the present generation" (79). For John, there is a genealogical disconnect between the past and the present, in which his social, economic, and racial station are in no way influenced by those Morants who have preceded him. The past is just that—past.

But the Major is right in his attempt to persuade his son to care about genealogy—John should care. Should Bamma's true racial identity be revealed as a mulatto, the marriage would ruin a family name preserved through racial segregation. Bamma's potential blackness would delude the Morant's hereditary whiteness. Rosenthal notes that Bamma's name is a crucial element in comprehending the magnitude of the family's possible interracial blending: "in this

explicit link between land and a woman's body, Buckner invites comparison between the state of the nation and the state of women's sexuality, both highly contested in Reconstruction years" (124). After centuries of permeating racial boundaries in the sexual exploitation of female slaves, the postbellum south attempted to reverse this integration through the implementation of miscegenation laws. Emancipation resulted in a social scramble to exert continuing white dominance over the black body by manipulating perceptions of female sexuality. In Bamma's case, "her body contradicts the racial and sexual absolute that whites needed to define and uphold civilization: since white society's dominance is predicated upon keeping blacks separate and inferior, an amalgamation of the two races violates this divisive logic" (Rosenthal 121). The state of the union, both figuratively and literally, hinges on resolving the tension of mixed racial identities engendered by miscegenation. Should Bamma be proven to be a mulatto, her interracial lineage will bespeak the sexual transgressions of the antebellum past as the Morant family navigates a present postbellum world in which whiteness is maintained by segregation. Indeed, the past is always present.

John's courtship of Bamma results in a hasty marriage that momentarily silences opponents of their relationship. The opprobrium expressed by both Celine and the Major is ignored in the attempt to prove that love is blind to racial disparity—except that it isn't. Only when the ceremony is concluded and John's fate sealed does he begin to see the signs Celine warned him would inevitably appear. One afternoon in particular, John returns home to the sounds of passionate piano playing emanating from the parlor. He discovers his wife bent over the keys, enthralled by the notes of her favorite song: "So rapidly and powerfully did her delicate fingers give the quick, jerking movement of the 'Danse des Negres,' that each sharp staccato note seemed a fresh inspiration, thrilling nerve and muscle with a dancing madness" (221). The

sensation of a “thrilling nerve” completely unnerves the newlywed husband. Suspicions he once repressed resurge at a moment in which her intimate familiarity with the song is interpreted as an expression of her subconscious preference not just for Negro music, but also for Negro culture. John assumes that cultural tastes for art and literature are designated by racial affiliation; preferences can be identified as either white or black, but they cannot be both. Thus, Bamma’s choice in music suggests that for her aesthetic pleasure is derived from Negro, not white, culture. John is, and should be, alarmed that his bride is the human version of the taxidermist’s white blackbird.

John’s inability—or arguably his refusal—to detect the blackness in his wife is perhaps a testament to the deceptiveness of her white features, but his color blindness is also a result of the ambiguity of her heritage. Only when John visits a ruined plantation at the edge of the city does he confront the racial truth of his wife’s identity that Celine foreshadowed. Carefully touring the ancient mansion, John espies a portrait of the home’s original owner and recalls a story that for years he concluded was mere gossip. The financial and social ruin of the owner was caused by his illicit affair with one of his female slaves who became pregnant and died during childbirth. The man infamously committed suicide after enduring public ridicule and destitution from a series of poor investments. Before taking his life, however, he sent his child—a daughter—to Europe to receive a formal education that would hopefully secure her future outside of the South. On a late afternoon promenade with Bamma several months after the impromptu trip, John confirms what he has now long feared: Bamma’s black lineage. His deduction of her maternal heritage comes not from a comparison between her appearance and that of her mother or enslaved grandmother, but rather from the painting of her white grandfather. As the sun illuminates her beautiful facial features, “an electric shock” burns inside John’s mind and “the

strange likeness which had baffled him when he stood before the portrait in that old deserted house was no longer a mystery” (195-6). Interestingly, Bamma’s resemblance to her white grandfather confirms her blackness; although she has inherited the white physical attributes of the patriarch, John associates her lineage with her enslaved grandmother. Thus, she is the offspring of slaves despite the genealogical whiteness of her skin. She is, at this moment, the white blackbird.

From the perspective of nineteenth-century racial science, Bamma’s inability to suppress her blackness is a result of recessive genes that are masked by the dominant white traits that have enabled her to pass as white. Beginning in the mid-nineteenth century and continuing throughout the early twentieth century, racial science emerged as a popular field of inquiry into the genealogical effects of miscegenation. The Major’s heredity questions posed to his son merely echo the ideological sentiments of theorists such as Robert Knox. In *The Races of Men* (1850), Knox asserts that despite the interracial mixing of bloodlines, whiteness—the superior genetic code of all mankind—could not subvert the genetic composition of blacks. A person’s biological heritage could not be reconfigured with amalgamation, for ancestry will always show itself (literally) in the appearance, thoughts, and behaviors of the offspring of interracial procreation. Thus, “he has his specific laws regulating his form, but these are in perfect accordance with all natural works” (16). Just as importantly, “by the unity of organization is he connected with all life—past, present, and to come” (16). In this context, Bamma’s enslaved ancestry and white lineage converge into a single destiny in which her lineage will be revealed through actions that are predicated upon her interracial past. She is marked as a mulatto, an identity produced from the culmination of multifarious genealogical lines she cannot deny. Nor can she resist them.

Once again, the ancestral past is always present in the face of a woman who embodies the sexual transgressions of her white grandfather.

Uncovering the truth of Bamma's racial heritage leaves John utterly devastated, to say the least. To understand the magnitude of his egregious error of marrying a mulatto, he actually turns to theorists such as Knox to grasp the ramifications her identity will have on his own. He all but locks himself in the library, immersing himself in racial science literature: "Something of the darkness which was closing around her certainly emanated from the somber bindings and rustling leaves over which her husband bent with contracted brow and contracted heart" (216). Perplexing tomes like "Quatrefages on *The Negro Races*, Gobineau on *The Inequality of Races*, Ribout on *Hereditary*, Parier on *Ethical Crossings*, Knox on *Race*, and others" become John's literary obsession (216).⁷ But his determination to understand his wife's genealogical condition is not caused by his once passionate devotion to her. Instead, his motivation is entirely selfish. What terrifies John is the possibility that mere contact—physical, sexual, social—with his wife will destroy a reputation that had been amended by his marriage to an upstanding and affluent white woman, not mulatto. Should the truth of Bamma's ancestry reach the public, John's esteemed status in the community would disappear as quickly as the Morant's wealth generations ago. Both husband and wife will remain socially and financially improved by the marriage so long as her lineage remains secret.

The disgrace that results from openly engaging in miscegenation is nothing new to John's community. Returning home one afternoon, John initiates a casual conversation with a gentleman regarding yet another impoverished home once belonging to a man of impeccable

⁷ Quatrefages examines the genetic reversion that occurs after generations of race crossing; Gobineau's text deals specifically with skin tone variations of the races and analyzes the racialized color divisions between black, yellow, and white; Ribout and Parier investigate miscegenation and heredity; and Knox challenges genetic improvement through amalgamation.

moral character. Informed that the man at one time had been a wealthy slave owner, John inquires into the man's descent into poverty. The cause, the gentleman relates, was a promise made to the man's dying mistress: his enslaved concubine. He swore an oath to love and nurture their four quadroon daughters and despite fulfilling his promise, his familial devotion created disastrous social consequences: "He could not raise them to *his* level. Only by sinking to *theirs* could he always be with them, watching over them, moulding their habits, and by personal influences making their moral discernment clear" (226). Thus, "he cast his lot with them" (226). The daughters are improved physically by their ability to pass but they are incapable of socially repaying the favor to their father. The former slaveowner-turned-father has no choice but to abandon his prestigious position in the community for the sake of raising his illegitimate offspring. Improvement demands the elevation of one race at the expense of another race's decent. The genetic code necessary to improve blackness—at least physical blackness—is ransomed at the price of personal dignity. Theorists argued that miscegenation could be the answer to racial uplift through the elimination of physical blackness entirely; few were willing to sacrifice white pride to do so. For one race to come up, one race had to come down.

This is precisely what John fears as he immerses himself in racial science theory. Knox not only confirms the belief that improvement is partial to blacks but also asserts that the method is never truly beneficial or successful for either race. He argues that the permanence of genealogy prevents ancestral traits from being camouflaged by amalgamation. "Race is everything" according to Knox, and he believed that "the races of men are not the result of accident; that they are not convertible into each other by any contrivance whatever" (14). The idea that heredity is not convertible refutes the theory of improvement all together, for Knox is arguing that the white traits necessary to elevate blacks cannot be integrated into a single genetic

code of two racially differentiated partners. Two racially distinct heredity strands can only coexist because genetic amalgamation defies all scientific classification, much like Bamma herself. Black traits can mimic white genes, but can never convert into them.

This is not to say that blackness is incapable of tarnishing the ancestral purity of white bloodlines. As Thomas Fick and Eva Gold note, “from the one drop rule, which deemed that only one drop of black blood defined one as black, white southerners came to the notion of blackness as a mode of behavior and morality” (35). To be sure, “a black person could not become white” but “a white person could become black” (Fick and Gold 35). The revelation of Bamma’s racial heritage cannot destroy John’s physical whiteness but his growing disdain for his wife results from a guilty-by-association mentality. Her genetics might not be contagious, but her black mannerisms certainly are. Desperate to preserve the family name, John is struck by the death of the gentleman planter who raised his four quadroon daughters. He is informed that the man’s dying wish was that “fifty years after his death his blood would run in no man’s veins” (252). He hopes, in other words, for the perpetual spinsterhood of his children. Unable to divorce Bamma on the grounds of publicizing her lineage as the cause for the marriage’s dissolution, John suddenly sees a grotesque silver lining: extinction. “Brutal as the patriarch’s wish had sounded,” John feels “a responsive thrill” (252). Just as importantly, he ponders that “extinction might be, after all, the kindest destiny” (252). Sexual abstinence, much like the contraceptive pessary, could prevent amalgamation if the couple refrains from intercourse. Perhaps the Morant ancestry can be salvaged after all.

Or perhaps not. John’s resolution to terminate the family line by not reproducing is too little too late, for Bamma discovers the devastating truth of her past when she is pregnant. The news, delivered once again by Celine, is so upsetting that it induces premature labor. Bamma’s

reaction to her ancestry is inextricably linked to the lineage she perpetuates through her reproduction. News of her past initiates the birth of a child who will carry the family name in the present and into the future. Her anticipation of receiving the blame for the racial hybridity that will be birthed is reflected in the temporary paralysis to which she succumbs: “She was not unconscious, but white and still, just as she had rested in the Major’s chair, she leaned against Celine’s breast, only in the wide open eyes one saw no trace of the horror, the indignation which had then possessed her” (270). Her biological response to the unspoken truth of her heritage is the horror displayed in the paleness of her face; she becomes whiter when confronted with her black heritage, much like John identifies her enslaved genealogy with the physical likeness to her white grandfather. Indeed, “a senseless terror dilated them, a terror of *that* which had confronted her, and the meaning of which was at once clear to her sympathetic facilities” (270). What terrifies Bamma is not the confrontation with her ancestry, but rather recognition of the genealogical purity she has destroyed. Her son embodies what she now perceives as the same sexual and racial transgressions first committed by her white grandfather. Bamma believes, consequently, that the genetic degeneracy of the Morant bloodline is entirely her fault. Her body is accredited as the biological distributor of the child’s genetic code, and her womb “is perceived as the instrument of transmission, making miscegenation and hereditary literally a woman’s ‘issue’” (Rosenthal 128). Bamma is a threat to racial segregation because the ideology that “pairs femininity with race and maternity with nation is the same ideology that can undo these pairings, for a white blackbird such as Bamma deceives as she conceives” (Rosenthal 128). She has unwittingly achieved the greatest genealogical deception.

The pain of her racial misgivings is too much stress—or arguably responsibility—for Bamma to bear. Hours after the child’s delivery, the bewildered mother contemplates a future in

which her husband's tarnished reputation and the family's destitution can only be prevented by suppressing evidence of the Morant's now interracial heritage. She is this evidence in the flesh. Bamma arrives at what she considers to be a rational conclusion, identical to that of her husband—extinction. For Bamma, preventing future conceptions is futile when proof of her interracial ancestry is already present in the form of her son. To avoid public persecution for a crime she did not consciously commit, Bamma logically turns to suicide. "Did that sudden death," the narrator questions, "that eternal sleep entered upon years ago by the old man, whose deeds still carried their terrible consequences—did that shape her resolution? (274). The answer is yes. Even suicidal tendencies are hereditary, for "it is easy for the grandchild of a suicide to commit self-murder" (274). And easy it is. Overdosing on chloroform left by her physician during parturition, Bamma sacrifices her life for the racial integrity of her husband. She therefore escapes "her own social desolation" and restores "her husband's peace of mind by the same stroke" (275). Her life ends to suppress the ancestral truth of the lives that came before her.

The infantile helplessness of her son fails to persuade the mother to reconsider her actions. Shame motivates a suicide that now leaves the child abandoned and unloved, for John does not disguise his antipathy for the destroyer of the family line. Genealogical whiteness is no more. The child has a beautiful "slender face" that "was of the pure Hellenic type, but the black, close curling hair, the large, bold black eyes and the dusky yellow skin were matters of comment" (287). Likewise, the boy's personality is an undeniable amalgamation of the white and black traits inherited from his mother.⁸ During the precocious child's youth, he is caught one

⁸ Barbara Ladd posits in *Nationalism and the Color Line in George W. Cable, Mark Twain, and William Faulkner* that ancestry in Buckner's novel is "entirely open" (33). Although John interprets the dark physical features of his son as evidence of his black genealogy, Isabel sees her nephew's features as reminiscent of the ancient French line from which the Morants have descended. Ladd is correct to assert that the boy's skin tone is either black or Huguenot but she fails to recognize that physical appearance is not the predominant signifier of racial heredity. The son's biological ancestry might be "open," but his racial genealogy is entirely fixed.

afternoon stealing candy from a drawer his aunt Isabel securely locked. When confronted about the theft, the child's emboldened lie about taking the sweets enrages his father. In the boy's childishness, John only "saw the gradual unfolding of peculiarities which could only be translated into the language of his fears" (292). The child's disobedience confirms John's suspicions that his offspring's whiteness has been tarnished by black characteristics inherited from Bamma. Like Bamma's preference for "Danse des Negres," John racializes stealing and lying as signifiers of black biological impulses. The father impetuously grabs the child in his rage and determines "he would teach him as others had been taught. He advanced and struck him" (296). What John fails to realize, however, is that despite the momentary behavioral correction, genealogy cannot be altered; if the boy's theft is evidence of his racial traits, then the child is biologically programmed to continue committing these deplorable actions. The permanence of his son's heredity is the plight of a father who cannot genetically reprogram a son he desperately wants to be white. The white blackbird will always act black.

John's plight, however, is impermanent. In one final plot twist at the conclusion of the novel, the son dies in an accident at the cotton-packaging factory. John's questions concerning miscegenation—"Was it imminent? Were the years bringing it? Would others suffer the fantastic fate that had come to him?"—will never be answered in relation to his own family (301). Playing by the cotton gin, that symbol of an antiquated southern past, the boy's clothes become fatally snagged in the machine and his tragic fate is complete: "Some portion of his clothing must have caught in the band which suddenly held him in its cruel grasp. Over and over went the wheel, bearing with a burden weightier than all the shiny treasure ever garnered to test its power" (307). Only as John cradles his dying son does he express compassion for his offspring. Or perhaps his love is a result of a family name that has finally been restored. For the present, the Morants and

the sustainability of the white population are indeed saved by extinction. In this moment, “at least, for this life, he had escaped the gulf towards which he had been drifting” (309).

Unfortunately for John, “the novel asserts that for all the efforts to restore racial and regional boundaries, we are already in what it presents as ‘the gulf’” (Fick and Gold 39). The son’s premature death resolves John’s involvement in miscegenation but it does not negate his contribution to the integration of the races. The gulf he approaches is one in which separation—a gulf—between the races is nonexistent. John, the Morants, New Orleans, the South: all are encroaching upon a racial gulf that is widening as it is diminishing.

Chapter Four

“But One Didn’t Make One’s Self”: Hysteria and Eugenics in Pauline Hopkins’s *Of One Blood*

Published in 1930, *I’ll Take My Stand* is a collection of twelve essays written by the self-proclaimed southern Agrarians. Each essay immortalizes a different component of an agricultural economy that was decaying because of industrialization. The book mourns, yet commemorates, an evolving southern market that created an irrevocable disconnect from the antebellum Old South that was sustained by enslaved labor. As Stark Young argued in the closing essay, “Not in Memoriam, But in Defense,” agriculture was the last embodiment of conservative, nineteenth-century southern values; it defined the concept of “southern” itself. Young, therefore, believed that in defending agrarianism he was simultaneously defending other southern institutions such as ancestry and, more importantly, familial blood. He admitted that genealogical pride was not exclusively southern, that northerners, too, share “the nostalgia for one’s own blood” (Young 336). However, regional disparity emerged in the ways this nostalgia was celebrated. For Young, heredity “involves the fact that so many of our families came from the British Isles, with Scotch clannishness plentiful enough, and remained unmixed with other bloods, as did the French and Spanish of Louisiana” (347). The purity of “one’s own blood” was the nuclear core of southern lineage: individual bloodlines were unified under the pretense of ancestral whiteness. If every single bloodline was pure, then all bloodlines were pure. “One’s own blood” meant “all blood.”

Young’s vision of unified white bloodlines was threatened by the genetic contamination of miscegenation. Twenty-five years before the agrarians took their stand, William Benjamin

Smith bitterly asked in his treatise *The Color Line* (1905), “What, then, is the real point of issue, and what does the south stand for in this contention—stand alone, friendless, despised, with the head and heart, the brain and brawn, the wealth and culture of the civilized world arrayed almost solidly against her?” (5). The answer, he asserted, was simple: “She stands for *blood*, for the ‘*continuous germ-plasma of the Caucasian Race*’” (Smith 5). The urgency with which Smith urged the public to cement the color line betrays his anxiety that the line was disappearing. He espoused blatantly discriminatory ideologies concerning segregation, but even he acknowledged that racial separation was an impermanent solution to amalgamation. It took only one act of miscegenation to corrupt pure whiteness. What Smith feared, therefore, was the irrevocability of reproduction; bloodlines could only become contaminated when evidence of such contamination existed. Segregation regulated racial purity by prohibiting interracial sexual intercourse and the potential offspring of such taboo unions.

The 1873 Comstock Act was passed in the attempt to assuage the very fears of men like Smith. Politicians such as Comstock correlated sexual impropriety with the lucrative birth control market that he associated with free love; purging the nation of contraceptive materials would realign sexual intercourse with the biological duty of procreation. But for men such as Young and Smith, anxieties over southern interracial reproduction meant more drastic measures had to be taken in order to cement the color line. A year after Smith published his literary diatribe, the American Breeders Association (ABA) convened to resolve the very issue presented in Smith’s text. At their 1906 meeting in Lincoln, Nebraska, the Committee on Eugenics reported to the ABA that they hoped to achieve four goals in the near future: “(1) to investigate and report on heredity in the human race; (2) to devise methods of recording the values of the blood of individuals, families, peoples and races; (3) to emphasize the value of superior blood

and the menace to society of inferior blood; and (4) to suggest methods of improving the heredity of the family, the people, or the race” (11). Smith had merely hoped to revolutionize public policy that would prevent miscegenation; a year later, renowned scientists such as Dr. David Starr Jordan, Dr. C. E. Woodruff, and Alexander Graham Bell reported to the ABA that combating amalgamation depended upon the sanctity of blood they calculated as “superior.” Whites produced from superb lineage, it was reasoned, would never engage in interracial sex at the risk of destroying an impeccable ancestry. Like beget like, and eugenicists turned inward to perpetuate whiteness by policing genetic inheritance. Eugenicists were willing to contribute to a declining white birth rate if that rate simultaneously reflected the hereditary sameness of all offspring. Neither phrase in the committee’s report—“superior blood” and “inferior blood”—is racialized, suggesting that the annihilation of genetically inferior whiteness was an acceptable form of racial competition with blackness. As discussed in chapter three, nineteenth-century physicians feared an impending extinction of whiteness because of innovative birth control methods such as the pessary. Race suicide could be avoided by ironically encouraging “survival of the fittest” within the white race. “Natural” selection was a carefully crafted process to eliminate inferiority by scientifically—and legally—identifying imbecility. Virginia’s 1924 sterilization statute urged state legislation to “work out a legally satisfactory definition of a ‘potential parent of degenerate offspring’” (Laughlin, *The Legal Status* 7). The propagation of whiteness actually depended upon the elimination of it: sterilization was a “eugenic and therapeutic” solution designed to exterminate idiocy by preventing the “idiots” from reproducing (Laughlin, *The Legal Status* 9). Degeneracy was an unnatural defect scientists “selected” to terminate.

But for many states like Virginia, government intervention in the reproductive welfare of women was not legally ruled constitutional until the 1920s. Twentieth-century sexual surgeries such as the vasectomy and salpingectomy (removal of the fallopian tubes) were innovative sterilization approaches, but such procedures were not implemented until after the American eugenics movement began fading in the late 1920s and 1930s. Nor were such operations performed on women who were not incarcerated. Gynecologists circumvented consent with surgeries such as the ovariectomy (removal of the ovaries) to control what they deemed as the uninhibited breeding of inferior couples. Coined “Battey’s operation,” the ovariectomy was popularized as a cure for degeneracy by the Georgian Robert Battey who did not invent the procedure but revolutionized gynecology by implementing the ovariectomy in cases of mental instability.

¹ Battey’s biographer J. A. Eve recapitulates an 1872 operation in which Battey “extirpated the ovaries of a young lady, with the purpose of affecting prematurely the change of life, and thus stopping at once certain vascular and nervous disorders which were imminently threatening life” (Eve 6). His objective was to excise the patient’s ovaries to cure her vascular and nervous disorders, not to treat reproductive disease. Blood was his concern: inducing premature menopause—stopping menstrual blood flow, or “the change of life”—cured the vascular irregularity that caused her distemperament. Eve correlated psychological health with equilibrium of all reproductive organs, and he completely bypassed the physical effect of the operation. Female mania, therefore, derived from miscommunication between the womb and the

¹ J. A. Eve notes in his 1878 biographical sketch of Battey that the physician first performed the surgery in 1869. The operation reportedly cured a demented woman suffering from a dermoid cyst that was in upwards of thirty pounds (Eve 5). Battey postulated that the alleviation of her psychological torment occurred because he surgically repaired her uterine abnormality. He deduced that patients suffering from similar ailments in the pelvic region could be cured by the same procedure.

mind. A woman's mental stability was in the hands (literally) of gynecologists who cured psychosis with reproductive operations.

Nineteenth-century gynecologists such as Battey identified the uterus as the core of female physiology. Anatomical irregularities were subsequently visible through irrational behavior triggered by mental instability. Psychological impairment was an involuntary mental reaction to physical pain caused by pelvic disease. The mind, therefore, was merely responding to the body. In turn, such fragility symbolized genetic inferiority precisely because hysteria was considered a form of insanity that likewise was inheritable. The ovariectomy revealed a paradox inherent in all sexual surgeries designed to cure mental illness: degeneracy was untreatable because a person's genetic composition was scientifically proven to be permanent and therefore incurable. Hysteria ostracized the patient for life despite the surgically induced menopause that "healed" her. Maintaining the archaic correlation between the uterus and the mind empowered physicians to prescribe the ovariectomy for patients who were otherwise contributing members of society. But that is exactly the dilemma: women diagnosed with hysteria were pariahs stigmatized by psychosis that could destroy the genetic welfare of their race. A menopausal woman could not reproduce—a biological duty physicians still reinforced—and a patient lacking the anatomy necessary for procreation could not be considered a "woman." The ovariectomy, therefore, was a eugenic smoke screen that sterilized hysteric—"inferior"—female patients in the hopes of eliminating diseased heredity. The patient's own reproductive processes (or lack thereof) were used against her in the sense that menstrual abnormalities influenced her consent to an operation symbolic of blood control. Her "blood"—ancestry, lineage, heredity—was contaminated by irregular blood—menses—flow.

Using Pauline Hopkins's novel *Of One Blood* (1902-3), I argue that gendering hysteria as feminine perpetuated the illusion that an infant's genetics were composed in the womb. I posit in chapter three that physicians projected a drastic decline in the white birth rate because of medical devices—such as the pessary—that doubled as contraception. To compensate for the decrease in “superior” genetic stock belonging to the upper class, gynecologists turned to surgeries such as the ovariectomy to purge the white race of degeneracy. Whiteness could be saved from extinction by actually prohibiting certain classes of genetically “inferior” women from reproducing. Insanity was a gender less defect but offspring were believed much more likely to contract mental illness from a sick mother rather than father. Physicians feared, therefore, that if hysterical patients produced a daughter, the female offspring would continue carrying the defective gene through the next generation. It was a chance no gynecologist was willing to take. The ovariectomy terminated her inferior bloodline by ending her menstrual blood flow. However, as Hopkins illuminates in the title of her work, if we are all of one blood then we are all potential carriers of degeneracy regardless of gender. But more importantly, the medical diagnosis of “superior” and “inferior” is irrelevant—no blood is more valuable than another because all blood is one and the same. At the conclusion of the novel, Hopkins reveals that the three main characters—Dianthe, Reuel, and Aubrey—are not only black individuals suffering from eerily similar psychological imbalance but also are all siblings, a fact made known to them after Dianthe marries both brothers. Had Dianthe, a hysteric, given birth before her death, either parent (sibling) could have been responsible for carrying the genetic abnormality. Their blood is her blood, but more importantly, *her* blood is *their* blood. Eugenically manufacturing a master, “superior” race is impossible when bloodlines are permanently entangled.

Of One Blood focuses primarily on the complexities of southern kinship that ultimately permeate regional and international boundaries. Eric Sundquist characterizes the novel as “escapist fiction meant to flee the brutality and racism of American history in favor of a lost history of great wealth, material achievement, and intellectual superiority” (569). Hopkins’s mission is to lift the veil “that covers Africa in contemporary opinion in order to take her readers spiritually back to Africa” (Sundquist 569).² The central character is Reuel Briggs, a promising medical student at Harvard who discovers—but does not care—that his ancestral origins are black. He and his closest companion, Aubrey Livingston, debate the elusive race question that pervaded late nineteenth-century scientists: Reuel suppresses his racial identity within a discriminatory Boston society, whereas Aubrey advocates limited equality from his comfortable position as a white man from an affluent family. Reuel believes his plight to be individualistic, not communal with a race he consciously chooses to ignore. Hopkins equates racial identity with genealogy as a means of illuminating the importance of embracing one’s autonomy by first acknowledging one’s history. Reuel cannot be black without accepting his origins and he consequently decides against the former, a decision that could have prevented the tragedy that unfolds in the novel. The intractability of racial passing reiterates Hopkins’s point that denying one’s racial identity problematizes the construction of familial attachments as the deceiver passes in and out of different genealogies. Hazel Carby carefully distinguishes Hopkins’s use of “passing” from other literary tropes in which crossing the color line was a social practice. For Hopkins, “passing” was not “the conscious decision to use a white appearance to hide a black

² Sundquist also notes that the novel is serialized in the same year that W. E. B. Du Bois publishes *The Souls of Black Folk* and touches upon similar issues of racial uplift, or “unveiling,” that Du Bois discusses. *Of One Blood* also borrows from William James’s 1890 essay “The Hidden Self” that investigates double consciousness, a topic of interest to Reuel Briggs who reads *The Unclassified Residuum* in the novel’s opening pages. Hopkins attributes *The Unclassified Residuum* to the psychologist Alfred Binet but the lines that she quotes in the novel come from James’s essay. Sundquist remarks that James’s work “was in good part a summary of theories of double and multiple consciousness recently advanced by Alfred Binet” (570).

heritage for social advancement,” but rather a disguise (Carby 158). Often the characters are entirely unaware of the racial history that is “hidden” from them. Race becomes performative for each character: after suffering amnesia from a train accident, Dianthe is informed by Reuel and Aubrey that she is white; Reuel’s suspicions of his racial identity are eventually confirmed as he comes to embrace his Pan-Africanism; and Aubrey discovers at the conclusion of the novel that Reuel and Dianthe’s emancipated mother is his own, who switched him at birth with the white stillborn Livingston heir. Genealogy is unconditional within a novel in which racial signifiers are often indeterminable.

Hopkins is careful not to criticize the siblings for mistakes they could not have anticipated, much less prevented. Reuel might have recognized Dianthe as kin had he embraced their kinship, even though they were separated shortly after birth. Slavery perverted genealogical purity with the sexual exploitation of enslaved women, meaning that even if Reuel wanted to claim Dianthe as a sister, it would have been impossible to identify her as such. No bloodline was racially differentiated from another because slavery violated the very color line it intended to protect. Thus, Hopkins does not condemn the incest because there is nothing condemnable about their actions. Hopkins’s objective, according to Susan Gillman, is to develop a “diasporic consciousness” by “recovering the hidden self and history of the race, that is, both the kinship relations obscured by American slavery and an African ancestral spirit or race soul” (61). Kinship is the crux of the novel because we are all inherently kin: if we are all of one blood, we are all incestuous. The subtitle of the novel, *The Hidden Self*, resists eugenicists’ attempts to identify mental abnormalities across the color line because degeneracy—like incest—is not always detectable but rather camouflaged, or hidden. Hopkins demonstrates that ultimately bloodlines are racially indistinguishable and for Shawn Salvant, “one cannot maintain ‘pure

races' protected against miscegenation without an incestuous doctrine of blood purity, and yet one cannot celebrate the unity of a single human family without embracing familial or even sibling affinity" (674). All three characters are exonerated from blame because they cannot know what is hidden from them, or what is hidden from us all.

The unknown is exactly what eugenicists had to uncover in order to differentiate between superior and inferior bloodlines. The process by which heredity was determined became a bit clearer in Francis Galton's 1869 publication *Hereditary Genius*. The book was an extended version of his theory of genetic inheritance that was first printed serially in *MacMillan's Magazine* in 1865 and became the ideological cornerstone of the late nineteenth-century eugenics movement that frames *Of One Blood*. Galton's objective in *Hereditary Genius* was to investigate natural ability, a precise level of intelligence required for the development of an esteemed reputation among high society. A person's occupation was determined by both cognition and skill, and the admiration garnered from one's peers reflected the social status attributed to particular jobs. Galton discovered when sampling a population of reputable judges, politicians, scientists, and artists that "a disproportionately large fraction of them were blood relatives" (Kevles 4). Like beget like, he concluded, and he argued that heredity regulated not only physical characteristics but also personality traits. Inspired by his cousin Charles Darwin's revolutionary text *The Origin of Species* (1859), Galton theorized that eugenics would accelerate natural selection by "breed[ing] out the vestigial barbarism of the human race and manipul[at]ing evolution to bring the biological reality of man into consonance with his advanced moral ideas" (Kevles 12). Reinventing the Gaussian bell curve, Galton was fascinated with documenting the genetic variations of a diverse group of people by graphing physiological disparities in relation to a fixed mean. Beginning with heights and weights, he eventually proved—albeit with statistically

flawed research—that heredity was defined by “the quantitative, hence measurable, relationship between generations for given characters” (Kevles 18). Eugenics ironically bolstered natural selection to ensure that select societal members would be “naturally” eliminated.

Despite Galton’s obsession with hereditary variations, he spent little time pondering race as a potential constituent of genetic improvement. This was not the case with American eugenicists. Charles Davenport, one of the movement’s greatest advocates, believed that the black predisposition to contract particular mental illnesses should be studied not to curtail this regression but rather to ensure white immunity to such diseases. Eugenicists did not racialize the differentiation between superior and inferior blood because they recognized the universality of insanity. Hysteria was gendered, not racialized; it was an illness that afflicted both white and black women. What perplexed Davenport was whether or not recovery was possible for black women. He was convinced that blacks could never elevate themselves to the intellectual level of whites, but he was apprehensive that diseases contracted by both races would have equal psychological repercussions. The black race was already devalued as inferior to the white race, and he pondered if whites would descend to that same genetic level. Recognizing that substantial financial donations and professional expertise were required to investigate racial heredity, Davenport created the Eugenics Record Office in 1910 that “wed basic scientific research with a justification for public funding” in the name of research (Largent 56). The ERO investigated heredity with multifarious inheritable traits, ranging from eye, skin, and hair color to temperament. The ambiguity of what the ERO labeled “disease” enabled theorists like Davenport to diagnose a broader range of mental illnesses in the hopes of preserving the healthier stock of men and women.

In the South, eugenics was an attractive solution for preventing miscegenation by cementing the color line. Proponents of segregation used eugenic ideology to argue that environmental conditions were pertinent to racial sustainability. Separate but (never) equal legislation ensured the poor economic and social status of blacks by denying them the resources necessary for prosperity. Impoverished blacks solidified scientists' theory that people were products of their environment despite the irony that whites manipulated environmental conditions. Whites controlled the environment, thereby controlling the product. As Linda Gordon posits in her seminal work *Woman's Body, Woman's Right*, segregation was merely a precursor to the government's reappropriation of female reproductive rights. Gordon notes that like social Darwinists, eugenicists romanticized the "survival of the fittest" philosophy but their incessant interference in that "natural" selection process engendered a glaring paradox: "the logic of their argument led a laissez-faire ideology, but the reforms they sought required intervention not only into social policy (such as immigration restriction) but into one of the most intimate aspects of human life—reproduction" (278). This ideological contradiction was inherited from race suicide scientists, who advocated birth control mandates for the poor but championed the prohibition of contraception for the wealthy. Gordon notes that this mentality resulted in a decisive split within the eugenics movement—the positive and negative approaches. Those from "better stock" were to refrain from birth control use (positive eugenics), as those from "inferior stock" were to implement contraceptive methods during intercourse (negative eugenics). Poor blacks were urged to obtain contraception they ironically could not afford.

Although population reform targeted both men and women, motherhood became a crucial battleground in the political war to regulate reproduction. Those elite white women who were encouraged to procreate were not necessarily instructed to copulate frequently. The free lovers

and feminist movements of the late nineteenth century adopted radical philosophies concerning sexuality and marriage but promoted conservative Victorian ideologies of procreation. “Free love” was not exactly “free”; sex could be enjoyable but the price to pay for such enjoyment was pregnancy.³ Thus, free lovers championed sex but never divorced intercourse from the biological duty to reproduce—to become a mother. This emphasis on motherhood correlated with the eugenics movement in the sense that the racial progress of future generations depended upon her maternal skills to nurture the “superior” stock of white offspring. This meant, therefore, that sexual liberation was exclusive; because procreation was the end result of intercourse, only a select class—and race—of women were allowed this sexual and reproductive “freedom.” Wendy Kline argues that eugenics further intersected with motherhood because professionals could stymie the “moral and racial decay” that plagued society (2). Wealthy white women had a racial and biological obligation to reproduce but as Kline notes, the pressure to satisfy these daunting expectations was overwhelming; she could become “the mother of tomorrow” or far worse the “moron who symbolized the danger of female sexuality unleashed” (3). Female reproduction would birth either racial salvation or destruction—eugenicists had the power to ensure the former.

Motherhood, therefore, was a privilege. It was, indeed, a biological duty but eugenicists believed that it was an exclusive obligation intended only for those women who embodied genetic perfection. Scientists believed that because social caste was determined by intelligence, upper-class women possessed the inheritable traits eugenicists found desirable. Positive eugenics stereotypically targeted whites, but this is not to say that negative eugenics automatically targeted blacks. Poor whites were just as susceptible to negative eugenics as blacks, and

³ Simone M. Caron notes in *Who Chooses?* that Voluntary Motherhood was a late nineteenth-century term that “emphasized reproductive autonomy for women while at the same time exalted their role as mothers” (29).

eugenicists did not shy from discriminating against the very race they vowed to preserve.

Edward J. Larson asserts that negative eugenics was made possible by two crucial discoveries towards the end of the nineteenth century: August Weismann's hereditary germ plasma theory, in which heredity is fixed at birth, and the rediscovery of Mendelian genetics that argued that traits could be inherited from each parent without blending. Larson notes that if "there were superior and inferior hereditary human characteristics, and if, as Weismann and Mendel added, their impact on succeeding generations could not be altered by environmental influences or blending, then negative eugenics appeared to offer the proper means to deal with serious inherited effects" (21). This scientific logic provided southern racial scientists with the appropriate loophole to enforce segregation; no reform policy could ever elevate blacks if genetic inheritance was fixed within a static class landscape that maintained black subjugation in the first place. Southern eugenicists could have it both ways: economically improving the environment was futile when degeneracy was permanent regardless of environment. Racial uplift was impossible when the resources necessary for economic and social prosperity were intentionally depleted.⁴

The theory that genetic inferiority—in both races—is permanent inspired Harry Laughlin to address population control in the American Breeders Association committee report in 1913. His brevity perfectly encapsulates his intolerance for genetic deficiency. He charged the ABA with the task of devising methods for the elimination of inferior stock. "The studies of this committee," he states, "are limited to the negative side of the problem, namely, the uprooting of inborn defectiveness, rather than to the positive or constructive agencies of mate-selection and

⁴ In *The Black Image in the White Mind*, George M. Fredrickson supports this theoretical paradox that Darwinism resists the very Darwinist ideology of southern eugenicists. "By denying the permanence of species," Fredrickson posits, "Darwinism made it possible to argue that blacks and whites had diverged in their evolution to such an extent that their differences could now be considered specific" (232). Thus, "if Darwinism undermined the theory that blacks were at a competitive disadvantage because they were created a few thousand years ago as a permanently inferior species, it did not foreclose the possibility that they had evolved through a process of natural selection" (Fredrickson 232).

fecundity” (Laughlin, *The Scope* 13). The solution, Laughlin proposes, is to save society not by curing the weak—because heredity is incurable—but rather by eradicating them.⁵ “Pruning” the metaphorical family tree could terminate degeneracy once and for all. Reproduction had to cease entirely in order to prevent future genetic deformities. Laughlin was convinced that identifying mentally handicapped individuals would be relatively easy. Such a task was “vastly less difficult than that which confronts the student of constructive agencies [positive eugenics]” because a person’s inability to “cope with his social environment” would be readily apparent. (Laughlin, *The Scope* 13). Ending the individual’s line of descent would then be “a relatively simple process” (Laughlin, *The Scope* 13). The environment could not cure diseased familial “roots” because that environment was conducive to the development of genetic disabilities. Because environmental conditions correlated with the appearance of hereditary mental illness, the family “tree” was fixed—or “rooted”—within an unsustainable environment. Laughlin identified the environment as the point of comparison for aberrant behavior yet paradoxically targeted heredity as the corruptible variable of mental health. Like southern eugenicists, Laughlin could blame both the environment and genetics for producing mental inferiority that had to be “uprooted” before it contaminated an environment already defined by impoverished conditions.

Physicians argued that one form of feeblemindedness was hysteria, a neurological malady that plagued women suffering from abnormal menstruation. Correlating hysteria with the uterus gendered the illness as uniquely feminine, but just as importantly, empowered gynecologists to maintain medical possession of the female body. If hysteria was a symptom of uterine disease,

⁵ Philip R. Reilly notes that Laughlin was a proponent of sterilization laws that were passed later in the twentieth century. Because the Van Wagenen Committee projected that “four-fifths of mental defectives were not housed in institutions,” Laughlin proposed that “a narrowly drawn law would fail to encompass the vast majority of the persons who (in its view) should be eugenically sterilized” (Reilly 61). His drafted laws were designed with breadth, not depth, in mind: the ambiguity of the concept of insanity cast a wider legal net over the mentally ill who were not institutionalized (Reilly 61).

then psychological illness belonged in the domain of gynecology. Physicians argued that hysteria was a mental reaction to physical pain originating in female reproductive anatomy; in turn, hysteria was embedded in physical behavior that denoted the physiological, not psychological, origins of illness. The historian Carroll Smith-Rosenberg has documented the systematic diagnosis of hysterical women and remarks in *Disorderly Conduct* that patients first cited “pain and tension, most frequently in the ‘uterine area’” during their examinations (201). The internal discomfort was externally exhibited in behavior that reflected the psychological instability of the physically ill patient, a mimetic representation of anatomical imbalance. The patient “alternately sobbed and laughed violently, complained of palpitations of the heart, clawed her throat as if strangling, and at times abruptly lost the power of hearing and speech” (Smith-Rosenberg 201). Furthermore, “a death like trance might follow, lasting hours, even days” while “at other times violent convulsions—sometimes accompanied by hallucinations—seized her body” (Smith-Rosenberg 201). Gynecologists believed that untreated uterine diseases would render the patient mentally incapacitated for the rest of her life.

In Hopkins’s novel, Dianthe typifies the female hysteric after she is involved in a train accident. She is a beautiful mulatto who is a member of a traveling southern troupe of singers known for their sensational renditions of slave spirituals. The morning after attending one of the performances, Reuel is beckoned to the hospital to treat Dianthe who has been pronounced dead despite exhibiting no symptoms of physical wounds. Reuel’s fellow physicians are dumbfounded and inform him “she shows no sign of injury, but the doctors cannot restore her to consciousness” (27). All in all, her condition “doesn’t seem possible” (27). Believing that the body can be reanimated after death, Reuel diagnoses the patient with cataleptic sleep caused not by the accident but rather the psychological trauma of mesmerism. If hysteria was a

psychological response to uterine disease, it was detectable in the patient's abnormal behavior; Reuel presumes that Dianthe's womb is not the cause of her mental illness because she shows no physical symptoms of pelvic discomfort. Her "death" is a physical response, not necessarily a symptom, to a fragile nervous system that collapsed after the train wreck—an accident that left no physical mark on her body. Her hysteria, therefore, originates in the mind but is visible in her frequent "convulsions, thereby enduring much suffering, sometimes lying for hours in a torpid state" (39). With supernatural concentration, Reuel resurrects Dianthe to partial consciousness but her trances indicate that hysteria is not curable with a single act of intense mental concentration.

Reuel's approach to curing Dianthe's hysteria focuses on the mind because she does not exhibit symptoms characteristic of uterine illness. His treatment mirrors psychiatric, rather than gynecological, medicine that gained popularity by the time *Of One Blood* was published. Psychiatry subverted gynecological mastery of the female body by situating mental disease where it belonged—in the mind. Theorists such as Freud "reversed the previously projected direction of mind/body causality" and instead claimed that hysteria was a multifaceted psychological disorder with disparate physical symptoms (Micale 27). Freud identified the mind as the origin for hysterical development and pointed to the repression of traumatic memories as the potential instigator of psychological disorder. Such memories are manifested in physical behavior because no other outlet exists for expressing trauma that has been suppressed precisely for the reason of forgetting the trauma itself. Freud postulated that "the negative emotional energy, or 'strangled affect,' associated with these memories was then unconsciously converted into the somatic manifestations of hysteria" (Micale 27). The patient could be cured,

therefore, by reconciling what is repressed—or hidden—which in turn ameliorated her uncharacteristically abnormal conduct.

Regardless of the preferred treatment for hysterical patients, both professions agreed that the disease weakened the female body precisely because the disease symbolized psychological fragility. Hysterics were condemned for a disability that displaced them within a society constructed upon strict adherence to predetermined gender roles. The patient's inability to care for herself resembled that of a helpless child in need of care. This infantilized dependence complicated the fulfillment of traditional domestic and maternal obligations. Medical professionals, therefore, argued that patients who psychologically regressed to childhood should be treated accordingly as children, not as adults. Practitioners were also parents, nurturing women back to health as a mother would nurse her feeble infant. Physicians like Thomas Addis Emmet relished such a role because male doctors inherited complete control over the welfare of their "daughters." Patients now belonged to the profession as offspring belonged to their set of parents. In *Incidents of My Life* (1911), Emmet recalls that one particular patient "was a child in my hands," adding further that healing literal children "was my delight" (210). Emmet found children to be not only impressionable but also candidly honest, not unlike the women he treated at his hospital. Children, like invalid women, were entirely trusting of his authority and rarely—if ever—questioned his expertise; surely parents would never have tolerated insubordination, and children likewise paid doctors such as Emmet the same respect. This is not to say that all of Emmet's patients were subservient. He admits that he had "at times been depressed with the responsibility attending the blind influence I have often been able to gain over nervous women under my influence" (Emmet 210). He criticizes the trustfulness of patients who have little recourse but to obey his medical authority; treating his patients like children resulted in the very

childishness that at times annoys him. This “child-woman” was “filled with self-doubt, constantly in need of reassurance and attention,” which inflated the egos of physicians like Emmet who built their prestigious careers on the very dependence they belittled (Smith-Rosenberg 212). Physicians needed hysteria.

Dianthe’s catatonic state results in an infantile helplessness reminiscent of the patients treated by Emmet. The trances, a symptom of hysteria, have weakened Dianthe both physically and psychologically, and she subsequently requires around-the-clock medical attendance. Upon her first restoration to consciousness following the train accident, she awakens “like a child—so trusting, that it went straight to [Reuel’s] heart and for an instant a great lump seemed to rise in his throat and choke him” (34). Reuel is touched by her dependency, but he fails to recognize that with no recollection of her identity, she has no one else to turn to for treatment other than medical professionals devoted to her care. She, like other hysteric patients, has little choice but to trust male doctors because no other alternative exists. Reuel, like other physicians, protect their medical ownership of the female body because few others were equipped to care for a disease that laymen could not comprehend. Dianthe’s future is literally in the hands of a physician who exerts himself at this moment as her medical guardian. Creating a paternal relationship with female patients ensured that women such as Dianthe would entrust their health to no one but their primary practitioner, such as Reuel. Identifying Dianthe as a child solidifies her perception of Reuel not as a physician but as a father, which only complicates their relationship further when they discover they are both husband/wife, brother/sister. In this way, “Dianthe became the dear adopted daughter of the medical profession,” an enigma to be solved by specialists posing as caretakers (53). Guardianship is merely a euphemism for medical ownership of her mind and body.

Reuel's medical peers are astonished at the protégé's achievement. After crowding around the patient to witness for themselves the resuscitated pulse and breathing, they "left the quiet house of suffering, marveling at the miracle just accomplished in their presence" (35). Aubrey is especially pleased with his companion's work and tells Reuel that "this is a great day for *you*" (35, emphasis mine). The patient, who was deceased for almost twenty-four hours, is forgotten in this moment of celebration despite being the cause of that fame in the first place. For Martin Japtok, Reuel's medical achievements counter the eugenic ideology that "'Anglo-Saxon blood' is responsible for technological and administrative accomplishments, a position taken by apologists for slavery and social Darwinists" (408). From Aubrey's perspective, Dianthe's case is first and foremost a means to a medical end: furthering Reuel's career. Reuel's reputation will only grow as news of the female Lazarus spreads, for even he acknowledges that prolonged treatment will be necessary for such an extraordinary case. Her health has not been regained entirely with the restoration of her mental faculties, and Reuel anticipates psychological relapses. Believing that it will take a year to "restore her to perfect health," Reuel is certain her memory will return much sooner "although she may still be liable to the trances" (36). With no knowledge of her name, genealogy, or identity, Dianthe is completely entrusted to the care of Reuel.

Reuel is correct that Dianthe's recovery will be slow. One afternoon, Reuel visits his patient only to find her standing upright in the middle of the room, her eyes closed as she mumbles incoherently. Suddenly, she prophesizes that "in seven months the sick will be restored" before she then sinks "upon the cot in a recumbent position" (46). Fifteen minutes later, she awakens with no recollection of the trance. Such an incident reconfirms Reuel's belief that Dianthe is exhibiting double consciousness, in that the trances communicate repressed

psychological trauma with which she is incapable of coping. He explains to Aubrey that she suffers from dual mesmerism, consciousness that is split into two disparate but equally important components of her psychology. He adamantly believes that accessing her hidden self (the subtitle of the novel) during her trances is the solution for coalescing the two psychological fragments back into a single stream of consciousness. “Binet speaks at length of this possibility, in his treatise,” Reuel informs Aubrey, and his talking cures occur primarily when Dianthe experiences a mesmeric episode (35-6). Freedom from domestic obligations enables Dianthe to rest as much as possible in the hopes that the convulsions will continue to subside.

Diagnosing women like Dianthe with hysteria prolonged the control physicians exerted over their patients. As Mark S. Micale asserts, the act of diagnosis was in and of itself a way to identify and regulate aberrant behavior by subjugating disorderly patients to the control of doctors. Micale notes that “by blocking normative social and moral judgments in the terminology of contemporary neuropathology and psychopathology,” authors such as Hopkins illuminate the social, cultural, and racial authority of medical professionals (217). “Time and time again,” Micale writes, “the application of the diagnosis centered on the dominant and most threatening social problems of the day” (217). Dianthe’s nervous disorder is a defect Reuel believes to be curable, so that she might once again comply with early twentieth-century gender roles. Reuel claims “there is no sin in taking her out of the sphere where she was born,” yet “God and science helping me, I will give her life and love and wifehood and maternity and perfect health” (43-4). She will be removed from one sphere—racial blackness—only to be placed in another—the archaic nineteenth-century gendered dichotomy of public and private realms. Restoring her health means restoring her to conservative, traditional feminine roles of domesticity and maternity. Her health is listed last in Reuel’s statement, the end result of achieving life and love

through the imposition of marriage and motherhood. In this context, the physician adopted the identities of both parent and semiotician: “the analogical impulse that rests at the heart of the cultural history of hysteria begins with the way doctors thought about the disorder, and the cultural history of the disease consists chiefly of social, political, religious, and literary constructions of hysteria superimposed upon previous medical formulations” (Micale 182). To cure the disease, physicians felt it imperative to decode the disease in terms of gender roles.

Reuel is a dignified physician who assumes that his medical expertise extends to psychiatry and fails to perform routine physical examinations he ordinarily would conduct. Reuel’s psychiatric approach to curing Dianthe is a failure, perhaps because he misdiagnoses the trauma that causes her trances. He concludes that her hysteria originates from the mind because no external injury or wound is detected when she arrives at the hospital. But her examination occurs when she is still unconscious, meaning that without her verbal consent the attending doctors can only examine what is visibly accessible. Reuel does not—and cannot—investigate the possibility that uterine displacement causes her hysteria because she is incapacitated. Before physicians could diagnose patients as hysterics, they began their evaluations by asking if the woman’s menstrual cycles were regular. Robert Barnes notes in *A Clinical History of the Medical and Surgical Diseases of Women* (1872) that he found “in nearly all cases on first admission, that the menstruation is either very irregular, or suppressed for some time beforehand” (247). Menses was a delicate topic, but even the most sensitive patients were forthcoming with such personal information; “first admission” denotes the honesty with which patients described their illness upon first inquiry. Because Reuel fails to inquire about Dianthe’s menses, he automatically disregards her uterus as the culprit of her psychological imbalance without proving—or disproving—that her womb is the origin of her instability. He connects her

convulsions to the train accident solely because they begin after the accident; so, too, would menstruation begin again—or permanently cease—after regaining consciousness. She is only catatonic for twenty-four hours, providing him with ample opportunity to conduct a pelvic examination to determine the regularity of her menstrual cycles.

No wonder Reuel's methods to cure Dianthe fail. The rest and repose that he prescribes improves her bodily strength, but does nothing to assuage her mental torment: "physically, he succeeded; but mentally his treatment was a failure" (53). For Dianthe, "memory remained a blank to the unhappy girl" and subsequently "her life virtually began with her awakening at the hospital" (53). She continues to suffer from convulsions because he misdiagnoses the potential origin of her illness. He attempts to heal her mind, rather than her body—specifically her uterus. Her amnesia erases any memory she once had of her ancestral origins, including her racial identity.⁶ Even if her hysteria is pathological in nature, Reuel's psychiatric approach fails to conjure memories that she cannot recall because she has no knowledge of ever possessing them. Her hysteric condition persists because Reuel intentionally hides all information pertaining to her race—in other words, he keeps it hidden. What is hidden is precisely the information Freud believed was necessary to restore the patient's mental health. Reuel has merely exacerbated the problem with the very methods intended to cure hysteric women. Dianthe is now a racial blank slate upon which Reuel figuratively inscribes whiteness because the lightness of her skin tone enables her to pass. No one doubts her racial identity or lineage. In fact, she is lauded for "the ease and good breeding displayed in all her intercourse"; praised as quite the "thorough-bred"; and commended for having "probably the best blood of the country" in her veins (54). Her

⁶ In *Hysterical Psychosis*, Katrien Libbrecht posits that the philosopher Pierre Janet believed that hysteria occurred in the form of "an original delusion," a "period of delusion entirely dominated and determined by an underlying, subconsciously fixed idea" (54). Furthermore, "after the ebbing away it is veiled by a complete amnesia, that is lifted by hypnosis" (Libbrecht 54).

heredity is racialized as white because of Reuel's racialization of her outward appearance; genetics and behavior are causal in the sense that nineteenth-century scientists theorized that personalities were reflections of preexisting racist stereotypes. Dianthe problematizes this logic as a black woman performing the part of white femininity because she is simply told that she is white. Her mannerisms hoodwink an entire community convinced of her genetic purity.

Dianthe's liminality is two fold: she passes not only as a white woman, but as a sane white woman. Her racial and psychological masquerade complicates eugenicists' attempts to separate whites and blacks by first segregating the sane from the insane. Reuel admits that his psychiatric treatments of Dianthe's hysteria are futile, yet he permits his patient to reemerge into Boston society as a cured woman. Because he dismisses anatomy as the cause of her convulsions, his only medical recourse is psychiatry, a field that is not his specialty. By correlating the hysterical episodes with the wrong memories—the train accident and not her true racial identity—he believes that so long as her racial past is hidden from her, her mania will eventually disappear. He is correct in that the symptoms subside, but wrong to conjecture that the symptoms are permanently alleviated. For such a talented physician, Reuel's prognosis and psychiatric prescription seem ludicrous. Emphasizing the purported charlatanry of psychiatry enabled numerous gynecologists to maintain control over the female mind by regulating female reproduction. Gerald N. Grob notes that two distinct schools of thought regarding hysteria treatment emerged by the late nineteenth century. "At one extreme," he argues, "were certain deterministic systems that reduced behavior to physiological mechanisms and ruled out independent thought or actions that did not have specific causal antecedents" (Grob 111-12). More widely accepted beliefs "were eclectic models that posited a link between mental and biological factors" (Grob 112). Citing the failure of psychiatry to cure hysteria bolstered the

archaic theory that mania resulted from female anatomical abnormalities. Psychiatry failed because psychiatrists misdiagnosed the patient's hysteric origins. Prior to the 1891 American Medical Association conference, the gynecologist I. A. Stone wrote to twenty mental institutions asking if the superintendents believed a correlation existed between physiological and mental disease. Interestingly, "the overwhelming majority of those surveyed rejected the allegation that insanity in many females was traceable to pelvic disease, although none rejected the possibility that such a relationship might exist" (Grob 123). Such a correlation can never be truly rejected if the possibility that said correlation exists.

Physicians such as Robert Battey argued that hysteria could not originate from psychological imbalance precisely because manic symptoms only emerged during menses. Menstruation is a biological process naturally occurring in all women and therefore cannot be a controlled variable of mental trauma; insane behavior, like menstrual cycles, was an unconsciously triggered physical action. The cyclical nature of menstruation negates the very concept of control because gynecologists believed it occurred mechanically. Menstrual irregularity, therefore, signaled mental imbalance that was embedded in uncontrollable abnormal behavior. In one particular case study, Battey examined an ill young woman named Miss Mary, twenty-one years of age, who suffered from no menstrual flow but endured the typical physical discomfort from month to month. The irregularity of her menstrual cycles resulted in emotional distemperament, which was her reason for seeking Battey's help. She was "in the bloom of her early womanhood—gifted with charms beyond the lot of the majority of her sex—to all outward appearances perfect in her physical development" but impaired every month with "violent perturbations of her nervous and vascular systems" (Battey "Normal Ovariectomy" 711). Upon examination he discovered that there was no appearance of an os uteri or uterus, and he

concluded “nature had provided ovaries performing their natural function in full rigor, but no womb to respond by the proper issue of menses” (Battey “Normal Ovariectomy” 712). His deduction illuminates the theory that her psychological imbalance derives not from her inability to menstruate but rather her inability to procreate. She suffers because she cannot fulfill the biological obligation to reproduce as was expected of her gender. Her age denotes her entrance into the childbearing period—“the bloom of her early womanhood”—but the absence of menses renders her anatomically undeveloped like a child, the same childlike nature characteristic of hysteria. Much like “the women who had an issue of blood, had suffered many things of many physicians, and was nothing better,” Mary’s mental afflictions can never be cured by psychiatry because the origins of her misery—her womb—can never be recollected like a repressed memory (Battey, “Normal Ovariectomy” 712). A womb cannot be recalled and recovered. She cannot psychologically reconcile what was anatomically never there.

Hysteria was a disease gendered as feminine but it was certainly not racialized as either white or black. Insanity could afflict any woman because every woman menstruated (or in Mary’s case, did not menstruate). At the 1881 International Medical Congress held in London, Battey presented multiple cases of women from disparate racial, economic, and social backgrounds who all suffered from uterine disease. One patient, simply identified as M. E., was a “negress” who endured typical symptoms of physical discomfort during menses, but like Mary never showed “any appearances of an accumulation” (Battey, “Oophorectomy” 281). Battey recalls that numerous physicians attended the patient—no age is provided—and recorded almost identical prognoses. One practitioner “saw her suffering intensely with pains in back and limbs, also some rigidity in recti abdominals, pain and rigidity in masseters. These I deemed to be hysterical phenomena” (Battey “Oophorectomy” 281). Once again, the body is accredited as the

origin of her insanity; her spasms are induced by her body's inability to function normally by producing recurring menses. Battey is careful to note that the patient exhibited no external "wound or injury," suggesting that the outward symptoms—"hysterical phenomena"—result from internal disease—lack of "an accumulation" (Battey "Oophorectomy" 281). Battey's medical cause and effect treats hysteria as a legitimate illness but positions insanity as the repercussion of pelvic disease. Diagnosing the cause (menstrual abnormalities) enabled physicians such as Battey to cure the effect (hysteria) with gynecology, not psychiatry. If no visible injury or wound caused M. E.'s hysteria, then Battey presumes that she cannot repress trauma that does not exist. She has no memory, therefore, of an event that never happened because her afflictions are internal and anatomical.

Patients like Miss Mary and M.E. who displayed psychological imbalances were categorized as degenerates because hysteria was considered a form of insanity. Such women were deterred from procreating because genetic "inferiority" was inheritable. Hysterical progenies embodied mental deficiency that negated eugenic efforts to purge society of imbecility. As Kline argues, "tomorrow's children needed sound minds and healthy bodies in order to strengthen civilization," and hysterical mothers offered their children nothing but mental illness (2). Reproduction "should be limited to adults exhibiting these traits" of good health (Kline 2). Physicians and eugenicists alike were faced with the task of determining the fate of feebleminded women who would produce only morons. The mentally ill were deemed unfit to reproduce but were not prohibited from engaging in sexual intercourse. Eugenicists feared, therefore, that despite the diagnosis of feeblemindedness (a term that encompassed every form of insanity, including hysteria), sexually active degenerates would not refrain from procreating unless the medical profession intervened in the private—now public—business of copulation. Many

southern physicians championed segregation within asylums so that men and women were denied sexual contact without violating the civil liberties of patients. Quarantining patients, particularly females, “would prevent sexually promiscuous women from infecting the race” (Kline 3). Such a dangerous infection could eventually seep its way into the upper class, the epitome of “superior” stock and the salvation of the white race.

It was imperative, therefore, to sequester hysterical patients as quickly as possible before contamination of the upper class could occur. Women of either race who could not afford private medical care were often placed in a mental institution or public hospital. Dr. J. T. Searcy, the superintendent of the Alabama State Hospital for the Insane in Tuscaloosa, wrote in 1896 that it was the state’s responsibility to intercept medical decisions regarding the patient’s welfare because mental illness impaired the patient’s judgment. Searcy was particularly passionate about governmental invasiveness because, he argued, the greater social good outweighed individual autonomy. He believed that insanity was legally defined as when “a person’s brain has reached such a degree of defectiveness or disability, with consequent aberrant and dependent character, that for his own or others’ safety, he has to be restrained or taken care of” (Searcy 616-17). This meant that “the insane person has reached such a degree of aberrant conduct that the state has to interfere with his liberties for his own safety and that of others” (Searcy 616). Governmental expropriation of an individual’s medical care ameliorated southern anxieties of a fading color line by quarantining blacks who threatened social order with their disruptive behavior.⁷ Citing insanity, superintendents like Searcy could manipulate the medical diagnosis of mental illness to ensure that patients belonged indefinitely to the state. Individual rights were transferred to the

⁷ John S. Haller, Jr. notes in his article “The Physician Versus the Negro” that “the combination of promiscuousness and syphilitic progeny, plus the overwhelming responsibility assumed with emancipation, brought the Negro to the brink of insanity” (164). Insane blacks “became a dire threat to civilization, and southern virtue in particular” (Haller, Jr. 164).

state, by the state, in the same way in which physicians extended clinical guardianship over hysteric women.

Superintendents such as Searcy favored treatment of black patients with a daily regime that provided structure for psychological instability. As John S. Hughes posits, southern racial prejudice resulted in medical discrimination because physicians believed that insanity was a universal disease that afflicted the races in different ways. Because doctors “perceived mental illness as a physical disease and freemen as possessing less advanced nervous systems, it followed that madness would manifest itself differently in blacks than in whites” (Hughes 438). Segregating whites and blacks maximized a single treatment for the entire black race, rather than a cure that catered to an individual patient’s needs. This uniquely southern method of therapy, known as the moral treatment, supposedly cured patients by correcting abnormal conduct with strenuous physical work.⁸ Insanity incapacitated patients, and hospital superintendents believed that reinstating a schedule of manual labor would cure mental illnesses that disrupted the patient’s routine. No patient—regardless of gender and race—was exempt from work but the moral treatment was designed specifically for blacks. The moral treatment was a grotesque form of postbellum indentured servitude and it is unsurprising that superintendents enforced regimes “that most southerners would have considered appropriate for blacks” (Hughes 443). Patients

⁸ Physicians believed that the irrational behavior of blacks resulted first and foremost from emancipation. The Washington, D.C. doctor A. H. Witmer argues in “Insanity in the Colored Race in the United States” that medical interest in black insanity grew proportionately in relation to the documented cases of mental illness in the nineteenth century. Despite Witmer’s Northern medical practice, he targeted the South as the geographical genesis of mental disease in blacks. Although Witmer does not explicitly correlate the influx of black patients with the abolishment of slavery, emancipation is indirectly to blame: “after the expiration of twenty-seven years, during which the former slave has been free, the question becomes one of magnitude to the people of the United States; for in these years the disease has increased so rapidly that it is quite evident that the proportion of colored insane to the entire colored population is fast approximating that of the white population” (24). Witmer presumes that black insanity was nonexistent in the antebellum because enslaved labor kept both the body and mind preoccupied. Inactivity resulted in criminal activities, inebriation, and psychosis; physical labor eliminated outside distractions by focusing the worker’s attention on the task at hand. Freedom from enslavement meant the freedom to choose employment, if to even work at all, which agitated physicians like Witmer who feared social disorder caused by the mental deterioration of blacks. Reinstating a structured work schedule emulated antebellum control over black labor, as physicians promised that physical work would cure the ailing mind.

“lived their days according to a rhythm not of their choosing; whenever possible they worked at physically tiring jobs out-of-doors; everyone deferred to authority; and individuals had few substantive choices to make” (Hughes 443). The state’s appropriation of the healthcare rights of institutionalized patients reinforced white supremacy as it reaffirmed black subjugation. No wonder Searcy so adamantly defended the success of these methods in his own institution. “I would hate,” he writes, “to have to give up my negro patients; they serve a good part in the general workings of a southern hospital” (Searcy 619). The patients are not merely integral parts to the institution’s operations—they *are* the parts. Southern institutions and asylums exploited the mental illness of patients with strenuous physical labor necessary for hospital maintenance. Institutions remained open for both the patients admitted and their work that in turn kept the asylum in pristine condition. The moral treatment was cyclical in the sense that patients were “cured” by physical labor that enabled the hospital to remain open and admit new patients who would enter the institution’s work force. No one benefited from the moral treatment more than superintendents such as Searcy.⁹

⁹ In the 1910 census records of institutionalized insane patients, the South Atlantic and East South Central geographic divisions reported a total of 914 feebleminded patients within hospitals that were either privatized or specialized in particular categories of insanity (such as feeblemindedness). The South Atlantic region was comprised of Delaware, Maryland, the District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, and Florida; the East South Central division was composed of Kentucky, Tennessee, Alabama, and Mississippi. More often than not, southern hospitals did not differentiate between forms of insanity and admitted any patient who exhibited abnormal physical behavior typical of mental illness. Combined, the South Atlantic and East South Central regions treated a total of 15,311 male patients and 14,400 female patients diagnosed as generally insane in 1910; a combined total of 5,799 men and 4,611 women were admitted during the same year (Bureau of the Census 44). Although both divisions followed the national trend of admitting more men than women, southern institutions housed more black women than black men. In the South Atlantic region, 2,691 black female patients were housed in comparison to 2,617 black male inmates; in the East South Central division, black female patients outnumbered black male patients 1,308 to 1,229 respectively (Bureau of the Census 43). Furthermore, black patients were considerably younger than their white counterparts: of the 3,193 black patients admitted to all southern hospitals in 1910, 1,925 inmates were between the ages of 15 and 39 (Bureau of the Census 35). The patient’s recovery period was indefinite because the superintendent determined per individual if the prescribed treatment was successful. Many black women, therefore, who were admitted during their fertile years, were hospitalized long after menopause had ended their childbearing period. What the census illuminates, therefore, is social apprehension of both black female sexuality and reproduction; prolonged confinement within mental institutions indefinitely suspended the reproduction of fertile patients. The black birth rate would decrease as a result of quarantining black female patients until menopause, ensuring that genetically inferior stock would “naturally” die out.

Dianthe is similarly isolated when she relapses after a boating accident with Aubrey and his fiancé, Molly Vance, who drowns when Aubrey chooses to rescue Dianthe rather than his future wife. She is entirely in Aubrey's care—"a puppet in the hands of this false friend"—because Reuel, whom she has married, journeys to Ethiopia for a yearlong medical sabbatical (69). Once again impaired by another accident that leaves no physical injury or wound, Dianthe "lived in another world, unconscious of her own identity" (166). She is utterly dependent upon Aubrey's medical recommendation that solitude is the best treatment for her recurring condition. His prescription is indeed suspicious because of personal motives to destroy her marriage with Reuel so as to marry her himself. His version of the moral treatment fulfills both insatiable desires to cure and possess her: imprisonment within the domestic sphere will restore her mental faculties and keep her hidden from a community who believes that she has died in the river. Elizabeth Ammons notes that Aubrey's obsession exemplifies the white man's relentless pursuit of racial dominance over blacks, regardless of the kinship that connects all three characters. Kinship symbolizes "racial wholeness and healing" that in Hopkins's novel "meets total destruction at the hands of the white man, whose policy it is to deceive, silence, exploit sexually, and finally kill the black woman if she attempts to free herself from him" (Ammons 83-4).

Aubrey commits every form of the destruction Ammons describes. He absconds to his ancestral antebellum plantation in Maryland where he relocates Dianthe's unconscious body as a means of once and for all curing her hysteria. In a series of plot twists, Aubrey masterminds the assassination of Reuel in Ethiopia (a plot that fails) and convinces the now "widowed" Dianthe to be his wife. Like the matrimonial and domestic routines Reuel implements to restore Dianthe's health, Aubrey prescribes identical responsibilities but within the confines of the home

where she is constantly observed. From the perspective of the occasional guest, “life jogged along as monotonously at Livingston Hall as in any other quiet home. The couple dined and rode, and received friends in the conventional way” (171). “Monotonously” and “conventional” reflect the normalcy of their lives, which in turn symbolize the normalcy of her health. Dianthe’s labor is not strenuous, nor should it be. A woman of her race—she is told once again that she is white—and her class—she has married into money—occupies her time with social engagements and management of her domestic staff. Although hysteria is a gendered disease, Dianthe is de-sexed in the sense that her mental paralysis prevents her from satisfying feminine duties that reify white womanhood. To become a woman once again—to be therefore cured—she must relearn womanhood.

As Aubrey discovers, inculcating white femininity is a tedious process with lackluster results. Only Dianthe, for the first time in the novel, recognizes the ludicrousness of a domestic cure. Her seclusion perpetuates her illness and the “frailness of her health, weighted more and more upon a mind weakened by hypnotic experiments” (171). She occupies her time “thinking only of getting away from the busy house with its trained servants and its loathsome luxury which stifled her” (173). Managing her servants reflects her position as the white mistress as it simultaneously engenders freedom from meticulous duties she would otherwise tend to herself. Her trances become intensely vivid delusions that increase the longer she is quarantined inside Livingston Hall. The proliferation of her hysteric episodes correlates with the domestic regime of femininity that Aubrey prescribes as a cure. His treatment includes leisure time, a luxury that signifies social and economic status—the same status Dianthe’s womanhood should reflect. She does, indeed, promenade across the manicured yard but she wanders the grounds “burning with fever, and wild with a brain distraught” (170). She is performing femininity in her walks but

Hopkins's reiteration of her mental instability during her exercise negates the efficacy of Aubrey's moral treatment. Hopkins disassociates domesticity from hysteria by reinforcing Dianthe's illness—"a brain distraught"—as she partakes in the very treatment intended to cure her. Her mental condition rapidly deteriorates despite her efforts to perform womanhood as prescribed by her husband.

What makes Dianthe's illness so threatening to the eugenic purification of mental disease is her reproductive capacity to procreate degeneracy. Aubrey's grotesque version of the moral treatment subjects Dianthe to a life of rigid domesticity but she is not segregated from her spouse as was common in southern asylums to prevent copulation. Aubrey's moral treatment does not necessarily forbid sex in the way that southern institutions quarantined women to regulate birth rates; after all, a component of Reuel's original psychiatric cure is bestowing marriage *and* maternity upon his patient. Dianthe is sick, and will always be sick, because of the medical profession's perversion of kinship that paradoxically claims familial ownership of her body in the attempt to cure her. Aubrey's wealth provides him with the financial resources to procure the talents of the best practitioners in the area but his identification as Dianthe's personal physician prohibits this action. His status extends guardianship over a woman he first marries in order to secure his medical dominance over her; he is now her husband/doctor/father. His medical possession of Dianthe endangers a eugenics movement that entitled him to medical ownership of her in the first place. She is his wife/patient/child and his failure to relinquish his figurative custodial rights blinds him from foreseeing a future populated by degenerate offspring.

Aubrey's ignorance—or perhaps casual dismissal—of hysteria's uterine genesis problematizes the inherently flawed logic of eugenic "natural" selection. Aubrey's moral treatment permits copulation with Dianthe despite the reproductive stigma of her psychological

illness. For Ben Barker-Benfield, “if women were only sex organs, and female sex organs were by nature a menace to health unless run to earth by pregnancy, then women were by nature sick; and if women’s sickness was construed as intolerable social disorder, then to be a woman was a crime” (287-8). Patients like Dianthe remained in a perpetual state of illness. If hysteria was caused by irregular menstruation that obstructed normal ovulation, hysterical patients—according to this logic—could not procreate at all with dysfunctional reproductive anatomy. Gynecologists and eugenicists alike feared the genetic repercussions of degenerate breeding, when reproduction was admittedly impossible without healthy organs. Institutionalized segregation, therefore, was moot if physicians were correct that psychological disorders were merely perturbations derived from uterine disease. Aubrey and Dianthe presumably do not abstain from sex because there is no possibility of pregnancy; physicians like Battey documented an *absence* of menses as evidence of mental illness. Hysterical patients could not reproduce without menstruation; hysteria prohibited procreation, thereby reinforcing the patient’s “sickness.” Dianthe’s illness is two-fold: she is sick because she is hysterical and she is criminalized because hysteria renders her barren. The inability to reproduce marginalized hysterical patients who were forever criminals.

Gynecologists’ own logic negated the prescribed treatment intended to cure what was in reality a genetically innocuous disease. If reproduction was futile without a functioning uterus, then gynecologists had no public platform on which to espouse their eugenic rhetoric of racial birth control. Doctors concealed the reproductive truth of hysteria by redefining the anatomical origins of the disease as the entire pelvic area. The uterus remained the nucleus of the female body, but procreation depended upon the stability of all reproductive organs. This encompassed the ovaries, which physicians argued were unnecessary if the patient’s uterus was dormant

because of abnormal menstruation. At the 1877 American Gynecological Society conference, Battey outlined four instances in which he believed sterilization was necessary: “in those cases of absence of the uterus in which life is endangered; in cases where the uterine cavity or vaginal canal has become obliterated; in cases of insanity, or confirmed epilepsy; and in cases of long protracted physical and mental suffering” (Battey “Is There a Proper Field” 296). Thus, he strategically aligns himself theoretically with physicians—particularly gynecologists—who argued that hysteria originated in the uterus. He conflates the reproductive importance of both organs to justify a sexual surgery that rendered the uterus entirely obsolete, which is precisely his point: the reproductive function of the uterus is already obsolete if ovarian activity is irregular. The uterus can never produce offspring if ovulation is sporadic. The ovaries, therefore, no longer serve a purpose because the uterus no longer serves a purpose. The ovariectomy induced a premature menopause that cemented once and for all the patient’s “sickness” by supposedly curing her of mental illness.¹⁰ She could not reproduce before; and she most certainly would never reproduce now. Genetic inferiority could be eliminated by excising the ovaries under the guise of curing hysteria, despite yet another fallacy: if mental illness was genetic, and genetics are unalterable, then sexual surgery ended the corrupt bloodline but did not (could not) cleanse the patient of permanent degeneracy.

Gynecologists advocated female sterilization as a form of psychological rehabilitation, particularly for those uncommitted patients who could afford privatized medical care. For instance, the physician G. H. Rohe recognized the disparate medical treatment of women from opposing social classes. He remarked in his clinical report on insanity that “no form of treatment gave such prompt results in these cases as the surgical,” regardless of which anatomical organ

¹⁰ According to Laurence D. Longo, the majority of patients who underwent the operation were in the midst of their childbearing period and their average age is estimated around thirty years (244).

was extracted (8). He carefully notes, however, that such speedy recoveries were not characteristic of every hysteric patient, especially those who were incarcerated. “At all events,” he states, “I do not hesitate to say that this has been my own experience with women outside of an insane hospital” (Rohe 8). Hysteria was a universal disease but the treatment of it was not; cures were inherently classist. Physicians discriminated against the poor who lacked the financial means to undergo the operation. Battey was one of many doctors who first performed sexual surgery on lower income women like Miss Mary and M.E. but as a means of validating the success of the operation. Physicians like Battey, in other words, needed proverbial test subjects who served as case studies published in major medical journals. Patients like Mary and M.E., not Battey and Rohe, enabled upper class women to choose for themselves if sexual surgery was an appropriate course of treatment.

Ovariectomies pacified physicians’ fear that degenerate women of inferior stock would procreate, despite the irony that surgeons literally eliminated evidence of hereditary mental illness. During a panel discussion with Battey at the same 1881 International Medical Congress in London, Dr. William Goodell commented that in three observed cases of hysteria, the ovariectomy was a necessary operation because all three patients “showed a marked ovarian origin” of their maladies (Battey “Oophorectomy” 295). He admits that not every surgery is a success, but such disappointment should not deter the physician from performing the progressive operation. “If the operation be not followed by a cure,” he states, “the surgeon can console himself with the thought that he has brought about a sterility in a woman who might otherwise have given birth to an insane progeny” (Battey “Oophorectomy” 295). The sick woman—the criminal—might have reproduced offspring who would inherit the deficient genes of the mother. But physicians such as Goodell could never prove this assumption precisely because anxiety

over such an outcome caused them to remove the ovaries in the first place. The surgically induced menopause perpetuates natural selection that is no longer natural; inferior stock ends with those women who believe they are now cured.

Goodell's apprehension about the genetic transmission of mental illness reflects nineteenth-century evolutionary theory about heredity. Physicians like Goodell may have struggled to prove genetic degeneracy in women who could no longer reproduce but they relied on scientific evidence from other medical fields to justify female sterilization. Influenced by the French biologist Jean Lamarck, doctors argued that offspring could inherit the traits of their parents before the children were even born. The womb symbolized the site of transmission; the mother's body represented the genetic receptacle for her unborn infant. Cathy Boeckmann notes that according to nineteenth-century scientists "the individual organism strives to better itself, acquires a favorable trait, and then passes it on through heredity; under such a mechanism the individual willfully drives the forward motion of evolution" (20). Insane women who were not sterilized willfully drove evolution as well—backward, not forward. Hysterical patients with no genealogical history of mental disease could still acquire the "inferior" trait during their lifetime. They were symbolic of the hysterical point of origin that psychiatrists and gynecologists debated for decades; she introduced the psychological infection that would then contaminate generations of offspring. Sexual surgeries protected unborn generations of "superior" stock by sterilizing women who were now ironically ostracized for a permanent mental defect cured by ovariectomies. A hysteric was a hysteric for life: the surgery assuaged her symptoms but left a void permanently reminding the patient of the disease that once possessed her. She would always be identified as inferior stock.

Patients who might birth male offspring could rest assured that the purity of their family was intact. In an 1881 report presented to the Medical Society of the State of Pennsylvania, Goodell remarked “even in case of [the patient’s] mental disease, she is liable to transmit the taint of insanity to her children, and to her children’s children for many generations” (639). The patient—case zero—is still responsible for the transmission of degeneracy several generations removed from her initial reproduction. Insanity is passed to *her* children and to *her* children’s children; in each instance, the feminine pronoun “her” marks hysteria as belonging to the women within the patient’s family. “Her” could refer to the patient, just as it could refer to female offspring who are reproduced every generation. Because men could not be diagnosed with a female disease, men could not be carriers of the hysteria trait. The implementation of sexual surgeries in insanity cases illuminates the fear that patients could give birth to daughters—psychologically infected daughters. Physicians could not take such a risk, and reproduction had to cease entirely among inferior women. Male physicians successfully executed negative eugenics in the name of medicine by maintaining the correlation between hysteria and menstruation. The only “cure” for a permanent genetic defect was the removal of the reproductive organs that caused illness.

John Nickel argues that in Hopkins’s novel, women’s primary function is a biological one, to “limit sexuality to reproduction in marriage and transmit favorable heredity to posterity” (139). Furthermore, “in keeping with contemporary eugenic literature, the female body becomes an instrument to be controlled for social purposes, a vehicle to be used first and foremost for the service of the race” (139). In the antebellum south, slavery made it impossible for black women to procreate in marriage because marital unions were not legally recognized. Just as importantly, slave reproduction was exploited for future generations of laborers subjugated to white authority.

As Marla Harris notes, “by revealing each of her characters to have limited self-knowledge, particularly as regards their own family history, Hopkins undermines racism, which depends upon the notion that one can possess full knowledge of oneself and others, and that racial identity or otherness is detectable” (382). Such is the case with Dianthe’s genealogy. She learns from a freed slave woman named Hannah (who reveals that she is Dianthe’s grandmother) that Dianthe’s mother was the former domestic slave of Aubrey’s father. Both mother, Mira, and daughter, Dianthe, share the uncommon trait of succumbing to hypnotic—hysterical—trances, especially Mira. Dr. Livingston used his medical powers not to cure Mira, but rather to maintain a catatonic state that entertained him. Aubrey recalls earlier in the novel that he had “seen my father throw her into a trance-state many times” and “many a time I have known him to call her into the parlor to perform tricks of mind-reading” (50). The emphasis on “many” denote the frequency with which Mira was called to perform for her master; so “many” times, in fact, that it was impossible to recover from a mental illness that was constantly recalled in the form of psychological trances. She would transform from a “serious, rather sad Negress” who was “very mild with everyone” into a “gay, noisy, restless woman, full of irony and jesting” (51). Her behavioral patterns when suffering an attack—or induced trance—are opposite from her future daughter who would stand transfixed with “features like marble” but such a differentiation is irrelevant (167). According to evolutionary logic, Dianthe inherited her mother’s mental deficiency, regardless of the disease’s point of origin within the family line. Mira could have inherited the trait from Hannah or acquired it during her enslavement—either way, she is a carrier of the trait. This means that neither the train wreck nor the boating accident is responsible for Dianthe’s hysteria: it was embedded within her from the very beginning. And because Mira’s body was reproductively exploited, she passed the degenerate gene down to her daughter.

The perpetual rape of the female enslaved body is problematized by Hannah's revelation that Dianthe is the product of not one but two generations of incest. She confesses to Dianthe that the family is "all of one blood": Hannah and Aubrey's grandfather are the parents of Mira, who in turn is raped by Aubrey's father (her half-brother) and births Aubrey, Reuel, and Dianthe. Aubrey is raised white because Mira switched him with the true white Livingston heir who died after childbirth. Hopkins never articulates how the siblings became separated, but this is not her point. The southern taboo of acknowledging enslaved rape perpetuates the familial incest by concealing the act of incest itself. Dianthe is not to blame for marrying and presumably consummating each marriage with Aubrey and Reuel—her brothers—because lineage is the hidden self that slavery repressed. Claudia Tate argues that Dianthe is the antithesis of the archetypal feminine heroine in late nineteenth-century domestic novels. Dianthe is silenced as a method of "stimulating social reform during the early years of the twentieth century" (Tate 208). Characters like Dianthe "incite the sympathy of the reader for their racial plights" because "they are not intellectual heroines who inspire the reader with the wisdom of their viewpoints" (Tate 208). Dianthe, like her mother and grandmother before her, symbolizes the reproductive vessel of history that "speaks" the unspoken rapes that define her enslaved lineage. Decades after emancipation, Dianthe is an innocent victim of antebellum sins that are not cleansed with the abolishment of slavery. Needless to say, Dianthe is terrified about the acts she unconsciously commits but Hannah reassures her that "these things jes' got to happen in slavery, but I isn't gwine to wink at de debbil's work wif both eyes open" (176). Hannah's remark about the devil symbolizes her awareness of the perpetual white rape of enslaved women, but as a slave she had no standing to vocalize her opprobrium, even when the repeated sexual assaults involved her own family. Her refusal to "wink" signifies her refusal to ignore or overlook what she sees,

despite her inability to end the abuse. Acknowledging sin is not the same as accepting sin. If the female body is the genetic vessel for survival of the fittest races, Hannah, Mira, and Dianthe are the unwilling participants of their race's degradation. Both Hannah and Mira are conscious of the incest but their marginalized slave status silences them from unveiling the truth.

Incest was precisely the type of degeneracy eugenicists sought to eliminate, but accusations of enslaved rape was a taboo that would have prevented physicians from investigating family histories such as the Livingston-Lusk saga. Because gynecologists correlated psychological illness with uterine and ovarian abnormalities, hysteria was feminized as a reproductive disease that could be transmitted from mother to daughter. What these physicians overlooked, however, was the possibility that reproductive trauma, not heredity, was the cause of degeneracy. Psychiatrists argued that hysteria was embedded in repressed memories that the psyche could not resolve, memories that are "usually remote in the emotional past of the individual and invariably libidinal, or *sexual*, in content" (Micale 27, emphasis mine). The offspring enslaved women birthed personified the physical and emotional trauma the mother endured after rape. Female slaves reproduced their trauma with each act of reproduction. Deborah Horvitz rightly argues "if the unconscious meanings of hysterical symptoms are revealed only by understanding their traumatic precipitant, then we must locate Dianthe's hysteria in slavery and rape" (251). Dianthe's imprisonment at Livingston Hall mirrors the enslavement of her female ancestors in the sense that Aubrey's "vicious, sexual violence reenacts and repeats her original trauma (in which her hysteria is rooted), and does so quite specifically by exploiting her helplessness" (Horvitz 253). No wonder gynecologists subverted, if not outright ignored, the psychoanalytical theory of hysterogenesis: if sexual trauma is internalized during childbirth, then all offspring regardless of gender are susceptible to mental illness.

Trauma and heredity are not mutually exclusive, as early gynecologists would have their patients believe.

Although their genealogy is hidden until the end of the novel, all three siblings exhibit symptoms of that repressed sexual trauma “hidden” within themselves. The possibility that Mira’s offspring all share the same sexual trauma problematizes the feminization of hysteria. If Mira’s womb is the site in which her children’s genetics are infused, each child is susceptible to the inheritable hysteric trait that defines Mira’s lineage. The gene is in her blood; therefore, it is in *all* blood because the family is of *one* blood. Cynthia D. Schrager posits that Reuel demonstrates feminine characteristics throughout the entire novel, noting that in contrast to Aubrey’s medical seduction of their wife/sister, Reuel’s intentions are strictly pure because he succumbs to the same illness that infects them all. Hopkins “distinguishes Reuel from conventional representations of the physician-mesmerist as seducer” because he “occupies the ‘feminine’ position in the classic opposition between an active male mesmerist and a passive female trance-maiden, subverting the traditional gendering of these positions” (Schrager 317). Schrager is correct to illuminate Reuel’s psychological vulnerability but by feminizing Reuel’s hysteric trances she is merely reinstating the very gender roles Reuel (and eventually Aubrey) challenge. Feminizing Reuel’s disposition reinforces the gendered nature of hysteria—that it is a woman’s disease. What Schrager fails to deduce is the possibility that if Reuel exhibits mental instability identical to that of Dianthe, hysteria is not a gendered disease at all. Reuel’s trances cannot be feminine because hysteria is now a genderless affliction; Schrager projects a gendered medical binary that is destabilized by the fluidity of physician/patient roles. Both Reuel and Aubrey become the victims of hallucinations typical of hysterical women such as Dianthe. Reuel suffers from delusional encounters with his deceased mother, Mira, who appears to him one

night in Ethiopia: “as he stood trying to calm himself, a shadow fell across his path, and raising his eyes, he beheld the form of Mira; she beckoned him in, and he, turning, followed the shadowy figure” (161). Likewise, Aubrey believes he sees Dianthe and Molly Vance (both of whom are now dead) near the entrance of Livingston Hall and hears them call “Aubrey! Aubrey Livingston!” (189). The delusions and trances characteristic of hysteria haunt all three characters, two of whom are cured by death rather than medicine. Aubrey poisons Dianthe in a rage and Reuel instigates Aubrey’s assassination out of revenge for his murdered sister/wife/patient/child.

The novel concludes with Reuel’s expatriation, never to return again to a country founded upon—but terrified of—miscegenation. Whether or not Reuel overcomes his own mental illness is unclear, and Hopkins never reveals if Reuel and his new Ethiopian bride, Candice, procreate. The incest ends with the third generation but not because of any successful medical intervention like the moral treatment and ovariectomy. Reuel and Aubrey’s hysteric symptoms, symptoms that were defined ambiguously by physicians in the first place, circumvent male mastery of the female body by neutralizing hysteria as a gender-less illness. This does not negate the sexual trauma endured by enslaved and freed women who were victimized by evolving forms of white male aggression. Ownership of the female body merely transformed in response to a southern landscape in which the state now legally exerted power over women they deemed “inferior.” The invasiveness of sterilization symbolizes the sexual violation of women who, in *Of One Blood*, are not at fault for the inferiority that now defines them. In the sins of family “lay something beyond the reach of punishment by the law’s arm; in it was the accumulation of years of foulest wrongs heaped upon the innocent and defenseless women of a race” (164). But the subtitle of Hopkins’s novel, *The Hidden Self*, is a reminder that despite these sins, divisions of inferiority and superiority are subjective identities that inevitably collapse in on themselves because we are all

of one blood. Inferior and superior traits are ultimately indistinguishable if a single bloodline defines us all, for we all possess these same traits. Only when this truth is acknowledged can the mind finally be at peace.

Coda

“Just Like One of the Darkies”: Reimagining Reproduction in Margaret Mitchell’s *Gone With the Wind*

Sexual surgeries like the ovariectomy were merely a precursor to the influx of sterilization legislation that forced institutionalized patients to undergo operative castration. Gynecologists who asserted a correlation between pelvic disease and hysteria circumvented the civil liberties of women who were convinced by their physicians that surgery was a necessary recourse for curing psychological imbalance. After the 1902-3 serial publication *Of One Blood*, politicians believed that hysteric patients were not the only contributors to genetic degeneracy and feared that “inferior” criminals who were not classified as insane would escape sterilization. Between 1905 and 1921, eighteen states circulated sterilization bills that were overwhelmingly passed in almost every house and senate; governors from Pennsylvania, Indiana, Vermont, Nebraska, and Idaho vetoed similar bills before the statute’s enactment (Reilly 46). By 1925, sterilization programs became laws in seventeen states (Reilly 84). Virginia’s sterilization statute was approved with hardly any resistance; the act passed the House of Delegates on March 8, 1924 with 75 yeas and 2 nays and passed the Senate on February 22, 1924 with 30 yeas and 0 nays (Laughlin, *The Legal Status* 10). The governor signed it less than a month later on March 20, 1924 (Laughlin, *The Legal Status* 10). The laws were put to good use: the cumulative total of sterilizations performed in 1924 was 5,922; in 1929 that number increased to 10,877; and by 1934 the total had almost doubled to 20,063 (Reilly 97). Incarceration was no longer a method of rehabilitation but rather a

grotesque form of hospitalization that “treated” criminals like patients in need of castration “cures.”

One particular case that tested the constitutionality of sterilization laws was *Buck v. Bell* in 1924 and it was eventually brought before the Supreme Court in 1927. The Virginian Carrie Buck was a second-generation “moral imbecile” who gave birth out of wedlock prior to her institutionalization. Physicians administered the Binet-Simon I.Q. test and concluded that both Carrie and her mother Emma had a mental age of between eight and nine years, which medically classified both women as “morons” (Kevles 110). Although Carrie had already reproduced once, she was sterilized in September 1924 to prevent the proliferation of moronic offspring in the state and nation. The law was upheld, and in the words of Justice Oliver Wendell Holmes, who composed the Court’s opinion, “three generations of imbeciles are enough” (Kevles 111). The Court’s ruling illuminates the intimate relationship between science and society; the law determines who can and cannot reproduce, consequently engendering new classes of people who have been genetically engineered to embody the “superior” traits necessary for survival in an evolving racial landscape.

But what of poor Vivian, the innocent “feebleminded” child of Carrie Buck? Carrie was indeed sterilized, but only after she had given birth to a daughter in 1924. Vivian sadly died of an intestinal disorder after completing the second grade in 1932, but she is no less important than her mother who battled for individual reproductive rights. During Vivian’s infancy, she was placed in foster care after physicians concluded that her competency was abnormal for a seven-month-old child. Caroline E. Wilhelm, a Red Cross worker who was responsible for the child’s temporary placement, conducted her own physical examination on the infant in addition to the mental tests performed by doctors hired by the Eugenics Record Office. At the first legal

hearing, Wilhelm “testified that there was ‘a look’ about Vivian” which she felt was “‘not quite normal’” (Kevles 110). Vivian was born seemingly healthy, with no physical deformities or mental retardation other than her low score on the administered cognition tests. Wilhelm’s testimony that Vivian had a peculiar appearance transcends scientific documentation of imbecility, in that facial features denoted genetic inferiority without the support of medical evidence. Vivian’s “look” alone betrays her degenerate heredity. Feeble-mindedness is now *recognizable*, not medically detected by a series of mental aptitude tests. A person’s appearance could determine if legal appropriation of an individual’s reproductive rights was necessary to end genetic deficiency.

Using a person’s “look” to support medical diagnoses was a dangerous power that pervaded nineteenth-century reproductive healthcare. Female patients entrusted their health to respected physicians who abided by racist ideologies of anatomical differentiation in black and white women. The nineteenth-century realms of medicine and society coalesced into a sphere in which the expertise of gynecologists dictated public social mores by regulating private acts of copulation. Sexuality and reproduction were conflated: confining intercourse to procreation relegated women to a life of perpetual pregnancy, as sexual deviants were socially ostracized for their disobedience to such suffocating gender roles. In the south, social perceptions of reproduction were informed by the systematic subjugation of blacks. An individual’s racial identity was determined by outward appearance and confirmed by internal physiology; racial signifiers were medically manipulated to reinforce the very existence of racial difference. A woman’s “look” opened the door to medical inspection that solidified the racial and sexual subjugation forced upon her from the very beginning.

These social projections of racialized reproduction are merely fantasy. However, authors who perpetuate archaic southern medical practices problematize the line separating fantasy from reality. In essence, these writers are not recapitulating southern history but rather recording medical fiction as fact. Margaret Mitchell's 1936 novel *Gone With the Wind* provides an example. In *Gone With the Wind*, physical appearances denote and simultaneously camouflage race. The novel's heroine, Scarlett O'Hara, embodies antebellum southern femininity: chastity, virtue, ancestry, affluence, and just as importantly, *whiteness*. Scarlett performs the role of southern debutante because she "looks" the part. What complicates Scarlett's whiteness is her hidden blackness that is exposed during Melanie's parturition. As she assists Melanie's delivery, Scarlett recapitulates the painlessness of her own birthing experience: "I was out in the yard and I didn't hardly have time to get into the house. Mammy said it was scandalous—just like one of darkies" (341). Scarlett's anatomical classification as a "darky" temporarily comforts Melanie with the possibility of an identical childbirth. Unfortunately, Scarlett deduces with "none too sanguine hopes" an interior racial differentiation between the two women despite their exterior whiteness (341). Scarlett's inspection is inherently problematic: her ephemeral observation of Melanie's frail hips is impermissible within a fictional world in which anatomical knowledge of the white female body is an inviolable southern taboo. However, this "look" is permissible because the transmission of reproductive knowledge is impossible between two women racially differentiated from one another. In contrast to Melanie's traumatic delivery, Scarlett's first child arrives painlessly because she is described as one of the "darkies," racially coded language justifying the medical simplicity of her reproduction. As Scarlett's potential expulsion from the Cult of True Womanhood is prevented by her identification as a "darky," it simultaneously symbolizes a "black" woman's penetration of a Cult constructed exclusively upon whiteness.

Although the correlation between primitive childbirth and African Americans is racist fiction packaged as truth, Mitchell creates Scarlett as a symbol of reproductive independence from both male physicians and midwives in the southern birthing chamber. And yet, nineteenth-century southern birthing customs are reimagined in Mitchell's attempt to historicize women's reproductive healthcare within a southern environment destabilized by the Civil War. Her fictional southern universe pivots on the delicate axis of racial order maintained by the subjugation of black bodies long after the abolishment of slavery. For Mitchell, the fictional story personally encapsulated a regional history that, reminiscent of the title, was lost. In a letter to the *Atlanta Journal* columnist Harry Stillwell Edwards, Mitchell boasted of the historical accuracy of the work: "You see, [my father] was especially anxious that Southerners and Georgians should like my book and especially afraid that they wouldn't, although the book is as true as documentation and years of research could make it" (Mitchell 14). To immortalize a time once forgotten would revive the dormant memories of an audience disconnected from what Mitchell perceived as tangible southern roots. She unapologetically confessed to Edwards, "You see, those words give me a firm rock to stand upon when ignorant people who do not know the sad history of the South shout against me that I have overdrawn my picture" (Mitchell 15). The past might be "sad," but Mitchell recognized that any omission of the truth would impede the enlightenment she instigated in her readers.

The sad southern landscape Mitchell recorded is occupied by flawed characters disembodied from their mythologized perception of a harmonious plantation economy. The dissolution of plantation society after the abolishment of slavery altered specific antebellum birthing customs Mitchell attempted to reinstate in the novel. According to Sally B. McMillen, southern physicians and midwives traditionally assisted difficult childbirths together but the

primary obstetrical attendant called upon by the patient during confinement was a female midwife. McMillen argues that childbirth was so physically excruciating that “white women were grateful to anyone who could ease their pain and render assistance” (70). What is especially remarkable in McMillen’s postulation is that this maternal appreciation for skilled midwifery transcends hegemonic constructions of race and class divisions. The mothers are appreciative of *anyone*, a term that defies race and class specificity, with the skills necessary to alleviate the physical burden of childbirth. Few southern doctors contested the medical assistance offered by midwives who could have been female slaves or free black women.

Despite the gradual substitution of midwives by formally educated obstetricians, few southern doctors were foolish enough to eliminate the expectant mother’s coterie of white and black attendants. Camaraderie in the birthing chamber is evident in an 1825 letter sent to Dr. James Carmichael, a Fredericksburg, Virginia physician whose services were needed during a perilous childbirth at the home of a Mr. D. Gatewood. The seriousness of Mr. D. Gatewood’s case is apparent in his request for a substitute physician should the letter find Dr. Carmichael detained. The note was dispatched on January 19 for an anonymous woman on Gatewood’s homestead in dire need of medical attendance—unable to deliver her child. “Dr Sir,” the letter begins, “I have a woman Very ill She has been in labour [sic] ever Since Monday Night 9.oclock, And Cant be delivered. As Soon as She is taken up She has the Cramp so bad that they Cant do nothing with her” (Gatewood). January 19 was a Wednesday, meaning that the mysterious woman was in labor at least two full days before Carmichael or an associate had been contacted. Gatewood’s course of action was by no means negligent, for the urgency with which he summoned Carmichael derived from the failure of rural midwives to induce the childbirth: “Says all her Misary in her thighs, they Say the child is right And nothing is rong as they can

discover, She is of Middle age & Several years Since She had a child you will Judge better when you come [sic]"(Gatewood). The very act of seeking Carmichael's presence signifies an impending emergency beyond the obstetrical jurisdiction of the current assistants. If nothing were "rong," the child would have been delivered according to midwifery protocol. Dr. Carmichael's services would have been rendered elsewhere.

The diagnosis of the unborn child's positioning within the womb as "right" implies that something is indeed "rong" with the parturient woman's anatomical capacity to deliver the baby. She has delivered at least one child in the past—"Several years Since She had a child"—presumably free from complications; given her previous problem-free deliveries, Gatewood is perplexed about why difficulties have arisen now. It is possible, therefore, that the attendants lack the proper equipment and knowledge to thoroughly examine the woman's womb in case the child's position has become inverted. The situation requires advanced medical training rather than uncertain postulation that could end the lives of both the mother and child. Gatewood bestows upon Carmichael, therefore, the medical authority to "Judge" the situation with the intention of expediting the childbirth. Preservation of life depends upon the repeated transferring of obstetrical ownership of the anonymous woman's body; Carmichael's examination occurs only after the misdiagnosis by the unidentified third party, but transference is by no means disempowering. Gatewood's repeated use of the pronoun "they" implies that a multitude of observers had medical access to the mother's body, for "*they* Cant do nothing with her," "*they* Say the child is right," and "nothing is rong as *they* can discover" (my emphasis). What such a seemingly insignificant word suggests is that childbirth was a communal act experienced within an intimate coterie of family, friends, and attendants. Sustaining the lives of the laboring mother

and unborn baby opened both the birthing chamber and female body to those persons qualified to ameliorate the physical trauma of parturition.

At one time a communal space occupied by enslaved or free black female midwives, the postbellum birthing chamber became a medical arena in which male physicians exerted their mastery of women's reproductive issues. Obstetrics emerged in the mid-nineteenth century as an independent branch of reproductive medicine specializing in the study of childbirth. The very notion that female anatomy could be learned in academic training differentiated physicians from midwives who relied not on formal education but rather experience to deliver babies. According to Charlotte G. Borst, obstetrics redefined women's healthcare by professionalizing the medical training and surgical skills necessary to prevent or respond effectively to complications of pregnancy. The birthing room became a space in which licensed medical professionals produced and regulated "a distinct and exclusive body of knowledge" that was foreign to uneducated midwives (Borst 2). Inclusion in the profession hinged on comprehension of anatomical terminology that demonstrated a mastery of female reproduction. Midwives who lacked formal schooling were subsequently marginalized from the emerging field of obstetrics because the male physicians' exclusive medical education and the related scientific jargon were inaccessible to them.

In Mitchell's world, history is literally rewritten as she reconstructs an archaic southern culture and society in which black midwifery is subverted by the patriarchal gaze of white male physicians, such as Dr. Meade. Presented as Atlanta's premiere physician, Meade's accoucheur experience prior to Melanie's delivery informs his prognosis that her childbirth will be excruciatingly traumatic: "She is going to have a difficult time, even in the best of circumstances—very narrow in the hips, as you know, and probably will need forceps for her

delivery, so I don't want any ignorant darky midwife meddling with her" (316). Meade's specific use of the word "ignorant" suggests that midwife-attended births were responsible for the irrevocable reproductive afflictions endured by women. What Meade achieves by accusing midwives of ignorance, therefore, is an uncontested standard of professionalized obstetrical prestige. Belittling the medical expertise of black midwives circumvented female authority within the birthing chamber by repositioning male physicians as the primary deliverers of children. Historically, midwives had not yet been removed from the room; they had simply become secondary assistants. As Borst notes, by 1900 "half of all the children born in a given year in the United States were delivered with the help of a midwife attendant" (1). If Meade is correct in his prophetic diagnosis of Melanie's parturition, then the assistance of an experienced midwife would exponentially increase her chances of surviving the delivery. How bizarre, therefore, that the fictional physician would echo the sentiments of an obstetrician promoting his own reputation by denigrating the medical repertoire of black midwives. Preserving the lives of parturient women and their unborn children temporarily circumvented social hierarchies constructed upon racial difference by permitting white or black, male or female medical attendants to enter the birthing chamber. Meade's remark completely reverses the openness of parturition by closing off Melanie's body to unwelcome spectators he perceives as intrusive. The impenetrable racial barrier created by Meade's derogatory comment now figuratively fortifies Melanie's body. Her distinctly narrow—distinctly white—hips are anatomically unknowable to any black midwife who might consider attending the birth.

Meade decides that black midwives should be banned from Melanie's birthing chamber because of their unfamiliarity with operative equipment such as forceps. Access to Melanie's body during parturition depends upon knowledge of obstetrical tools employed by those with the

appropriate training to use them. The application of forceps symbolized obstetrical skills inculcated in medical institutions that excluded women now perceived as ignorant attendants. As William Leishman notes in his 1880 medical treatise *A System of Midwifery, Including the Diseases of Pregnancy and the Puerperal State*, “the subject of operative Midwifery, naturally commences by a consideration of the great Prime Mover of Obstetrics, as the Forceps has not inaptly been termed” (460). The assistant who wielded the forceps asserted obstetrical power in the birthing chamber. According to Leishman, “the greater frequency with which we avail ourselves of its aid, as compared with other methods of instrumental and operative assistance, fully entitles it, and its application in practice, to the prominent position in which the subject is invariably placed” (461). This prominent position belongs solely to Meade, who references forceps as the means with which to exert his medical control over the female body. Scarlett has little recourse than to deduce that Melanie’s future parturient agony would be perpetuated by the officiousness of midwives should forceps be literally placed in their “meddling” hands. Meade’s medical prejudice is indeed contagious.

The slightest reconsideration of midwives’ medical credibility statistically increases the probability of their presence in the birthing chamber. Meade’s obstetrical spectatorship would be shared should Melanie request the assistance of a midwife. The physician Joel Shew remarked in his 1856 obstetrical manual *Midwifery and the Diseases of Women* that unless expectant mothers possessed the endurance of primitive Third World women, “people should, themselves, be the judges” of employing physicians during labor (vii). But Meade stymies Melanie’s ability to choose a birthing attendant by eliminating all other obstetrical contenders. As the women discuss Melanie’s complex predicament, Meade abruptly interrupts the conversation upon hearing the word “midwife” spoken. Demonstrating her awareness of birthing practices, Melanie states, “But

there are midwives—“ to which Meade brusquely rejoins, “I said doctor” as “his eyes unconsciously went over her tiny frame” (315). The authoritativeness of his opprobrium stuns Melanie into silence as evidenced by the dash denoting the incomplete sentence. His unapologetic medical candor in stating that Melanie would risk delivering her child on a train or in a buggy should she be relocated from Atlanta permanently extracts midwives from the discussion by ending the discussion entirely: “This medical frankness reduced the ladies to embarrassed blushes and silence” (315). The directness of his consultation obviates any potential rebuttal from women ignorant of their own anatomy. His obstinate rejection of midwifery establishes a gendered standard of prestigious medical attention and care that is unopposed by the women—Meade’s mandate ensures that his prestigious medical pedigree will be unchallenged by midwives lacking formal medical training. It is a medical precedent confirmed by the silence of the women.

Meade’s uncontested medical superiority is reinforced by both his physical and observational access to Melanie’s body. Physicians were privileged with the right to conduct examinations that entailed visual inspection of the female body; and yet, Meade’s gaze is strangely uncontrollable. His uncanny look that eerily inspects Melanie’s body—“his eyes unconsciously went over her tiny frame”—is startling in the sense that his observation occurs unwillingly (315). “Unconscious” insinuates that medical spectatorship is an unintentional violation of the anatomical privacy of the white female body. Dr. Meade does not desire to look; he merely does so as is required by his occupation. The obstetrical attendant—either male physician or female midwife—dictates medical spectatorship. Therefore, the doctor’s defamation of midwifery is motivated from an egotistical desire to maintain primary ownership of a gaze that becomes fractured should midwives accumulate female clientele. Richard W. Wertz and

Dorothy C. Wertz's assessment of the transition from midwifery to professionalized male medicine bolsters this analysis. Wertz and Wertz argue that the emergence of obstetricians began with methodical institutionalized training: men "came to adopt a view endorsing more extensive interventions in birth and less reliance upon the adequacy of nature," a perception that "led to the conviction that a certain mastery was needed, which women were assumed to be unable to achieve" (47). Meade projects this masculine medical mastery at this particular moment with the exclamation "You've got to stay right here where I can watch you" (315). Distrusting the medical skills of the midwives in the county, Meade assumes medical ownership of Melanie's body through the aggressive possession of medical spectatorship.

Meade's control over Melanie's body is upheld not by an exhibition of his surgical capabilities but rather by the ludicrousness of Prissy's behavior during Melanie's parturition. The ease with which he convinces Scarlett and Melanie of the obstetrical ineptitude of midwives is unsurprising. Prissy's identification as a midwife is laughably dismissible—she embodies the stereotypical characteristics of a flighty, vapid, incompetent female slave dependent upon the rule of her white masters for basic survival. As Beau's birth becomes imminent, Prissy confesses "Ah's lyin', Miss Scarlett! Ah doan know huccome Ah tell such a lie. Ah jes' see one baby birthed, an' Maw she lak ter wo' me out for watchin'" (351). Her confession is strangely paradoxical. Prissy's coerced lie is illogically evidenced by the recapitulation that she has, indeed, attended childbirth. The fraudulence of her testimony is bolstered by the textual insinuation that she has violated the taboo of black access to the female body. Prissy cannot be simultaneously ignorant and experienced, and the fragmented recollection creates doubt as to whether or not her observation actually occurred. Her contradictory mannerisms actually confirm Gertrude Jacinta Fraser's belief that midwifery was specifically racialized as black to preserve

the purity and ignorance of white women. “Because of [midwifery’s] associations with African American women and with slavery,” Fraser writes, “it may well have been perceived as an inappropriate craft for white women to pursue” (187). Thus, “despite their struggles with physicians, midwives had considerable authority by virtue of their knowledge of the body” (Fraser 187). As the daughter of an experienced midwife—Dilcey—it seems entirely plausible that Prissy would follow in her mother’s occupational footsteps; her training would have entailed assisting the deliveries of numerous women. The slightest recognition of Prissy’s experience as pertinent to Melanie’s situation implies that she has retained and is capable of recalling anatomical knowledge of the body. Because Meade genders obstetrics as male and racializes it as white, Prissy is transformed into a pathetic caricature of midwifery.

Mitchell’s blatant discrediting of the entire system of midwifery illuminates the redirection and projection of twentieth century anxieties of black female voyeurism. The inaccessibility of the medical gaze denies Prissy the position of primary birthing attendant during Melanie’s childbirth. Compulsively monitoring Prissy’s line of sight illuminates the anxiety of black-on-white voyeurism during a time in which the racial exchange of observation was commonplace in the birthing chamber. As Todd L. Savitt postulates, “midwifery was an art which at least one slave on most large Virginia plantations learned and practiced, not only at home but also throughout the neighborhood” (182). At a time in which “nine-tenths of all deliveries among the black population ... were conducted by midwives, most of whom were all black,” midwives also attended half the white women in the area (Savitt 182). In historical context, the statistical probability that Prissy had assisted and observed a white birth is all the more reason for Mitchell to discredit Prissy’s experience by obliterating her gaze. According to Prissy, she is not castigated for attending the childbirth; she is lambasted for watching the

delivery. There is a distinct disparity between “see” and “watch” in her confession. Watching insinuates an intimate inspection of reproductive processes that informs the attendant’s medical comprehension of the female body. Her claim of obstetrical expertise is permanently negated and contradicted by the physical redirection of the look—her mother literally beats the gaze into extinction. Thus, the suppression of the gaze stymies the internalization of anatomical knowledge unknowable to Prissy, regardless of the credibility of her memory. Although Linda Williams believes that “Prissy’s immaturity makes possible Scarlett’s maturity” (211), Scarlett’s exasperation betrays her contempt for Prissy’s futility, not immaturity: “For a moment her mind refused to accept the truth, but when realization finally came to her that Prissy knew no more about midwifery than she did, anger went over her like a flame” (352). Suppression of the gaze prevents Prissy from both processing and recollecting an experience applicable to Melanie’s arduous childbirth. The psychological inability to remember the specific details of the delivery she observed results in her disorientation and the perpetuation of her medically incompetent image.

Neither Prissy nor Meade serves as Melanie’s attendant during her confinement. Detained by his patriotic obligations to treat wounded Confederate soldiers, Meade is forced to relinquish medical possession of Melanie’s body. Prissy’s hysteria renders her services pathetically obsolete. The single remaining assistant is Scarlett. However, momentarily assuming the role of midwife could produce irreversible consequences that would threaten Scarlett’s place within the Cult of True Womanhood. Despite the 1936 publication of *Gone With the Wind*, the novel accurately situates the white female characters within the Cult that regulated nineteenth-century femininity. “If anyone,” Barbara Welter posits, “dared to tamper with the complex of virtues, which made up true womanhood, he was damned immediately as an enemy

of God, of civilization, and of the Republic” (44). A woman’s violation of any single aspect of the Cult resulted in her immediate expulsion from it and in her being denied even the attribute of femininity itself. Delivering Melanie’s child compromises Scarlett’s allegiance to the Cult. Although a mother herself, Scarlett’s ephemeral acquisition of the medical gaze contradicts the perception of bodily purity she projects. Should she be charged with successfully delivering Melanie’s baby, Scarlett could no longer claim ignorance of female reproductive processes. She cannot unlearn what will be seen, and her delivering the baby without complications exhibits obstetrical mastery of female reproduction that rivals Meade’s own expertise. Even to be accused of possessing parturient skills derived from prior experiences with childbirth would banish Scarlett from the Cult.

Preventing Scarlett’s marginalization from white femininity hinges on silencing the malicious rumors of Melanie’s delivery that would surely be disseminated throughout the Atlanta community. Scarlett’s ignorance of obstetrics is maintained by the racialization of female reproductive anatomy. As Prissy hopelessly traverses the town in search of medical assistance, Scarlett feebly attempts to ameliorate Melanie’s apprehension about an impending delivery she has been told will be difficult. When Melanie inquires after Scarlett’s own birthing experience, Scarlett replies with guarded optimism and forced cheerfulness that “I was out in the yard and I didn’t hardly have time to get into the house. Mammy said it was scandalous—just like one of the darkies” (341). Momentarily pacified, Melanie rejoins, “I hope I’ll be like one of the darkies, too” (341). It is this statement that, similar to Meade’s gaze, invites Scarlett to inspect Melanie’s “tiny hips with none too sanguine hopes but [to say] reassuringly, ‘Oh, it’s not really so bad’” (341). Melanie’s comment engenders a gaze that racially inscribes anatomical disparity between the two women. What follows is the racialization of the observing subject who perceives herself

as reproductively dissimilar from the personification of white parturition that lies before her. Scarlett's anatomical primitiveness is intended to illuminate the reproductive irregularity of the *spectator* in binary opposition to the idolized whiteness of Melanie's painful labor. The racial differentiation of their reproduction ensures Scarlett's participation in a delivery not requiring the recollection of an experience inapplicable to Melanie's situation. Recollection is impossible because no memory of Wade's birth exists: "she tried to think of all the things Mammy and Ellen had done for her when Wade was born but the merciful blurring of the childbirth pains obscured almost everything in mist" (352). Remembrance of Wade's birth is conveniently camouflaged not by mist but rather by Scarlett's identification as a "darky." Her memory is misty precisely because of the alacrity with which Wade is primitively delivered from his "darky" mother.

There is little Mammy or Ellen could have done for a southern white woman embodying the racist stereotype of effortless African childbirth. Tess Cosslett explains that the primitive woman is "often identified as 'African'" and "goes into the bushes on her own, gives birth painlessly and without fuss, and returns immediately to her work in the fields" (9). The simplicity of childbirth enables the primitive mother to satisfy her reproductive obligations without compromising the economic contribution of her physical work. She is both producer and *reproducer*. Balancing the doubleness of her labor required an intense consciousness that Cosslett believes to be "the key to the process of giving birth" during "natural" parturition (2). Scarlett's account—or lack thereof—of Wade's delivery problematizes Cosslett's historical investigation of childbirth primitivism. Because Scarlett navigates the hegemonic construction of white femininity as an anatomically racialized "black" woman, her natural childbirth must be rewritten as unnatural *unconsciousness*. "Racialized" does not reappropriate whiteness; it merely signifies a liminal space in which whiteness and blackness are amalgamated. Although the

relative ease with which Wade is born symbolizes his mother's racialized reproduction, Scarlett must carefully negotiate the racial duality of her anatomical composition. Her reproductive blackness must be asserted to access Melanie's body without threatening her place within the Cult of True Womanhood. The inability to recollect the infant's delivery protects the chastity of her white femininity even as it cements the anatomical differentiation between Scarlett and Melanie.

For some nineteenth century anthropologists, bone structure measurements determined a woman's race by calculating the level of pain suffered during childbirth. In his essay "On the Osteology and Affinities of the Natives of the Andaman Islands," William Henry Flower believed that the pelvis was one of the most important biological indicators of race. Flower determined that "there is much interest in the study of 'the pelvic index,' or the ratio of the antero-posterior to the transverse diameter or the brim" and a high index indicated "an infantile" or "animal tendency" (122). He calculated that black pelvises were between ten to twenty index points higher than those pelvises of white bodies (Flower 122). There is no question that Flower's anthropological correlation between "animal tendencies" and the black body is racist; but his meticulous calculations confirm the racial hybridity of Scarlett's femininity. As the primitive "darky" mother, Scarlett's natural—painless, quick—childbirth is made possible by the infantile hips and pelvis Flower describes. Pelvic narrowness indicated the whiteness of the female body, whereas pelvic girth identified the female body as black. He presumes that the wider the pelvis, the easier the delivery. This logically assumes that Scarlett is biologically equipped with a black pelvis if she is anatomically classified as a "darky." However, it should be noted that there is a distinct biological difference between the pelvis and the female waist. Earlier in the novel when Scarlett dresses for the barbeque at Twelve Oaks, she narcissistically

admires her girlish figure in the mirror: “And as for her waist—there was no one in Fayetteville, Jonesboro or in three counties for that matter, who had so small a waist” (91). The racialization of Scarlett’s pelvis does not racialize her other white physical features. Although a high index on Flower’s pelvis scale indicates width and breadth of the bone, the index does not accurately indicate waist measurements. Scarlett’s garments can be, and are, manipulated to create the illusion of a narrow waist that visually distracts the spectator from the anatomical features of her body, such as the hips and pelvic regions.

White women seeking to assuage the physical trauma of childbirth could imitate the purported ease with which “primitive” women like Scarlett reproduced. The excruciating pain of childbirth was perceived as a biblical curse upon women but some nineteenth-century physicians such as M. L. Holbrook argued that public opposition to the mitigation of parturient suffering was medically inhumane. The title of his 1891 obstetrical text *Parturition Without Pain, A Code of Directions for Escaping from the Primal Curse* suggests that childbirth afflictions could be eliminated entirely by simplifying the diet and exercise regimen of expectant women. He recapitulates the medical opinions of traveling physicians who witnessed painless childbirth firsthand. “There is great reason,” Holbrook records, “for believing that among some savage races neither pregnancy nor labor interrupts the usual avocations and movements of the mother, except, perhaps, for an hour or two at the birth itself” (20). The painlessness of labor is miraculous precisely because it does not interfere with the completion of other domestic responsibilities as required of women’s gender. The alacrity with which these new mothers return to their quotidian duties is attributed to a lifestyle disparate from those of First World ladies. Savage women “live much in the open air, take much exercise, and are physically active and healthy to a degree greatly beyond their more civilized sisters” (Holbrook 24). For Holbrook,

the level of suffering during delivery was directly proportional to the healthiness of the mother. The healthier the mother, the more primitive—easy—her childbirth became. He lobbied, therefore, for the devolution of the female reproductive anatomy.

Scarlett's unconsciousness during childbirth thus enables her to attend Melanie's delivery without fear of projecting disremembered expertise that is conveniently dismissed as useless. Mitchell cleverly suspends the narrative with asterisks that both denote the delivery and abbreviate the physically excruciating ordeal. Scarlett adamantly protests Melanie's conviction that she will succumb to the pain she endures, subsequently refusing to leave the bedside of a woman she promised to deliver. In an attempt to release Scarlett from her nursing duties, Melanie weakly responds "'You might as well [leave me], I'm going to die.' And she began moaning again" (355). The three asterisks that immediately follow this declaration function as an abrupt section break in the middle of the chapter. When the text resumes, an entire afternoon has passed and Beau has been delivered. The asterisks, therefore, symbolize a condensed version of Melanie's labor that in actuality was protracted and physically excruciating. The symbols obstruct entry into the birthing chamber as they deny the reader emotional participation in the childbirth. Of course, a community of female empathizers never existed before the commencement of Melanie's labor: Scarlett's antipathy and Prissy's apathy for Melanie's situation transform birthing into an isolated, individual experience absent of emotional support. This moment of textual fragmentation complicates Alice A. Adams's belief that child-birthing narratives "restore a lost wholeness" during parturition by reinvigorating "the 'real' sensation of labor or other bodily experience" now made accessible through narrative or analysis (7). However, the meticulously positioned asterisks interrupt Melanie's narrative to protect the private reproductive processes of white women. Likewise, the asterisks symbolize Scarlett's

temporary possession of the medical gaze without diverting medical ownership from obstetricians momentarily dispossessed of the gaze. Scarlett presumably looks but the childbirthing account does not detail *when* the attendant looked, *where* she looked, and *why* she looked. Explicit identification of Scarlett as the medical spectator would expropriate the medical gaze from white male physicians such as Meade.

After Scarlett successfully delivers Beau, she must relinquish possession of the medical gaze to reintegrate into the Cult of True Womanhood. She must unlearn an experience that solidifies her loss of innocence; she must reinforce the purity of her femininity despite the loss of such chastity when she herself gave birth. To do this, she suppresses the experience only moments after the delivery: as she descends the staircase, the exhausted but triumphant accoucheur ponders “How could she go to sleep? Scarlett forgot that she too had gone to sleep after Wade was born. She forgot everything. Her mind was a vacuum” (356). Although the asterisks lack temporal specificity, Melanie’s childbirth presumably occurs in less than twenty-four hours; the chapter in which Beau is born begins in the afternoon and concludes with his delivery during the night of the same day. Despite how quickly Scarlett forgets, she must promptly relegate the experience to the psychological abyss of her subconscious. Forgetting “everything” keeps Scarlett from internalizing what she has learned about reproductive processes, a knowledge that threatens the purity—or ignorance—of her white femininity. The temptation to summon her memories of Wade’s birth contradicts her claim of having forgotten everything about his delivery. The term “everything” suggests that Scarlett will never recall information permanently lost in her psyche.

Scarlett’s reentry into the Cult of True Womanhood is also bolstered by the novel’s emphasis on the ephemeral nature of Scarlett’s position as obstetrical attendant. Her inner

monologue continues with the contemplation “How could she sleep after that nightmare of screaming pain and ignorant midwifery that hurt more than it helped? Why wasn’t she dead? Scarlett knew that she herself would have died under such handling” (356). She denigrates the remarkableness of her medical achievement with deprecating thoughts condemning her obstetrical assistance. Anne Jones believes that the crux of the novel is Scarlett’s resistance to representations of blackness: “Some of the vitriol towards blacks (specifically towards Prissy) takes its energy from precisely the same source; Scarlett is repulsed by incompetence and total dependency because she has had to fight to repress those very desires in herself” (110). Jones is correct to elucidate Scarlett’s alignment with medical incompetence but her identification is not repressed—quite the opposite. Scarlett must publicize her reproductive ignorance to verify the purity of her outward whiteness. Her private postulations, therefore, are recorded for public viewing so that she may reinforce Meade’s hypothesis that professional male practitioners should care for parturient women. Because Meade establishes “ignorant” as the linguistic signifier of blackness, Scarlett racializes herself as evidence of her medical charlatanism. Her medical assistance is officious—meddlesome, as Meade states—and subsequently hurts Melanie more than benefits her. Of course, Scarlett’s critique of her participation during the birth is completely untrue. Melanie survives because of Scarlett adapts to the medical situation and delivers the baby without proper training or equipment.

Although Melanie becomes pregnant for a second time, she is anatomically incapable of sustaining both maternal and fetal lives past the first trimester of pregnancy. Betina Entzminger touches upon Melanie’s death when she asserts that “symbolically, it is Melanie’s desire for motherhood—the crowning glory of the Southern lady, during which her potential for womanly devotion and self-sacrifice reaches its height—that destroys her” (113). Mitchell strategically

omits any invasive details that might encroach upon the privacy of her death. Melanie's room is open to both close family and the reader but her body is safeguarded from authorial explication of the gory physical effects of suffering a miscarriage. Speculation suggests that the miscarriage engendered unstoppable hemorrhaging. More importantly, Mitchell's decision to terminate Melanie's life by terminating her pregnancy within the first three months of conception illuminates the author's manipulation of nineteenth-century medical history. As early as 1841, venerated physicians such as Fleetwood Churchill were publishing case studies championing emergency surgical procedures such as Caesarian sections. In *Researches on Operative Midwifery*, Churchill goes so far as to assert that the operation "does afford a chance to both mother and child, and that therefore we may be justified in having recourse to it" (225). Furthermore, he passionately argues that failing to perform a Caesarian section "would be grievous neglect of duty" if no other method of delivery were possible (Churchill 225). Should Melanie have carried her second child to term, a Caesarian section could have been performed to circumvent the foreseeable complications posed by her narrow hips. Such a surgery ensured that anatomical abnormalities were no longer as great a threat to the expectant mother's life. In Mitchell's fictional southern world, operative procedures that trump a woman's reproductive composition cannot exist. Melanie is a physiological anomaly displaced, and therefore discarded, within a reconstructed southern environment purged of feminine frailty.

During Melanie's death scene, medical spectatorship and ownership of the female white body comes full circle back to Meade. Melanie's death solidifies his original diagnosis that despite her fecundity, her "white" anatomy cannot sustain the maturation of fetal life beyond conception. Scarlett refuses to accept Meade's grim prognosis until she personally confronts Melanie's dying body. In vain, she hopes that "it can't be true, she thought vehemently, trying to

push back the fear. Doctors make mistakes” (931). If Melanie survives her second pregnancy, Meade’s medical authority and credibility diminishes and his reputation becomes that of an imposter. For instance, Ashley confesses, “She wanted to wait three [months]—til she thought it safe and then surprise you all and laugh and *say how wrong the doctors had been*” (932, my emphasis). Proving the doctors wrong would expropriate medical expertise from the attending male practitioners to the pregnant women themselves. Melanie’s death eliminates any subversive attempt to self-diagnose her medical condition. Her inability to procreate symbolizes the inability to reproduce the white womanhood she emulates. The reproduction of antebellum white femininity dies with Melanie’s narrow hips in pregnancy.

If there is a triumphant survivor at the conclusion of *Gone With the Wind*, it must be Scarlett O’Hara. And yet, some critics refuse to acknowledge Scarlett’s feminine blackness as engineering her survival. Kenneth O’Brien comes to the bizarre conclusion that “as extraordinary as it may sound, Mitchell’s novel would still hold together and still make sense if all the comments on black characters were eliminated or even if black characters disappeared. Race relations ... are largely background material for Mitchell” (163). But these race relations ensure Scarlett’s successful negotiation of a fragile postbellum southern world never healed by the well-intentioned, but poorly executed, Reconstruction era. The implementation of racialized femininity strengthens Scarlett at the end of the novel: “With the spirit of her people who would not know defeat, even when it stared them in the face, she raised her chin” (959). The ambiguity of the phrase “her people” reflects multifarious familial identities that are as diverse as her physiological composition. Visually white but anatomically black, Scarlett mediates the boundary between “people” who are undefined in the penultimate paragraph of the text—she maneuvers racial divisions as a woman secure and confident in the black/white womanhood she

represents. “Tomorrow is another day” for the new southern woman empowered and sustained by the black racialization of white femininity (959).

Scarlett O’Hara’s reproductive victory over professionalized women’s health care is certainly problematic: the racist stereotype of black primitive childbirth creates the new southern femininity she now symbolizes. In essence, Scarlett ensures her own reproductive agency by transforming into a caricature of the very “darky” traits she despises throughout the novel. Unlike Prissy, Scarlett’s blackness empowers her to transcend the medical invasiveness that came to define gynecological medicine throughout the nineteenth century. Her experiences historically intersect the “birth” of gynecology and successfully challenge almost a century of medical care that has yet to become completely professionalized during the novel’s time frame. Her triumph demands our attention: fictional and real women alike fought for reproductive control during a time when physicians negated that autonomy. Gynecological procedures that cured reproductive diseases evolved in correlation with physician’s motives in implementing surgeries such as the three-stitch suture and ovariectomy. Women were certainly healed, but physicians dictated reproductive rates—all under the guise of curing the patient.

Nearly one hundred and forty-five years after Horatio Robinson Storer’s infamous statement that “woman was what she is, in health, in character, in her charms, alike of body, mind, and soul, because of her womb alone,” the theory that uterine activity dictated every facet of women’s health is preposterous (80). But Storer’s command of the female body is strangely impressive: the ease with which he definitively reduced women to a single organ resulted in a medical fallacy that dominated the scientific community for the entire nineteenth century. Storer created an uncontested precedent in the treatment of female diseases that illuminates physicians’ propensity for influencing racial, social, sexual, and political ideologies beyond their medical

profession. Perhaps medical ideology has not evolved at all—perhaps controlling female sexuality by first regulating reproduction is an inescapable truth. Like Storer, Todd Akin’s belief that “the female body has ways to try to shut that whole thing down” condensed an intricate system of reproductive complexities into one reflexive biological action: shutting that whole thing down. Both statements are equally egregious but what is most important is that in the course of one hundred and forty-five years women are still defined predominately by reproduction. Issues related to gender and healthcare need to be—*must* be—discussed to provide a voice for those marginalized by the very medical professionals sworn to heal them. Such issues should not be “shut down,” but instead explored to expose the medical fallacies that plagued—and plague— our society.

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