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HYSTERIA, WE LEARNED FROM FEMINIST HISTORICAL SCHOLARSHIP IN the 1970s, was never just a disease. It was also the way nineteenth-century U.S. and European cultures made sense of women's changing roles. Industrialization and urbanization wrought one set of changes, while the women's rights movement brought another. Together, these included higher education for women, their increasing participation in a (rapidly changing) public sphere, paid employment, and declining fertility. These cultural changes were accompanied by a virtual epidemic of "nervous weakness" largely among women, causing feminist historians to begin asking whether the diagnostic category of hysteria was simply a way of keeping women in the home.[1] In light of recent work in race theory, it is worth examining these scholarly insights to ask: could hysteria equally be said to be about race? I will argue that it was, centrally, in two senses. First, nervousness was often characterized as an illness caused by "overcivilization,"[2] which located it in a scientific and popular discourse that defined cultural evolution as beginning with the "savage," culminating in the "civilized," but also containing the possibility of degeneration—"overcivilization." In this literature, "savage" or "barbarian" was applied to indigenous peoples, Africans, Asians, Latin Americans, and sometimes poor people generally. As a disease of "overcivilization," hysterical illness was the provenance almost exclusively of Anglo-American, native-born whites, specifically, white women of a certain class. Second, the primary symptoms of

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hysteria in women were gynecologic and reproductive—prolapsed uterus, diseased ovaries, long and difficult childbirths—maladies that made it difficult for these hysterical (white) women to have children. As such, hysteria also implicitly participated in a discourse of race and reproduction, one which identified white women of the middle and upper classes as endangering the race through their low fertility, while non-white women, immigrants, and poor people had many children. A reading of the *American Journal of Obstetrics* suggests that its physician-contributors understood and deployed these distinctions extensively, characterizing white women as weak, frail, and nervous while non-white women and poor people were described as strong, hardy, and prolifically fertile. Ultimately, this doubled discourse of women had profound consequences for medicine and science: the frailty and nervousness of one group provided the *raison d'être* of obstetrics and gynecology, while the insensate hardiness of the other offered the grounds on which they became the experimental "material" that defined its progress.

Hysteria in the nineteenth century was not a single disease or entity but entailed a profusion of symptoms. As a description, "nervousness" did heroic labor, and accounted for the most various distresses of body and mind. "Hysteria" and its variants neurasthenia and nervousness were part of the lexicon of psychiatry, neurology, obstetrics and gynecology and also of reformers cautioning about the dangers of cities or of women's education or labor.[3] One physician, George Beard, wrote a catalogue of symptoms that ran to seventy-five pages, and he counted it incomplete.[4] Both women and men suffered from neurasthenia, but the overwhelming majority of its victims were women. The treatments were drastic: bleeding, extended bed rest and for women, surgery to remove the ovaries. Scholars of women and gender have long argued that hysteria participated in powerful narratives of cultural crisis, which goes a long way toward explaining the logical glue that held together an apparently endless catalogue of symptoms as a singular syndrome. The hysterical woman, women's historians suggest, is both sign and symptom of conflict over the cultural meaning of gender. In this scholarship, hysteria is at once a diagnostic gesture of dismissal of women as competent participants in public life, a social role uncomfortably inhabited by suffering women, and a warning about the dangerous consequences for women of engaging in "unfeminine" behavior.[5] Barbara Ehrenreich and Deirdre English, for example,

consider hysteria virtually a diagnostic fiction, arguing that nineteenth century physicians called upon narratives of nervous illness to denounce women's agitation for expanded social roles, and cite the now classic example of Harvard president Edward Clarke arguing against women's education in 1873 by claiming that the blood demanded by the brain would prevent the reproductive system from developing properly. If unfortunate women did try to participate in higher education, he suggested, collapse from nervous exhaustion was a possible, even likely, outcome. Other historians, reasoning from evidence of individual women's pain and disability, have agreed with the broad strokes of this account, but suggested that hysteria is best thought of as "an idiom of distress," to borrow a phrase from medical anthropology, in which cultural conflict over the meaning and content of "womanhood" was written on the body.[6]

While advocates of women's rights struggled with some success to change cultural norms and laws related to (white) women, vast cultural changes were also taking place with respect to non-whites, immigrants, and (only sometimes identified as white) poor people. These included the beginnings of Jim Crow legislation, immigration on an unprecedented scale followed by immigration restriction, Indian Wars and the consolidation of the U.S. holdings of formerly Mexican western lands, a heightened awareness of European colonialism in its "scramble for Africa," and the acquisition for the U.S. of the overseas colonies of Hawaii, Cuba, the Philippines, and Puerto Rico, among others. These emergent and unstable racial projects and consolidating racial discourses were also expressed in the medical and scientific literature. Cultural evolutionism—the idea that human groups differed in the stage of evolution which they had obtained (what some historians have called social Darwinism[7])—was the reigning paradigm in science, government, and popular discourse. It was captured in anthropologist Edward Tylor's notion that humankind progressed in evolutionary steps through the stages of "savage," "barbarian," and lastly, "civilized."[8] Cultural evolution accounted for cultural problems as diverse as slavery, imperialism, immigration to the U.S., industrialization, and the drastic population decline among native peoples in New Zealand, Australia, and throughout the Americas. Scientific discourses of evolution, anatomy, and physiology provided one familiar stream of this narrative of human difference, and an increasingly significant statistics of population—notably in public health and the census—provided

another.[9] These narratives were explicit in tropical medicine, and implicitly pervaded normative "temperate" medicine. Further, travel writing, missionary publications, and debates about colonial governance drew extensively on cultural evolutionist racial discourse. At the same time, popular movements from the pro-slavery cause to eugenics to immigration restriction relied on evolution to account for their arguments about human differences.

Cultural evolutionism and other sciences of racial difference encoded many diverse relations in the notions of "(over)civilized" and savage. These included the differences between country and city, the lazy tropics and bustling temperate climes, "natural" versus refined and prepared foods, the edenic, innocent pastoral as against the vexations of industrialization, the nostalgic against the modern. This paradigm confounded differences of class and location—rural/urban, colonial—with race, turning differences we think of as conceptually distinct into an aggregate "civilization." It appeared to stabilize geographically what could not, in fact, be fixed in this moment of rapid migration, colonization, and economic change: differences between colonizer and colonized, rural and urban, working-class and wealthy. Yet if the distinction between "civilized" and "savage" seems incoherent from the distance of an intervening century, it was not fluid nor unimportant. The medicine and science of the "savage" accomplished conceptually what was elusive in actuality—a tidy scheme that defined hierarchically arranged places in the social order for different "races."

Against this backdrop, hysteria as symptom of "overcivilization" did two simultaneous kinds of cultural work in response to crises of "modernity": stabilizing the meaning of "racial" difference while providing a (reactionary) response to the changing roles of women and meanings of gender. It is in this arena that the racial discourse of nervousness emerged in a very familiar form, one that had already been (and would continue to be) reiterated often in Euro-American culture: "overcivilized" women avoided sex and were unwilling or incapable of bearing many (or any) children, "savage" women gave birth easily and often, and were hypersexual. This is the discourse that was slightly later termed "race suicide." In this article, I engage in part in a re-reading of the *American Journal of Obstetrics* in the 1880s, and argue that its editors and physician-contributors produced their characterization of the nervous woman over and against a figure understood as her opposite: the "savage" woman. The discourse of nervousness was made

to make sense in part through a racial theory of the existence of two kinds of radically discontinuous bodies and constitutions: one white, nervous, and plagued by weakness; the other racialized, colonized, and hardy. Late nineteenth-century gynecological and obstetrical literature did more than simply naturalize opposition to white women's political struggles by insisting that contraceptive use, abortion, education, and participation in the professional workforce could cause nervous illness. It also reconceptualized these forms of white women's struggle for social and political autonomy from white men as a racial threat. That is, by insisting that white women were becoming sterile and weak while non-white women remained fertile and strong, it encoded white women's transgressive behavior as a danger to the future of "the race." That this was indeed the implicit trajectory of the concern about white women's nervous weakness and childlessness is suggested by the subsequent development of eugenics. When Edward Clarke wrote of the shriveling ovaries of educated women, in other words, he tapped into the same discourse that found expression in immigration restriction acts and, four decades later, in Lothrop Stoddard's rantings in *The Rising Tide of Color Against White World Supremacy*. The neurasthenic narrative shared with racist eugenics a concern about white women's low birth rate and the fertility of non-white women. The neurasthenic paradigm drew from the same source, producing the same kind of endangered whiteness.

Historiography

By taking an old and relatively settled question in feminist historical and literary scholarship, hysteria, and exploring it from the perspective of race, this article makes an argument about the significance of critical race theory for scholarship about gender. Some, like Evelyn Brooks Higgenbotham and Toni Morrison, have suggested that race is always present in U.S. writing and culture. From this standpoint, any contestation over or construction of gender must (always already) be implicated with meanings of race. If the general form of the claim is correct, that gender and race are always mutually imbricated—and this is the direction in which both feminist theory and critical race theory have been headed for some time—then scholarship about "women" that does not use race as an explicit category of analysis must rely on an unacknowledged, untheorized, and unexamined account of race. I

argue that precisely this problem characterizes the older scholarship on hysteria. An understanding of hysteria and nervousness has been critical to women's history scholarship, but thinking of hysteria as a racial discourse changes what we know about it as a gendered narrative.

Scholars of women and gender writing in two areas—work on women of color and on reproduction—have been making suggestions along these lines for a while now. Questions of race and class are arguably always the terrain of debates about sexuality and reproduction in the United States, and feminist scholarship has explored the implicit racial dimensions of nineteenth-century discussions of "purity" and "true womanhood" as they related to white and non-white womanhood, of miscegenation laws, of opposition to abortion from the 1840s to the present, of struggles over birth control spanning the twentieth century, of sterilization and "overpopulation."[10] In her brilliantly conceived book, *White Women's Rights*, Louise Newman argues that race—specifically cultural evolutionism—was the grounding of both feminism and antifeminism throughout the nineteenth and twentieth centuries. Nancy Leys Stepan and Anne McClintock have suggested that in nineteenth-century science and travel and colonization literature, race and gender often served as metaphors for one another, such that the white female could be the "lower race" among whites.[11] However, race has not emerged as a significant topic in the scholarship on the science and medicine of hysteria. If it is true that gender is always construed in relation to race, then where did race go in this literature? The medicine and science that defined the dispensary patient, the slave, and the "savage" had to be either rendered outside the frame of "woman" (and hence ignored) or these opposed scientific discourses—of white women's nervousness and non-white women's hardiness—needed to be made into the same thing.

Many women's historians have noted the ways in which hysteria was also about "civilization." Women's history scholarship has in fact routinely commented on it, but only to subsume race and colonialism under gender as the only significant kind of power being contested within the literature of hysteria. Two historians in particular, Judith Walzer Leavitt and Caroll Smith-Rosenberg, stand out as having devoted more than a footnote to the question of hysteria's relationship to discourses of civilization. I want to look at their work of two decades ago as examples of the best of this scholarship and to suggest that their treatment is symptomatic of why in general this older scholarship overlooked the race and class of hysteria.

Leavitt titles a chapter of her book on childbirth "Overcivilization and Maternity." This chapter deals at length with the discourse of "civilization," and how "overcivilization" was a trope that worked to describe differences in women's childbirth experiences. Yet Leavitt ultimately dismisses its significance, describing "overcivilization's" race/class narrative as subsumed within a "gender" narrative. She argues that while the obstetrical journals and textbooks insistently contrasted the weakness and nervousness of middle- and upper-class white women with the robust healthiness of working-class, foreign-born women, this was ultimately not important. This physician belief, she writes,

> seems to have informed the ideology behind many physicians' treatment of their female patients. But when the medical literature is examined more fully, it becomes evident that physicians believed that all women suffered significant health problems by virtue of their femaleness rather than by virtue of their class . . . women, rich and poor, suffered in childbirth, died in childbirth, and were at risk for a multitude of health problems that potentially affected their childbearing and may have shortened their lives.

The interpretive move that links "women, rich and poor" also assigns primacy exclusively to gender, flattening out the possibilities of a multi-dimensional analysis in which gender and class (and, I would insist, race) are simultaneously contested within narratives of women's nervousness and hysteria. Caroll Smith-Rosenberg, similarly, opens up the question of multiple simultaneous conflicts being enacted within nervous illness, only again to circumscribe them within gender. She writes of hysteria as the physical manifestation of women's own conflicts over their socially assigned gender role. It is tempting but wrong, she argues, to believe as many physicians in the period did that hysteria afflicted only white middle- and upper-class women.

> It is only a covert romanticism . . . that permits us to assume that lower-class and farm women, because of their economic functions within the family were more vital than those of their decorative and economically secure urban sisters, escaped their sense of frustration, conflict, or confusion.

While my own point is related to Leavitt's and Smith-Rosenberg's, that hysteria was an ideology that forcibly differentiated women's experiences from each other, even in the face of contrary evidence, I do not agree that we can therefore dismiss the discourse. In this passage, Smith-Rosenberg rejects the possibility that there were differences that

mattered in women's relations to hysteria, insisting as Leavitt does on a unity imposed by gender ("sisters").[12]

In insisting on the whiteness of the woman whose gender was the subject of hysteria, I draw on the emergent literature of whiteness and race theory more broadly. The field that some are calling "whiteness studies" is a heterogeneous one; my work has more kinship with some of its tendencies than others, which are often at odds at any rate. Its interlocutors take up positions from left to right, from studies of white racism to neo-conservative work on ethnicity, exploring phenomena as divergent as the push and pull of class versus racial formations to efforts to construct white folks as an aggrieved minority.[13] There are two kinds of interpretive moves from race theory and whiteness scholarship that I draw on for my work here. First, following scholars like Robin D. G. Kelley, Toni Morrison, and Michael Omi and Howard Winant, I am arguing that while race cannot be reified, it is nevertheless a fundamental category, a "metalanguage" in Evelyn Brooks Higgenbotham's sense, one that weaves through (all?) other questions in U.S. history.[14] Race is not an attribute that inheres in bodies, but rather attaches itself to bodies through the ideological and material work of things like law, medicine, science, economy, education, literature, social science, public policy, and popular culture. Race in turn fundamentally shapes both the subject and the content of these diverse fields. My point is not to privilege race to the exclusion of everything else, but rather to suggest that ignoring it causes us to miss huge and significant things about our past—and present. As Matthew Frye Jacobson puts it, "race and races are American history . . . to write about race in American culture is to exclude virtually nothing."[15] Second, following the work of scholars like Peggy Pascoe, Alexander Saxton, and David Roediger, I think of race always as a relational category—"whiteness" is constructed in relation to "blackness," to ideologies of working-class republicanism, and so forth—whose content changes over time.[16] We cannot know in advance that "whiteness" is the opposite of "blackness" nor even that it is about racism. As Eric Lott has shown in his remarkable work, this relationship can also be understood as characterized by white lack, loathing, and desire, for example; Toni Morrison similarly shows that it can be summoned to signal madness, domination, even generosity.[17] In this piece, I am suggesting the construction of a kind of whiteness that is about conflict over gender meanings (a context in which racism is deployed, to be

sure, but in which other things are at work as well). We cannot leave whiteness's "others"—class, race, religious, sexual, whatever—lingering outside the frame of analysis.[18] Thus, I am trying to understand what happens when we put the "hysterical woman" in the same frame with the female dispensary patient, slave women, and museum and travelers' women "natives," figures who definitionally could not be hysterics.

Reading the Whiteness of Hysteria

Physicians agreed that debilitating nervous illness afflicted the sexuality and reproductive abilities particularly of "civilized" women. A gynecologist worried that "from the cradle to the grave, every habit of civilized woman as a class tends to debility."[19] Indeed, many believed that "lack of nerve equilibrium has come to be inherent in civilized women" as *Popular Science Monthly* claimed.[20] They insisted that comfortable living, combined with worry, was making white women of the middle and upper classes soft and decadent. Higher education, for example, was not only a problem for gender expectations; it was also associated with the habits of the well-to-do. Higher education for women was not conducted in drab or drafty schoolrooms; the first generation of women college students were drawn from the wealthiest classes, and especially the eastern "seminaries" were therefore appropriately sumptuous.[21] As one physician wrote, "luxurious living . . . tends to increase the irritability of the nervous system [and] the girl returns from school a hysterical young lady, weak and unstable." One of the most famous of this era's gynecologists, S. Weir Mitchell, characterized the majority of his hysterical patients as "women of the upper classes, where the disease is caused by unhappy love affairs . . . and the daily fret and wearisomeness of lives."[22] The instability of affluence in the late nineteenth-century U.S., rocked by periodic depressions, may have contributed as much to Mitchell's perception of "daily fret" as soft living. Others, likewise, noted with concern the growing extent of nervous illness among "civilized" American women, and its weakening effects on their ability to bear children.

Whether the United States had a high culture, science, and medicine—and hence a civilization—was still a matter of some dispute in the late nineteenth century, especially among Europeans. U.S. psychiatrist George Beard insisted on it, writing that "neurasthenia is the Central Africa of medicine."[23] With this peculiar comment, echoing

Freud's observation about female sexuality as the dark continent, Beard attempted to inaugurate a new era in U.S medicine and culture: one in which white, native-born Americans, like Europeans, could be acknowledged as modern—indeed "overcivilized" and subject to the malaises of modernity—and permitted to invoke metaphors of the imperialist mystery of Africa. When Beard's *American Nervousness* proclaimed that hysteria and neurasthenia were becoming increasingly common diseases among the modern, "overcivilized" white population of the United States, particularly its female half, it was not entirely clear that this was a bad thing. Beard was, on the whole, pleased that the United States was catching up to Europe in its state of civilization, and the increasing presence of nervous disease seemed the inevitable price to pay.[24] He was even moderately successful. The term he coined for the disease also known as hysteria and generically as "nervousness"—neurasthenia—briefly enjoyed wide currency in the U.S. and Europe. For both U.S. and European audiences, he provided a clear explication of nervous diseases as an idiom of civilization, and by way of opposition, of the "savage."

The medical discourse construed nervous woman as having little interest in either sex or childbearing. Not surprisingly, this emphasis was particularly strong among those who practiced and studied gynecology and obstetrics, who came to regard many of their patients' troubles as caused by hysteria or nerves. Gynecologist Horatio Bigelow, for example, described two cases which he suggested represented the "extremes" of sufferers from hysteria: one affluent, one in more straitened circumstances. Yet these "extremes" seem more alike than different: neither were working class, both were women suffering from low fertility and too little sexual activity. Both were white. The woman Bigelow termed "Mrs. B.," although married, was childless; on her wedding day, Bigelow explained discreetly, she was "without physical energy." A schoolteacher, she had been reduced to physical frailty and sterility by worry. For "Mrs. B.," nerves caused infertility; in the second case, the reverse was true. The other patient, "Mrs. M." had been rendered hysterical by avoiding sexual activity and childbearing. According to Bigelow, though the mother of two, she was

> not given to over-sexual indulgence with her husband, although she state[d] that her mode of life, and highly seasoned condiments of her table, all tend[ed] to create irritation, and unnatural amativeness. The actual, even though legitimate consummation, she delay[ed], fearing the weakness that invariably follows. She ha[d] practiced the means common among fashionable people for limiting the number of her offspring.

Another physician made a similar complaint about contraceptives, attributing the prevalence of nervousness to "the debilitating influence of civilized life . . . fashionable dissipation . . . [and] the very prevalent custom of avoiding childbearing," citing the use of condoms and douches as "the most common cause" of uterine disease.

In fact, a great many divergent kinds and causes of "civilized" women's infertility were simultaneously proclaimed to have a relationship to nervous illness, from failure to conceive to miscarriage to abortion. The medical literature routinely attributed physician-induced abortion—knowing and accidental—to the guile of neurasthenic women. No less a personage than H. R. Storer, leader of the successful physician movement to criminalize abortion in this period, wrote of accidentally producing an abortion while treating a nervous patient who allowed him to believe she suffered from a uterine displacement. Simple failure to have children—willful or not—increased the propensity to nervous disease as menstruation weakened the body and mind; for woman "if she has not children, frequently recurring periodic processes take place, which under the best of circumstances render her especially liable to derangement of her general health, and under adverse conditions she is almost certain to fall a victim [to hysteria]," as a popular writer explained.[25]

Difficulty with childbirth and motherhood, too, could be caused by neurasthenia. Characteristic of the hysterical woman, complained another physician, is that she comes to see her children as a burden and her husband, a tyrant. Miscarriage was frequently taken to be caused by nerves or hysteria. "Overcivilized" women were plagued with difficult deliveries, too, since "the system suffers from the abuses of civilization, its dissipations, and follies of fashion. On account of the idle life led there is a greater tendency to malpositions [at delivery]; additional difficulties are presented by the weakened organization, and languid neurasthenic condition of the subjects in civilized communities."

Constructing the "Savage"

This same physician also noted the presence within the United States of some who were not tormented by the long, feeble labors of the neurasthenic. He wrote, "We do, however, sometimes find in our cities, more frequently in our rural districts, strong hardy women, who lead more active lives, and who pass through labor with an ease and rapidity much more like that displayed by their savage sisters."[26] The medical

and scientific literatures of obstetrics, gynecology, and racial differences between women were deeply invested in making dualistic distinctions about the effects and prevalence of nervous diseases. The medical and scientific literature contained not only a portrait of the white, upper-class neurasthenic woman, but also a fully articulated counter-account of the impossibility of hysteria in rural, immigrant, non-white, and "savage" women.

The discourse of "savage" maternity and immunity to nervousness derived from broader scientific and popular discourses of non-white women's difference. Beginning in the mid-eighteenth century, writings by travelers, physicians, and physiologists narrated "native" women's difference from "civilized" women. This writing inevitably centered on genitalia, reproduction, and childbirth. The best-known example, of course, is the European display of the famous "Hottentot Venus," public fascination with her large buttocks, and the popular and scientific speculation about whether her labia was likewise enlarged, resolved after her death with Georges Cuvier's dissection of her.[27] However, she was hardly the unique object of this morbid curiosity. European publics, after all, had to be educated to this bizarre obsession. Writing about the genitals of the male "natives" of South Africa began in the middle of the eighteenth century, but settled on women's genitals in the 1780s.[28] The Khoikhoi and San ("Bushmen" or "Hottentots") also provided anatomical specimens for the British Museum and Dutch and English collections in South Africa from the late eighteenth century to the mid-twentieth.[29]

The sexuality and reproduction of the women of other populations were equally of interest, and dated from the same period. The principal discourse was about "savage" women's purportedly broad (simian) pelvic shape, and the easy labors it permitted. In 1797, the Frenchman Rollin wrote about the easy labors of the Northwestern indigenous peoples of North America, echoing Georges-Louis Leclerc Buffon's conclusions about African women's labors in his *Histoire naturelle* of the mid-eighteenth century. In 1820, a Dutch anatomist, Willem Vrolik, discussed "race pelves," and in 1830, Moritz Weber confirmed the observations of Vrolik. Subsequent observations of the peculiarities of pelves, and the easy, natural labors of "native" women encompassed Malaysia, Australia, Brazil, the Arctic, and "Bushmen" and Africans generally. Like the discussion of head shape in craniometry, the differences held to exist in pelves located different "races" on an evolutionary ladder. "Pelviometry" found that African, indigenous and

other colonized women had wide pelves, more like that of the female gorilla than like those of European females. Consequently, "native" and "savage" women gave birth easily.[30] The peculiarity of the "savage" woman's body met its counterpart in the pathology of European women's nerves. The juxtaposition of "savage" pelves and "overcivilized" nervous illness offered a profoundly bifurcated and Manichean view of the "civilized" and the "savage" woman.

When George Beard wrote of American neurasthenia, for example, not all Americans were susceptible, for "woman in the savage state is not delicate, sensitive, or weak, [but] strong, well-developed, and muscular, with capacity for enduring toil, as well as childbearing."[31] Beard's "savage" women were not only to be found in Africa, Asia, and Latin America. "It is not necessary to read books of travel in order to know that nervous diseases do not exist, or exist but very rarely among savages . . . on our own soil, barbarism can be well investigated. I have . . . been favored with the chance to study Africa in America on the sea islands of the South . . . they remind me of the Zulus." Moreover, African Americans in the urban areas of the Southeast were also much like other colonized peoples, "they are the types of all Central Africa; they are the types of South America; they are the types of Australia."[32]

Beard also contrasted white women's difficult experience of childbirth with that of Native American women, who were likewise taken to be "savages."

> When taken with the pains of labor, [Indian women] would delay the [nomadic] company but half an hour. Modern civilization demands prolonged rest for the parturient female; and how many there are to whom the simple act of giving birth opens the door to unnumbered woes . . . ending by a life-long slavery to sleeplessness, hysteria, or insanity.[33]

Beard and other writers on nervousness, civilization, and "native" childbirth included African Americans, indigenous peoples, and sometimes non-English speaking immigrants to the United States and poor people generally alongside Africans, Asians, and Latin Americans as the "savage" women who were free from the debilitating effects of civilization, and hence, nervous diseases.

Many other U.S. physicians, particularly those working in obstetrics and gynecology, believed that African American, indigenous, and "savage" women gave birth easily, and did not suffer from hysteria. From 1880 to 1882, the *American Journal of Obstetrics* serialized a study

of labor and childbirth among the "primitive" peoples of the United States—including African Americans, Mexicans, Indians, and poor, Appalachian whites—as well as Asia, Africa, and Latin America (in contrast to some of his colleagues, the author did not look to the urban immigrant working-class for representatives of American "savages"). In it, obstetrician George Engelmann catalogued diverse childbirth practices related by travel writers, missionaries, and military physicians. These included practices indubitably strange to European and North American practitioners (and some almost certainly fanciful), that nevertheless resulted in uncomplicated outcomes. "Among primitive people," he wrote,

> still natural in their habits and living under conditions which favor the healthy development of the physical organization, labor may be characterized as short and easy, accompanied by few accidents and followed by little or no prostration; two hours being the average time among the North American Indians. The period is very much the same among the natives of Africa and Southern India, the inhabitants of the Antilles . . . and other savage people.

These were not marginal views. Engelmann's researches enjoyed considerable popularity among North American and European medical audiences. In addition to their long serialization in the *American Journal of Obstetrics*, they were published as two monographs, *Labor Among Primitive Peoples* and *Characteristic Labor Scenes Among the Yellow, Black, and Red Races*. *Labor Among Primitive Peoples* ran to three editions in English and was translated into French and German. Engelmann himself achieved substantial professional success with this work; he was a founding member of the American Gynecological Association and, in 1900, its president. His later concerns reflected the other side of the fecundity of the "primitive" woman; his last book was titled *The Increasing Sterility of American Women, with Increase of Miscarriage and Divorce; Decrease of Fecundity*. He also wrote two oft-cited articles on nervous disease, gynecology, and obstetrics among affluent white women, one detailing what he called "hystero-neurosis," the other, "hystero-psychosis.[34]

Another obstetrical researcher and compiler, Joseph Taber Johnson, offered similar observations about slave and former slave women seen on southern plantations and in Freedmen's Bureau hospitals. "Having attended several hundred negro women in their confinements," he wrote that he had found "surprisingly few preternatural or instrumental [forceps-delivery] cases among them." Ironically, however, the data he

presented—collected from his case histories and those of black physicians and midwives—bore witness to no such truisms. Rather, he found that particularly for the convulsions of puerperal eclampsia—a potentially fatal malady caused by high blood pressure in pregnancy—his black patients had much higher rates than those reported for a population presumptively of white women reported in a standard reference book. His struggle to interpret this evidence reveals much about the operation of this ideology among late-nineteenth-century obstetricians: it was simply an article of unshakable faith that black women did not suffer from "nerves," nor have difficult labors. Since eclampsia was a disease of the nerves, his data, painstakingly collected from 2000 African American women's deliveries, must be wrong: "above the average, not only of the whites but much above their [black women's] average." Black women did not get eclampsia, he was certain. He wrote,

> The strong-nerved ignorant negro women of America are little subject to this form of eclampsia. Possibly a cause for this immunity is their failure to receive impressions upon the nervous system which would seriously effect [sic] a more delicate organization. They do not suffer from "nervousness," one of the fashionable ailments of the present day.

Conventions of obstetrical writing, knowledge of nervous disease, and medical racialism permitted no other conclusion.[35]

In the United States, then, discourses of the "savage" woman's easy labors and avoidance of nervous illness was explicitly comparative, contrasting with the experience of white women of the middle and affluent classes. Physician Lucien Warner drew together the threads of race and gender claims when he wrote:

> It is not hard work and privation which make the women of our country invalids, but circumstances and habits intimately connected with the so-called blessings of wealth and refinement. The African negress, who toils beside her husband in the fields of the south, and Bridget [the Irish immigrant woman] who washes, and scrubs, and toils in our homes at the north, enjoy for the most part good health, with comparative immunity from uterine diseases.[36]

For Warner, there was a distinct slippage between racial and national differences. In this passage, the "women of our country" are construed as white, and black slaves in the southeastern United States are "African." Beard likewise offers a succinct description:

> Nervous disease scarcely exists among savages or barbarians, or semi-barbarians or partially civilized people. Likewise in the lower orders in our

> great cities, and among the peasantry in the rural districts—those who represent the habits and mode of life and disease of our ancestors—functional nervous diseases, except those of a malarial or syphilitic character, are rare.[37]

Beard, then, likewise collapses the category of the "savage" onto various North American populations. In this passage, he renders the laboring classes and rural people "savages."

Purportedly distinct anatomical characteristics provided further evidence for the notion that "savage" women were immune to most of the gynecological and obstetrical problems that troubled white women. Johnson attributed the easy labors of the African American women he studied to "the peculiarities of the negro pelvis," though he believed it to be smaller than white women's. Citing German and French ethnographers' belief that savages have smaller pelves but also smaller fetal head size, Johnson concluded that there is "an exact conformity between the shape of the skull of this and other races and their pelvic canals" and compared the pelvis of black women to that of gorillas. Engelmann took this reasoning one step further, suggesting that patterns of intermarriage among groups of different national origin in the United States had produced difficult labors because of these "racial" differences; racial mixture, he believed, almost invariably proved fatal to women carrying a mixed-race fetus. Though none were as widespread as the idea that the pelvis had grown larger in white women to accommodate the superior head size and intelligence of the civilized races, other bizarre differences were also proposed by individual practitioners, including one who concluded that the hymen—that crucial touchstone of female morality—was misplaced in African American women, such that its presence could not vouch for virginity.[38]

The natural history collectors' sensibility extended to African American women, too, rendering their bodies of interest in relationship to the pelves and skeletons of colonized women. The body parts of African American, U.S. indigenous and colonized women throughout the globe were exchanged by researchers and mounted in museums. The skeletons of two black girls were to be found in the U.S. Army Medical Museum, another African American was in the dissecting room of London's King's College, and the genitalia and skeleton of the "Hottentot Venus" were preserved after death at the Musée de L'Homme in Paris. The detached pelvises of women from Java, the Canary Islands, and Africa, and black women from the United States, were sent back and forth between the United States and Europe.[39]

Discourses of "The Savage" and Innovations in Obstetrics and Gynecology

This ideology had material effects, rendering the ostensibly insensate "savage" woman fit material for medical experimention. Hence, African American, immigrant, and poor women played a role in the professional consolidation of obstetrics and gynecology. To the extent that late nineteenth-century obstetrics and gynecology owed their growing professional credibility in the United States to their development as *surgical* specialties (at a time when surgery marked an important medical innovation), this evolution can only be explained by the availability of African American women, first as slaves, then as freedwomen as experimental subjects, alongside urban dispensary patients. Innovations in gynecological and obstetrical surgery depended on the belief in black and poor women's "underdeveloped" nervous systems, with a resulting inability to feel pain. Especially in the days before the widespread use of anesthesia, it was dispensary patients, slaves, and freed black women who were generally the subjects for all kinds of experimentation, but particularly those entailing considerable risk, such as ovariectomy (removal of the ovaries). Indeed, southern medical students routinely participated in dissection of human cadavers well before their northern counterparts, for they had access to slaves (and in the cities, impoverished free blacks).[40]

The respectable existence of gynecology as a specialty in the United States is often dated to 1852, when J. Marion Sims's paper "On the Treatment of Vesico-Vaginal Fistula" was published.[41] In it, he offered a means of repairing a common post-partum condition, a tear in the wall between the rectum or bladder and vagina that rendered its victims incontinent and subject to frequent infections and other complications. Less often noted—and a fact which Sims himself obscured in the paper—is that he perfected the technique on slave women whom he purchased for the purpose. The corollary to the hyper-impressionable nervous systems of white women was the belief that black women could feel little, even being somewhat exempt from pain. Sims performed twenty-nine unsuccessful operations without anesthesia on one slave woman, Anarcha, before perfecting his path-breaking surgery on vesico-vaginal fistulae. (Ironically, Anarcha suffered this complication in a labor that lasted three days—in notable contradiction to the tales told by physicians of the short "natural" labors black women experi-

enced.) The silver sutures that finally succeeded in healing this fistula—and provided the foundational moment for histories of gynecology—owed their discovery to the suffering of Anarcha and five or six other slave women on whom Sims experimented. Sims's belief in the ability of black women to stand pain was unshakable; he reported in his autobiography that the slave women on whom he operated begged him to repeat his attempts. "They were clamorous," he wrote.[42]

The comparable surgical innovation in obstetrics was the cesarean section, though its development was far more controversial. As late as 1900, only half of all births were attended by a physician, and in the late nineteenth century, physicians were likely to see the birthing-room only for either very wealthy patients, or as the last resort in cases where labor had gone terribly awry. As many case reports argue, this frequently meant arriving only after labor had continued unsuccessfully for days—the baby was already dead and the mother herself nearly so—to begin a craniotomy—the grisly task of removing an impacted fetus, bit by bit, from the birth canal—too often only to watch the woman die anyway. For some in the profession, this grim narrative constituted an argument for opening the abdomen; for others, cesarean section was tantamount to murder, trying to save an almost certainly hopeless fetus by killing the mother.[43] In 1878, T. Galliard Thomas decried the operation as "the most dangerous in surgery," writing that only one woman had survived it in the city of New York in 250 years. Still, some physicians were bold or brash enough to attempt it, and in 1879, Robert Harris was able to compile one hundred cases where it had been performed in the United States. Of those Harris reported, the majority were done on black women. Not surprisingly, the percentage of African American women was highest in the South: in Louisiana, all fifteen of the women receiving cesareans were slaves; in Alabama, eight black women and one white woman were delivered in this way; in Mississippi, no whites were among the six women on whom this operation was performed. Mortality rates, while less than the nearly 100 percent claimed by Thomas, were nevertheless abysmal, and they were higher for black women than white. Harris observed that the proverbial hardiness of "African blood" was no protection from death following cesarean.[44]

The arguments that craniotomy was simply too unpleasant and hopeless an operation, and too damaging to the reputation and spirits of physicians ultimately carried the most weight. The case that finally tipped the scales in this regard was that of an African American woman,

Josephine Scott, whose pelvic opening was only two and a half inches wide as a result of childhood rickets. Scott was a free black woman living in Philadelphia in the 1870s and 1880s, an emigrant from the South and apparently a dwarf, whom her physicians accused of loose morals and who certainly was impoverished. Scott survived two pregnancies whose labors ended in emergency craniotomy, and died during a third childbirth.[45] Throughout the late nineteenth century, physicians in the U.S. centers of medical innovation of New York, Boston, and Philadelphia pressed the issue of continuing to try the cesarean operation, though it was not truly safe until the 1940s due to the widespread availability of antibiotics. Scott's case entered the medical literature as an argument for liberalizing the indications for cesarean. There, and in the U.S. prior to the Scott case, the rule of thumb had been never to employ the cesarean unless craniotomy was impossible, and the procedure was deemed impossible when the pelvic diameter was one and a half inches or less. The French, in contrast, used a standard of two to three inches, which Scott's physicians argued, successfully, should be adopted in the United States.

Three successive Philadelphia physicians performed craniotomies on Scott; the second and third, John Parry and W. H. Parrish, used her case to launch arguments in the medical community for the wider use of the cesarean. Parry wrote:

> The memory of the six weary hours which were spent at that girl's bedside will not soon be effaced, and it will be a long time before I cease to remember the keen regret which I felt that we had not considered more fully the propriety of resorting to the Caesarean operation.

And, indeed, the reader is unlikely to forget Parry's gruesome description of the craniotomy he performed, where "the pieces of bone removed were very small, only what was held in the grip of the forceps." Still, Parry claims, Scott, exhibiting the clichéd nervous insensibility of black women, told him that "she did not mind having a baby, that it did not hurt her any." It was, then, physicians who suffered from the decision to rely on craniotomy.[46]

Parrish made the case still more strongly, decrying Scott's poverty and morals in purple prose, implying that this very poor, unmarried woman and others like her would not desist from becoming pregnant and would continue to expose physicians to the horrors of this procedure. He described her physical and moral condition thus:

> I found her in a rickety wooden building . . . occupied by a mongrel crowd of whites and negroes in various stages of drunkenness, and exhibiting all the evidences of abject poverty, wretchedness, and degradation. We were shown to the garret . . . [where] the leaky roof let in the wind and rain, there was no fire. . . . We saw our patient . . . with a couple of boxes for her bedstead, with a few straws, rags, and old skirts for her bedding, and in the midst of filth and vermin.

Parrish, too, subjects his readers to exhaustive detail about the craniotomy. Scott, nevertheless, died a few days later. After reading the history of this case in a paper for the American Obstetrical Society in Philadelphia, Parrish also brought a contribution to the natural history collection of the Society's museum: Scott's pelvis and the attached bones.[47]

Of Race and Gender

Ideologies of the reproduction and sexuality of the "savage" and the neurasthenic solidified meanings associated with membership in different races, classes, and genders, while also organizing gynecology and obstetrics. White, affluent women were delicate, nervous, and often too frail to bear children successfully or often. Or, as the more punitive version had it, they withheld sexuality and avoided maternity through birth control or by deceiving physicians into aborting them. They transgressed against the natural order by seeking higher education and employment, often as teachers. Black, indigenous, immigrant, poor, and colonized women still gave birth naturally, and were easily and prolifically fertile. Virtually excluded from higher education, their reproduction was not endangered by this strain, and their factory employment and work in fields and homes under slavery and sharecropping systems throughout the Americas constituted no apparent contradiction within this order of the "natural." At least one consequence of this bifurcated universe was the production of a class of patients immune to pain that provided clinical material for often risky attempts to improve surgical techniques. Moreover, the technologies by which "civilized" and "savage" women were studied by physicians were very different. Where civilized women were generally observed in their homes during illness and childbirth episodes (and case studies often locate them within familial and social networks), "savage" women were more often rendered legible to medical science in hospital dispensaries and museums than at home. These distinctions—and the

surgical innovations they thus allowed—were foundational to "modern" gynecology and obstetrics.

I have argued, first, that the whiteness of hysteria signaled the specifically reproductive and sexual failings of white women; it was a language of "race suicide." Secondly, the absence of nervous weakness among non-white women marked them as irreconcilably different, closer to apes, and as apt subjects for medical experimentation. This medical and public policy discourse was riddled with inconsistencies. Yet the ideological power of the belief that racially marked women were insensate and hardy, and radically different from white women, imposed a rough coherence on apparently (to us) contradictory ideas. For example, how could physicians reconcile a belief in an absolute anatomical separation of races with a notion that non-white groups could be apt subjects for experimental or dangerous treatments? Could white women be expected to respond in the same way to these therapies? Similarly, how does one make sense of the recurrent theme in obstetrical writing that non-Euro-American women had lower mortality rates than whites with the equally persistent view that they had grotesque disease of the generative organs? A number of gynecologists insisted that African American women had exceptionally frequent and large uterine tumors and reported it as a pathology inherent in black women's physiology rather than as an outcome of lack of access to medical care. Yet the high mortality rate associated with uterine cancers did not to require a revision of the assessment that black women were unusually hardy and untroubled by illness.[48] That these questions did not arise in the medical literature is testament to the power of the narrative of women's differences. As Wahneema Lubiano argues in a different context, a culturally resonant narrative of women's bodies can function as a "cover story," obscuring its embedded contradictions by drawing attention to the evocative logic of its emplotment. "Cover stories cover or mask what they make invisible with an alternative presence; a presence that redirects our attention, that covers or makes absent what has to remain unseen."[49] The story of the sexuality and reproduction of the "savage" and the neurasthenic offered a great deal: it resolved the cultural ambiguities of race, immigration, imperialism, Indian wars, urbanization, and "the woman question" into a single, readily understood tale. White women of a certain class were failing to reproduce while "savage" women were prolifically fertile. Whiteness was imperiled.

In this article, I have also tried to explain what happens when we understand gender as (always already) constructed in relation to race, class, and imperialism. I have chosen hysteria both as a historical question that is interesting in itself and because it has been important in women's history and feminist literary studies. Thus, I have asked, what happens when we turn the prism of race theory onto a deeply familiar question in feminist scholarship? A great deal, as it turns out. Nervous illness, long understood to be about meanings of gender, can be rendered as about cultural contestation over race, class, and imperialism as well. Moreover, such a reading changes the story hysteria tells us about gender, as well, encompassing both "savage" maternity and neurasthenic "race suicide." It is my contention that this operation could be performed on virtually any question in U.S. feminist scholarship; anything that is "about" gender could also be said to be "about" race. As Toni Morrison argues, there is nothing in American culture that is not in some way implicated in our cultural confusions and struggles over race. When feminist scholarship ignores this, it misses key components not only of the cultural story in general, but even of the gender story.

NOTES

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1. Barbara Ehrenreich and Dierdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (New York: The Feminist Press, 1973) and *For Her Own Good: 150 Years of the Experts' Advice to Women* (New York: Doubleday, 1978); Carroll Smith Rosenberg, "The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth Century America," *Social Research* 39 (winter 1972). Graham Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth Century America* (New York: Harper and Row, 1976). For related arguments about England, see Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (New York: Pantheon, 1985); and Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800–1929* (New York: Cambridge, 1990).

2. Its foremost theorist in the United States, George Beard, author of *American Nervousness*, singled out the advent of the steam engine, the telegraph, and the daily paper as the cause of hysteria. Recent literary scholars, for all their insight into the modern character of nervousness, have, however, had remarkably little to say about the virtually undisputed fact that nervousness and even its more generic variant, neurasthenia, were nevertheless overwhelmingly diseases of women. See e.g., Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (New York: Basic, 1990); Mark Seltzer, *Bodies and Machines* (New York: Routledge, 1992); Allon White, *Carnival, Hysteria and Writing* (New York: Oxford Univ. Press, 1993).

3. While many late nineteenth-century physicians would distinguish "hysteria" and "neurasthenia" as different types of nervous illness, such distinctions do not matter a great deal for our purposes here. These illnesses were frequently confounded even in the nineteenth century, shared a common genealogy and cultural significance, and were not sufficiently well-defined that in retrospect one could insist that these were differences that mattered.

4. George Beard, *A Practical Treatise on Nervous Exhaustion* (New York: William Wood and Company, 1880), 11–85.

5. Most recently and controversially, Elaine Showalter has suggested that in the recent period, a series of things from alien abduction stories to satanic ritual abuse narratives to chronic fatigue syndrome are all manifestations of hysteria and mark off realms of gendered cultural contestation. Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (New York: Columbia Univ. Press, 1997).

6. Edward Clarke, *Sex in Education, or, A Fair Chance for the Girls* (1873; New York: Arno, 1972), 63. The marvelously useful phrase that illness is an "idiom of distress" is Mark Nichter's. See "Negotiation of the Illness Experience: Ayurvedic Therapy and the Psychosocial Dimension of Illness," *Culture, Medicine and Psychiatry* 5:1 (Mar. 1981): 5–24.

7. George Stocking suggests that we ought not rely on a poorly defined and extrinsically imposed notion of "Social Darwinism" to think about cultural evolutionism. He shows the extensive pre-Darwinian roots of cultural evolutionism in anthropology. Following Stocking, then, I avoid the term. See Stocking, *Victorian Anthropology* (New York: Free Press, 1987).

8. For a discussion of Tylor and his influence on anthropology and broader cultural debate, see Stocking, *Race, Culture, and Evolution: Essays in the History of Anthropology* (1968; Chicago: Univ. of Chicago Press, 1982).

9. On the racial science of anatomy and physiology, see William Ragan Stanton, *The Leopard's Spots: Scientific Attitudes Toward Race in America 1815–59* (Chicago: Univ. of Chicago Press, 1960); Stephen Jay Gould, *The Mismeasure of Man* (New York: Norton, 1996). For good discussions of the significance of statistics, see Donald MacKenzie, *Statistics in Britain, 1865–1930: The Social Construction of Scientific Knowledge* (Edinburgh: Univ. of Edinburgh Press, 1981); Rich Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850–1929* (1990; Ann Arbor, Mich.: Univ. of Michigan Press, 1998); and James Reed, *The Birth Control Movement and American Society: From Private Vice to Public Virtue* (1978; Princeton, N.J.: Princeton Univ. Press, 1984).

10. See Caroll Smith-Rosenberg, "The Abortion Movement and the AMA," in *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford, 1985) on the racial stakes of the mid-nineteenth century physician movement to make abortion illegal. Interestingly, this older work by Smith-Rosenberg and James Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800–1900* (New York: Oxford, 1978) has recently been taken up in film, theater, and literary criticism;

see Peggy Phelan, *Unmarked: The Politics of Performance* (New York: Routledge, 1993); and Lynda Hart, *Fatal Women: Lesbian Sexuality and the Mark of Aggression* (Princeton, N.J.: Princeton Univ. Press, 1994). The nineteenth-century notion of "true" womanhood—purity, piety, and domesticity—has generated a massive body of scholarship, stretching back to Barbara Welter, "The Cult of True Womanhood," *American Quarterly* 18 (summer 1966): 151–74. Recent engagements with how "true womanhood" and especially purity were taken up by and used against African American women include Kevin Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill, N.C.: Univ. of North Carolina Press, 1996); Hazel Carby, *Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist* (New York: Oxford, 1987); and Deborah Gray White, *Ar'n't I a Woman?: Female Slaves in the Plantation South* (New York: Norton, 1985). On miscegenation laws, see Peggy Pascoe, "Miscegenation Law, Court Cases, and Ideologies of 'Race' in Twentieth Century America" *Journal of American History* 83 (June 1996): 1–44. On race, sterilization, and the birth control movement, see Angela Davis's influential account in *Woman, Race, and Class* (New York: Vintage, 1983); Bonnie Mass, *Population Target: The Political Economy of Population Control in Latin America* (Toronto: Latin American Working Group, 1976); and Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in American* (New York: Penguin, 1976).

11. Nancy Leys Stepan, "Race and Gender: The Role of Analogy in Science," in David Theo Goldberg, ed., *Anatomy of Racism* (Minneapolis: Univ. of Minnesota Press, 1990); and Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Context* (New York: Routledge, 1995).

12. Other examples could serve as well. For example, see Judith Walzer Leavitt, *Brought to Bed: Childbearing in America* (New York: Oxford Univ. Press, 1986), 68, 71; Carroll Smith-Rosenberg, "The Hysterical Woman," in *Disorderly Conduct*, 200. Elaine Showalter suggests in *The Female Malady: Women, Madness, and English Culture, 1830–1980* that neurasthenia was highly racialized in the U.S., but she positions her discussion of English women's madness as part of what I would call colonial racial ideology (and which she simply refers to as "psychiatric Darwinism" and the theory of civilized degeneration) immediately drops this point in favor of the *gender* of insanity. Ornella Moscucci, in *The Science of Woman: Gynaecology and Gender in England, 1800–1929* (New York: Cambridge, 1990) locates the gynecological science of pelviometry (the measuring and comparing of different "race" female pelvises) and anthropological comparison of childbirth within English imperialism, but only to argue that it imposed a *gendered* order on a bewildering array of racial/geographical peoples. The notable exception is Barbara Ehrenreich and Deidre English's pamphlet, *Complaints and Disorders* (New York: Feminist Press, 1973), which identifies two quite distinct discourses of women's illness in the late nineteenth century, affluent and middle-class women were "sick" while immigrant and African American women were "sickening." While this distinction is more muted in their book-length work, *For Her Own Good; 150 Years of the Experts' Advice to Women* (Garden City, N.J.: Anchor Books, 1979), they nevertheless argue that the capitalist need for women's labor in the workplace limited the class reach of the ideology of hysteria.

Gail Bederman's remarkable *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880–1917* (Chicago: Univ. of Chicago Press, 1995) does include a chapter on feminism and neurasthenia, in which she makes an argument that is the converse of mine: she suggests that Charlotte Perkins Gilman's feminism was founded on an argument about the necessity of (white) race improvement. My argument, in part, is that the opposition to feminism was also founded on an argument about (white) race improvement. Our respective stories mirror each other and make sense of the same cultural logic.

13. There are two opposing tendencies that inflect the literature on whiteness—and the national conversation on race—that seem to me unhelpful. I think of these as the languages of primal innocence and primal guilt. That is, on the right—as Matthew Frye Jacobson points out in his stunning book, *Whiteness of a Different Color: European Immigrants and the Alchemy of Race* (Cambridge, Mass.: Harvard Univ. Press, 1998)—there is the insistence that many white folks can disavow white privilege and the politics of racial oppression by virtue of immigrant ancestry (think of Michael Novak's seminal neo-conservative work, *The Rise of the Unmeltable Ethnics: Politics and Culture in the Seventies* [New York: Macmillan, 1972], and its assertions that Catholics and Jews have no responsibility for anti-black racism). Poverty has been offered as a similar purifying force, that the absence of class privilege that constitutes "white trash" offers absolution from the problem of racism. On the left, there is a tendency to respond with a disabling assertion of white guilt, an assumption that the exclusive meaning of whiteness is racism. I find neither of these propositions particularly tenable, but I am more especially wary of this moral language as a fruitful idiom to resolve the continuing problems of racism and white supremacy. Liberal guilt seems to give rise more readily to a politics of white confession than an engaged anti-racism. "Whiteness" has little value as an analytic category if the only available intellectual tasks are either to empty it of members or fill it with racism. The point is to try to understand how it works and what it does.

14. Race theory has happily become a large and intellectually exciting field, and it would be fruitless to try to footnote exhaustively even its most important or influential texts. Let me instead mention a few as symptomatic of kinds of readings that have helped me formulate this argument. Michael Omi and Howard Winant in *Racial Formation in the United States: From the 1960s to the 1990s* (New York: Routledge, 1994), underscore both the essential malleability of race and its irreducible influence in every aspect of public life; Robin D. G. Kelley, in *Yo' Mama's Dysfunktional* (Boston: Beacon Press, 1997), points to (often scurrilous) representations of race as an endless resource to pop culture, labor markets, and social science; Toni Morrison, in *Playing in the Dark* (Cambridge, Mass.: Harvard Univ. Press, 1992), argues powerfully for the unacknowledged and even apparently invisible presence of race in texts that seem to be about something else; Evelyn Brooks Higginbotham in "African American Women's History and the Metalanguage of Race" *Signs* 17 (winter 1992): 251–75, argues for the presence of race throughout discourse of gender; see Wahneema Lubiano, "Black Ladies, Welfare Queens, and State Minstrels: Ideological War by Narrative Means" in Toni Morrison, ed., *Race-ing Justice, En-Gendering Power: Essays on Anita Hill, Clarence Thomas, and the Construction of Social Reality* (New York: Pantheon, 1992), 323–63.

15. Mathew Frye Jacobson, *Whiteness of a Different Color*.

16. See Peggy Pascoe, *Relations of Rescue* and "Miscegenation Law;" Alexander Saxton, *The Rise and Fall of the White Republic*; and David Roediger, *Wages of Whiteness* (London; Verso. 1999).

17. Eric Lott, *Love and Theft: Blackface Minstrelsy and the American Working Class* (New York: Oxford Univ. Press, 1993).

18. Thus I am suggesting that, for example, studying "trailer parks" without invoking its companions—the "bottoms," the "barrio," the "other side of the tracks"—is a fraught enterprise that risks missing how they are constructed together. There are a number of examples of scholarship that do this work of bringing together multiple categories of analysis. For example, Siobhan Somerville, "Scientific Racism and the Emergence of the Homosexual Body," *Journal of the History of Sexuality* 5 (Oct. 1994): 243–66 and Jennifer Terry, "Lesbians Under the Medical Gaze: The Scientific Search for Remarkable Differences," *Journal of Sex Research* 27 (Aug. 1990): 317–40.

Both show how the categories of "racial" difference in science simultaneously shaped the way that scientists went about looking for marks of difference on the homosexual body.

19. H. W. Streeter, "Some Deductions from Gynecological Experience," *Medical Press of Western New York* 1 (Jan. 1886): 104–17.

20. Elizabeth Cummings, "Education as an Aid to the Health of Women," *Popular Science Monthly* 17 (Oct. 1880): 824.

21. Barbara Solomon, *In the Company of Educated Women: A History of Women and Higher Education in America* (New Haven, Conn.: Yale Univ. Press, 1985); and Helen Lefkowitz-Horowitz, *Alma Mater* (Cambridge, Mass.: Univ. of Massachusetts Press, 1993).

22. S. Weir Mitchell, "The True and False Palsies of Hysteria," *The Medical News and Abstract* 38 (Feb. 1880): 65; A. Hughes Bennett, "Hygiene in the Higher Education of Women," *Popular Science Monthly* 16 (Feb. 1880): 527.

23. George Beard, *A Practical Treatise on Nervous Exhaustion* (New York: William Wood and Co., 1880), vi.

24. Charles Rosenberg, "The Place of George M. Beard in Nineteenth Century Psychiatry," *Bulletin of the History of Medicine* 36 (May–June 1962): 245–59.

25. Horatio Bigelow, "Nerve Pain in Gynecology and the Rest Treatment," *American Journal of Obstetrics* 14 (July 1881): 620, 624; H. W. Streeter, "Some Deductions from Gynecological Experience," *Medical Press of Western New York* 1 (Jan. 1886): 108; Charles Richet, "Hysteria and Demonism: A Study and Morbid Psychology," *Popular Science Monthly* 17 (1880): 88. For miscarriage, see William Potter, "On Rectal Alimentation and the Induction of Abortion for the Relief of the Obstinate Vomiting of Pregnancy, *American Journal of Obstetrics and Diseases of Women and Children* (hereafter *AJOD*) 13 (1880): 85–98; Ely Van de Warker, "Impotency in Women," *AJOD* 11 (Jan. 1878): 36–47; W. L. Richardson, "The Recurrence of Nausea and Vomiting During the Later Months of Pregnancy," *AJOD* 12 (Jan. 1879): 65–69. On abortion, see Samuel B. Ward, "A Case in Which Conception Followed Very Imperfect Connection," *AJOD* 12 (Feb. 1879): 306–12; H.R. Storer, "The Accidental Production of Abortion During the Treatment of Uterine Disease," *AJOD* 13 (Jan. 1880): 185; Charles Field, "Concealed Pregnancy Complicating Uterine Disease," *AJOD* 13 (Jan. 1880): 177–83; W. A. Freund and James Chadwich, "Four Cases of Echinococci in the Female Pelvis," *AJOD* 7 (Apr. 1875): 668–79. On the physician movement to criminalize abortion, see James Mohr, *Abortion in America* (New York: Oxford Univ. Press, 1993).

26. George J. Engelmann, "Pregnancy, Parturitions, and Childbed Among Primitive People," *AJOD* 15 (July 1881): 610.

27. Stephen Jay Gould, "The Hottentot Venus," *Natural History* 91 (Oct. 1982): 20, 22–24, 26; Sander Gilman, "Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine, and Literature," *Critical Inquiry* 12 (autumn 1985); Anne Fausto-Sterling, "Gender, Race, and Nation: The Comparative Anatomy of 'Hottentot' Women in Europe, 1815–1817," in Jennifer Terry and Jacqueline Urla, eds., *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture* (Bloomington, Ind.: Indiana Univ. Press, 1995): 19–48.

28. Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (New York: Routledge, 1992), 38–52.

29. Pippa Skotnes, ed., *Miscast: Negotiating the Presence of the Bushmen* (Cape Town, South Africa: Univ. of Cape Town Press, 1996).

30. Joseph Taber Johnson provides one very helpful history of scientific writing on race pelves in "Apparent Peculiarities of Parturition in the Negro Race, with Remarks on Race Pelves in General" *AJOD* 8 (Jan. 1875): 88–123. Londa Schiebinger provides another in *Nature's Body: Gender in the Making of Modern Science* (Boston: Beacon,

1993), 156–58. She thinks it unimportant compared with skulls. This is certainly true if we compare quantities of ink expended on the two subjects. However, I think it is quite significant in the development of the science and medicine of *women*.

31. George M. Beard, *American Nervousness: Its Causes and Consequences* (New York: G. Putnam's Sons, 1881), 185.

32. Ibid., 188, 190.

33. Ibid., 77.

34. George J. Engelmann, "The Instinctive or Natural and Physiological Position of Woman in Labor," *AJOD* 13 (1880): 902–5; "Pregnancy, Parturition, and Childbed Among Primitive People," *AJOD* 14 (1881): 603–18; 827–47; "The Third Stage of Labor: An Ethnological Study," *AJOD* 15 (1882): 303–22; "Massage and Expression or External Manipulation in the Obstetric Practice of Primitive People," *AJOD* 15 (1882): 601–25. Also, George J. *Characteristic Labor Scenes Among the Yellow, Black and Red Races* (St. Louis, Mo.: Chambers, 1882); *Labor Among Primitive Peoples* (St Louis, Mo.: Chambers, 1884); *La Practique des accouchements chez les peuples primitifs: etude d'ethnographie et d'obstetrique*, trans. Paul Rodet (Paris: Librarie J.-B. Bailliere et fils, 1888). See also *Hystero-Neuroses* (New York: Appleton, 1887); *Hystero-Psychosis* (St. Louis, 1878); *President's Address: The American Girl of Today* (Philadelphia, 1900); *The Increasing Sterility of American Women, with Increase of Miscarriage and Divorce: Decrease of Fecundity* (Chicago, 1901). Also, James Grant Wilson and John Fiske (eds.), *Appleton's Cyclopaedia of American Biography*, vol. 2 (New York: D. Appleton & Co., 1888): 356–57.

35. Joseph Taber Johnson, "Apparent Peculiarities of Parturition in the Negro Race, with Remarks on Race Pelves in General," *AJOD* 8 (1875): 93–94.

36. Lucien Warner, *A Popular Treatise on the Functions and Diseases of Women* (New York: Manhattan Publishing, 1874), 109, cited in Barbara Ehrenreich and Dierdre English, *Complaints and Disorders*, 114.

37. George Beard, *American Nervousness*, 92.

38. Joseph Johnson, "Parturition in the Negro Race," 104; George Englemann, "Pregnancy," 609–10; E. B. Turnipseed, "Some Facts in Regard to the Anatomical Differences Between the Negro and White Races," *AJOD* 10 (1877): 32–33.

39. Joseph Johnson, 115–19; Steven Jay Gould, "Hottentot Venus"; Anne Fausto-Sterling, "Gender, Race, and Nation."

40. See Martin Pernick, *Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia Univ. Press, 1985); and Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana, Ill.: Univ. of Illinois, 1978).

41. See e.g., Judith Walzer Leavitt, *Brought to Bed*, 29, 266.

42. Deborah Kuhn MacGregor, *Sexual Surgery and the Origins of Gynecology: J. Marion Sims, His Hospital, and His Patients* (New York: Garland, 1990), 42–52; J. Marion Sims, *The Story of My Life*, ed., H. Marion-Sims (New York: Appleton, 1884), 241.

43. In many ways, this argument is being revisited today in the Congressional and state debates over "partial birth abortion," which is craniotomy. Physicians have argued in Congress that it is too grim a procedure, and the AMA has debated how safe it is for the pregnant woman. See William F. Buckley Jr., "The eternal problem in abortion debate," *National Review* 49 (16 June 1997): 62.

44. T. Galliard Thomas, "Laparo-Elytrotomy: A Substitute for the Caesarean Section," (Apr. 1878): 225–41; this paper, read at a meeting of the American Gynecology Society in 1878, became a point of reference for further discussion of the Caesarian operation, see, e.g. Robert Harris, "Lessons from a Study of the Cesarean

Operation in the City and State of New York, and their Bearing upon the True Position of Gastro-Elytrotomy," *AJOD* 12 (Jan. 1879): 82–91. Robert Harris, "A Study and Analysis of One Hundred Caesarian Operations Performed in the United States, During the Present Century, and Prior to the Year 1878," *American Journal of the Medical Sciences* 77 (1879): 43–65.

45. Rickets was a fairly common vitamin deficiency among poor southerners, particularly African Americans. The slight beginnings of a northward migration of black women, including some with richetic pelves, undoubtedly made it possible for the Scott case to stand as typical of a particular sort of patient.

46. S. S. Lungren, "A Case of the Caesarian Section Twice Successfully Performed on the Same Patient," *AJOD* 14 (Jan. 1881): 78–99; John Parry, "The Comparative Merits of Craniotomy and the Caesarean Section in Pelves with a Conjugate Diameter of Two and Half Inches or Less," *AJOD* 5 (Apr. 1873): 644–79.

47. W. H. Parrish, "A Case of Craniotomy," *Transactions of the Philadelphia Obstetrical Society* (Nov. 1874): 494–99.

48. See, e.g. John Upshur, "A Case of Calcified Fibroid of the Uterus with Remarks," *AJOD* 14 (Jan. 1881): 108–11.

49. Wahneema Lubiano, "Black Ladies, Welfare Queens, and State Minstrels."