

Mapping the Vagina: Nineteenth-Century Narratives of Scientific Specularity

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Abstract

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This dissertation tracks the close and variegated imbrications of nineteenth-century science, literature, and cartography. It argues for the co-existence and co-dependency of nineteenth-century gynecology and literature through an application of cartographic history and theory to the two disciplines. Identifying these cultural formations as co-emergent subsequently creates space for an identification of their shared productivity: a violent and violating medico-clinical gaze resulting in the construction of a unique discursive field of cultural production—maps of women’s bodies. Considering how gynecological maps deploy a clinical gaze that both racializes and genders bodies and in so doing reinscribes these bodies through relations of power remains a major aim of this project. A use of cartographic theory highlights the techniques and modes by which gynecological maps actually redefine and reconstruct bodies largely in service to white heteronormative aims. In this manner, gynecology, cartography, and literature are approached as political discourses whose objectives are frequently shared: the acquisition and maintenance of social power. At stake in an insistence on the centrality of mapping the female body to both nineteenth-century literature and gynecology is a destabilization of not only prevailing nineteenth-century presumptions about normative gender and sexuality, but also current presumptions that still remain attached to their nineteenth-century counterparts.

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Introduction

“To catalogue the world is to appropriate it.”
-J.B. Harley

“It is all science, however—exploring a woman and a mound are pretty much the same.”
-August 1848 letter from Josiah Nott to Ephriam Squire

In April 1885, an anonymous female patient of Doctor Charles K. Mills, a neurologist to the Philadelphia Hospital and Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic, briefly appeared before a group of doctors at the Philadelphia Hospital.¹ Equipped with a written copy of the long history of her gynecological history, the patient remained in the physical presence of the gathered physicians only long enough for them to “make note of her appearance” (535). The patient’s history reveals that she suffered for the majority of her life from an array of neurological disorders (most notably hystero-epileptic and hystero-cataleptic attacks) that were consistently attributed by her physicians to nymphomania. Having previously undergone multiple sexual surgeries to alleviate her symptoms with no relief (two clitoral excisions, an oophorectomy, and finally a complete clitoridectomy), the patient’s presence at this medical gathering represented her last attempt at a cure. Like other medical reports on hysterical women’s bodies in this period, the unnamed patient’s autobiographical report focuses on her sexual organs and sexual tendencies. What remains particularly significant about Mills’ address is its brevity, as once his patient’s own medical history is removed, his own discussion of the case remains rather negligible. Mills simplistically diagnoses his patient with nymphomania, or “an extreme and abnormal excitement of the sexual passion” that requires a location in her physical body (538). Yet rather than demonstrate a deceleration of clinical power,

¹ This presentation was later reported by Doctor William Morrison, and published in the April 18, 1885 issue of the *Medical Times*. See Mills, M.D., Charles K. “A Case of Nymphomania, with Hystero-Epilepsy and Peculiar Mental Perversions--The Results of Clitoridectomy and Oophorectomy--the Patient's History as Told by Herself” *Medical Times* 15 (1885): 535-40. Print.

Mills' ability to simplistically summarize a rather complicated medical case showcases the degree to which the power of the medico-clinical gaze, and alongside it, the power of modern gynecology to map somatic deviance onto female bodies, was congealed by the late-nineteenth-century.

In *The Birth of the Clinic* (1973) Michel Foucault locates the development of a "clinical gaze" in the increased reliance on visuality during the revolution of clinical practice from the eighteenth to nineteenth centuries.² Foucault notes that with this ocular emphasis, disease could be visually manifested and mapped onto the body (9). He asserts that within the space of the clinic, the "clinical gaze has the paradoxical ability to *hear a language* as soon as it *perceives a spectacle*." (108). In other words, the clinical gaze can "hear" the mapped language of somatic disease and deviance as soon as it *sees* it on the body. The degree to which the power of the clinical gaze was taken for granted by 1885 is evinced by Mills' unexplained request that the patient be present for a few moments at the opening of his address:

Gentlemen,--I have brought this woman before you for a few minutes in order that you may note her appearance...She has suffered for a number of years from a form of nervous or mental trouble, and has had at times hystero-epileptic and hystero-cataleptic attacks. She has had certain surgical operations performed, the results of which I shall speak later. I shall now ask her to go out while we discuss her case (534).

This portion of Mills' lecture is significant for the veiled linkages between clinical "seeing" and "saying" that occur in the patient's presentation. While it was not unheard of to have a patient present during a nineteenth-century medical address, it was certainly uncommon, and the patient's presence was usually associated with some kind of collective physical examination

² Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Pantheon Books, 1973. Print.

whose purpose was clearly articulated by the lead physician. Although Mills gives a reason for the patient's presence (he wishes his medical colleagues to "note her appearance") there is neither further discussion of *what* he wishes his colleagues to note nor any explicit mention of her appearance in the remainder of his discussion. For readers learning of Mills' case through its publication in the *Medical Times*, the lack of indication of what precisely in the patient's appearance remains medically significant results in gross speculation about the patient's original presence, her physical body, and her overall behaviors—was she clothed and to what degree? Was she standing erect, gazing back at this group of physicians, or reclining for gynecological scrutiny? Was she masked for anonymity or did she face them? Did she stand quietly or exhibit symptoms of epileptic or cataleptic attacks? Without this information the connection Foucault establishes between seeing (the medical gaze) and saying (medical discourse) seems undercut. Yet the simultaneity of seeing and saying in gynecological practice that Foucault's work on the clinic considers actually *explains* both the discursive silence surrounding Mills' patient's appearance as well as the concision of his overall address—all the "somatic truths" of the patient's body are revealed to the collective of doctors by their clinical gazes. Thus rather than function as evidence for the breakdown of the power of the medical gaze, Mills' ambiguous and seemingly uncritical injunction to gaze at the female body actually demonstrates the degree to which the medico-clinical gaze, and the unidirectional relationship of power between nineteenth-century clinicians and their female patients that this gaze exemplifies, had been solidified by 1885.

So powerful and even obvious is "what one knew to be given only to the gaze" that Mills and his colleagues do not need to "express [it] in words" (Foucault 51). Perhaps for this reason Mills feels free to allow his patient to discursively represent her own body by reading her

medical autobiography aloud: after all, it is far less medically relevant what a patient *says* about her own body than what clinicians *see* in the patient's exhibited body. In fact, immediately after asking his patient to leave the gathering, Mills proclaims: "This is a case of nymphomania. I hold in my hand the history of the case prepared by the patient herself, which I shall read. It is not only an interesting story, but pathetic and almost dramatic in some of its details" (535). These brief opening sentences have several important effects. First, by simplistically declaring that the patient's case is one of nymphomania, Mills ensures that the patient's own discussion of her wider medical history, symptoms, and failed treatments are overshadowed by a medical gaze that will always-already see female sexual deviance at the site of somatic illness and injury.

Consequently, medical discourses about the female body both literally and figuratively remain in the hands of male doctors, effectively relegating the patient's medical history to the level of fiction: a story that remains both "pathetic" and "almost dramatic." By contrast Mills' own report, which makes the annals of the *Medical Times*, is readily accepted as a factual work of science. Thus Mills' address, unique only in its inclusion of a female patient's *personal* gynecological report, not only demonstrates the degree to which women's overall bodies and minds were charted in and through their sexual organs by the latter half of the nineteenth-century, but also reveals the crucial and congealed role of the medico-clinical gaze in this mapping.

While certainly unique in Mills' case given the patient's own medical perspective, this tension between a female patient's experience with and knowledge of her own body and a male physician's mapping of insanity, abnormality and deviance onto that body is consistently repeated throughout nineteenth-century gynecological discourses. In the case of Mills' patient, the attempt to publicly map her own private body in hopes of a final cure are writ over by the

more “legitimate” voice of Mills’ monolithic science, resulting in a discursive layering of gynecological, literary, and cartographic maps of the patient’s sexual organs that together encapsulate some of the major linkages explored by this dissertation. This project considers how the addition of cartographic history and theory to nineteenth-century gynecology and literature enhances and complicates the connectivity between the two disciplines, specifically as they co-produce the medico-clinical gaze. Implicit in this argument is an understanding of nineteenth-century science and literature as co-emergent cultural formations. I argue that only by reading across gynecological and literary production through a cartographic lens can one discern the existence of a unique discursive field of cultural production whose primary generic feature is its output: maps of women’s bodies. Extant scholarship that reads literature and gynecology together to track how the clinical gaze racializes and genders bodies has overwhelmingly failed to consider how gynecological maps, traditionally understood as mirrors of real bodies, actually reinscribe these bodies through relations of power.³ My project intervenes in these conversations by arguing alongside cartographer J.B. Harley that cartographic and gynecologic sciences alike are political discourses aimed at acquiring and maintaining social power.⁴

³ See for example Patricia L. Ploesch, *Bodily Fictions: Ethnology and Gynecology in American Literature*. 2007. Print. While Ploesch does consider how both literature and gynecology utilize the “power of the gaze,” she does not consider the pivotal role that cartography plays in their cultural production. Similarly, in *Bodily and Narrative Forms: The Influence of Medicine on American Literature*, Cynthia J. Davis examines American literature between 1845-1915 for medicine’s influence on literary form and content, and does include a chapter on the clinical gaze. However, Davis does not include either medical or textual maps in her consideration of how medicine influenced literary representations of the body, or in her work on the relationship between the gazer and gazed upon. Terri Kapsalis’s fourth chapter in *Public Privates* considers how medical images in current textbooks make women’s bodies, but despite also discussing gynecology’s birth in slavery, does not examine 19th century gynecological maps. Emma L.E. Rees’s work, *The Vagina: A Literary and Cultural History* (2013) takes on the long history of the vilification of the vagina within a variety of cultures and cultural modes, but language, literature, art, myths, fables, and film are far more her focus than gynecology.

⁴ Harley, J.B. and Paul Laxton, *The New Nature of Maps: Essays in the History of Cartography* (Baltimore: Johns Hopkins University Press, 2001) 85.

Following Donna Haraway, I understand the female body as key “inscription device” for nineteenth-century gynecology, cartography, and literature. Haraway contends that “[s]exual difference was constituted discursively through the nineteenth-century biological reorganization of the female body around the ovaries and uterus” such that “the history of modern feminism would be incomprehensible without the history of modern reproductive biology and clinical gynecology” (357). In cartographic terms, the reorganization Haraway describes is termed a “re-orientation” and describes a fundamental shift in how a terrain is charted, specifically in the directional relationship between its (new) central geographic focus and extant compass points.⁵ As evinced by the rise of gynecology in the nineteenth-century, biology’s new “geographic” focus became women’s sexual and reproductive organs. This re-orientation itself altered the ways in which women’s overall bodies were mapped and exemplifies a hitherto unexplored collision between two nineteenth-century disciplines concerned with penetrating and mapping “unknown” spaces—cartography and gynecology. With this in mind, my project poses and explores the following related questions: How might mapping function as a form of corporeal control, both making and policing women’s bodies? How might cartographic theory shed fresh light on the methods by which the clinical gaze racializes and genders bodies? How can mapping be envisioned as a product of both seeing and saying—as linked to the clinical gaze and the clinical account? How might cartographic theory be deployed to read gynecological maps against the grain? This dissertation argues that the vagina, as part of the body of woman, functions as a map of power that is always-already inherently political.

⁵ “Orientation.” University of Texas Libraries. *Glossary of Cartographic Terms*. The University of Texas at Austin. Web. 10 Apr. 2015. <<http://www.lib.utexas.edu/maps/glossary.html>>.

Theorizing Vaginal Maps

Exploring how the vagina functions as a map of power requires a use of cartographic theory at two levels. First, I consider maps of women's bodies, whether gynecological or literary, as loaded by a cartographic genealogy in older traditions. A major episteme that controls the idea of mapping the vagina is the history of mapping that gynecology inherited: a long history of imperial conquest, control, penetration, and trade of human bodies. When my project considers how the clinical gaze maps the female body across nineteenth-century gynecological and literary works, this older tradition of the map inserts itself. Next, I utilize a critical feminist cartography modeled after Harley's cartographic theory as a method of reading and deconstructing vaginal maps contained within nineteenth-century cultural production. In their *Concepts in the History of Cartography*, Harley and Edward Dahl maintain that conceiving maps *as language* remains the most appropriate method of apprehending the history and production of cartography (88). Such a cartographic-structuralist approach sees language undergirding both the content and form of maps, and opens space for Harley's later deconstructionist investigation of the history of cartography and map reading. Viewing maps as texts that operate rhetorically, Harley employs Derridian deconstructionism and Foucaultian historicism to read maps between the lines, to read the margins of maps, and to read maps for their silences and absences as much as for their explicit content. In short, Harley argues that *all* cartographic production is inherently rhetorical and socially constructed.

Applied to gynecological publications and images, a critical feminist cartography exposes cracks and fissures operating beneath the surface and in the margins of medical and literary texts. I argue that critical feminist cartography highlights the desire, self-reflexivity, and partiality implicit in the clinical gaze. In the case of literature, a critical feminist cartography

reveals the ways in which literature on the one hand operates in conjunction with gynecology to shore up racializing and gendered projects of the clinical gaze and on the other hand subverts the authority and objectivity on the gaze, thereby destabilizing gynecological power. This cartographic focus on the female body not only includes critical readings of more explicit gynecological maps detailing the vagina's technical structure, but also more implicit maps that chart sexualities, races and social roles onto female bodies. Ultimately I argue that you cannot fully apprehend the political rhetoric of gynecological and literary mapping without cartographic history and theory.

My contribution to Harley's critical cartography is two-fold: first, I shift the focus from geographical maps to gynecological maps. While Harley considers maps across various spaces and time periods, he exclusively considers maps of landscape. Yet Harley's chosen metaphor for the map, *text*, suggests the productivity of a broader cartographic understanding. I thus superimpose Harley's cartographic history onto nineteenth-century gynecological and literary mapping and suggest that gynecologists manufacture power via gynecological mapping just as cartographers manufacture power by mapping the landscape. I consequently take seriously Harley's claim that maps are "a graphic language to be decoded" by exploring the discourse of gynecological maps in the context of political power (36). Second, whereas Harley examines the traditional form of cartography, the image map, my project thinks through mapping more broadly and adds *textual* maps to cartographic production. I thereby push on traditional formalist cartographic assumptions and suggest that in the same way that visual maps should be read as rhetorical texts, so too should textual maps be read as visually rhetorical. The methods I employ to read both forms of maps are borrowed from cartographic and literary theory.

“Cartographic efficiency”—how efficient map language is for end-users—is not so much the concern of my project as is what I term “cartographic suggestivity”—how map language suggests information as much by explicit detail and content as by omission, selection, implicit detail, and blank space.⁶ Focusing on the suggestivity of maps might actually involve focusing on their inefficiencies, or on those aspects of maps that are not overt and so not immediately recognized. In this manner, I seek to deconstruct image maps and textual maps alike for what Harley terms “latent content” (86). Like Harley, I borrow from iconographers who identify three levels of meaning when examining icons: first, “primary or natural subject matter” (including the representation of natural objects, colors, shapes, and lines); second, “secondary or conventional subject matter” (determining what images, symbols, and motifs carry what conventional meanings); third, “intrinsic meaning or content” (determining “underlying principles” that reveal the “*basic attitude*” of a group) (86). In addition to Harley’s methods for reading maps, I employ John Fels and Denis Wood’s recommendation to focus on the *codes* within maps—both codes of intrasignification, which operate within the map, and codes of extrasignification, which operate outside of the map. Fels and Wood understand maps as mediums of language and myth, and as concomitantly language and image. As a result, their focus on codes seems particularly useful for a project that seeks to co-read image maps and textual maps.

My project’s interdisciplinary focus on the linkages between cartography, gynecology, and literature, and the role these social formations play in mapping the vagina (itself a constructed form) necessitates an eclectic theoretical toolbox privileging formalist study. For this reason, Caroline Levine’s proposed method of “strategic formalism,” itself drawing on aesthetic traditions in Marxist, feminist, Foucaultian and New Historicist scholarship, offers an ideal

⁶ Blakemore, Harley, and Dahl, 99

methodology for thinking through the ways in which social formations and aesthetic forms (whether literary, cartographic, or scientific) can be read as overlapping.⁷ Levine summarizes the aims of strategic formalism as reading culture for its “dense networks of different kinds of interacting forms,” thereby encouraging cultural studies scholars to consider more widely encounters and collisions among social formations and aesthetic forms (636). Levine understands form broadly as referencing “shaping patterns” and “dense networks of structuring principles and categories” while strategic formalism, her practice of “close reading” the social, “involves reading particular, historically specific collisions among generalizing political, cultural, and social forms” (632). Levine elevates literary form as ideally illuminative of formal structures within the social, but also argues that expanding the number and sorts of forms under study might develop a vocabulary for thinking through the interrelationships among forms. Alongside Levine, I read literary forms as politically forceful given the challenges they pose to the very social formations that create them. However, I begin to depart from her practice in my definition of “literary.”⁸ Rather than delimit my study of culture to the lens of literature and its forms, I consider aesthetic forms more widely by insisting that gynecological and cartographic forms *are* literary forms, deserving of the same close reading practices that formalisms impose on traditional modes of literature. In so doing I align myself not only with Terry Eagleton, who suggests that the non-objectivity of literature as a category ensures that “[a]nything can be literature,” but also with a range of scholars (including Donna Haraway) who widen the

⁷ Caroline Levine, “Strategic Formalism: Toward a New Method in Cultural Studies” (*Victorian Studies*, 48.4 2006) Print.

⁸ Despite suggesting that the number of forms under study should be expanded, Levine and her immediate interlocutors remain focused on poetry, thereby seemingly channeling in practice, rather than challenging, traditional formalist modes. As Terry Eagleton notes in *Literary Theory*, “[t]o think of literature as the formalists do is really to think of literature as poetry” (5). Levine applies her strategic formalism to Elizabeth Barrett Browning’s “Cry of the Children,” a move that Herbert F. Tucker extends in “Tactical Formalism: A Response to Caroline Levine” (2007). I seek to further widen Levine’s proposed formalist practice by opening it up to more than literary poetry and prose.

definition of literature to include science (9). Strategic formalism invites inquiry into how disciplinary claims, valuations, and ordering structures attached to female bodies are informed or altered as a result of collisions within and between cartographic, gynecological, and literary texts.

A major aim of this dissertation is to explore how cartographic theory can be utilized to (re)read 19th century scientific and literary production centering on the vagina for forms of political rhetoric that go beyond purportedly “scientific” (or objective, politically-neutral) claims. Reading across the cultural production of literature and gynecology first requires reading the two disciplines *together*. Following Levine, my project accordingly understands science and literature as symbiotic social formations—engaged in a multidirectional network of exchanges wherein both are major contributors to, inheritors of, and participants in this literature of the vagina. By reading literature and gynecology together, this dissertation enters into a dense and contentious field of interdisciplinary scholarship beginning at least in the 1940s with Marjorie Nicholson. In her work on scientific influences on literature Nicholson helped engender Literature and Science as a formal field of study in the United States.⁹ Frequently cited as having an “influence problem” for failing to consider how literature influences science, Nicholson was succeeded by a body of scholars in the 1980s who revitalized the field of literature and science studies by considering the performative effects of literature (its form and content) on scientific practice, and vice versa.¹⁰ Such scholarship continues in the present moment. For example, the

⁹ G.S. Rousseau, “Literature and Science: the State of the Field” *Isis* (69.4 (1978)) 583-591. Print.

¹⁰ For example, Nancy Stepan in “Race and Gender: the Role of Analogy in Science” (1986) argues that a theory of metaphor is as critical to science as it is to the humanities. Similarly, Donna Haraway’s conception of science as a story-telling practice in *Primate Visions* (1989) explicitly takes up science *as* literature (or story-telling).

September 2010 edition of *Isis* returns to the debates that Nicholson's work originally inspired.¹¹ I enter into these conversations by understanding nineteenth-century gynecology and literature as linked not only through their emergence from the same cultural milieu and their shared use of the clinical gaze, but also for the rhetorically *performative* nature of gynecological and literary production.

Putting Judith Butler's theory of gender performativity to work at the disciplinary level, I remain interested in how gynecological and literary maps of women's bodies *themselves* perform gender.¹² Butler asserts that "the action of gender requires a performance that is *repeated*" (*Gender Trouble* 190). If we understand gender as manufactured not only through acts (as Butler argues), but also through a sustained set of images, we can understand cultural production (like gynecological maps) as performative. As Butler aptly notes, "what we take to be an 'internal' feature of ourselves [gender] is one that we anticipate and produce through certain bodily acts" (xvi). I seek to widen the lens of Butler's gender performativity to consider the sustained sets of images that lead to our anticipation of gender in the first place. Reading across 19th century gynecological and literary texts, I will argue that a series of "ritualized repetition[s] of conventions" emerge across maps, images, and texts of/about the female body that retroactively produce gender (*Subject and Power* 144). Butler's theory of performativity, at once linguistic

¹¹ Notable contributions to volume 101, No. 3 include: James T. Bono's "Making Knowledge: History, Literature, and the Poetics of Science" wherein Bono understands science as a form of poiesis (559); Laura Otis's "Science Surveys and Histories of Literature: Reflections on an Uneasy Kinship," which analyzes the commonalities and distinctions between literary studies and histories of science and ultimately understands all texts as "thing[s] that talk" (573); Laura Dassow Walls's "Of Atoms, Oaks, and Cannibals," which argues that scientific and literary texts may be approached as performances (590); and Henry Turner's "Lessons from Literature for the Historian of Science (and Vice Versa): Reflections on 'Form,'" wherein Turner argues that scholarship in both disciplines should undertake a formal analysis to focus on commonalities (586).

¹² In addition to Butler, my argument for understanding gynecological and literary production as performances is indebted to Terri Kapsalis's *Public Privates* (1997) and to a lesser extent, Laura Dassow Walls's "Of Atoms, Oaks, and Cannibals" (2010).

and theatrical, allows for a re-consideration of gynecological and literary maps as dual modalities of performative power (*GT* xxvi). Finally, by understanding both gynecological and literary maps as performances, both productions remain open to various *non-technical* (i.e. political) readings and interpretations. My proposition that gynecological and literary maps are co-productions imbued with performative power presupposes an understanding of such maps alongside M.M. Bakhtin as sites of “consciously structured hybrid[s] of languages.”¹³ “Hybridity” effectively captures the 19th century exchange of vaginal discourse between literature and science. While literary texts borrowed scientific claims and language related to women’s bodies and the clinical gaze, science in turn put to use literary terms, ideas, and strategies when grappling with women’s bodies and their cultural currency. As a result, both social formations are formally composite. Understanding maps of women’s bodies as *consciously* structured presupposes the deliberation inherent in this cross-disciplinary exchange.

This dissertation’s exploration of and arguments about the imbrication of nineteenth-century science and literature as they map women’s bodies is situated in an assemblage of transatlantic, interdisciplinary scholarship that speaks back to nation-centered, uni-directional, and uni-disciplinary discussions. My archive of primary materials includes literary and gynecological works from the United States, France and Britain, ranging from 1817-1903. My project is necessarily transatlantic for a variety of reasons, but primarily given the transnational circulation of science in this period. Gynecological production on one side of the Atlantic heavily influenced production on the other side. Related to this, the bodies under gynecological scrutiny were frequently the bodies of enslaved women, themselves in continual transit as a product of the triangular slave trade, even post-abolition. For example, during her lifetime

¹³ M.M. Bahktin, *The Dialogic Imagination: Four Essays* (1937), xxix.

Saartjie Baartman (1790-1815), or the “Hottentot Venus,” was transferred from Southern Africa to Great Britain to France. Scientific publications about her anatomy circulated even more widely than Baartman herself. While this dissemination of bodies and attendant medical maps most significantly includes enslaved women, it also includes white women and some of the gynecologists themselves. For example, Mills’ patient was operated on by the infamous Isaac Baker Brown (English gynecologist and surgeon who was expelled from the Obstetrical Society of London) before she appeared to Mills’ colleagues at the Philadelphia Hospital. Accordingly her body offered experimental and surgical material for gynecologists on both sides of the Atlantic. J. Marion Sims, oft-termed the “father of modern gynecology,” practiced in the United States and in Europe, and his non-immigrant white patients received gynecological treatments founded on experimental practices on enslaved women. Most broadly, a transatlantic scope enables me to consider historical medical sites (whether geographic, bodily, or narrative) as contact zones, or “social space[s] [like hospitals or operating rooms] where disparate cultures meet, clash, grapple with each other, often in highly asymmetrical relations of domination and subordination.”¹⁴ In addition to considering how literary and gynecological maps of women’s bodies are transportable across disciplines and national borders, this dissertation also explores their transportability across time. Directly descended from nineteenth-century gynecological maps, I understand contemporary gynecological maps as similarly loaded with political rhetoric.

The Stakes of Gynecological Claims

As cataloguing the vagina is to appropriate it, and as critical cartography enables a deconstruction of vaginal mapping, then the historical and contemporary stakes of my project are

¹⁴Mary Louise Pratt. *Imperial Eyes: Travel Writing and Transculturation* (London: Routledge, 1992) 4.

tantamount to a reappropriation of masculinist and racist discourses constructing women's bodies. By utilizing a strategic formalist angle to yoke literature with science with cartography, I demonstrate that it is in the "strange encounters among forms" that "unexpected, politically significant possibilities emerge" (Levine 633). This project also contains an array of attendant disciplinary stakes. Most broadly, the literary stakes of my project emerge from utilizing a wider definition of "literature." By entering the field of Literature and Science Studies and putting Levine's strategic formalism to work, I am able to identify how the map as a social form emerges across literature and science to produce gender inequality from within both disciplines. Additionally, widening the definition of literature also engenders a destabilization of the monolithic power of science. The gynecological clinical gaze, traditionally viewed even in our present moment as an impartial, technical, and perhaps even benevolent purview, is disrupted once close read under literary criticism and critical feminist cartography. As a result, deconstructing gynecological and literary maps of women's bodies belies the "reality" of these maps, and instead reveals them as social constructions if not wholly motivated by, then wholly imbued with, political rhetoricity. Finally, this dissertation's wider cartographic contribution is in reading maps as *gendered* and *racialized* discourses.¹⁵ Recognizing the role gynecological and literary maps play in determining normative races and genders, including the sites of their collisions, might destabilize not only prevailing nineteenth-century presumptions about normative gender and sexuality, but current presumptions still attached to nineteenth-century claims (Butler *SP* 144). As Butler notes, "if the regulatory fictions of sex and gender are themselves multiply contested sites of meaning, then the very multiplicity of their construction holds out the possibility of a disruption of their univocal meaning" (*GT* 44). Thus at stake in

¹⁵ While my project specifically considers gynecological maps, future cartographic scholarship might productively apply a similarly feminist lens to topographic maps, road maps, economic maps, and physical maps.

widening our definition of literature to identify across disciplines a multiplicitous mapping of the vagina is an opening and honoring of that space for the disruption of univocal meanings attached to women's bodies.

Mapping the Vagina: An Overview

In *Primate Visions* Haraway provocatively terms science a “story-telling practice.”¹⁶ She argues that *all* scientific practice and theories are similarly “produced and...embedded in particular kinds of stories” or in “historically specific practices of interpretation and testimony” (4). Working at the intersection of science and feminism, Haraway's point is not to minimize the value of scientific inquiry and practice, but to point to the ways in which scientific statements about the world, like statements from other disciplines (most notably literature) should be approached critically. The real effects on women's bodies of uncritically taking the “facts” of scientific “fictions” for granted are exemplified by an array of violent clinical practices examined in the chapters that follow. Yet rather than re-trace these wounds (a significant project in itself, already undertaken by an array of historical and literary scholars¹⁷) this dissertation seeks to historically place the woundings, their mappings, and their motivations within a collision of cartographic, scientific, and literary discourses so as to more fully appreciate both the monolithic standing of gynecology as a political force as well as the powerful political dissent operative beneath the somatic surfaces of gynecological maps of the female body. In so doing, the subject

¹⁶ Haraway, Donna. *Primate Visions: Gender, Race, and Nature in the World of Modern Science* New York: Routledge, 1989.

¹⁷ For further discussion, see as a beginning an array of scholars who focus on somatic violence broadly and oftentimes gynecological violence specifically, including: Katherine McKittrick, Anne Fausto-Sterling, Anne McClintock., Philip Acree Cavalier, Jenny Sharpe, Judith Butler, Terri Kapsalis, Saidiya Hartman, A. J. Simone Alexander, Rachel Holmes, Jennifer Terry, Jacqueline Urla, Laura Briggs, Michel Foucault, and Sadiya Qureshi.

of each chapter of this dissertation overlaps with and extends the others, resulting in chapter divisions that should be approached as more recursive than definitive.

My first chapter works at the intersections of cartography, imperialism, and gynecology, arguing that gynecology and imperialism should properly be conceived of as mutual imbrications. Focusing on Britain's colonial presence in Africa at the height of imperialism, I revisit what I term the "dark continent *narrative*" to re-suture the rise of modern gynecology with imperial conquest, especially as the two gained power through cartographic production. Highlighting the narrativity of the "dark continent" story not only allows for its tracking from the nineteenth through the twenty-first centuries but also effectively captures its continually changing and thereby ever-more loaded cultural meanings, whether within imperialist discourse, Freudian psychology or feminist criticism, particularly as they are attached to mapping women's bodies. I thereby contend that the racialized and sexualized figuring of the dark continent at once depends upon and extends the strategies of nineteenth-century gynecological investigation. Reading two foundational works of the dark continent narrative, Thomas Baines' "Map of the Gold Fields" (1877) and H. Rider Haggard's (1885) *King Solomon's Mines*, alongside a variety of nineteenth-century gynecological reports showcases how these discourses all share imperial strategies of penetration, examination, and containment of the female body/feminized landscape. The guiding method of this chapter is a critical feminist cartography, since a mode of cartographic practice that rejects the standpoint of the male cartographer is required to re-read maps of female bodies and feminized landscapes for their explicitly gynecological content. Additionally, this methodology is able to sift through the racial, sexual, and medical violence perpetuated by gynecological imperialism to unearth feminist strategies of inversion that disrupt the univocality of gynecology and imperialism.

Chapter two centers on the functioning of the allegedly detached medico-clinical gaze within nineteenth-century works of “clinical naturalism.” I define “clinical naturalism” as literary, artistic, and scientific accounts that turn on a violent and voyeuristic functioning of a penetrative medio-clinical gaze taking as its objects unruly female bodies. Of particular note in clinical naturalist works remains the *specular* status of the medico-clinical gaze. In referring to an indirect mode of vision, “specular” describes an ancillary mode of visual construction that more accurately describes the viewer himself, rather than the female object under optic analysis. Thus from beneath a specular understanding of the medico-clinical gaze, a reexamination of works of clinical naturalism reveals the clinician’s violent desire for and simultaneous fear of the vagina. Beginning with the primary clinical-dental scene in Frank Norris’s *McTeague* (1899), the medio-clinical gaze’s reliance upon an ideological tradition of mapping and mining, inherited from imperialist endeavors in the “dark continent,” becomes manifest. Here the fetishism and sadism underlying the clinical gaze takes shape and is linked first with Thomas Eakins’s two major medical paintings, *The Gross Clinic* (1875) and *The Agnew Clinic* (1889), and subsequently with three nineteenth-century works of clinical gynecology. In each work the spectacle of the female body within the clinical scene, and violent attempts to map that body, showcases modes of aggressive clinical desire. Implicit in these clinical naturalist accounts is a strategic displeasure or dis-ease with the clinical gaze that might represent a productive avenue toward disrupting the gaze’s otherwise univocal discourse.

My third and final chapter continues chapter two’s treatment of the voyeurism and violence of the medico-clinical clinical gaze by considering how nineteenth-century gynecologists utilized race to generate and deploy “normal” and “abnormal” somatic designations. Consequently this chapter understands nineteenth-century gynecology as a

normalizing, racist science pathologizing enslaved women's bodies in support of white racializing projects. Beginning with "Excerpt of Observations," Georges Cuvier's 1817 report on Saartjie Baartman's autopsy, this chapter argues for a more temporally proper placement of the origins of modern gynecology in the early nineteenth-century precisely in and through examination of and experimentation on enslaved black women's bodies. In so doing it demonstrates the ways in which gynecological maps of black women's bodies were explicitly racialized and sexualized and then deployed either as evidence of white supremacy or in gynecological service to white women's bodies. Insisting on Cuvier's "Excerpt of Observations" as both a cartographic *and* gynecological text sutures his work with the American gynecologist, J. Marion Sims. Sims utilized enslaved women's bodies as experimental flesh for innovative cures for genital abnormalities that, once perfected, were transferred to white women's bodies. The gynecological preoccupation with sighting and penetrating so-called "abnormal" black vaginas that I identify in this chapter ultimately reveals a sexually and racially violent underbelly of gynecological practice that actually engendered its rapid rise as a medical specialty. Utilizing a critical feminist cartography to trace out the violent connectivities between Cuvier's and Sims's gynecological practices reveals the degree to which slave women's bodies haunt *all* gynecological discourse. Turning to Pauline E. Hopkins's novel, *Of One Blood*, this chapter begins to trace out what I term an "oppositional gynecology," or feminist modes of medicine and visuality that uniquely and more equitably sight and cite bodies and their histories. I argue that by understanding Hopkins's emergent oppositional gynecology as a black matrilineal inheritance, her novel might be read as tasking feminists with promoting and refining other oppositional modes of medical and gynecological practice. In these ways chapter three considers how gynecological maps might represent *both* sites of captivity and emancipation.

I conclude my dissertation by returning to Judith Butler's theory of gender performativity alongside Terri Kapsalis's work on performative gynecology to further consider how maps of women's bodies might be re-read as *oppositionally* performative and exhibitiv of alternative constructions of the self. Such a reading locates in 19th century maps of women's bodies a language of protest rather than of white, masculine power. Working along Kapsalis's argument in *Public Privates* that "[g]ynecology is not simply the study of women's bodies—gynecology *makes* female bodies," my conclusion proposes performativity as one method toward re-defining and re-constituting female bodies that were and remain inequitably and violently constructed by traditional gynecological investigation (6). Re-investigating gynecological maps of women's bodies for what they *exclude* or *obfuscate*—their silences, textual breaks, de-emphases, and absences—offers a rich place for beginning to recover textual leftovers (what Kapsalis calls "performative traces") that subvert gynecological power.

Chapter 1: Gynecology and Imperialism: Charting the “Dark Continent”

“Where once he was on the heights, he is now entreated to go down into the depths. These changes in position are still postulated in terms of verticality, of course. Are phallic, therefore. But how to tame these uncharted territories, these dark continents, these worlds through the looking glass?”
-Luce Irigaray; Speculum of the Other Woman (136)

This chapter begins by unearthing the roots of gynecological production from imperialism. Surveying critical discourses on the “dark continent” reveals that what extant scholarship misses is modern gynecology’s and imperialism’s mutual imbrication in both their contribution to and reliance upon the “dark continent narrative” to ensure their uninterrupted authority. Critical cartographic reading practices borrowed from J.B. Harley foreground racist and misogynist meanings hitherto unexamined in this imperial cartographic discourse, beginning with Thomas Baines’ “Map of the Gold Fields of South Eastern Africa” (1877).¹⁸ This primary document of the dark continent narrative showcases the critical work of cartographic theory on an imperial map before these reading practices are superimposed onto maps of African topography within imperial literature and science. This chapter employs what I term a “critical *feminist cartography*,” or strategies of critical cartography that refuse a masculinist subject position and in so doing re-read mapped terrain against the grain in an effort to identify and oppose violent and violating maps of the female body. This contribution has the effect of shifting cartographic focus from geography proper to the geography of women’s bodies. In so doing, this project inserts feminism into critical cartography, creating space for a disruption of the teleology of gynecological maps that frequently construct inequitable medical and sexual hierarchies.

Reading Baines’ map alongside H. Rider Haggard’s *King Solomon’s Mines* (1885) extends this

¹⁸ Baines, Thomas. “Map of the Gold Fields of South-Eastern Africa.” (London: Published by Edward Standord, 55 Charing Cross. Cape Colony; J.W.C. Mackay. Port Elizabeth. Nov. 1st 1876). Print.

application of critical feminist cartography, revealing an array of gynecological images and references that place both discourses within a tradition of imperialist gynecology. By insisting on the term “imperialist gynecology” I seek to denote the continual and elliptical connectivity between nineteenth-century gynecology and imperialism. In *Keywords: A Vocabulary of Culture and Society*, Raymond Williams notes that while the term “imperialism” only developed in the second half of the nineteenth-century, “imperialist” and “imperial” remain earlier terms (developing in the 17th and 14th centuries respectively) that both refer to “command or supreme power.”¹⁹ Thus in designating nineteenth-century gynecology an “imperialist gynecology” I denote not only that science’s imbrication in a mid-nineteenth-century political system wherein “colonies are governed from a center,” but also and especially its manifestation as a supreme and centralized power over women’s bodies (160). Finally, the term “imperialist gynecology” also seeks to capture the violent ways in which modern gynecology came to power through the bodies of colonial women-on-their-backs.

The Dark Continent *Narrative*

This section opens with an overview of the emergence of the myth of the “dark continent” in the nineteenth-century before moving to key debates that seek to critically “chart” it. A variety of nineteenth-century discourses and events together generated what twentieth and twenty-first century scholars have termed the “metaphor,” “trope,” or “myth” of the dark continent. Travel journals, tracts, and letters authored by British explorers and missionaries to Africa returned to the mainland with tales and images of African violence. Published goods from newspapers to novels to postage stamps promoted British exploration of Africa not only to increase British wealth and prosperity, but also to aid African inhabitants via an importation of

¹⁹ Williams, Raymond. *Keywords: A Vocabulary of Culture and Society*. New York: Oxford University Press, 1976. Print. 159

British civility and culture.²⁰ Henry Morton Stanley's *Through the Dark Continent* (1878), an autobiographical account of Stanley's penetration and exploration of the African interior, especially the Congo region, is one infamous example of the popularization of equating Africa with darkness.²¹ H. Rider Haggard's Allan Quatermain series (which includes *King Solomon's Mines*) is rife with references to racist science, violence against Africans, and stereotypes of African backwardness, violence, and savagery. The violence perpetrated by British explorers and missionaries in Africa added to this body of discourse, alongside scientific publications by an array of racial theorists that promoted theories of African inferiority.²² Maps thus remained a crucial mode of conveying information about Africa's darkness.

As Robert McLaughlan notes in *Re-imagining the 'dark Continent' in Fin De Siècle Literature*, it was precisely the blankness of African maps that motivated British exploration and promoted equations of Africa with darkness: “[f]or those who endorse colonization of the continental interior, the emptiness of maps was translated into a metaphor of darkness that symbolically tied together Enlightenment notions of primitivism and degeneracy with Victorian racial stereotypes.”²³ In other words, while maps certainly function informationally, at base they act as “pointer[s] to the desires of the mapper for what might lie within those territories

²⁰ For example, the motto of Sir Henry Johnson's design for the first postage stamp of British Central Africa was “Light in Darkness.”

²¹ Stanley, Henry M. *Through the Dark Continent* (New York: Harper and Brothers, 1879). Print

²² The nineteenth-century saw an array of deleterious biological, cultural and political significations attached to Africa specifically and blackness generally that were subsumed by gynecology and frequently operated among its basic assumptions. See for example: Robert Knox's *The Races of Men* (1850), Arthur de Gobineau's *Essay on the Inequality of the Human Races* (1853), Josiah Nott and George Gliddon's *Types of Mankind* (1854), and Cesare Lombroso's *Criminal Man* (1876). The main claim of each work can be broadly summarized by Knox's assertion that “there must be a physical and, consequently, a psychological inferiority in the dark races generally” (151).

²³ McLaughlan, Robert. *Re-imagining the 'dark Continent' in Fin De Siècle Literature*. (Edinburgh: Edinburgh University Press, 2012). Print. 101

delineated.”²⁴ Thus by 1899 Marlow’s infamous assertion that Africa “had become a place of darkness” would have universally resonated as a truth-claim with Joseph Conrad’s readership.²⁵ Further, Kurtz’s degeneration within the jungle would have served as yet another reminder of the dangers of moral “backsliding” that white men allegedly faced upon entering the African interior. Historian Patrick Brantlinger terms the solidification of these interlocking discourses the “myth of the dark continent” and locates its origin in the years leading up to the 1833 British Abolition Act.²⁶ Borrowing from Roland Barthes, Brantlinger insists on the term “mythology” to describe and define the “dark continent” given the degree to which Africa as locus of violence, darkness, and savagery was accepted as scientific fact throughout the nineteenth-century, and certainly during the imperial partitioning of Africa by century’s close (168). Since my interest in what Brantlinger terms the “myth of the dark continent” encompasses not only its largely depoliticized use in the nineteenth-century, but also its uses and criticism in the 20th and 21st centuries, I argue that “narrative” more effectively captures the longer history of the charting of the dark continent under scrutiny in this chapter. Following Raymond Williams, I understand “narrative” as “a way of constructing, not just representing, realities and selves.”²⁷ “Narrative,” like myth, thus assumes the constructedness of dark continent discourses while also indicating the continuous transformative layering that occurs with each iteration. In addition, “narrative” leaves room for a consideration of how these various and often-competing discourses of and on the dark continent refuse solidification and so leave room for critical contestation.

²⁴ Stiebel, Lindy. “A Map to Treasure: the Literary Significance of Thomas Baines’s ‘map of the Gold Fields of South.’” *South African Historical Journal*. 1998.39 (1998). Print. 64

²⁵ Conrad, Joseph. *The Heart of Darkness*. (New York: W.W. Norton and Company, 2006) 8. Print.

²⁶ Brantlinger, Patrick. “Victorians and Africans: the Genealogy of the Myth of the Dark Continent.” *Critical Inquiry*. 12.1 (1985). Print. 166

²⁷ Bennett, Tony, Lawrence Grossberg, Meaghan Morris, and Raymond Williams. *New Keywords: A Revised Vocabulary of Culture and Society*. (Malden, MA: Blackwell Pub, 2005) Print. 231

As informative as is Brantlinger's historicization of the dark continent narrative, his account contains a major blind spot: the body of the colonial woman. Despite noting that the narrative contains a fear of degeneration that itself "has a powerful sexual dimension," Brantlinger otherwise fails to consider how gender and sexuality specifically contribute to and shape it (169). A field of feminist scholarship originating in the 1970s that examines the associations of colonial topography and the female body sheds light on how gender and sexuality enter into the array of discourses making up the dark continent narrative in the nineteenth-century. In 1975 Annette Kolodny asserted in *The Lay of the Land* that the unmapped American landscape constituted for its white male explorers and settlers "a nurturing, giving maternal breast because of the threatening, alien, and potentially emasculating terror of the unknown."²⁸ Under this view, feminization of landscape is motivated by an impotence-inducing fear of the complete potentiality of unmapped spaces. In imagining the landscape as ideally feminine, patriarchal patterns of culture are extended to topography, thereby "civilizing" the land in the very act of mapping. Nearly twenty years later, feminist geographers Alison Blunt and Gillian Rose similarly considered how spaces are "constituted through struggles over power/knowledge" but turned their focus to colonial Africa.²⁹

Like Kolodny, Blunt and Rose note that women and the landscape are codified as dual sites of colonization through cartographic discourse. Maps making claims to knowledge about Africa were also invested with claims about colonial women and their sexuality, and vice versa. Thus in colonial maps, the "construction of a 'sexual space' paralleled the construction of space to be colonized, and the desire for colonial control was often expressed in terms of sexual

²⁸ Kolodny, Annette. *The Lay of the Land: Metaphor As Experience and History in American Life and Letters*. (Chapel Hill: University of North Carolina Press, 1975) Print. 9

²⁹ Blunt, Alison and Gillian Rose. *Writing Women and Space: Colonial and Postcolonial Geographies*. (New York: Guilford Press, 1994) Print. 5

control” (10). Colonial women and colonial landscape were simultaneously marked out and inscribed as “Other.” In *Imperial Leather* (1995) Anne McClintock terms this dual desire and subsequent inscription a “European porno-tropics.”³⁰ McClintock argues that feminized representations of Africa occur in the aftermath of “male boundary confusion,” betraying “acute paranoia and a profound...sense of male anxiety and boundary loss” (24). At this level, map-making that conflates African land with the female body functions as a ritualistic refusal of “being lost,” re-ordering and renaming space in such a way that white, masculine (sexual) control is (re)affirmed. Hence as Williams so succinctly puts it, “marking land and marking bodies turned out to be two sides of the same coin” (43). It is perhaps given these confluences of exploring African topography with exploring of the female body that Sigmund Freud readily read into British imperialism his own narrative on female sexuality.

For many feminist scholars, the phrase “dark continent” immediately evokes Freud’s infamous aside in *The Question of Lay Analysis* (1926) that “we need not feel ashamed about this distinction; after all, the sexual life of adult women is a ‘dark continent’ for psychology.”³¹ By “this distinction” Freud means psychology’s dearth of knowledge of the sexuality of little girls as compared to that of boys. Significantly, even in its untranslated German, Freud insisted on the English words “dark continent,” thereby explicitly and visually linking his work on (white) female sexuality with British colonial exploration into Africa. In the “Deviation in Respect of the Sexual Aim” portion of Freud’s first essay in *Three Essays on the Theory of Sexuality*, Freud again links female sexuality with darkness: “[t]he significance of the factor of sexual overestimation can be best studied in the man, in whom alone the sexual life is accessible to

³⁰ McClintock, Anne. *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest*. (New York: Routledge, 1995) Print. 22

³¹ Freud, Sigmund. *The Question of Lay Analysis*. (New York: W.W. Norton and Company, 1978). Print. 38

investigation, whereas in the woman it is *veiled in impenetrable obscurity*" (emphasis mine).³² Freud tasks himself with lifting the veil of female sexuality, much as Morton, Stanley, Livingstone, and Haggard lifted the veil from the sexualized terrain of the "dark continent" of Africa. Similarly, in "Female Sexuality" (1931) Freud links his "surprising discovery" of the pre-Oedipus phase in girls with the "discovery, in another field, of the Minoan-Mycenean civilization behind the civilization of Greece," an era commonly referred to in the field of archaeology as Greece's "Dark Ages."³³ The connection Freud draws between the excavation of "dark" landscapes and other geographic sites with the excavation of an opaque female psyche as it attaches to female genitalia repeats the conflation of feminized landscape with female body that Kolodny, Blunt, Rose and McClintock emphasize. To Freud, "everything in the sphere of this first attachment to the mother" remains difficult to psychoanalytically excavate, as female sexuality is ultimately "grey with age and shadowy and almost impossible to revivify" (324). By consistently marking out female sexuality as psychology's "dark continent" Freud links his practice with both geographic excavation and imperial conquest, relying upon a myth of African inferiority and savagery on the one hand and a methodological fantasy of sexual/topographic control on the other. While Freudian psychology is not a central concern of this chapter, it remains a key aspect of the dark continent narrative both for the similarities Freud himself draws between his practice and nineteenth-century imperial exploration of Africa and given the parallels between Freud's attempted penetration of the female psyche and gynecology's penetration of female genitalia. As a result, at least a brief foray into psychoanalytic criticism of

³² Freud, Sigmund. *Three Essays on the Theory of Sexuality*. New York: Basic Books, 1975. 17

³³ Freud, Sigmund, and Elisabeth Young-Bruhl. *Freud on Women: A Reader*. New York: W.W. Norton, 1990. Print. For more information on my connection between Freud's conception of female sexuality as a "dark continent" and Greece's "Dark Ages" see: Snodgrass, Anthony M. *The Dark Age of Greece: An Archaeological Survey of the Eleventh to the Eighth Centuries Bc*. Edinburgh: at the University Press, 1971. Print.

the “dark continent” narrative seems essential to a complete account of the liaison between gynecology and imperialism.

In Mary Anne Doane’s essay, “Dark Continents: Epistemologies of Racial and Sexual Difference in Psychoanalysis and Cinema,” she revisits Freud’s infamous description of female sexuality as a ‘dark continent.’³⁴ Doane critiques Freud’s terminology for its reductive conflation of the continent of Africa and the continent of the vagina and revisits the binary between “civilized” and “savage,” particularly for the ways in which female sexuality circulates between the two terms. Doane asserts that Freud’s description of female sexuality as a dark continent “transforms it into an unexplored territory, an enigmatic, unknowable place concealed from the theoretical gaze and hence the epistemological power of the psychoanalyst” (Doane 448). As Doane notes, the dark continent narrative yokes female sexuality and racial otherness with the terrain of Africa such that “dark” does not only connote female sexuality or blackness or Africa, but all three. In *Dark Continents: Psychoanalysis and Colonialism* (2003) Ranjana Khanna extends Doane’s critique of Freudian psychology via the dark continent.³⁵ Echoing Kolodny, Blunt, Rose, and McClintock, Khanna describes the dark continent as an “indefinable” and “primitive” metaphor that “allows its explorers a heroic narrative of discovery and a feminization of the land” (52). Khanna then reads psychoanalysis symptomatically to argue that it is a *colonial* discipline, reliant on dark continent metaphors and methodologies, and thereby locates in imperialism the “new” science of Freudian psychology.³⁶ Consequently we might read

³⁴ Doane, Mary A. “Dark Continents: Epistemologies of Racial and Sexual Difference in Psychoanalysis and the Cinema.” *Femmes Fatales: Feminism, Film Theory, Psychoanalysis*. (New York: Routledge, 1991) Print.

³⁵ Khanna, Ranjana. *Dark Continents: Psychoanalysis and Colonialism*. Durham, NC: Duke University Press, 2003. Print.

³⁶ In a similar albeit more circumscribed vein, Robert McLaughlan “*Re-Imagining Re-imagining the 'dark Continent' in Fin De Siècle Literature*” argues that nineteenth-century cartographical exploration in Central Africa is the major and “uncanny” influence on Freudian psychoanalytic theory.

Freud's seemingly off-the-cuff remark as a moment wherein he betrays his sleight of hand: a discursive miming of the imperial project. Just as British colonizers projected onto Africa a darkness that they professed surely needed British civilizing for the sake of African natives, so too does Freud project onto female sexuality a shadowy pall that needs lifting for the health of his female patients. The motivation behind both imperial projects was, of course, far more self-serving. It is from within this feminist scholarship that I situate my account of the dark continent narrative.

Rather than locate clinical gynecology's origins within Western Europe or the United States, I argue that gynecology took root in the terrain of Africa precisely during European colonization of Africa and the congealing of the dark continent narrative. Consequently, what feminist critique has failed to adequately consider in its otherwise provocative work on the dark continent narrative is *gynecology's* role in the conflation of female sexuality, African landscape, and racial otherness.³⁷ Such a consideration is made possible by yoking traditions of cartography to empire and gynecology. In *Speculum of the Other Woman* Luce Irigaray actually critiques Freudian psychology along gynecological lines by provocatively terming Freud's account of female sexuality "a strange gynecology."³⁸ Since Freud's alleged penetration of the female mind only offers up an image of "*the same re-marking itself*" or a rearticulation of a history of male sexuality and its practice, Irigaray insists that Freud's "dark continent" actually represents the "blind spot of his Oedipal dream" (13, 21). In gynecological terms, then, the construct of Freudian psychology can only allow a vaginal examination to yield phallic descriptions,

³⁷ One possibility for the critical silence surrounding gynecology's contribution to the dark continent narrative is the prodigious amount of defunct scientific matter that must be exhumed and sifted through in order to trace gynecology's parasitic attachments to scientific racism within a rubric of imperial conquest. For more information see the primary texts of racist science referenced in my footnote 4.

³⁸ Irigaray, Luce. *Speculum of the Other Woman*. Trans. Gillian C. Gill. (New York: Cornell University Press, 1985). Print. 17

meanings, symptoms, and diagnoses. Since one of the major aims in this chapter is to reveal the sexual and racial biases of gynecological discourse, a consideration of the primary documents of the dark continent narrative is aligned with feminist critiques of Freudian psychology. At stake in foregrounding the imbrication of gynecology and imperialism broadly and their dual deployment of the dark continent narrative specifically is not merely a more nuanced conception of the history of a major scientific field, but also a recognition of the degree to which the success of the imperial project relied upon controlling the bodies of colonial women. In what follows I will apply critical feminist cartography to a widely used colonial map of South Eastern Africa in order to more thoroughly excavate the gynecological mapping within Haggard's *King Solomon's Mines*.

Baines' Map of the Gold Fields

Thomas Baines (1820-1875) explored Southeastern Africa from 1869-1872 as a surveyor for the South African Gold Fields Exploration Company. His purpose was to stake claims of gold mines for the Natal Land and Colonisation Company of London. The map he constructed from his journey, "Map of the Gold Fields of South Eastern Africa" (1877) tracks his expedition's movement from Durban, to Natal across Van Reenan's Pass, and finally through the Transvaal region and into modern-day Zimbabwe (see figure 1).³⁹ A major contribution of Baines' map was the relay of new topographical information about areas of South Eastern Africa to a British audience. However, this map was constructed primarily for imperial investors with the chief aim of monetary gain. Thus Baines's map combines "a manifest or informational function with a latent sense of desire" wherein the ultimately unfulfilled desire guiding Baines's cartography is the acquisition of gold (Stiebel 64). In this sense, Baines' map, like the map in Haggard's *King*

³⁹ Baines, Thomas. *The Gold Regions of South Eastern Africa*. (London: E. Stanford, 1877). Print.

Solomon's Mines, can be understood in part as a treasure map, adding an important discursive layer to its reading. As Lindy Stiebel notes in her work on Baines and Haggard, “[i]f Baines did not strike it rich, the boys’ adventure stories which were set on the same soil did.”⁴⁰ In this sense, Baines’s map, drawn specifically for British acquisition of African gold, provides the gilded resources for Haggard’s own treasure map.

Baines’ “Map of the Gold Fields” actually consists of two maps and was a “working map” or a map completed in sections as Baines moved through his expedition (Stiebel 65). The first and larger is a map of the Transvaal Republic, beneath which appears a map of Cape Colony. Focusing exclusively on the map of the Transvaal Republic more than adequately demonstrates the need for critical cartographic readings of colonial maps. As Stiebel argues, Baines’s map participates in a wider body of imperialist discourse by citing the myth of the white origins of ancient African civilizations, one promoted by nineteenth-century science. Baines explicitly links “in authoritative, meticulous, copper-plate handwriting” ancient African cities “discovered” by geologist Carl Mauch with the “Supposed Realm of Queen of Sheba” (65). Together these mapped inscriptions with their investment in a mythology of white racial superiority create of the map a “repository of written knowledge...such that the mythical link is given near factual weight” (65). Similarly, despite Baines’ apparent fidelity to cartographic science he nonetheless includes the mythical appellation “Monomotapa” in the north-central area of his map. “Monomotapa” is a medieval reference meaning “a place from which something valuable is derived” and traditionally denotes the region ruled by the “Mutapa,” or “Mwene

⁴⁰ Stiebel, Lindy. ‘A Treasure Story: Thomas Baines’s ‘map to the Gold Fields of South Eastern Africa’ 1877.’ *English Studies in Africa*. 45.1 (2002): 1-17. Print. 6

Mutapa,” a dynasty of kings from the fifteen through nineteenth centuries.⁴¹ This area was good for grazing land, but also rich in gold deposits, earning its mythical status as the region of King Solomon’s mines. Thus this citation on Baines’ otherwise rather technical map betrays a desire to mine African landscape for mythical treasures and interjects into his scientific project a tradition of treasure and adventure more commonly found in older African maps and literature.

It is precisely Baines’s inscription of a *story* of white, male racial superiority onto his purportedly scientific work that aligns his cartographic practice with Haggard’s own. Arguing alongside nineteenth-century anthropologists and ethnographers, Haggard envisioned the origins of Africa’s ancient civilizations as white, claiming the “ruins of Zimbabwe” were “undoubtedly of Phoenician origin.”⁴² Like Baines, Haggard also created an *actual* map, writ on linen and artificially aged, and like Baines, viewed the gold and wider resources of Africa as rightfully Britain’s (67). Dissimilar to Baines, Haggard’s map, when inverted, represents the truncated body of the colonial woman. In so doing Haggard’s map more obviously functions as “a representation of the cognitive mapping” that produced it.⁴³ Nevertheless I argue that reading the two maps together as founding documents of the dark continent narrative underscores the myths of white racial and sexual superiority traced out in each imperialist chart of the dark continent.

Baines map acts in conjunction with his wider book, *The Gold Regions of South Eastern Africa* (1877). The published map is included in a pocket in the back cover of the 1877 edition. The wider text’s front matter enhances an understanding of the map itself. Baines’ wider book (and thus its enclosed map) is dedicated, “with special permission,” to Prince Alfred, Duke of

⁴¹ “Monomotapa.” *Africa: An Encyclopedia for Students. Vol. 3.* Ed. John Middleton. (New York: Charles Scribner’s Sons, 2002). 114-115.

⁴² For more information on Haggard’s views of the white origins of ancient African civilization, see his preface to *Elissa* (1900). See also Lindy Stiebel’s “Creating a Landscape of Africa: Baines, Haggard and the Great Zimbabwe.” *English in Africa*. 28.2 (2001): 123-133. Print.

⁴³ Penn, Nigel. *Mapping the Cape: John Barrow and the First British Occupation of the Colony, 1795-1803.* S.l: s.n., 1993. Print. 23

Edinburgh, as “The First of England’s Royal Race who has landed upon the Shores of South Africa.” Following this dedication is the “Preface” which begins with a poem from Jonathan Swift: ““So Geographers of Afric Maps/With savage pictures fill their gaps/And o’er uninhabitable downs/Place elephants instead of towns”” (iii). The included poem functionally contrasts Baines’ map with previous African maps whose European authors superimposed over uncharted territories fantastical images of exotic animals, monsters, and African natives. The point of the Preface’s author seems to be that Baines’ map, devoid of such imagery, represents a more technical and cartographically superior product and so should be understood much less as telling a story than conveying scientific fact. However, reading both for the intrinsic meaning and latent content of Baines’ map, including its cartographic omissions, selections, implicit detail and black space, reveals specters of European superiority, cartographic ignorance, and story-telling that haunt any easy claims to scientificity.

The cartographic selectivity of Baines’ map occurs first through the book’s juxtaposition of the “Royal Race” with an African space of “savagery,” a juxtaposition serving as the gateway through which Baines’ British readership encounters his map of the “dark continent,” whether that readership consisted of a lay audience with only a vague sense of Africa or British explorers occupying colonial outposts. Dedicating the book and enclosed map to a British Prince makes of Baines’ map a sort of imperial souvenir, itself offered up as “savage” African treasure to keep at home and handle (or fondle) in Britain.⁴⁴ Turning to the map itself, it is most productively approached through iconographic theory, which includes an identification of three levels of

⁴⁴ For further discussion of Baines’ map as treasure, national and otherwise, see: Steibel, Lindy. “A Treasure Story: Thomas Baines’s ‘Map to the Gold Fields of South Eastern Africa’ (1877).” *English Studies in Africa: A Journal of the Humanities*. Vol.45(1), pp.1-17. 2002. Electronic.

meaning when examining cartographic icons.⁴⁵ First, reading for “primary or natural subject matter” involves the detection of representations of natural objects, colors, shapes, and lines. Next, iconographic theory reads for “secondary and conventional subject matter” including a determination of which symbols, images, and motifs carry what conventional meanings. Finally the third level of meaning considers “basic meaning or content” by determining what “underlying principles” might reveal the “*basic attitude*” of a group (86). Turning to primary subject matter, the map itself is printed in black and white with the title of Baines’ larger map appearing in the southeastern margin. While “T. Baines, F.R.G.S.” is credited as its principle author, eight other Englishmen are credited with assisting Baines under the “supervision of Henry Hall, ESG., F.R.G.S.” Baines’ map is riddled with references to the Royal Geographic Society (F.R.G.S. denotes “fellowship status” in the Royal Geographic Society), effectively exporting onto a map of Africa a tradition and institution of British education. Moreover, that distance in Africa is measured in English miles and from the Greenwich prime meridian inserts into the space of Africa the geography of Britain proper. Areas on Baines’ map are measured in miles from either Natal or, more frequently, from Port Elizabeth, both locations with relatively large British populations. In these ways the map functions at one level (given its primary subject matter) as a visual model yielding objective information useful for British colonizers unfamiliar with the terrain, and at another level (the level of latent content and intrinsic meaning) as a myth of British possession in and of Africa.

The major cartographic density of Baines’ map of the Transvaal is located centrally, expanding outward from the Transvaal region and ending in the blank space of the Kalahara Desert to the West. Baines denotes his route (from Durban and through Natal, across Van

⁴⁵ Blakemore, M J, J B. Harley, and Edward H. Dahl. *Concepts in the History of Cartography: A Review and Perspective*. (Downsview, Ont., Canada: B.V. Gutsell, 1980). Print. 99

Reenan's Pass and into the Transvaal, finally ending in present-day Zimbabwe) with a series of hash marks in the key. In addition to Baines' route, David Livingstone's route from his 1858-1864 expedition into Southeastern Africa is marked, as well as the routes of two other explorers, Anderson and Chapman. Together these routes provide mapped layers of imperial exploration, creating within Baines' own map of gold mines a cartographic account of a history of conquest. Baines seems to assume and attempt to secure the future of continued British exploration and occupation as he includes alongside locations of limestone pits, gold mines, salt pans and lakes, other useful information for explorers. He notes which rivers overflow to provide adequate depths for canoes or ferries, which marshy areas are plagued by the Tsetse fly and so represent hazardous spaces for the British, which areas lack water or have been previous sites of quarantine, which regions have good meat for hunting, and even the site of what must have been his party's Christmas celebration, marked as "Christmas Tree, 1861." Proprietary gestures also include the re-naming of topographical features and settlements including "Victoria Falls," "Port Elizabeth," "Pilgrim's Rest," "Farm of H. Hartley, pioneer of the gold fields," and "Little England," located near Rustenburg in the Transvaal. Further, Baines notes in a parenthetical aside that the Zambesi River is locally termed the "Chobe." These acts of renaming African spaces and reorienting the landscape for British needs and uses remain a crucial part of this map's suggestivity. Much scholarship on nineteenth-century colonial cartography notes the effects of re-marking African landscape with English names and traditions. For instance, McLaughlan describes cartographic practices much like Baines' as "geared towards bewildering (and so subjugating) an indigenous population by literally creating around tribal communities a new and unfamiliar environment" (101). Alongside such geographical gestures, spaces that

Baines or other British cartographers did not actually explore, most notably the Kalahara Desert, are pushed to the margins of economic and cartographic importance.

The Transvaal map is itself bordered all around with a bolded, black line, with openings existing along its eastern and western borders. The first opening at the western border is located at 22° with Baines' hash mark stopping at an arrow pointing west "[to] Walvisch Bay." The opening at the eastern border of the map is at Quilimane, an area of Southern Africa under Portuguese rule during the nineteenth-century. Here a theme of English authority via control of African resources emerges at the opened margins of this desert space. For instance, Walvisch Bay was occupied by the British until 1878 and was an important area for British exploration and the accumulation of wealth given its natural deep-water harbor. That Baines' hash marks end in a space on the map that literally points toward Walvisch Bay betrays a self-referential bias to Baines' map, making it as much a map of Britain's imperial successes and subsequent superiority as a map of the (inferior) African interior. The other boundary opening at Quilimane similarly underscores imperial authority. Quilimane was a thriving seaport with suitable for growing sisal. As Kathleen Kirby notes in "re-Mapping Subjectivity," mapping (per)forms a space, "selectively emphasiz[ing] boundaries over sites" and in so doing indicates "the primacy in European mapping of *ownership*."⁴⁶ In this manner the only places on the map graphically unenclosed quite literally point to European occupation of Africa and its resources as if to suggest that there are no unmapped places on this map of any economic significance (or said another way, no valuable spaces uncontrolled by European colonizers).

⁴⁶ Kirby, Kathleen M. "Re: Mapping Subjectivity: Cartographic Vision and the limits of politics." Ed. Nancy Duncan. *Bodyspace: Destabilizing Geographies of Gender and Sexuality*. London: Routledge, 1996. Print. 46

No images exist on this map apart from topographic markers for lakes (round circles), rivers (curving lines) and mountains or mountain ranges (circles and ovals of varying widths and lengths). In the absence of images or symbols, the conventional subject matter of this map consists largely of economic meaning conveyed through written notations. He writes that “[t]he country lying between the rivers Gwailo & Panyame (Ganyana) is that in which gold mining rights were granted by the King or Supreme Chief of Matabeli Land, to Bengula, to Tho. Baines F.R.G.S. commanding the Expedition of the South African Gold Fields Exploration Company, 9th April 1870.” In addition, Baines also notes areas where gold or other resources are rumored to be found. For instance, he writes that “[t]he Portuguese mention a Gold Field called Dembarara to the West of Zumbo” and locates “[e]xtensive Subterranean caverns in limestone” just south of Pretoria. Joined with this economic subject matter, itself conveyed quite literarily at times, is the intrinsic meaning of Baines’ map: a story about striking it rich with a proprietary theme emphasizing European (and especially British) ownership of and supremacy over Africa.

Along the western most edge of Baines’ map, the Kalahara Desert, represented cartographically as a blank swath running from north to south, is unmapped with very little explanation. Indeed, the only information map-readers glean from this desert space is that the average height measures 3706 ft. above sea level and the area is at one “well wooded, but devoid of water.” Since no route is mapped here, critical readers can only infer that this minimal knowledge of the terrain was gleaned second-hand from some unnamed source (likely Baines native guides). Consequently Baines’ attempt to “overcome” of African darkness in this portion of the map amounts to an attempt to cover his absented tracks with borrowed native knowledge. Stiebel argues that “blank spaces on [nineteenth-century] map[s] call out to be peopled, or, in the common term of the day with its unconscious sexual connotation, ‘penetrated’” (14). Since the

desert region is largely devoid of hash marks, names of villages, towns, gold fields, or other topographical information, it remains a space of silence on Baines' map and so represents both a cartographic measure of the 'darkness' of the African continent and a space in "need" of British "penetration." Thus Baines' map functions on one level as "an index of [African] darkness" and on another as "an effectual, pragmatic means by which to overcome it" (McLaughlan 107). In this sense, when Baines filled in the blank spaces of prior imperialist maps of Africa with his own depictions of the terrain, he is figuratively inking African space with his own ejaculative product. It is precisely in this manner that Baines' map functions alongside Haggard's: both are engendered through a strategic use of male bodily fluids (although the former's use is figurative and the latter's literal, as I discuss in detail later on). Ultimately the Kalahara Desert represents a topographical void in Baines' map, rich with the potential to reveal gaps in British claims to knowledge of and power over African terrain. Harley suggests that "[a]s much as guns and warships, maps have been the weapons of imperialism" and notes that in Africa colonial violence was frequently "exerted only partially, as it had already been articulated through discursive and especially cartographic representation, with its unique melding of the archival, the recalled, the fabricated, and the mediated" (99). Thus the African map as produced in and by the colonial imagination functions as a palimpsest wherein traces and tracks of British explorers appear in tiered topographical deposits. Exploring the layers of cartographic conquest and unmarked spaces of colonial maps might reveal latent political rhetoric.

In Gillian Rose's *Feminism and Geography* (1993) she diagnoses, explores, and critiques the masculinisms inherent in geography and the subsequent silencing of feminist experience and knowledge within that discipline. Rose argues that to think and write geography in its current form requires an adoption of a "masculinist subject position" that erases feminist perspectives all

the while purporting to be an exhaustive position.⁴⁷ Although Rose is critiquing geographical practices of the twentieth century, her analysis opens up space to read into the blankness of Baines' map of southeastern Africa. As Rose notes, what she terms "masculinist geographies" retain an inherent ambivalence. On the one hand, their structure requires that women's knowledges and experiences remain repressed. Yet on the other hand, masculinist geographies ultimately hinge on a fascination with some feminized object that is Other (whether the African landscape, the home, or some other placeholder for the maternal body) (66). Rose suggests the value of putting cultural geography to work on colonial maps when she argues that the visibility inherent in geography (and by extension, its attendant cartography) does not end at simple observation, but instead functions as "a sophisticated ideological device that enacts systematic erasures" (87). When applied to Baines' map, Rose's project opens up space to consider how gender and sexuality are excluded from Baines' text altogether, and the possible stakes of their absence.

Reading for gender, critical readers might first note that British claims to authority within Baines map all emerge from overtly male positions or institutions. Baines' text and map are dedicated to a man, co-authored by men, and funded by exclusively male corporations. Moreover, nothing on Baines' map falls into categories of information traditionally associated with women in this period. For example, there are no home spaces marked and while there exists some information about hunting and water, there is no other information that might be useful to feeding, housing, or transporting a family. Alongside this, Harley's argument that maps as "impersonal type[s] of knowledge tend to 'desocialize' the territory they represent" seems useful

⁴⁷ Rose, Gillian. *Feminism and Geography: The Limits of Geographical Knowledge*. (Cambridge: Polity Press, 1993). Print. 4

here.⁴⁸ Harley considers how maps frequently “foster the notion of a socially empty space” when in fact the spaces of imperial maps were already loaded with the social (14). In excising African natives generally and female experience specifically (since I am not counting Baines’s reference to the Queen of Sheba, whom he viewed as white) Baines’s map will again intersect with Haggard’s later mode of literary cartography that itself relies on an erasure of the colonial woman. It should be noted that since the motivation behind Baines’ map is the discovery of gold for his group of male investors, these absences of female experience do not seem out of place, and seem suitable, even. Yet Rose would likely object that this conclusion is *itself* an example of the difficulty in abandoning the masculinist geographic position, as this position makes the eradication of feminine experience within geography seem a matter of course.

The stakes of Rose’s project are not a retrieval of silences in the discipline of geography (perhaps because this retrieval seems so difficult in such geographic documents as Baines’ colonial map). Instead, Rose remains preoccupied with what she terms the “itinerary” of such silences (5). In other words, what might be at stake in actively absencing the female from Baines’ map? To begin paving the way for answers to such a question Rose recommends that feminist geographers disrupt masculinist discourse through several strategies of inversion. One, the inversion of binaries, puts pressure on the hegemony of masculine geographies by inverting cartographic binaries like inside/outside, vertical/horizontal, center/margin, and closed/open (83). In the next section of this chapter, I turn to Haggard’s *King Solomon’s Mines*, a dark continent narrative operating both temporally and thematically alongside Baines’ text, to put this feminist strategy to work. The connectivity between Thomas Baines’ and Rider Haggard’s cartographic production emerges not only from their historical overlaps, but also from the authors’

⁴⁸ Harley, J B, and Paul Laxton. *The New Nature of Maps: Essays in the History of Cartography*. Baltimore, Md: Johns Hopkins University Press, 2001. Print. 81

corresponding desire to penetrate a feminized African interior while attempting to absent female knowledge and experience from their maps altogether. Exploring the discursive silencing that Haggard's cartographic representation guarantees demonstrates how a critical feminist cartography can begin to disrupt such cartographic violence. One major contribution of applying a critical feminist cartography to Haggard's text is a retrieval of an array of specifically gynecological images and language within the text, a retrieval that culminates in moments and methods of disrupting masculinist geographies that are only traced out in Baines' map.

The Vaginal Territory of *King Solomon's Mines*

Reading Baines' imperialist map alongside gynecological maps and Haggard's literary map first necessitates an account of the similarities between these distinct cartographic discourses. I argue alongside cartographers Harley and Edward Dahl that the most productive method of understanding the history and aims of *all* cartographic endeavors is to conceive of maps as *language* (88). In so doing the cartographic playing-field is leveled, as both the form and content of distinct modes of mapping (literary or "fictional" versus scientific or "real") are approached as if not identical rhetorical devices, then certainly comparable ones. A major benefit of conceiving medical, literary, and cartographic discourses as co-emergent social constructions is the ability to read across maps from each discipline in order to form a more complete picture of the movements, modalities, agendas and effects of an imperialist gynecology. This reading practice emerges from an insistence that gynecology does not merely study and diagnose the female body but actually *constitutes* that body. Consequently, following Terri Kapsalis in *Public Privates* I envision the boundaries and relationships between "fictional" and "real" gynecological maps as porous.⁴⁹

⁴⁹ Kapsalis, Terri. *Public Privates: Performing Gynecology from Both Ends of the Speculum*. Durham: Duke University Press, 1997. Print.

Kapsalis argues that “actual gynecological practice [or “real” scientific maps of women’s bodies] can influence popular representations of gynecology [or “fictional” gynecological maps]” and vice versa. At stake in approaching actual gynecological maps and their fictional representations as simultaneously influential of the other is the recognition that the impact gynecological maps have on conceptions of the female body broadly can occur through either mode. Consequently an application of critical feminist cartography to a literary map ultimately has the same potential to oppose imperialist gynecological practices as a similar application to a map in a gynecological textbook. Here my project of reading cartographic, medical, and literary maps more for their similarities than their differences intersects with Donna Haraway’s conception of scientific discourse as “a kind of story-telling practice” that, while certainly “rule governed [and] constrained” nonetheless remains a “historically changing craft of narrating the history of nature.”⁵⁰ Haraway claims that “any scientific statement...depends intimately upon language, upon metaphor...[that] structure[s] scientific vision” (4). Haraway then, like Harley and Dahl, identifies in science’s ultimate reliance on and use of language an avenue toward disrupting scientific hegemony (4). This conception of science as a story-telling practice also creates space for approaching both visual maps and what I term “textual maps” as similarly visually rhetorical.

W.J.T. Mitchell’s *Picture Theory* (1994) guides my analysis of what I term “textual maps.”⁵¹ Mitchell asserts that writing, in its “graphic form,” is an “inseparable suturing of the visual and the verbal” (95). In other words, verbal discourse conjures images, pictures, space and visuality, and although it may only summon the visual indirectly, partially, and differently across

⁵⁰ Haraway, Donna J. *Primate Visions: Gender, Race, and Nature in the World of Modern Science*. New York: Routledge, 1989. Print. 4

⁵¹ Mitchell, W J. T. *Picture Theory: Essays on Verbal and Visual Representation*. Chicago: University of Chicago Press, 1994. Print.

readers, it remains the case that “visual representations appropriate to a discourse need not be imported: they are already immanent in the words, in the fabric of description, even in topography, paper, binding” (99). The most salient aspect of Mitchell’s picture theory for my work is his discussion of ekphrastic writing. Ekphrasis describes discourse that can verbally represent a visual representation and Mitchell remains most interested in a phase of ekphrasis he terms “ekphrastic hope.” In this phase “the estrangement of the image/text division is overcome, and a sutured, synthetic form, a verbal icon or imagetext arises in its place” (154). Thus in this moment the disjuncture between the visual and the verbal is temporarily transcended in the act of writing and later, reading. Mitchell goes on to suggest that the transitory nature of this ekphrastic hope might “express our anxiety about merging with others,” such that ekphrasis involves “the overcoming of otherness” (163, 156). While “overcoming otherness” sounds positive, the examples Mitchell includes in his text, like Haggard’s map, overwhelmingly guarantee representation by suturing “dominant gender stereotypes into the semiotic structure of the imagetext” wherein the *image* or object is feminine and the speaking/seeing subject is masculine (181). The masculine subject, then, consistently overcomes “otherness,” or femininity. An awareness of this masculine bias seems essential when examining the ekphrastic writing in Haggard’s text. Finally, Mitchell notes in his conclusion of “Ekphrasis and the Other” that his work is fragmentary as it leaves out a number of specific discourses, including maps (181). In this manner, this section of my chapter works to extend Mitchell’s discussion of ekphrastic writing.

Rider Haggard and Thomas Baines, both from Norfolk, shared a fascination with exploring and charting the dark continent of Africa. As McClintock and other scholars note,

Rider Haggard was haunted by a fear of degeneracy during his early years.⁵² Unlike his older brothers, Haggard showed neither an aptitude for scholarly pursuits nor a penchant for military life. Without direction and seemingly insignificant in Britain, the “darkness” of Africa ironically represented Haggard’s chance at regeneration through colonial service to the Crown. Haggard arrived in Durban, a South African province, in 1875, mere months after Thomas Baines died there. Haggard certainly would have used Baines’ map during his commission to the Transvaal, professionally linking the two men.⁵³ In Pretoria in 1876, after one year in South Africa, Haggard in a phallic gesture of masculine regeneration personally “erected” the British flag over the Transvaal, positioning Africa as privileged site for otherwise impotent white colonizers to “become men” through a penetration of (at least) the colonial landscape, like Haggard himself.⁵⁴

Haggard’s symbolic claiming of the Transvaal represents the extension of an inherited

⁵² The term “degeneracy” emerged in the late-eighteenth century from Comte de Buffon’s (1707-1788) pre-Darwinian evolutionary theory. De Buffon’s theory asserts that individual members of a species can either evolve or *degenerate* from a common ancestor, thus affording an alarming lability to future populations. In this sense, the danger of degeneration is its contagious nature: the susceptibility of each individual to losing those “normal” qualities considered “proper” to a group jeopardizes future generations and a vigorous national population. In 1857 the term “degeneracy” gained further traction in medical literature when B.A. Morel utilized the term in *Treatise on the Physical, Intellectual, and Moral Degeneration of the Human Species*. In popular literature, the “dark continent” of Africa was frequently depicted as a space of degeneracy. Marlow intimates that Kurtz, after living in the “heart of darkness” of Conrad’s Africa degenerates from civility to savagery. For further scholarship on theories of degeneracy in the nineteenth-century, see Dana Seitler’s *Atavistic Tendencies: The Culture of Science in American Modernity* (Minneapolis: University of Minnesota Press, 2008). Print. See also Greenslade, William. *Degeneration, Culture, and the Novel, 1880-1940*. Cambridge: Cambridge University Press, 1994. Print. For further work on links between H. Rider Haggard and degeneracy, see pages 236-238 of McClintock’s *Imperial Leather* and Rider, H.R. and Charles J. Longman. *The Days of My Life: An Autobiography*. (London: Longmans Green & Co., 1926). Print.

⁵³ For more discussion on the links between Haggard and Baines, see Lindy Stiebel’s “Creating a Landscape of Africa: Baines, Haggard and the Great Zimbabwe.” *English in Africa*. 28.2 (2001): 123-133. Print.

⁵⁴ In an excerpt from a letter to his mother, dated June 17, 1877, Haggard notes: “[i]t will be some years before people at home realize how great an act it has been, an act without a parallel. I am very proud of having been connected with it. Twenty years hence it will be a great thing to have hoisted the Union Jack over the Transvaal for the first time.” From Haggard’s *The Days of my Life* (107).

imperialism since Baines had cartographically claimed the Transvaal in his “Map of the Gold Fields.” Haggard was a colonial administrator in South Africa under the tutelage of Sir Henry Bulwer and his years in South Africa offered inspiration for an array of best-selling novels, including *King Solomon’s Mines*. Haggard’s mentor on African matters, Sir Theophilus Shepstone, then the Secretary of Native Affairs, was a friend Baines’s, representing another link between the two map-making imperialists.⁵⁵ In this regard Haggard represents the inheritor of imperialist, cartographic and gold-mining knowledge, passed along from Baines and Shepstone. Baines and Haggard together contributed to the “popular myth of Great Zimbabwe as the site of King Solomon’s Ophir, built for the Queen of Sheba” and ultimately depicted and promoted through their maps a British mining of the feminized landscape of Africa (123). As in Baines’s “Map of the Gold Fields,” Haggard’s treasure map perpetuates what Harley and Stiebel both consider “the myth of the ‘empty’ landscape” since “the map is in effect empty of people [and] the way to the treasure unimpeded by any other claimants to the Promised Land” (Stiebel 14). In this sense the daily workings of imperialism offered both a guarantee of white masculinity and a means to wealth. Yet Haggard’s novel aligns itself with British imperialism in another crucial way.

The blank spaces on 19th century maps of Africa represent a series of enticing “topographical voids” motivating 19th century adventure literature and exploration. As McLaughlan notes, British cartographic production also acted as “index and yardstick of British cultural superiority over the rest of the globe” such that blank space simultaneously indicated flaws in Victorian claims to global authority *and* opportunities for explorative conquest.⁵⁶ After

⁵⁵ Stiebel, Lindy. *Imagining Africa: Landscape in H. Rider Haggard's African Romances*. Westport, Conn: Greenwood Press, 2001. Print. 21-2

⁵⁶ McLaughlan, Robert. *Re-imagining the 'dark Continent' in Fin De Siècle Literature*. Edinburgh: Edinburgh University Press, 2012. Print. 8

close reading Baines' map, it seems quite likely that the blank space of the Kalahara Desert, devoid of water and thus British inscription, was precisely the terrain that inspired Haggard's fictionalized exploration of the desert spaces of South Africa's interior in *King Solomon's Mines*. I thus suggest that Haggard's map functions as an imaginative response to the cartographic blankness Haggard encountered when referencing British imperial maps during his time in South Africa (including Baines' map). This view sees Haggard's fiction as extending the arm of British cartographic control in Africa, and given Haggard's literary sexualization of the African landscape, we might read Haggard's novel as another, later layer of the palimpsest that is Baines's map. Such a reading (re)locates the workings of an imperialist gynecology back into the blank spaces of Baines' map. Additionally, Haggard's novel actually brings gynecological knowledge of the African interior to laymen back in Britain.

That Haggard's map was taken up and studied by British readership is evidenced through Haggard's own experience. In *The Days of My Life* (1926) Haggard recounts that while transporting the manuscript of *King Solomon's Mines* to Mr. H. Glaisher for binding, he shared a rail carriage of the Underground Railway with an "old lady engaged in a close, indeed an almost ferocious study of the map" (234). Haggard's rather playful response (sitting across from the woman, taking out the original copy, and studying his map just as ferociously) constructs a British rail carriage an imperialist space, wherein both persons are engaged in an investigation of African terrain from the underground space of Britain. Further, masculine control of originary histories and documents remains guaranteed (given Haggard's authorship and ownership of the original map) and is at least spatially juxtaposed to female readers (Haggard sits opposite the woman). Haggard's reminiscence here ends when he recounts that the woman "seemed to come to the conclusion that the railway in which we were alone together was no place for her" and fled

the carriage, looking “bewildered” at the map as it slipped out of her hands and floated away from the platform (234). This encounter suggests that imperialism (and its attendant cartography) is no project for women: Haggard’s map, functioning metonymically for his entire novel, is inappropriate or “bewildering” for female readers and meant for a masculine audience (something Haggard makes clear in his dedication, and something I return to later). Related to this, whatever this woman saw in Haggard’s map, or in Haggard himself as he read his “original,” was alarming enough to warrant a flight from her railway carriage. In each of these cases, men are figured as the properly gendered subjects of an alarming imperialism, and women are its “bewildered” (i.e. lost or “map-less”) objects. This lack of space for female readership effectively echoes the lack of cartographic recognition of colonial women and their experiences in Baines’ map. Finally, that the woman did not remain in possession of her map, which as I will demonstrate, is actually a map of the female body, signals that neither cartography nor gynecology allows room for women as reading subjects, only as mapped objects. My reading of Haggard’s encounter with the British woman in the railway car speaks back to an array of scholarship that links *King Solomon’s Mines* with the construction of a robust British masculinity.

Critical scholarship considering the role of gender in *King Solomon’s Mines* overwhelmingly reads Haggard’s text as a response to anxieties about British masculinity in the Victorian era. For instance, Merrick Burrow and Bradley Deane argue for a reading of *King Solomon’s Mines* as introducing a new masculine ideology to British readership.⁵⁷ In Burrow’s

⁵⁷ For additional work on links between masculinity and *King Solomon’s Mines* see: Zachary D. Cady’s *Building a Better Brit: Imperialism and Masculinity in the Lives and Works of H. Rider Haggard and Rudyard Kipling* (2011); Paula L. Cameron’s *H. Rider Haggard, Allan Quatermain, and the Nineteenth-century British Masculine Romance* (2002); Angelia Poon’s “Imperial Fantasies and the Politics of Reproducing Englishness in H. Rider Haggard’s *Allan Quatermain*.” *Australasian Victorian Studies Journal*. 10 (2004): 91-109. Print; Blake R. Westerlund’s *The Construction of*

case, this ideology is situated in and produced through material culture such that “things” exported out of Africa (animal hides, elephant tusks and other “novelty” items) functioned as visual markers of masculinity.⁵⁸ Deane reads Haggard as marking masculinity in a different way. He argues that Haggard’s novel “chart[s] the convergence between the British and those they regarded as primitive...imagining the ways in which barbarians might make the best imperialists of all.”⁵⁹ Here Haggard’s text is read for a promotion of British masculinity that yokes a suitable level of barbarity and savagery with the qualities of a gentleman. My argument participates in this body of scholarship insofar as my reading of Haggard’s text also identifies a promotion of a masculine ideology of imperial conquest. Thus alongside Burrow’s argument, the “things” exported out of Africa are maps of the feminized African landscape. I depart from previous scholarship in my focus on the gynecology within Haggard’s map and cite the practice of gynecology as the major modality through which Haggard envisions the guarantee of a robust British masculinity in Africa, as well as the method by which he organizes his imperialist ideology via a cartographic construction of the “dark continent.”

The first portion of *King Solomon’s Mines* contains a map of the terrain of South Eastern Africa (see Figure 2). Inked in the blood of its author (José de la Silvestre, a sixteenth-century Portuguese explorer of Africa’s interior) with a cleft bone, the map has fallen into the hands of Haggard’s narrator, Allan Quatermain. Quatermain presents this map to Sir Henry Curtis, Captain Good, and Haggard’s readers as depicting the route to King Solomon’s fabled diamond mines. Returning to critical cartography, the primary subject matter of this map is rather

British Masculinity in Adventure Fiction 1883-1890: G.a. Henty, H. Rider Haggard, and Rudyard Kipling (1998).

⁵⁸Burrow, Merrick. “The Imperial Souvenir: Things and Masculinities in H. Rider Haggard’s *King Solomon’s Mines* and Allan Quatermain.” *Journal of Victorian Culture*, 2012. Vol. 18(1), 72-92.

⁵⁹Deane, Bradley. “Imperial Barbarians: Primitive Masculinities in Lost World Fiction.” *Victorian Literature and Culture*, 2008, Vol.36(1), 205-225. Print. 207

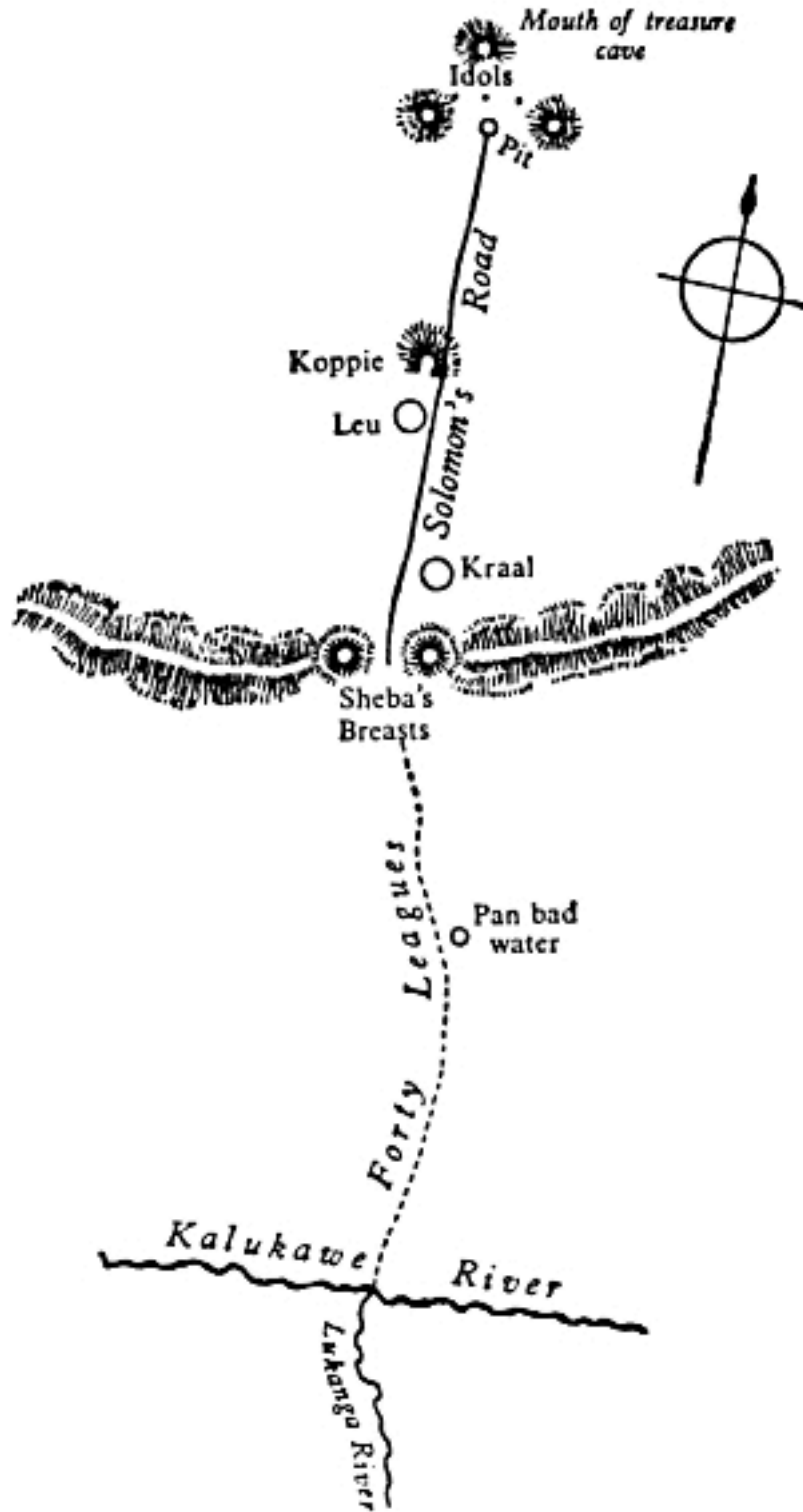


Figure 2. H. Rider Haggard. Sketched Map from *King Solomon's Mines*, 1885.

straightforward. The map is physical and shows two southerly intersecting rivers, the Kalukawe and Lukango, represented by squiggly black lines. The Kalukawe river is bisected by a distance of “forty Leagues,” shown as hash marks running in a curving line northward. This distance ends at a mountain range running east to west, between two mountains termed “Sheba’s Breasts.” Bisecting the mountain ranges is a line running northward called “Solomon’s Road,” which ends in the “Pit,” itself surrounded by a triangular formation of three mountains. Below the point of the triangle, the northern-most mountain, is the notation: “Idols.” Above the northern-most mountain is a notation: “Mouth of treasure cave.” In the otherwise blank space at the northeastern portion of the map is a compass, with the speared tip pointing northward. McClintock begins exhibiting the moves of what I describe as a critical feminist cartography when she notes in her introduction to *Imperial Leather* that the latent meaning of the map emerges through its inversion.

Since the map to the diamond mines, when upended, resembles the female body, McClintock argues that what sets Haggard’s map apart from maps within an array of other colonial narratives is the explicit conflation of African landscape and female sexuality: “[t]he land, which is also the female, is literally mapped in male body fluids, and de Silvestre’s phallic cleft bone becomes the organ through which he bequeaths the patrimony of surplus capital to his white heirs” (3). To McClintock, this map tells the story of the “conquest of the sexual and labor power of colonized women”(3). One of McClintock’s major projects in *Imperial Leather* is to identify and track the linkages between imperialism and literature, particularly as the latter operates as a tool advancing imperial power. McClintock’s analysis of Haggard’s map thus highlights the ways in which the literary map of Haggard’s novel “assembles in miniature three of the governing themes of Western imperialism” including “the transmission of white, male

power through control of colonized women; the emergence of a new global order of cultural knowledge; and the imperial command of commodity capital” (2-3). Following McClintock, I also focus on a major theme of British imperialism evinced by Haggard’s map, the first theme McClintock lists: the transfer of power between white colonizers in and through control over the bodies and labor of colonized women. However, I diverge from McClintock when I read imperialism and modern gynecology as mutually enforcing disciplines. Via critical feminist cartography, I argue that what sets Haggard’s literary map apart from other colonial maps in this era is its *explicitly* gynecological content. This gynecological focus itself reveals science’s crucial role in the dark continent narrative by controlling the sexuality and reproduction of colonial women.

In the inaugural volume of *The American Journal of Obstetrics and Diseases of Women and Children* exists a record of the Gynaecological Society of Boston, whose first meeting was held on January 22nd, 1869.⁶⁰ In this meeting the Society was formally established based on a list of arguments by the members. Of particular note are arguments twelve and thirteen. Argument twelve asserts that a Bostonian gynaecological society is essential so as to prevent women from practicing gynecology: “women, the best of nurses, are unfitted to practice medicine and surgery...as successfully as men” (423). Women are explicitly excluded from this gynecological society at its inception except as required objects upon which science can be practiced. This returns to Rose’s discussion of the inherent ambivalence of “masculinist geographies.” Here what we might term a “masculinist gynecology” necessitates a repression of female knowledge of and experience about a scientific field of inquiry that obviously turns on the female body, and ultimately, on male gynecologist’s medical-sexual obsessions with that body. Next, the society’s

⁶⁰ “Transactions of the Gynaecological Society of Boston.” *The American Journal of Obstetrics and Diseases of Women and Children*. (New York: W.A. Townssend & Adams, 1868).

thirteenth argument concerns masculine duty: “it is the duty of every *searcher for truth* to impart what he may find to his fellow-men” (423). Since only men are gynecologists and since any “truth” gleaned gynecologically must emerge from a male standpoint, the science they practice and the history they create are univocal. In addition, these two arguments resonate with the masculine geography I identified in Baines’ map. Authored exclusively by white men for other white men’s economic gain, and to ultimately guarantee British control over African land, people and resources, Baines’ map represents the culmination of his duty: a depiction of the “truth” of British superiority in Africa. Similarly, Haggard’s imperial encounter of the female map-reader on the train supports the contention that gynecology should be understood as an imperial transatlantic science. In each discursive moment, women are demarcated as objects and white men as allied subjects who create history and science. The opening pages of Haggard’s novel further underscore these assumptions.

In keeping with the twinned themes of Africa and clinical gynecology as loci of white masculinity, Haggard insists that *King Solomon’s Mines* is a text exclusively for men. In so doing he aligns himself with nineteenth-century gynecological societies on both sides of the Atlantic.⁶¹ The novel is “dedicated by the narrator ALLAN QUATERMAIN to all the big and little boys who read it” such that prior to the first page of the story, female readers are marginalized, even warned off, as if to suggest that within these pages, “boys will be boys.”⁶² What is more, Quatermain denies the existence of women in this text entirely:

I am going to tell the strangest story that I know of. It may seem a queer thing to say that,

⁶¹ To be clear, I am by no means claiming that Haggard read this or any other gynecological journal prior to writing *King Solomon’s Mines*. The causal links between Haggard’s reading and writing and gynecological production are not my focus here. What remains significant is locating Haggard’s text and gynecological journals in the same cultural milieu and utilizing critical cartography to consider the linkages between them and their ties to the dark continent narrative.

⁶² Haggard, H R, and James Danly. *King Solomon’s Mines*. New York: Modern Library, 2002. Print.

especially considering that there is no woman in it—except Foulata [and she is killed off]...there is Gagoola, if she was a woman and not a fiend [and in any case, she is killed off]. But she was a hundred at least, and therefore not marriageable, so I don't count her.

At any rate, I can safely say that there is not a *petticoat* in the whole history (7).

What is “queer” to Quatermain is not the dizzying array of masculine dedications and citations within his opening remarks, or his denial of colonial women in a text where they play such a crucial role. Rather, it is that a story could be “strange” without women, or “petticoats.” Two colonial women are not only present in the text, but are individually named (Foulata and Gagool) and intimately connected with Quatermain's, Curtis's and Good's journey to the diamond mines. Moreover, as I will demonstrate, the African landscape is itself figured by de Silvestre and Quatermain as a colonial woman. Consequently, this text is literally and figuratively made up of colonial women's bodies and knowledges. By denying their existence in his opening remarks via their unmarriageability (one is too old, both are too black), Quatermain silences Foulata and Gagoola's narrative significance along with their humanity prior to the commencement of his tale. That Quatermain effectively erases and writes over female experience at the opening of his account yields new meaning to his doubled insistence that his account is “a history” (5). Like the publications of the Boston's gynecological society and Baines' map of Africa's gold fields, it is Quatermain's account that will make the annals of history, and his account of Africa and the colonial woman that will circulate back to British readership. Finally, it seems significant that “petticoat” (or its denial) is emphasized through a juxtaposition with history, particularly given my argument that *King Solomon's Mines* can productively be read as a gynecologic case study. Consequently the absented petticoats of Haggard's and even Baines' texts might refer to the gynecologic role that an imperialist history plays in “lifting” Africa's skirts so as to export

knowledge of and control over African resources, female sexuality and reproduction back to Britain.

Understanding *King Solomon's Mines* as in part a narrative of medical imperialism suggests that its epigraph to “all the big and little boys” might be productively read as a dedication to “all the big and little boys” who are or who will become gynecologists, obstetricians, or any sort of professional engaged in the penetration and control of female bodies. This epigraph collides with Baines' own dedication, as Baines dedicated his map and wider narrative to perhaps the “biggest” boys of all, the male members of the Royal British family who certainly functioned as a “driving force” for the penetration, examination, and acquisition of colonial land, resources, and bodies. The dedication is especially aimed at Prince Alfred, the only royal to personally “penetrate” the African landscape. Returning to Haggard's novel, in addition to Quatermain's son, who we are introduced to exclusively as a man who trains to become a doctor in London by continually “cutting up dead bodies,” Captain Good is also marked as a medical professional (6). Near the beginning of the novel, in the chapter immediately following Haggard's map, Quatermain describes Captain Good as “a bit of a doctor” who had “managed to pass through a course of medical and surgical instruction...He was not, of course, qualified...and he had a splendid travelling medicine chest and a set of instruments” (39). Here Quatermain freely admits to Good's poor medical education, but suggests that Good's low skill level hardly matters: it is sufficient to doctor colonial bodies.⁶³ Most significant to my argument are Good's instruments. These white men venturing into the African interior on a hunt for treasure are *equipped for medical examination and surgery*. They have in their possession a set of surgical

⁶³ Quatermain recounts that “[w]hilst we were at Durban [Good] cut off a Kafir's big toe in a way which it was a pleasure to see” (39). Here Good's podiatric surgery is figured as visually pleasurable, foreshadowing the many references to the linkage of sexual gratification and medical intervention the trio make while examining and penetrating the African landscape during their expedition

instruments and “splendid” medicine chest alongside de Silvestre’s sexualized map that together invite a gynecological reading. Read this way, Quatermain is not merely writing to “amuse” his doctor-in-training son, but to actually *instruct* him in the science of imperial medicine. In this sense, a portion of Quatermain’s son’s medical training emerges from gynecological practices on colonized women’s bodies that are imported by his father from Africa to Britain for the purpose of “curing” and controlling white female sexuality and reproduction.⁶⁴ This sets up a white inheritance of gynecological “treasure” that rivals Solomon’s diamonds.

King Solomon’s Mines is rife with an array of descriptions feminizing the African landscape. Upon viewing the mountains marking the beginning of Solomon’s road, Quatermain recounts in his journal:

language seems to fail me. I am impotent even before its memory...like the pillars of a gigantic gateway, [they] are shaped exactly like a woman’s breasts...Their bases swelled gently up from the plain...a vast round hillock covered with snow, exactly corresponding to the nipple on the female breast...huge volcanoes...For awhile the morning lights played upon the snow and the brown swelling masses beneath...to veil the majestic sight from our curious eyes, strange mists and clouds gathered...presently we could only trace their pure and gigantic outline swelling ghostlike through the fleecy envelope...two breasts, and the view is glorious (77, 78, 84).

Quatermain’s recollections of what he (rather adolescently) terms “huge volcanoes” are significant for a number of reasons. First and generically, this epistolary superimposition of journal entry into Quatermain’s wider narrative again links his account to medical discourse.

Doctors frequently included facsimiles of their own or a colleague’s notes from medical exams

⁶⁴ This literary transference of male gynecological and imperial power is exhibited in fact by J. Marion Sims’ inheritance of a European tradition of white male experimentation on enslaved women’s bodies. See my discussion in Chapter Three.

or autopsy reports into their wider case studies.⁶⁵ Importantly this also links Baines' cartographic account with gynecological practice since Baines' map includes the accounts of previous exploration by Baines' explorative predecessors, Livingstone, Chapman and Anderson. Next, given his loquaciousness in this passage, Quatermain's "impotence" does not refer to his inability to write. Beneath a critical cartographic understanding of all maps as language, Quatermain's cartographic mastery is undermined in the face of this terrain—he quite simply cannot map it. What he describes is an anatomical or perhaps psychological response to a formidable landscape. As discussed at the beginning of this chapter, comparing an unfamiliar space to something familiar (African topography to female sexual organs) is meant to restore and secure masculine mastery. This is a maneuver frequently undertaken in medical journals. By reading across the first twenty volumes of the *American Journal of Obstetrics and the Diseases of Women and Children*, dating from 1868 to 1887, two years after Haggard published *King Solomon's Mines*, I have identified a number of generic qualities of "Clinical Reports" within nineteenth-century gynecology. One popular narrative strategy discusses unfamiliar or abnormal female genitalia by referencing other, familiar items found in nature. Such comparisons include everything from "chocolate" and "pearls" to "a large Irish potato" or "hickory nut." These comparisons are particularly popular when doctors encounter fibroids, tumors, or cysts: anything out of the "ordinary" and so "unfamiliar." Presumably such comparisons make otherwise "strange" female genitalia recognizable or familiar. We saw how Baines employed this narrative

⁶⁵ Two rather infamous examples are August Ambroise Tardieu's excerpted publication of Dr. Regnier's autopsy of Herculine Barbin in his wider text, *Question médico-légale de l'identité dans ses rapport avec les vices de conformation des organes sexuels, contenant les souvenirs et impressions d'un individu dont le sexe avait été méconnu* or "Forensics of Identity Involving Deformities of the Sexual Organs, Along With the Memoirs and Impressions of an Individual Whose Sex Was Misidentified" (Paris: J.-B. Ballière et Fils, 1872) and Georges Cuvier's 1817 "Extrait D'Observations" or "Excerpt of Observations" in which Cuvier inserts Henri de Blainville's autopsy report of Saartjie Baartman, or the "Hottentot Venus." For more information see my discussion in Chapter Two.

strategy in his “Map of the Gold Fields,” renaming areas of the African interior “Victoria Falls,” “Port Elizabeth,” and even “Little England” in an effort to master and control an unfamiliar landscape. Similarly, Quatermain overcomes his impotence upon first sighting the terrifying grandeur of an African mountain range by refiguring them as colonial (“brown”) breasts functioning as a “gateway” to a geographic vagina. Quatermain’s sighting of these breasts, viewed as they are through a vaginal “fleecy envelope” ends with a masculine sexual mastery that he describes as “glorious.” However, before the “glorious” climax of this passage, Quatermain must contend with the castration anxiety engendered by that “fleecy [vaginal] envelope.”

At first the breast-like mountains and their juxtaposition with the land’s “fleecy envelope” seems to represent for Quatermain what Barbara Creed terms the “monstrous feminine,” or all those aspects about a woman’s body that remain for (some) men “shocking, terrifying, horrific, abject.”⁶⁶ Quatermain’s later sighting of and penetration into the feminized-colonial-landscape’s fearsome vagina is prefigured here by the temporary castration anxiety he experiences upon viewing the “fleecy envelope” through the colonial landscape’s mountainous “breasts.” Freud aligns this anxiety with the mythologized Medusa in his 1922 essay, “Medusa’s Head.” Here Freud asserts that “the terror of Medusa is thus a terror of castration that is linked to the sight of something...it occurs when a boy...catches sight of the female genitals...surrounded by hair, and essentially those of the mother.”⁶⁷ Quatermain’s sexual enjoyment of the “huge volcanoes” is shadowed by the veil-like mists of the vaginal “fleecy envelope,” which resemble

⁶⁶ Creed, Barbara. *The Monstrous-Feminine: Film, Feminism, Psychoanalysis*. London: Routledge, 1993. Print. 67

⁶⁷ Freud, Sigmund. “Medusa’s Head” (1922). Marjorie B. Garber and Nancy J. Vickers. *The Medusa Reader*. New York: Routledge, 2003. Print. 84

mature female genitals, surrounded by hair. What Freud describes in “Medusa’s Head” matches Quatermain’s ultimate reaction:

The sight of Medusa’s head makes the spectator stiff with terror, turns him to stone.

Observe that we have here once again the same origin from the castration effect and the same transformation of effect! For becoming stiff means an erection. Thus in the original situation it offers consolation to the spectator: he is still in possession of a penis, and the stiffening reassures him of the fact (85).

Quatermain is effectively “turned to stone” when language (or mapping) fails him. However, that he is offered consolation by re-gaining an erection is indicated by the thrice-repeated term “swelled” or “swelling” in this brief passage. “Swelling” consistently refers to the aspect of the landscape Quatermain is reassured by: the “gentle” breasts. Re-focusing his attention on these mountains that resemble nurturing, maternal breasts allows Quatermain to escape his castration anxiety and continue his penetration of the African landscape.

Returning to a reading of the map alongside the text, it becomes clear that Quatermain’s conversion of topography into the sexualized female body is a maneuver that echoes de Silvestre’s own cartographic strategies. McClintock notes that the female genitalia depicted on de Silvestre’s map is undermined not only by its inversion, but by the four points of the Western compass and the absence of resistant female power in the text (3). The compass, an example of “conventional subject matter” in the map, is a scientific instrument of navigation, a crucial tool to British imperialism, and an “icon of Western reason.” I argue that the compass conjures under a gynecological reading Sims’s speculum, or the icon of Western gynecology. Just as the compass guided colonizers in and through the African landscape, and guides Quatermain’s expedition in Haggard’s novel, opening up the terrain for mapping and Western orientation, so

too does the speculum open up the “terrain” of the vagina for medical-sexual penetration. The compass is significant to McClintock as it guides one of her two readings of Haggard’s map:

[i]f one aligns oneself with the male authority of the printed page, the points of the colonial compass and the bloody labels, the map can be read and the treasure reached but the colonized woman will be stood on her head, If, on the other hand, one turns the male book upside down and sets the female body to rights, the crimson words on her body—indeed the whole male colonial venture as a whole—becomes incoherent. Yet neither version exists without the other (4).

What McClintock seems to describe here is less a paradox, then, than an ambiguous image, much like the duck-rabbit optic illusion, wherein the reader’s perspective determines the meaning of the image, but in either case the image is stable—from whatever direction the map is read, this female body cannot be “set to rights”—it is bloody and truncated either way (McClintock 4). The fact that it is figured from de Silvestre’s “male body fluids” is only part of this story: de Silvestre uses a “cleft bone” to produce this map. While there is an assumption that the bone is de Silvestre’s, this is not clarified in the text, begging the question of whose bone de Silvestre has appropriated and then cleaved into two in order to write his history and create his sexualized narrative and map. It is at least plausible that the cleft bone came either from the woman who led him into the diamond mines or from his native guide. In either case, the tool of inscription for the British colonial enterprise—a tool for generating a masculine, colonizing history—itself emerges from imperial conquest. This is the same pen (or trophy) that Allan Quatermain later takes back to Britain and uses to sign his name. Thus Quatermain not only leaves Africa with the spoils of a transmission of white, male power, he also leaves Africa with a tool for mapping the African continent and the colonial woman.

To return to de Silvestre's map, "the hole" situated at "the mouth of a cave" at the end of Solomon's road and between the sexualized "triangle" of mountains called "Three Witches" marks the vaginal entrance to the diamond mines. Solomon's road, then, can be understood as penetrating this vaginal space:

Solomon's great road stretched away uphill to the foot of the centre peak, about five miles from us, and there stopped. It was at its terminus... At the edge of this vast hole, which was the pit marked on the old Dom's map, the great road branched into two and circumvented it. In many places this circumventing road was built entirely of vast blocks of stone, apparently with the object of supporting the edges of the pit... I had better leave the feelings of intense excitement with which we set out on our march that morning to the imagination of those who read this history (233, 234, 233).

Whereas McClintock sees the major phallic image of Haggard's text in de Silvestre's cleft bone, a competing phallic image in both map and wider text is the cartographic depiction of Solomon's road itself. The road phallically *penetrates*, or "reaches its terminus" in "the great pit" and "vast hole" that represents the vaginal entrance to the colonized woman of Haggard's map.

Alternatively, from a more medical perspective, the road that "branches" only to "circumvent" the hole/pit with the purpose of "supporting the edges of the pit" or said another way, with the aim of keeping the pit open and accessible, might productively be read as a gynecologist's arm, ending in a hand whose fingers ensure that the female body remain open and vulnerable to penetration and/or examination. Both readings are phallic as both represent the subjection of the colonial female figure to the hands, speculum, and/or penis of white, male imperial power.

Significantly, Quatermain's previous impotence upon viewing this landscape turns to "feelings of intense excitement" upon sighting the road's penetration. He seems to encourage his audience

of “big and little boys” to engage in a sort of “porno-tropics” of their own in “imagining” his own sexual arousal. In this manner Haggard’s British, male readers become active participants in a sexual, medical penetration of African landscape and, through the dark continent narrative, the colonial woman. Thus the African land is represented in Haggard’s map as “a voluptuous ‘bodyscape’ open to exploitation by those intrepid (and British) enough to master the terrain and the people whose territory it is” (Stiebel 7). Read in this manner, Haggard’s map invites his audience to literally (by traveling to Africa) or imaginatively “deposit” their own phallic hash-marks into the open (vaginal) space of the Kalahara Desert of Baines’ map, a space that a European porno-tropics envisions as inviting penetration and examination.

Marking the vaginal entrance of the “pit” are the colossi, three figures hewn from stone. It seems suggestive that of these figures, only the two male colossi have faces: “a terrifying cast of features...[stamped with] the calm of inhuman cruelty” (235). By contrast, the sole female colossi is faceless. At the least, the faceless female colossi signifies what McClintock describes as the “conquest” of the colonized woman. She has no face with which to communicate or denote her subjectivity. Rather, only her body yields meaning, perhaps denoting her sexuality and beauty, and presumably signifying the product and labor that her body supplies. More provocative is how the colossi resemble three familiar figures within gynecological history that we see in Haggard’s text and in an array of gynecological reports: the male doctor, his male assistants, and their nameless, faceless, voiceless female patient.⁶⁸ Under this view the colossi act as a tableau foreshadowing the ensuing penetration and examination of Haggard’s “dark

⁶⁸ Following the formal inauguration of the Gynaecological Society of Boston, a Doctor H.B. Storer presented to the Society a masked patient “concerning whom he desired advice,” the case being one of “Obstinate Erotomania.” Since I discuss this presentation in great detail in Chapter Two I will only note at this point the connectivity between Storer’s masked female patient and the faceless female colossi and the manner in which both women function as the faceless objects visually marking out the inception of gynecological examination and discourse.

continent.” Once again Baines’ map overlaps with both Haggard’s text and gynecological reports since we might envision head-cartographer Baines in the position of leading gynecologist, attended by his assistants (the other seven men who helped author “Map of the Gold Fields”) as they penetrate the dark continent of the African interior (or the “patient”).

King Solomon’s Mines can be productively read as (in part) a gynecological case study, or “Clinical Report” as they were frequently termed. In addition to superimposing his medical notes into Haggard’s wider narrative, as well as referencing unfamiliar geographic terrain with more familiar (vaginal) language in the same manner that many nineteenth-century gynecologists referenced gynecological anomalies through everyday terms, Quatermain’s examination of “the [vaginal] pit” contain an array of formal attributes that match common gynecological discourse. The majority of nineteenth-century gynecological reports begin with the name and “pedigree” of the doctor, including his affiliated hospital, university, or town of practice. Next, many begin with a direct address to an exclusively male audience followed by some information on the patient, which always includes only a portion of her name (for anonymity), her age, her race or ethnicity, or if those are unavailable, a physical description meant to stand in for these, and her marital status (which in most cases is taken as an equivalent of her sexual history). Following this textual sketch of the patient is a listing of symptoms and previous treatments (if any were sought). Finally, a detailed report of the examination follows, which functions as the climax of the case study and concludes in the gynecologist’s diagnosis and closing remarks. To this point, Quatermain has discussed his credentials. We are assured that he is a seasoned adventurer and elephant-hunter, and of the three white men, he is the one most familiar with African terrain and customs. Quatermain is also the legal owner of de Silvestra’s map, lending him a certain caché as legal owner of scientific knowledge. Next, Quatermain takes great pains in his opening remarks

to ensure that his account is directly addressed to an audience of men. He also examines a “female body” on his proverbial examination table (the feminized African landscape). The only generic marker that seems to be missing from Quatermain’s account is a list of the female body’s symptoms and its previous treatments. Yet if we consider de Silvestre’s descent into the diamond mines and mapping of its outer landscape an occasion of examination, then Quatermain has not only relayed knowledge of past medical intervention to his audience, but is thereby reliant on this prior examination and its subsequent map to shape his own. Haggard offers through Quatermain’s physical examination the same contribution as gynecological case studies from this period: what Thomas Laqueur terms a “narrative of culture in anatomical disguise.”⁶⁹

Quatermain’s internal examination of the feminized landscape begins near the opening of the vaginal hole/pit when he describes the strange shapes he sees in the landscape: “[s]ometimes the stalactites took strange forms, presumably where the droppings of the water had not always been on the same spot. Thus, one huge mass, which must have weighed a hundred tons or so, was in the form of a pulpit” (244). This textual moment is noteworthy first for its scientific language and measurement, and second for Quatermain’s recourse to describing strange attributes by referencing other more familiar ones. Most significant, however, is the manner by which the opening of the hole/pit is riddled with stalactites, and likely their corresponding stalagmites. What Quatermain describes in the landscape here is a *vagina dentata*, or a toothed vagina that threatens the white explorers with castration. In *The Monstrous-Feminine* Barbara Creed describes the *vagina dentata* myth as one “extremely prevalent” that “generally states that women are terrifying because they have teeth in their vaginas and that the women must somehow be tamed or the teeth somehow removed or softened—usually be a hero figure—before

⁶⁹ Laqueur, Thomas W. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge, Mass: Harvard University Press, 1990. Print. 236

intercourse can safely take place.”⁷⁰ Despite variations across cultures the vagina dentata myth remains “a terrifying symbol of woman as the ‘devil’s gateway...[and] also points to the duplicitous nature of woman who promises paradise in order to ensnare her victims” (106). What Quatermain encounters in his vagina dentata at the opening of the diamond mines is a “specific visual motif...that of the barred and dangerous entrance” (107). Read for its terrifying and emasculating effects, the entrance of the diamond mine must be carefully breached. Quatermain’s method of imaginatively turning the stalactites into “the form of a pulpit” writes over a powerful image of an otherwise irrepressible toothed vagina with an image of male power: the church. Thus the teeth of the vaginal hole/pit are “softened” by the imposition of Quatermain’s masculine authority.

To enter the diamond mines or “womb” of this feminized landscape, the three men need Gagool, a colonial woman, to act as guide since she is the only person who can access the womb/cave. Consequently Quatermain as hero-figure actually encounters the toothed vagina a second time in the trickery of Gagool, the “duplicitous...[colonial] woman who promises paradise [or obscene wealth] in order to ensnare her victims” (Creed 106). Quatermain recounts: “there was some very simple lever, which was moved ever so little by pressure on a secret spot...a dark hole presented itself to us in the place which it had filled. Our excitement was so intense...that I for one began to tremble and shake” (248). Upon viewing Gagool’s “fingering” of the clitoral “secret spot” and the attendant presentation of the vaginal “hole,” Quatermain and his cohorts experience an excitement so intense that they “tremble and shake.” This sexually charged moment in the text (the men tremble and shake when they view an image of one colonial woman (Gagool) sexually arousing another (the feminized colonial landscape)) exemplifies

⁷⁰ *Monstrous Feminine 2*

McClintock's assertion that "[w]ithin this porno-tropic tradition, women [here exemplified by Gagool and the feminized landscape] are figured as the epitome of sexual aberration and excess" (22).

Once within the sexualized landscape of the diamond mines the men gaze at each other "as though we were conspirators about to commit a crime" despite Quatermain's attempts to couch their theft of the diamonds as a legal, even genealogical retrieval. He recalls: "There we stood and shrieked with laughter over the gems which were ours, which had been found for *us* thousands of years ago by the patient delvers in the great hole yonder" (254). Accessing this "inheritance" by themselves "delving" into or *fingering* the interiority of the "great hole" of the African earth yields three linked meanings of the diamond mines: they are at once the reproductive space of female sexuality, a doubled site of imperial conquest (taking the diamond mines is couched in a language of racial inheritance as Quatermain assumes the diamonds were mined by (white) Egyptians, and my reading of their descent into the mines as a gynecological examination guarantees white, imperial control over the colonial female body) and the source of economic wealth for Britain. It is only when Quatermain realizes that Gagool has tricked them and they are stuck inside this treasure cave that "all the manhood seemed to have gone out of us" (257). This textual moment, alongside Quatermain's first, alarmed glimpse of the land's "fleecy envelope" through Sheba's Breasts, seems crucial for its momentary inversion of masculine cartographic mastery. The sexual excitation experienced while watching Gagool fondle the "secret spot" with its subsequent presentation of the vaginal hole has been replaced by a sexual impotence stemming from this landscape's *entrapment*. The duplicitous Gagool, functioning as the vagina dentata, must somehow be eradicated to circumvent a perpetual castration. As Kirby notes, a critical aspect of cartography's function is "to ensure that the relationship between the

knower and known remains unidirectional” (48). In other words, the cartographer must retain an objective and privileged *erect* position, remaining outside of mapped space precisely while *inside* of it. Consequently “[t]o actually be *in* the surroundings, incapable of separating one’s self from them in a larger objective representation, is to be lost” or said another way, is to lose masculine cartographic and sexual mastery (48).

Kirby claims that the experience of “being lost” actually signifies a real location wherein landscape actually “penetrates the subject” (49). Read in this manner, Quatermain’s medical-sexual impotence exemplifies Rose’s strategy of inversion in action since his inability to “keep it up” and maintain gynecological power is a direct result of the unexpectedly *penetrative* power of a feminine landscape. Returning to the vagina dentata described above, Quatermain imagines that this toothed vagina will actually penetrate *him* via castration. Here the binary of male/female or penis/vagina, penetrator/penetrated is reversed. Quatermain’s medical-sexual impotence arising from his fear of vaginal entrapment showcases castration anxiety in action. Thus however briefly, there is an eruption of what I term an “anti-pastoral” landscape that refuses familiar feminization practices (like making of the female landscape or body maternal and nurturing) and in so doing actually disorders masculine civilizing forces through inversion, fluidity and a refusal of rigidly mapped boundaries. It is precisely Quatermain, Curtis, and Good’s inability to exhaustively map the borders, access points, and closures of this womb/cave that engender a panicked impotence. However, gynecologic examination emerges here as the method by which impotence is overcome and cartographic mastery regained.

By putting on their gynecological spectacles, so to speak, Quatermain, Curtis, and Good view the interior of the treasure cave as a sort of feminized womb-space, and subsequently perform a manual examination. The methodology of their examination follows the directives of

gynecological practice at that time. D. Berry Hart and A.H. Barbour's 1883 *Manual of Gynecology* was popular precisely because it put into *textual* form the very specific techniques required for vaginal and rectal exams that had circulated through gynecological practice prior to their publication.⁷¹ Hart and Barbour maintain that "a mere vaginal examination...gives very little information. The proper method is first to make an external abdominal examination and then a vaginal examination...the more complete method known as the bi-manual examination" (95). Only when the bi-manual examination yields no useful information or in "difficult bi-manual cases" do these doctors "recommend the rectal exam" (106). To this point Quatermain, Curtis and Good have successfully performed an abdominal exam during their travels through of the landscape of Sheba's Breasts and down into the "fleecy envelope." Quatermain's description of this "glorious view" functions as the report of this exam. At this juncture, having travelled through the vaginal hole/pit and arrived at the womb-space of the cave, the three men together perform the popularized bi-manual gynecological exam, running *both* their hands over every surface and into every orifice of the cave: "We sprang forward with desperate energy, and standing in a bloody ooze, we began to feel up and down the door and the sides of the passage...Then we made a systematic examination of the walls..." (258, 259). Erect in the blood from the body of a colonial woman (the deceased Foulata), and inside the womb/cave, their "male anxiety and boundary loss" is obfuscated by what strongly resembles a gynecological examination of the womb of the African earth, or "a strategy of violent containment" (McClintock 23). In the end, when the traditional exam yields no results, the men turn to the rectal exam, removing a rock in order to climb out of the "bowels" of the cave, a loose rock they originally missed "during [their] former exhaustive examination" (Haggard 265). McClintock

⁷¹ Hart, D B, and A H. F. Barbour. *Manual of Gynecology*. New York: William Wood & Co, 1883. Print.

reads this escape from the back entrance of the mine as a “male birthing ritual” from “the anal pit” which leaves “the black mother, Gagool, lying dead within” (3). She argues:

What follows is an extraordinary fantasy of male birthing, culminating in the regeneration of white manhood. With great difficulty, the men find the entrance to the back passage of the pit. After hours of agonizing labor and toil, they finally clamber out of the dark tunnel and tumble head over heels into the air, covered in blood and mud, crying for joy, unable to walk but bathed in the rosy glow of dawn... They have accomplished a new form of human reproduction, an autochthonous male birthing that annuls the mother (248).

I diverge from McClintock’s provocative reading in my insistence on the medical imperialism of Haggard’s text by reading the removal of stone separating the “treasure cave” (or womb) from the back passage (or rectum) as a gynecological surgery.

After a thorough manual examination of the womb/cave, the three men together work on the loose stone, twisting and turning it, pulling on it individually and collectively in order to find an alternative passage out of the womb-like cavern. It is only at this point that they gain access to a hidden back passage and can descend from “the unknown bowels of the earth” (Haggard 267). This section of the text echoes the style and content of the conventional gynecological “Clinical Report.” Consider an excerpt from Doctor E.H. Davis’s “Case of Atresia of the Vagina,” appearing in the fifth volume of *The American Journal of Obstetrics* (1872):

And making the opening large enough to admit my finger and the knife I was using freely, I literally felt my way along, till, in about forty-five minutes from the first incision, I reached the mouth of the uterus...the knife passed immediately and abruptly into a cavity which I was not prepared to find and did not expect, and the thought was

instinctive that I had cut into the rectum (401).

Here Dr. Davis describes a surgery performed on “Mrs. K—” in the company of three other male doctors for the purpose of curing vaginal atresia to enable reproduction. The surgery is ultimately undertaken because “[w]e believed her general appearance and development evidenced the existence of ovaries” (399). In other words, like the African landscape, Mrs. K— has breasts and a “fleecy” envelope” that function as external visual markers to a group of male medical professionals that signify an internal treasure. Thus Dr. Davis’s surgery, performed with his own cohort of white male gynecologists, represents a “mining” of its own: a penetration into the space of the female body so as to discover the promised “treasure” of female reproduction: Mrs. K—’s ovum. Like Quatermain, who withdraws from the womb/cave with diamonds the size of “pigeon’s eggs” lining his pockets, the “treasure” Dr. Davis’s surgery guarantees is the reproductive promise of Mrs. K—’s future progeny through a gynecological location of her eggs.⁷² There are also provocative parallels between Quatermain’s and Davis’s language. While Quatermain discusses the “systematic examination of the walls” that involved “feeling up and down” the “sides of the passage” Davis recalls how “I literally felt my way along.” Both men encounter cavities they do not anticipate: Davis a uterus, which he originally mistakes for Mrs. K—’s rectum, and Quatermain a hidden exit, what he terms the “unknown bowels,” accessible only by removing a piece of the cave/womb’s wall. Quatermain’s caution to his colleagues to “[m]ind where you put your feet; there may be some awful hole” echoes Davis’ unexpected entry into Mrs. K—’s uterus with knife and fingers (268). Whether Quatermain’s “awful hole”

⁷² In this sense, Dr. Davis’s surgical intervention presupposes, alongside the Boston Gyneacological Society’s inaugural address, that “these disturbances [like vaginal atresia] are of extreme importance, not merely to the individual sufferer, but with reference to her relations to her family and to society” (422).

denotes the female vagina or “the anal pit” hardly matters: in either case he views this sexualized landscape as entrapping of masculinity, life-taking, and “awful” in its potential to castrate.

Echoing McClintock, I read Quatermain’s withdrawal from the diamond mine as a birth, but not as “an autochthonous male birthing that annuls the mother.” Rather, his escape functions as a premature labor brought on by the violent intervention of three gynecologists, a labor that is engendered by and ends in colonial violence. From this perspective, the life-saving waters that the men ingest and then bathe in while still underground represent the prematurely unleashed birthing waters from the pregnant colonial body (269-70). And so it is not merely with “a squeeze, a struggle” that the three are expelled from the female body, but with a surgical “cut” into the colonial landscape; not merely a breaking of the waters, but an incision that opens the womb and bowels to imperial conquest. Thus the mother is not annulled; she is still present, but her reproductivity is controlled and curtailed. She is a violated figure in the wake of a traumatic anti-birth. While the three white men profit from her body and escape (or are “birthed”) with the diamonds, the two colonial women, Gagool and Foulata, lay dead within. In this sense, Quatermain, Good, and Curtis have engaged in at least a doubled plunder wherein Quatermain’s theft of the diamonds is exceeded by their plundering of the landscape for gynecological knowledge of Africa that is transmitted, alongside the diamonds, back to Britain. Given that Quatermain’s male heir is a doctor-in-training, we can assume that his son will continue and extend his father’s imperial project of gynecological mapping on colonial women within (and potentially without) British borders. In a related and troubling exchange, Good gifts Infadoos with one of his gynecological instruments, an eye-glass (or his gynecological glasses), signifying the transmission of white medical knowledge of colonial women, itself gleaned from *sighting* the

vagina of the colonial woman, to colonial men. Thus Infadoos' role in the adventure ends with an invitation to join in these imperial practices.

Returning to a consideration of the linkages between the "dark continent" texts of *King Solomon's Mines* and "Map of the Gold Fields," we might read Haggard's text as not only imaginatively filling in the blank space of Baines' Kalahara Desert, but also as filling in the seemingly sexual blankness of Baines' map. In other words, taking up literary and cartographic texts of the dark continent together reveal the otherwise concealed presence of gynecological mapping in imperialism and ultimately showcases the continual overlapping of gynecological and imperial endeavors.

Conclusion

This chapter argues for a location of gynecology's roots in imperialism and considers what occurs when gynecology explicitly enters the ideology of imperialism and the discipline of cartography. Focusing specifically on Britain's exploration, penetration, and conquest of Africa, I revisit the "dark continent narrative" in an effort to understand how the rise of modern gynecology in the nineteenth-century occurred in and through colonial conquest. Moving from a survey of the dark continent narrative to Thomas Baines' "Map of the Gold Fields" and finally to *King Solomon's Mines* alongside various clinical reports from *The American Journal of Obstetrics and Diseases of Women and Children*, I demonstrate how Freud, Baines, Haggard's Allan Quatermain, and nineteenth-century gynecologists all share the same strategies of penetration, examination, and containment of the female body that effectively eradicate female ownership over women's bodies and silence colonial women's experiences and histories.

What I begin working toward in my reading of Baines' map, and what I attempt more fully in my criticism of *King Solomon's Mines*, is a disruption of the univocal discourse of

imperialist maps through a critical *feminist* cartography. McClintock's inversion of Haggard's map culminates in a subversive reading that itself creates space for the argument that Haggard's text reads in part as a racialized and sexualized gynecological case study. Under this reading, both Kolodny's "American pastoral" and McClintock's "European Pornotropics" are undermined. McClintock and Kolodny read colonial discourses as culminating in complete masculine mastery over the colonial landscape and its feminized figuring. I remain interested in exploring moments wherein feminized landscape or female bodies *refuse* civilizing and meet their violation with violence, or said another way, resist mapping. Patrick Brantlinger notes in his work on imperial maps: "the voices of the dominated are represented almost entirely by their silence, their absence" (167). What Brantlinger does not consider is how cartographic vacancy might itself be an avenue toward destabilizing the monolithic discourse of imperialism, of which gynecology is a part.

In the chapter that follows I will continue and extend this discussion of subversive gynecologies by turning to the specularity of the medico-clinical gaze, particularly as it functions within works of clinical naturalism. Beneath a theoretical application of the speculum, the violence and desire operative within the medico-clinical gaze is made manifest. Utilizing Laura Mulvey's feminist film theory and Luce Irigaray's psychoanalytic feminism alongside a critical feminist cartography to revisit clinical scenes of the gynecological spectacle within major works of nineteenth-century naturalism (including Frank Norris's *McTeague*, Eakins's major medical portraits, as well as the infamous case of Herculine Barbin) reveals masculine sexual anxiety and aggression at both the margin and the center of these scenes. Such critical reading practices also highlight a strategic dis-ease with the medico-clinical gaze that might begin to disrupt its univocal power.

Chapter Two: Naturalism's Spec[tac]ular[ly] Desirous Medico-Clinical Gaze

“But to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed? Can pain be a spectacle? Not only can it be, but it must be.”
-Michel Foucault; Birth of the Clinic, 84

While the previous chapter locates gynecology's origins in imperialism and examines the former's role in advancing the dark continent narrative, this chapter focuses on the transatlantic co-emergence of the medico-clinical gaze within 19th century naturalism. Critics traditionally define naturalism subsequent to realism, wherein both modes accurately depict commonplace lives and events, but only naturalism focuses on the crucial role heredity and environment play in determining an individual's physiology and actions.⁷³ Yet in returning to the definitions of two nineteenth-century literary naturalists, Emile Zola and Frank Norris, the *penetrative* role of a *clinical vision* in naturalism is underscored. In *A Plea for Romantic Fiction* (1901), Norris suggests that realism merely depicts “the surface of things” whereas Romance (the wider generic category in which Norris locates naturalism) “would be upstairs with you, prying, peeping, and peering” into surreptitious lives and events.⁷⁴ What Norris describes is not some passive mode of looking, but a *determined gaze*. It takes scopic labor (squinting the eyes, hiding one's gaze, narrowing one's focus, seeing peripherally) to pry, peep, and peer. Moreover, these modes of

⁷³ For example, Lars Ahnebrink maintains: “*Realism* is a manner and method of composition by which the author describes *normal, average life* in an accurate and truthful way” whereas “*Naturalism*...portrays *life as it is in accordance with the philosophic history of determinism*” (vii). See: *The Beginnings of Naturalism in American Fiction: A Study of the Works of Hamlin Garland, Stephen Crane, and Frank Norris, with Special Reference to Some European Influences, 1891-1903*. New York: Russell & Russell, 1961. Print. Donald Pizer nuances these traditional definitions by identifying two tensions making up literary naturalism. First, the naturalist author finds in “commonplace and unheroic” characters “material extraordinary and excessive in human nature” (11). Next, despite the determining forces of “heredity and environment, chance and instinct,” the author still retains a “compensating humanistic value” (11). See: *Realism and Naturalism in Nineteenth-Century American Literature*. Carbondale: Southern Illinois University Press, 1966. Print.

⁷⁴ Norris, Frank. *The Responsibilities of the Novelist, and Other Literary Essays*. New York: Doubleday, Page & Company, 1903. Print. 217

observing are fundamentally clinical and penetrative, something Norris seems to recognize when he aligns naturalist looking with surgical cutting: “[c]an we not see it [naturalism] in an instrument, keen, finely tempered, flawless—an instrument with which we may go straight through the clothes and tissues and trappings of flesh down deep into the red, living heart of things?” (214). Norris’s naturalist gaze functions both as surgical knife and clinician’s penetrating look—cutting open bodies and lives to access their innards, or their “red, living heart.” Such clinical penetration is a recurring trope in Emile Zola’s “The Experimental Novel” (1894).

Zola’s brand of naturalism envisions clinical medicine as completely analogous to literary naturalism. Zola argues that the experimental novelist should “operate” on “human and social data” just as the physiologist operates on the human body.⁷⁵ Although Zola emphasizes the importance of the novelist relating “purely and simply the phenomena which he has under his eyes” he himself envisions a mode of literary mastery that belies scientific neutrality (7). Zola argues that the purpose of the experimental novel is “to make one’s self *master* of life...to *penetrate* to the wherefore of things, to become superior to these things, and to reduce them to a condition of subservient machinery” such that “in the slow *conquest* we can make over this unknown which surrounds us” (24, 25, 39, emphasis mine). Aligning literature with medicine under a language of conquest and penetration indicates more than subjectivity at the heart of Zola’s alleged experimental neutrality (a subjectivity that I argue is *also* at the heart of clinical medicine). This language of masterful penetration reveals modes of violent desire that I locate in an array of what I term “clinical naturalist” works. The works of clinical naturalism examined in

⁷⁵ Zola, Émile, and Belle M. Sherman. *The Experimental Novel: And Other Essays*. New York: Cassell Pub. Co, 1894. Web. 18

this chapter are defined by a violent, even sadistic clinical voyeurism taking the female body as its medicalized object.

Examining an array of clinical naturalist texts from the fields of literature, art, and gynecology that demonstrate the pervasiveness of a violent, self-reflexive gaze within naturalism demonstrates how the *specular* status of the medico-clinical gaze within a discourse of the clinic congeals the discursive field of the vagina. Turning to the etymology of “specular,” a tradition of valuation emerges that describes how the clinical gaze functionally takes up the vagina to perform its own agenda. “Specular” refers to a mode of vision “obtained by reflection only, not direct or immediate” and to something “fitted with a speculum; reflecting.”⁷⁶ Taken together, these definitions suggest that gynecology’s clinical gaze offers an *indirect reproduction* that does not capture what is actually there (female genitalia) but something else from within the immediate space of the viewer. In this manner, clinical accounts of nineteenth-century gynecology, art, and literature exemplify not realities of female bodies but instead violent practices of reinscription. Following Luce Irigaray’s critique of Sigmund Freud in *Speculum of the Other Woman* (1974), I consider how the clinician “can sustain himself only by bouncing back off some objectiveness, some objective” and suggest, like Irigaray, that the object(ive) the clinician uses to reflect himself is the body of woman.⁷⁷ This chapter thus close-reads gynecological accounts, whether literary, scientific, or artistic, for their “cartographic suggestivity” and explores the performative work such production takes on when constructed from a desirous, self-reflexive clinical gaze. Such a reading practice underscores various ways in which the gynecological clinic functions as what J.B. Harley terms a “workshop of

⁷⁶ “Specular.” *Oxford English Dictionary* (Oxford, England: Oxford University Press, 2000) Internet resource.

⁷⁷ Irigaray, Luce. *Speculum of the Other Woman*. Ithaca, N.Y: Cornell University Press, 1985. Print. 133

normalization.”⁷⁸ Harley argues that cartographers organize space and territory by producing maps of a world society *desired* rather than a mirror-image of the world. Following Foucault and Harley, a central aim of this chapter is to read gynecological maps for the desire underscoring the (ab)normalized vagina’s construction.

This project begins with an analysis the clinical gaze at work in the major clinical scene of Frank Norris’ *McTeague* (1899). Here a fetishistic and sadistic gaze reveals anxieties about the vagina’s power to castrate, an anxiety that ends in the eradication of the female body. This analysis links up with the voyeuristic clinical gazes operative in two paintings by Thomas Eakins: *The Gross Clinic* (1875) and *The Agnew Clinic* (1889). Together these represent a spectacle of the unconscious female body within the clinical scene that visually underscore the violent desire lurking in two overtly gynecological texts: an excerpt from the inaugural “Transactions of the Gynaecological Society of Boston” (1869) and Robert T. Morris’s 1892 publication, “Is Evolution Trying to do away with the Clitoris?.” Finally, the medical dossier on Herculine Barbin showcases an attempted mastery of unruly femaleness motivated by masculine modes of clinical desire. In each work of clinical naturalism considered here, the gaze functions voyeuristically and violently to control, manage, and even destroy female genitalia. By examining the gynecological imperial impetus as it collides with a desiring gaze within clinical naturalist works, the fog on the clinician’s mirror is wiped away, revealing at the site of examination not truths about the female body, but rather, the clinician’s own visage.

Specularizing the Clinical Gaze

Luce Irigaray’s theoretical application of the speculum to Freudian psychoanalysis in *Speculum of the Other Woman* offers a provocative strategy for critically reading nineteenth-

⁷⁸ Harley, J B, and Paul Laxton. “Deconstructing the Map.” *The New Nature of Maps: Essays in the History of Cartography*. Baltimore, Md: Johns Hopkins University Press, 2001. Print.

century gynecological narratives. As Irigaray makes clear, Freudian psychoanalysis is a masculinist theory of sexuality wherein the penis functions as the motor for all normal sexual development. For Freud, psychic difference is predetermined by anatomical difference “according to a *mimetic* order” wherein the active role is prescribed to man alone such that the masculine (penis) is accorded value and “constituted as origin” whereas the feminine (vagina) functions merely as the inverse of the male anatomy and sexuality (Irigaray 15). Consequently normal female sexual development is only achieved after a doubled disavowal: first the little girl repudiates her original love object (her mother) in favor of her father, and second she rejects her original erogenous zone (the clitoris) in favor of the vagina.⁷⁹ That normal female sexuality can only be achieved when man is privileged as love object and actor of procreation guarantees that “[w]oman is nothing but the receptacle that passively receives his product” (Irigaray 18). As a consequence of Freud’s assumptive superiority of the penis, “nothing can be clearly articulated but the history of the practice of ‘male sexuality’ with regard to Sexuality” (Irigaray 21).

In taking up male sexual development as paradigmatic, Freud participates in an inherited mode of discursive phallogentrism: “[h]eir to an ‘ideology’ that he does not call into question, Freud asserts that the ‘masculine’ is the sexual model...he takes female sexuality *as he sees it* and accepts it *as the norm* (*Speculum* 70, emphasis mine). The distinction Irigaray highlights here becomes crucial when considered alongside the power of the clinical gaze. Freud does not take female sexuality as it *is*, but as he *perceives* it to be, and it is this product of his subjective gaze, this (per)version of (fe)male sexuality, that is classified as “normal.” Instead Freudian female sexuality is a misperception, or an indirect reproduction resulting from an incorrectly angled mirror—rather than seeing an authentic reflection of female sexuality, Freud continues to look

⁷⁹ Freud, Sigmund. “Female Sexuality.” *Freud on Women: A Reader*. New York: W.W. Norton and Company, 1990. 335

upon his own penis. Thomas Laqueur similarly sees Freud's account of the migration of female pleasure from clitoris to vagina as *consciously* falsified: "Freud's answer, then, must be regarded as a narrative of culture in anatomical disguise...[t]he language of biology gives this take its rhetorical authority, but does not describe a deeper reality in nerves and flesh."⁸⁰ As a result, female sexuality can only be located "within the signs or between them," all the while tasked with guaranteeing male subjectivity (Irigaray 22). The female body or "hinge" functions as the object for and between men, guaranteeing the cohesion of a masculine subjectivity and discourse that itself has a vested interest in keeping women in their circumscribed objectivity (22). In short, Irigaray demonstrates that Freudian psychology is reliant upon a scientific paradigm that founds itself on a symbolic order wherein "woman" only functions as mapped object: "a woman serves (only) as a *projective map* for the purpose of guaranteeing the totality of the system" (108). This status of woman as mapped object guaranteeing male subjectivity is vividly evinced in McTeague's fetishization of Trina's teeth.

Refractory Teeth and Unruly Vaginas:

The Clinical Gaze and Fetishism in Frank Norris's *McTeague*

The linkages in my first chapter between mapping the landscape and mapping the female body within the dark continent narrative are extended into American naturalism in Frank Norris's *McTeague*. Norris traveled to Africa in October 1895, moving from Cape Town to Cairo.⁸¹ He wrote several travel sketches for the *San Francisco Chronicle*. Two of these articles, "From Cape Town to Kimberley Mine" (26 January 1896) and "In the Compound of a Diamond Mine" (2 February 1896) specifically discuss the immensity of the Kimberley diamond mine.

⁸⁰ Laqueur, Thomas W. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge, Mass: Harvard University Press, 1990. Print. 236

⁸¹ For additional biographical information on Frank Norris, see: McElrath, Joseph R, and Jesse S. Crisler. *Frank Norris: A Life*. Urbana: University of Illinois Press, 2006. Print. (xx)

Norris describes this “biggest hole in the world” as “better than Niagra, better than the Coliseum, one of the biggest things imaginable.”⁸² He also quotes an “old Boer trader of the ‘Norham Castle’” who calls the mine “die grossest hole ever in die ground.” Thus in *McTeague* Norris has exported the mining of the dark continent from Africa and into California. Two professions, that of the miner who penetrates the landscape for ore and the clinician who mines the female body for the goal/gold of sexual satisfaction and ownership, collide in the figure of McTeague.

Norris’s narrator tells us that McTeague spent years working as a car boy at the Big Dipper Mine, “trundling the heavy cars of ore in and out of the tunnel under the direction of his father.”⁸³ As a car boy under the phallic leadership of his father, McTeague is the driving force behind the landscape’s penetration and production, transporting through the vaginal tunnel of the Big Dipper Mine the raw material from which value will be extracted. Upon his father’s death, McTeague shifts the aim of his professional interest and instead mines the body, learning dentistry “after a fashion, mostly by watching the charlatan operate” (2). Here professionalization is gained through clinical gazing. After opening his shop on Polk Street, McTeague becomes known as “the Doctor” and his competitive edge is his brute strength: he can literally rip teeth out with his bare hands (3). McTeague’s training in the Big Dipper Mine prepares him for a mode of clinical gynecology that is showcased in the fortnight Trina spends in his operating chair. Understanding McTeague’s “Dental Parlors” as a clinical scene emphasizes the workings of his sexually violent clinical gaze.

While various critics have considered the scientific themes of determinism in *McTeague*,

⁸² Norris, Frank. “From Cape Town to Kimberley Mine.” *San Francisco Chronicle* [San Francisco] 26 Jan. 1896: 1. Print.

⁸³ Norris, Frank. *McTeague*. New York: Penguin Group, 2011. 2

fewer take up the workings of the clinical gaze in the novel.⁸⁴ None of these critics have examined the operation of the clinical gaze within Norris's major clinical scene. As a result, the significance of Trina's violent medicalization has remained largely unexplored. Although he does not consider the sexual-medical violence of McTeague's dentistry, David Holmberg's work on the clinical gaze in *Prying, Peeping, Peering, The Voyeuristic Gaze in Late-Nineteenth-Century American Literary Naturalism* (2012) is a productive place to begin my own analysis. Alongside my work throughout this chapter, Holmberg argues that rather than demonstrating a detached objectivity, naturalist works showcase voyeurism through the operation of a perverse clinical gaze that remains "as dependent on clinical documentation as deviant fantasy."⁸⁵ Holmberg reads Norris's narrator as a clinician or "doctor-narrator [who] stands poised, like Dr. Gross, scalpel in hand, offering commentary" on the scenes before him (155). The effect on Norris's readers, then, is a voyeuristic peering into McTeague and Trina's private lives (158). As readers ourselves, we become like clinicians who consider the operation of the narrator's own clinical gaze. While Holmberg's considerations of the clinical gazes of narrator and audience represent a major contribution to reading the clinical scenes of *McTeague*, he misses perhaps the

⁸⁴ Critics including Lars Ahnebrink, David Pizer, and Rebecca Nisetich have all considered the naturalist theme of scientific determinism in *McTeague*. Ahnebrink reads *McTeague* as a "study of two temperaments under the pressure of heredity and environment" (114). Pizer argues that Norris "dramatize[s] the fall of men who succumb to bestiality" and in *McTeague* particularly sees Norris tracking a sexual determinism wherein women are desired for what they withhold (sex, gold), and men are desired for their ability to make these women "give it up" (21). Rebecca Nisetich focuses on the collision of scientific theories of race and sexuality in the modes of violent desire in *McTeague*. She reads *McTeague* as a Zola-esque experimental novel that showcases how sexual desire orders and organizes the characters's actions. Daniel Schierenbeck's "Is there a Doctor in the House? Norris's Naturalist Gaze of Clinical Observation in *McTeague*" (2003) analyzes the use of the clinical gaze in *McTeague*, particularly the privileged and *normative* position of the naturalist author that projects disease onto immigrant Americans. Schierenbeck points to Zola's experimental method with its emphasis on observation, examination, and experimentation to explain the pervasiveness of clinical gazing in Norris's work, but does not consider the overt *voyeurism* of this gaze and its effects.

⁸⁵ Holmberg, David T. *Prying, Peeping, Peering: The Voyeuristic Gaze in Late-Nineteenth-Century American Literary Naturalism*. , 2012. Internet resource. 13

most crucial clinician of the novel: McTeague himself. In what follows I consider how McTeague's voyeuristic and fetishistic clinical gaze leads to a violent penetration of Trina's body and sets her up as fetishized object, protecting McTeague from the uncanny, castrating vagina.

As previously noted, three interlocking levels of clinical gazing control and drive the action in Norris's *McTeague*. First, the gaze of the third person narrator organizes the text for Norris's readership, and this narration frequently takes on the tenor of a clinician cataloguing a case. A major effect of this mode of narration is a positioning of Norris's audience as consulting physicians (representing the second level of clinical gazing). Consider the narrator's description of Trina-as-patient:

Trina was very small and prettily made. Her face was round and rather pale; her eyes long and narrow and blue, like the half-open eyes of a little baby; her lips and the lobes of her tiny ears were pale, a little suggestive of anemia; while across the bridge of her nose ran an adorable little line of freckles. But it was to her hair that one's attention was most attracted. Heaps and heaps of blue-black coils and braids...heavy, abundant, odorous. All the vitality that should have given color to her face seemed to have been absorbed by this marvelous hair (18).

Alongside the narrator's rather exhaustive inventory of Trina's facial features is a medical diagnosis: anemia. Physical features are juxtaposed with illness such that a causal relationship is constructed wherein outer feature signal inner (un)wellness.⁸⁶ As Norris's audience, we are interpellated into the space of the clinic through the narrator's pseudoscientific phrenological

⁸⁶ This pseudoscientific turn to physiology, or finding "truths" about the physical and moral health of a person by scientifically "reading" their physical body, manifested itself in the 19th century in a number of "scientific" practices, including Cesare Lombroso's work on criminology in the 1870s (see *The Criminal Man* (1876)) and Samuel George Morton's racist and sexist phrenological considerations in *Crania Americana* (1839).

catalogue and its linked diagnosis. David Guest, examining the role of police power within *McTeague*, describes Norris's narrator as "a trained eye that is capable of seeing into the criminal's soul."⁸⁷ In clinical parlance we might reorient Guest's reading to consider how the narrator's gaze functions like the trained eye of a clinician, formulating "truths" about Trina by seeing into her body, and relaying these to Norris's readership.⁸⁸ Throughout Norris's novel Trina's tripartite medical examination remains overtly sexual and increasingly violent, especially as our role as consulting physicians who peer over the primary doctor's shoulder is extended through McTeague's own clinical practice.

As if to foreshadow the horror Trina experiences in McTeague's dental chair and her violent rejection (in vomit) of both her oral penetration by McTeague and his subsequent marriage proposal, her first visit to the Dental Parlors begins with a discursive refusal that is also overtly physical. When Marcus and Trina arrive to the one-room Dental Parlors, McTeague is in the midst of filling a cavity on Miss Baker's incisor. Meanwhile Maria makes up McTeague's bed. Marcus wants Trina to ask Maria about her name, but Trina will not: "Trina shrank back, a little frightened... Trina shook her head energetically, shutting her lips together" (16). While it seems that Trina is refusing Marcus's request to speak to Maria, careful readers will consider how the overt and violent sexuality of this clinical scene mark Trina's oral closure as a refusal of clinical penetration. In this one-room dental office, McTeague, the male figure of medical authority, has his enormous hands *inside* Miss Baker's mouth as she lies prone in his dental chair (McTeague is, after all, in the business of penetrating *oral cavities* and filling them with his product). This scene is juxtaposed with Maria's straightening of McTeague's unmade bed, itself

⁸⁷ Guest, David. *Sentenced to Death: The American Novel and Capital Punishment*. Jackson: University Press of Mississippi, 1997. Print. 35

⁸⁸ Although McTeague is also a "patient" of Norris's clinician-narrator, he is not triply examined like Trina. She remains the medical object of Norris's doctor-narrator, of his audience of consulting physicians, and of "the Doctor" himself, McTeague.

a site and symbol for sexual penetration that mirrors the action in McTeague's adjacent operating chair. Accordingly Trina and Marcus function as voyeurs, spectators to the dental penetration *actually* occurring and to the sexual penetration that the wider scene *imaginatively* figures.

Trina's refusal, then, can be read as a refusal of this entire scene—the female body in the dental chair, the oral penetration of that body, the vaginal penetration McTeague's bed imaginatively conjures, and Trina's own voyeuristic participation. Read in this manner, Norris's narrator quite literally sets the clinical scene for his readership just prior to Trina's turn in the chair.

At this juncture in the novel, Trina represents a sexually pure object to be exchanged between men. Marcus brings Trina to McTeague and then tells him: “I got to go. Must get back to work. *Don't hurt her too much, Mac*” (18, emphasis mine). Marcus's request that McTeague not hurt Trina “too much” effectively positions her as an object to be passed (and pained) between men. The pain Trina will experience in McTeague's dental chair is clinical and oral, but also, I argue, vaginal.⁸⁹ During the hours Trina spends in McTeague's chair (“passing two and

⁸⁹ Significantly Marcus and McTeague's “intimate” friendship, like the relationship between McTeague and Trina, also hinges on the clinical removal of teeth. McTeague treats Marcus for an “ulcerated tooth,” a manual penetration of Marcus's mouth for which Mac refuses to accept payment: “[s]oon it became an understood thing between them. They were pals” (8). It seems possible that in mirroring the positionality of Miss Baker and Mister Grannis's rooms (their flats are adjacent, while Marcus lives directly above McTeague) Marcus and McTeague are also meant to mirror their desire, or the “understood thing between them.” Denise Cruz similarly reads Marcus and McTeague's relationship for its homoerotic content.

She also locates in their “intimacy” a triangular desire. Following René Girard, Cruz argues that Marcus's desire for Trina functions as McTeague's model such that Marcus's desire cements McTeague's desire for Trina. Having already “staked his claim” on Trina, Mac is not free to possess her until Mack “gives” Trina to him: “I guess you—you want her pretty bad. I'll pull out; yes, I will. I'll give her up to you, old man” (44). That Mack must “pull out” before passing Trina over to McTeague suggests a sexual threesome that seems forced since “[i]t had not appeared to either of them that Trina might refuse” (45). This triangular desire also exemplifies what Eve Sedgwick might term a mode of homosocial bonding. Here Trina as sexual-clinical object guarantees Mac and Mack's relationship. See Denise Cruz's *Reconsidering McTeague's “Mark” and “Mac”*: Intersections of U.S. Naturalism, Imperial Masculinities, and Desire between Men. *American Literature* September 2006 78(3): 487-517. Print. See also: Sedgwick, Eve K. *Between Men: English Literature and Male Homosocial Desire*. New York: Columbia University Press, 1985. Print.

even three hours in the chair” “nearly every other day,” for “a fortnight”) she shifts from appearing “without sex” and “almost monastic” to a “dazzling, delicious, charming” sexual object arousing McTeague’s desire for phallic penetration (18, 21). In this sense, Trina’s sex(uality) is constructed (although perhaps not congealed) within the operating chair through a desiring clinical gaze. At first Trina is “perfectly at ease; [since] doubtless the woman in her was not yet awakened; she was yet, as one might say, without sex. She was almost like a boy, frank, candid, unreserved” (19). In the face of Trina’s sexlessness, McTeague’s “dislike of her as a woman began to be blunted” (19). That Trina first “disturbed and perplexed” McTeague due to his “intuitive suspicion of all things feminine” indicates in a work of clinical naturalism something *uncanny* attached to femaleness (19, 18). In “The Uncanny” Freud explicates the relationship men experience between female genitals and a feeling of strange disquietude.⁹⁰ Responding to Jentsch’s work on the uncanny via E.T.A. Hoffman’s “The Sandman,” Freud links the uncanny to the moment of emasculation through the symbol of the eye. One of the main themes of Hoffman’s work, eyes and their violent loss, becomes evidence for Freud’s conclusion that the uncanny marks the site of collision of the familiar and the strange: in Hoffman’s text, that something *Heimlich* (one’s eyes) become the property of something *Unheimlich*, or unfamiliar and horrifying (the Sandman and Olympia). For Freud, the eyes are symbolic of the penis such that the loss of one’s eyes is tantamount to castration (Oedipus’s self-blinding is thus a form of castration). Freud also discusses the relationship between the uncanny and female genitalia: “[i]t often happens that neurotic men declare that they feel there is something uncanny about the female genital organs. This *unheimlich* place, however, is the entrance to the former *Heim* [home] of all human beings” (147). The vagina reminds such men of what was hitherto

⁹⁰ Freud, Sigmund. *The Uncanny*. Ed. David McLintock and Hugh Haughton. London: Penguin Group, 2003. Print. 147

repressed: their “mother’s genital organs body” and castration’s threat. Consequently, that Trina first appears to McTeague as a male may exemplify a coping mechanism on his part. As either “unsexed” or a “boy” Trina does not represent the threat of castration. However, in her metamorphosis from a boy into a woman within McTeague’s dental chair, she begins to exemplify an object that “the Doctor” both desires and fears.

It is through the power of his position of clinical authority that McTeague’s masculine desire, at once “strong and brutal,” and “a thing not to be held in lease an instant” is finally “tardily awakened” (21). Significantly, McTeague does not approach Trina with his desire directly. Instead, he supplants her body as love object with her extracted tooth: “[h]er little tooth that he had extracted he kept wrapped in a bit of newspaper in his vest pocket. Often he took it out and held it in the palm of his immense, horny hand, seized with some strange elephantine sentiment, wagging his head at it, heaving tremendous sighs” (22). Teeth operate here as McTeague’s fetish, or the object standing in for the missing penis of the woman, and in so doing, standing in for Trina’s uncanny vagina, effectively displacing McTeague’s dual desire for and fear of her (potentially castrating) genitalia.⁹¹ Freud notes in the “Sexual Aberrations” section of *Three Essays on the Theory of Sexuality* that fetishism involves a replacement of the normal sexual object (in this case, the female body) with some other body part (Trina’s tooth) that “bears some relation to it, but is entirely unsuited to serve the normal sexual aim.”⁹² The clinical gaze is imbricated in McTeague’s fetishism given the privileged role of the dentist’s *vision* in this sexual perversion. Freud considers how scopophilia, or pleasure in looking, emerges in fetishism: the “‘shine on the nose’ – was in reality a ‘glance at the nose’” (28). Freud

⁹¹ Freud, Sigmund, and Adam Phillips. “Fetishism.” *The Penguin Freud Reader*. London: Penguin, 2006. Print.

⁹² Freud, Sigmund, and James Strachey. *Three Essays on the Theory of Sexuality*. New York: Basic Books, 1975. Print.

argues that “an aversion...to the real female genitals remains a *stigma indelebile* of the repression that has taken place. We can now see what the fetish achieves and what it is that maintains it. It remains a token of triumph over the threat of castration and a protection against it” (29). In fondling Trina’s tooth with his “horny” or sexually excited hand, McTeague recalls the violence and sexual pleasure in clinical gazing and tooth extraction. Thus the memory of mining Trina’s oral cavity “bears relation” to penetrating her vagina for sexual gratification. Further, McTeague surreptitiously carries this fetishized tooth in a pocket over his heart where it is accessible at all times. He thereby sustains himself on the memory of Trina’s sexual/dental subjugation by reaching into a (vaginal) pocket for a piece of the female body that he manually handles while “heaving” and emitting “tremendous sighs.” McTeague’s fetishization congeals a yoking of Trina’s teeth with Trina’s genitalia since “the fetish is a substitute for the penis” (a penis that Trina does not have, such that the fetish is also a substitute for Trina’s vagina), exhibiting a scene of clinical-sexual desire. Consequently we might envision the moment when McTeague “put the mirror into [Trina’s] mouth, touching one and another of her teeth with the handle of an excavator,” as a gynecological exam (19). McTeague’s mirror-speculum guarantees total exposure to his clinical gaze, and his dental excavator, designed to extract decay from Trina’s *oral cavities* represents a violent vaginal penetration that is repeated in the remainder of Norris’s novel.

McTeague, as a dentist, exerts oral power. By supplanting the vagina with teeth, a body part that McTeague can and does diagnose, drill, fill, and even remove, he guarantees his own safety against castration. McTeague’s brute strength also remains significant here: his hands are “strong as vises” such that he frequently “dispensed with forceps and extracted a refractory tooth with his thumb and finger” (3). Norris’s language is telling: just as fetishized teeth are refractory

and so warrant manual excision, vaginas are figured in nineteenth-century clinical naturalism as unruly and in need of clinical/sexual mastery. McTeague's fetishism, which makes of vaginas teeth, remains a self-serving coping mechanism. He controls and so is safe from the vagina dentata so long as he maintains his professional authority as a dental clinician (a point I return to later). Freud notes that for fetishism to become pathological, the fetishized object must completely take the place of the normal sexual object. I argue that in the clinical scenes spanning a fortnight, and in McTeague and Trina's later sexual encounters and marriage, this fetishism becomes both pathological and increasingly violent. Ultimately Trina's one "little tooth" is not enough: more teeth are needed.

Several subsequent sexual scenes exemplify the extent to which Trina's body is harnessed by medical power for sadistic aims. After etherizing Trina in order to *drill* and *fill* her *cavity*, McTeague catches her scent. Her "charming feminine perfume, sweet, heavy, enervating...so penetrating, so delicious" causes "his flesh" to "prick" and "tingle" (25). Trina's odor so makes McTeague's flesh "prick" such that his "evil instincts" overcome him: "[s]uddenly he leaned over and kissed her grossly, full on the mouth" (25). Reading teeth as McTeague's fetishized object, I argue alongside Philip Acree Cavalier that McTeague's kiss should be understood as a rape.⁹³ Turning to Norris's January 7, 1895 work-in-progress version of *McTeague*, a rape scene Norris later elided from his wider text echoes moments of this clinical-rape: "[o]ften these brutalities inflamed [McTeague's] sensual passions and he threw [Trina], bleeding and stupid, from his fists across the bed and then it was abominable, bestial, unspeakable."⁹⁴ That Norris's narrator terms McTeague's kiss, occurring in a dental chair and resulting from McTeague's "inflamed passions" as an "abomination" suggests a sexual violence

⁹³ Cavalier, Philip A. "Mining and Rape in Frank Norris's *McTeague*." *Atq.* 14.2 (2000). Print.

⁹⁴ McElrath and Crisler, 164

within the clinic that is on par with that exhibited in the excluded rape scene. Further, this sexual violence is described as part and parcel of a wider masculine inheritance: “[t]he vices and sins of [McTeague’s] father and of his father’s father, to the third and fourth and five hundredth generation, tainted him” (25). Turning to Cavalier, he argues that the way McTeague treats Trina’s body—beating her, chewing her fingers, pinching her, kissing her “grossly on the mouth” fondling her clothes and digging for money in her chest—“resembles the way the miners, with their machines, treat the mountains at the Big Dipper mine” (4). Cavalier thus links mining the landscape for gold with penetrating the female body for wealth and reads the gold in Norris’s novel as “destroy[ing] both the female body which hides it as well as the male body which steals it away” (2). Thus Trina’s body functions as a barrier to wealth that McTeague must penetrate. While Cavalier captures the forcible sexual violence Trina experiences even in the beginning of her relationship with McTeague, in failing to consider *clinical* violence alongside sexual and geological violence he misses the crucial role of the clinical gaze and what it reveals about male attitudes toward the female body.

Trina’s dental work represents “the most difficult operation” McTeague had ever undertaken such that “Trina was McTeague’s first experience...It was not only her that he saw and felt, it was the woman, the whole sex...strange and alluring, that he seemed to have discovered” (Norris 21). Hence the clinical handling of teeth represents for McTeague a triumph over the threat of castration, or said another way, the threat of “woman, the whole sex,” as well as his first sexual experience. Trina’s surgery in particular represents a clinical-oral-sexual success. McTeague kissing Trina “grossly” on the mouth, covering her own teeth with his while she is anesthetized represents a penetration of Trina’s (disavowed) vagina with McTeague’s penis. Trina’s own response upon waking from anesthesia supports this reading. After “slowly

[coming] back to herself” Trina “felt a little confused...By and by she said, ‘I never felt a thing’” and smiles (25). However, at McTeague’s reply, “what’s the matter with us getting married?,” Trina stops smiling and is instantly terrified. She seems to intuit what occurred while she was unconscious:

Trina sat up in the chair quickly, and then drew back from him, frightened and bewildered... ‘What is it? What do you mean?’ she cried confusedly... ‘No, no,’ she exclaimed, *refusing without knowing why, suddenly seized with a fear of him, the intuitive feminine fear of the male...* Trina, more and more frightened at his huge hands—the hands of the old-time car boy--...cried out: ‘No, no’...shaking her head violently, holding out her hands, shrinking down before him in the operating chair... ‘No, no,’ she cried, terrified. Then, as she exclaimed, ‘Oh, I am sick!’ was suddenly taken with a fit of vomiting (26, emphasis mine).

Trina rejects not merely McTeague’s proposal, but its driving cause—forcible penetration by this “old-time car boy,” or said another way, by this clinically trained miner. Trina’s oral work has been stretched as long as possible, such that McTeague’s status as clinical authority is concluding. Yet he is not willing to forgo his fetishized object, which has evolved from Trina’s one pocketed tooth to Trina’s entire mouth of teeth. Having had a taste of this fetishized mouth, having penetrated Trina’s oral orifice, McTeague desires unlimited and unfettered access. Trina seems to realize this when she discursively denies McTeague, repeating “no” six times while physically shrinking away from him. When words are not enough to keep him at bay, Trina defiles his fetishized objects by vomiting, thereby also refusing to digest the product of his sexual assault. Yet rather than diminish as the novel progresses, McTeague’s fetish grows, and

he and Trina enter into a sort of sadistic-masochistic relationship wherein McTeague continues to derive sexual pleasure from teeth.

Despite spending multiple years as a married couple, Trina never gives birth to a child. Instead, during their engagement she presents McTeague with an enormous object of his single desire. Instead of a son, he has always dreamed of possessing a giant gold tooth with “enormous prongs” both “gorgeous and attractive” (4). The “ponderous tooth” is “his sign, his ambition, the one unrealized dream of his life” (116).⁹⁵ This tooth-as-sign, complete with phallic prongs, is so immense that McTeague cannot place it or contain it. It is “tremendous, overpowering...golden and dazzling” such that McTeague “shrank and dwindled in the presence of the monster” (116). In other words, the tooth is so immense that McTeague’s clinical training and sexual desire cannot master it. McTeague’s phallic authority has met its match, and in the presence of this tooth, that authority shrinks, dwindles, and becomes *flaccid*. Unable to “get it up,” another “man” must “come round” to “put it in [its] place” (116). Still, the tooth remains a source of sexual gratification. McTeague “circled about that golden wonder, gasping with delight and stupefaction, touching it gingerly with his hands as if it were something sacred. At every moment his thoughts returned to Trina...long after midnight, the dentist started to go to bed, undressing himself with his eyes still fixed on the great tooth” (116, 117). Although McTeague cannot control that tooth which stupefies him (it will have to be mastered by another man) he still gains sexual gratification from it. McTeague carefully rubs it all over, “gasping” with delight, thinking of Trina, keeping the giant tooth/vagina in clear sight as he undresses himself. The overt

⁹⁵ Alongside the giant, golden tooth, it is interesting to consider how Trina’s pocketed tooth, extracted with forceps, might represent an obstetrician’s forcible extraction of a fetishized male child from the mother’s vagina. Here Trina’s tooth is the male child, her mouth the vagina, and McTeague in a strange twist is both the male obstetrician *and* fetishizing father (instead of the traditional fetishizing mother). Thus the tooth might also represent the product of female genitalia: the next successive male heir to a tradition of clinical voyeurism and oral/vaginal control.

sexuality of this scene suggests that McTeague's fetish is pathological. Thus when he loses his ability to control and manage "refractory teeth" he also loses his control over "unruly vaginas," a loss of control that marks the (sexual) climax of the novel.

McTeague's professional authority and masculinity are severely undermined by the loss of his clinical practice. By retaining a position at a "manufacturer of surgical instruments" where his clinical experience with "excavators, pluggers, and other dental contrivances stood him in fairly good stead" he manages to stay in the periphery of clinical practice for four months before he also loses that position (226). However, it is only when he is finally forced to sell his beloved gold tooth that he is fully unmanned. This loss (one Trina might have avoided) marks the moment when McTeague can no longer control teeth at all, and so cannot stave off his fear of castration. By this point in the novel McTeague has largely lost oral control over Trina. Since his gross kisses no longer manage her, McTeague bites her fingers in an attempt to regain his masculine authority. Crucially, the role of clinician has been reversed here—no longer does McTeague penetrate Trina's mouth with his fingers, but instead forcibly penetrates his own mouth with her fingers: "crunching and grinding them with his immense teeth, always ingenious enough to remember which were the sorest" (244). This strange reversal, while seeming to mark a decline in McTeague's clinical authority, remains incredibly violent. Now *his* teeth damage and disfigure her wider body in a scene of painful, clinical introjection. Perhaps it is in this quasi-clinical reversal that Trina derives pleasure from the pain McTeague inflicts: "in some strange, inexplicable way this brutality made Trina all the more affectionate; aroused in her a morbid, unwholesome love of submission, a strange, unnatural pleasure in yielding, in surrendering herself to the will of an irresistible, virile power" (244). Despite the pained-pleasure she sometimes experiences, Norris's wider novel warns against reveling in clinical violence.

When disfiguring Trina's body by gnawing on her fingers does not suffice—when she refuses to give up her gold—McTeague beats her to death. Significantly, the relationship between Trina's mouth and McTeague's phallic power resurfaces in this violent scene of domestic abuse. Trina, "panting and trembling, every nerve shrinking and trembling with the fear of him" backs away from her while "holding her elbow crooked in front of her face" (294). Trina seems to know that McTeague's attack will focus on her mouth. After asserting that Trina will not "make small of me this time," McTeague "came back at her again...his enormous fists, clenched till the knuckles whitened, raised in the air" (294). McTeague's oft-repeated fear of being "made small" throughout the novel seems strange given his immense size and strength. It seems likely that the "smallness" McTeague refers to here is *phallic*—Trina makes McTeague feel "small" by again withholding the object of his desire. That this scene is described as "abominable" returns Norris's audience to the abomination within McTeague's dental chair (294). However, what emerges from Trina's mouth in this moment is blood: "Trina lay unconscious...her body twitching with an occasional hiccup that stirred the pool of blood in which she lay face downward. Toward morning she died with a rapid series of hiccups that sounded like a piece of clockwork running down" (296). The "abomination" results from a fetishizing clinical gaze. Trina's bleeding mouth (and overall body) echoes her vomiting in McTeague's operating chair and signifies her final refusal of McTeague's clinical penetration. Whether it also signifies the eradication of McTeague's last safeguard against castration is in question. After returning to his rooms, McTeague, akin to an operating surgeon, "washed his hands and forearms" and then "put on his working clothes...*over cheap trousers and vest*" (295). Recall that McTeague kept Trina's "little tooth" in his vest pocket. Thus despite "washing his hands" of Trina's murder, McTeague might retain his fetishized love object, taking it back with

him to the Big Dipper Mine. Under this reading, it is not Trina's gold but her little tooth that McTeague carries on his person while he is handcuffed to Marcus's corpse at the novel's end. Returning to the final scene of clinical "abomination," Norris's narrator notes that Trina's attempted resistance is "the one thing to drive [McTeague] to the top of his fury" (294). It is with this feminine resistance against sexual modes of clinical violence in mind that I turn to a reading of clinical voyeurism in Thomas Eakins's paintings.

Our Clinical Gazes: Eakins's *The Gross Clinic* and *The Agnew Clinic*

Two nineteenth-century paintings, Thomas Eakins's (1844-1916) *The Gross Clinic* (1875) (see figure 3) and *The Agnew Clinic* (1889) (see figure 4), exemplify the collision of visuality and sexual-surgical violence in the space of the clinic.⁹⁶ Eakins was an ardent student of anatomy: he attended anatomy and dissection classes at Jefferson Medical College in Philadelphia from 1864 to 1865, continued these studies in Paris from 1866-1870, and began teaching anatomy at the Philadelphia Academy of Fine Arts in 1876.⁹⁷ Consequently his portraits of doctors Gross and Agnew are classified as works of scientific realism. Their lifelike portrayal of the nudity and blood associated with surgery led to mixed reviews from Eakins's contemporaries. Painted especially for Philadelphia's 1876 Centennial Exhibition, *The Gross Clinic* was ultimately relegated to one of the Medical Buildings at the Exhibition given its gruesome portrayal of a bone surgery. A *New York Tribune* critic summarized the effect of *The Gross Clinic* as "[p]owerful, horrible, and yet fascinating...we must condemn its admission to a

⁹⁶ Eakins, Thomas. *Gross Clinic*. 1875. Philadelphia Museum of Art, Philadelphia, Pennsylvania. *Philadelphia Museum of Art*. 10 August 2014.

—*The Agnew Clinic*. 1889. University of Pennsylvania Art Collection, Philadelphia, Pennsylvania. *University of Pennsylvania*. 10 August 2014.

⁹⁷ For further biographical detail, see: Amy Werbel. *Thomas Eakins: Art, Medicine, and Sexuality in Nineteenth-Century Philadelphia*. New Haven: Yale UP, 2007. Print.

See also Michael M. Frumovitz, "Thomas Eakins' *Agnew Clinic*: A Study of Medicine Through Art." *Obstetrics & Gynecology* Vol.100. 6 (2002): Web. 1297



Figure 3. Thomas Eakins, *The Gross Clinic*. 1875



Figure 4. Thomas Eakins. *The Agnew Clinic*. 1889

gallery where [we]...must be compelled to look at it.”⁹⁸ Similarly, *The Agnew Clinic* was rejected from the Pennsylvania Academy’s 1891 exhibit because it “was not cheerful for ladies to look at” (397). Notably the paintings were well received in medical settings precisely for accurately depicting surgical practice. That Eakins’s clinical scenes were rejected from Philadelphia’s art exhibits while simultaneously praised in the medical field for some level of *visual discomfort* suggests that the taboo subject of Eakins’s works is *seeing* the surgical penetration of the female body.

Both *The Gross Clinic* and *The Agnew Clinic* are oil on canvas and remarkable for their size and verisimilitude. *The Gross Clinic* measures eight by six and a half feet, and displays classic pyramidal composition with Doctor Samuel David Gross (1805-1884) at the apex of the pyramid.⁹⁹ An internationally renowned surgeon at the time of Eakins’s painting, Gross is depicted at pause during a surgery in the Jefferson Medical College’s surgical amphitheater. Perhaps because artificial light was not available at the time of *The Gross Clinic*, the painting is quite dark. Aside from the naked patient on Gross’s surgical table, all figures are clothed in black (including Gross and his assistants, since this painting predates the use of sterile white garments during surgery).¹⁰⁰ These contrasting shades effectively highlight the white sheet the patient lies upon, the snowy anaesthetizing cloth, and the patient’s pale limbs. The body is further emphasized by the red blood on Gross’s hand and scalpel, itself visually corresponding with the blood in, on, and around the patient’s thigh. After close scrutiny the patient’s posterior is

⁹⁸ Kirkpatrick, Sidney. *The Revenge of Thomas Eakins*. New Haven: Yale University Press, 2006. Print. 196

⁹⁹ For further analysis of the compositional structure of *The Gross Clinic* and *The Agnew Clinic*, see Frumovitz.

¹⁰⁰ For further historical information on nineteenth-century surgical practice as it relates to *The Gross Clinic* see: Kathleen A. Foster and Mark S. Tucker. *An Eakins Masterpiece Restored: Seeing the Gross Clinic Anew*. Philadelphia, PA: Philadelphia Museum of Art in association with Yale University Press, 2012. Print.

distinguishable, and the bloody incision located on the left thigh. With bloody scalpel in his right hand, Gross's stillness and the clarity of his features function in opposition to the faceless, cringing woman to his right, the four assistants actively attending the patient on his left, and the blurred audience of male students arrayed behind and above him. One of these audience members is of particular note: Thomas Eakins painted himself as a spectator, taking notes or sketching to the right of the railing. Despite negative reviews associated with the gore of this painting, Eakins returned to the scene of surgery with *The Agnew Clinic* just fourteen years later.

Commissioned by David Hayes Agnew's (1818-1892) medical students to honor him upon his retirement from teaching at the University of Pennsylvania, *The Agnew Clinic* also depicts a prominent physician at pause in the midst of an operation, here a mastectomy performed in the surgical amphitheater at University Hospital.¹⁰¹ Measuring seven feet by nearly ten feet, *The Agnew Clinic*'s composition and lighting remain in sharp contrast to the darkness of Gross's clinic. Here Eakins rejects the classical pyramidal structure employed in *The Gross Clinic* and foregrounds an oval medical space backed by a triangular auditorium. Agnew's clinic is lightened not only through a representation of the artificial light then available during surgery (evinced by Eakins's use of lighter, brighter colors), but also by the white gowns and gloves that surgeons wore following the asepsis education popularized by British surgeon Joseph Lister. The vivid whiteness of Agnew's erect figure mirrors the whiteness on display at the operating table: a woman's supine, unconscious body, concealed from our eyes by a sheet but for her healthy right breast, with its rosy nipple. Like Gross, Agnew has a scalpel in his hand. However, his is conspicuously absent of blood per Agnew's request (presumably he did not want his clinic to appear too gruesome) (Frumovitz 1298). Art historians have successfully identified every figure

¹⁰¹ For more background information on *The Agnew Clinic*, see Werbel.

in this painting but the female patient. Nurse Mary Clymer stands in the lower right of the painting and to her immediate left, Doctor Joseph Leidy takes the patient's pulse while Doctor J. William White, the mustached man to her right, applies the bandage. Meanwhile, Doctor Ellwood R. Kirby administers anesthetic, and Doctor Fred Milliken whispers to Thomas Eakins himself in the far right of the painting, just behind Nurse Clymer (1297). In all there appear to be thirty male spectators, four male physicians actively attending (including Agnew) and two females—Nurse Clymer and the patient herself. While *The Gross Clinic* and *The Agnew Clinic* are paintings rich and dense enough to close read on their own, examining the two in tandem elicits a narrative of violent and voyeuristic gendering within the space of the clinic that is otherwise incomplete.

Recent critical scholarship on Eakins's clinical scenes has credited his work with everything from offering "a caricature...of the backwardness and smugly misguided self aggrandizement [of] American medicine" to a realistic representation of how knowledge is transmitted in the nineteenth-century clinic.¹⁰² However, since Michael Fried's 1987 publication of *Realism, Writing, Disfiguration*, criticism has concentrated most productively on the inextricable links between vision, violence, and sexual desire in Eakins's scenes. Fried terms *The Gross Clinic* a "melodrama of visibility" and a "problematic of inscription" that depicts an Oedipal "family romance."¹⁰³ Taking for granted the (male) gender of Gross's patient, Fried

¹⁰² See: Sherwin B. Nuland: "The Artist and the Doctor: the Uncertain Art; paintings of Doctors by Thomas Eakins." *American Scholar*. 72.1 (2003). Here Nuland reads Eakins as consciously parodying Doctor Gross's refusal to adhere to recommendations for surgical sterility by the asepsis movement. Meanwhile Elizabeth Athens, charging criticism that focuses on the violent and sexualizing role of the gaze within Eakins's works with being "limiting" focuses on the role of *hearing* rather than *seeing* in Agnew's clinic, especially as a method of transmitting clinical knowledge. See "Shorter Notices - Knowledge and Authority in Thomas Eakins's '*the Agnew Clinic*'." *The Burlington Magazine*. 148.1240 (2006): 482. Print.

¹⁰³ Fried, Michael. *Realism, Writing, Disfiguration: On Thomas Eakins and Stephen Crane*. Chicago: University of Chicago Press, 1987. Print. 60, 89, 68

reads Eakins's clinical tableau as "assault[ing] the viewer" with the threat of castration at least three times: first in the wound oozing blood, second in Gross's bloody hand holding a bloody scalpel, and third in the cringing, faceless (and thus sightless) woman's claw-like hands (11). Under this reading, Gross functions as father-figure, master-healer *and* as threatening (or already having performed) castration. The cringing woman is thus the patient's mother, whose gazeless face and empty hands together signify her lack of a penis, and thereby echo the threat of the patient's castration. Gross's own son appears in the amphitheater's audience, the nearest male figure looming in the auditorium's tunnel, and Eakins, functioning as Gross's surrogate son, records the surgical proceedings directly over Gross's right shoulder (7). Finally, the patient represents a third son, literally tabled with castration anxiety until he disavows his cringing mother as love object.

Fried simultaneously reads *The Gross Clinic* for the array of writing motifs within the painting. These include Gross's paintbrush-like scalpel, the probing of the patient's wound with a "pencil-like instrument," and the figure of Eakins himself busily writing within the painting. Fried's psychoanalytic reading, itself attached to male writerly inheritance, is quite compelling. However, it hinges on the patient's maleness, and as Jennifer Doyle and Marcia Pointon both argue, there is no real basis in Eakins's painting for such a designation.¹⁰⁴ As Doyle argues, the effect of presuming that the patient is male, aside from allowing an uninterrupted playing out of Eakins's Oedipal narrative, is a radical elision of "woman" from Fried's account and an exclusion of any real consideration of gender. Following Pointon and Doyle, my reading of *The Gross Clinic* alongside *The Agnew Clinic* both identifies gender as central to Gross's and

¹⁰⁴ Pointon, Marcia. *Naked Authority: The Body in Western Painting 1830-1908*. Cambridge University Press, New York. 1990. Doyle, Jennifer. "Sex, Scandal, and Thomas Eakins's *the Gross Clinic*." *Representations*. (1999): 1-33. Print.

Agnew's surgical action and reasserts the significance of an objectified female body within Eakins's clinical scenes.

Rejecting the Friedan/Freudian male-centered view of *The Gross Clinic* and instead taking seriously the gender ambiguity of Gross's patient alters both the meaning and stakes of this "melodrama of visibility." Doyle suggests, and I concur, that the gender ambiguity of Gross's patient results from the body's strange, even troubling positioning (4). In fact, the body's foregrounding, both compositionally and in terms of Eakins's use of color, ensures that Gross, the ostensible focus of the painting, is relegated to second string. Instead, the prone, faceless body with its gleaming gray-white limbs and bloody wound capture our gaze. By contrast to the figure of Doctor Gross, reading this body takes a great deal of our visual effort. The overwhelming darkness in this painting and the scopic difficulties it engenders anticipates the visual exertion spectators must take on in order to discern what exactly occurs on Gross's operating table. As Fried notes, Eakins deliberately foreshortened the patient's body, effectually cutting it off from our eyes and making of the patient's body a sort of optical puzzle requiring an anatomically educated gaze just to discern the calves, thigh, posterior, hips, and feet of the patient (Fried 64). The foreshortening of the body represents a kind of violence in its exaggeration of the gore of Gross's surgical table. The bleeding incision, the flesh pulled apart by retractors, the interior of the patient's thigh penetrated by a surgical instrument—all of these elements serve to distract the eye from the complete body itself. In this regard our gazing upon the body participates in a sort of visual violence. Doyle insists that what she terms the "vaginal gash" on the patient's thigh becomes a "graphic wound for sexual difference" on an otherwise androgynous body, such that the patient "embodie[s] exactly and *only* the thing that aesthetic tradition requires the nude to transcend"—femaleness (Doyle 22). Doyle argues that the effect

of showcasing an ungendered body in a realist painting is a location of “the management of the production of sexual difference at the core of not only the medial discourses the painting celebrates but also the sociology of art that it allegorizes” (29). While I agree with Doyle’s conclusion, I find it incomplete and insist that exhibiting an ungendered body in a work of clinical naturalism actually shifts the management of the construction of sexual difference from the space of the clinic and *onto Eakins’s viewers*. Doyle points us in this direction when she “reads” the body of Gross’s patient for signs of gender:

How can we tell the difference? Would a woman wear socks like that? Would her legs appear so sinewy? Are the buttocks fleshy enough to belong to a woman?... That we are reduced to scrutinizing the body so aggressively for signs of gender makes my point: *The Gross Clinic* draws a visual equation between the rigor of a certain kind of professional attention and the attempt to detect gender (21)

The Gross Clinic, in *compelling* viewers to examine the patient’s body for signs of gender, showcases the obsession of nineteenth-century clinicians with determining, even *maintaining* normalized signs of gender difference. Yet what Doyle seems to miss is that we as Eakins’s audience are *also* interpellated into the space of the clinic through our examination of the patient’s body.

As Eakins’s audience, we first perform a visual examination of Gross’s patient in order to determine what part of the human anatomy we gaze upon. As Fried suggests, this examination carries with it a “quasi-sexual note of violence” (60). At the end of our optical labors we experience a “climactic recognition” that what we are looking at is a naked posterior (61). We are thus mirror images of the clinicians in the auditoriums themselves—we “touch” the body with our eyes in an effort to classify it. The compositional set-up of Eakins’s paintings supports

this reading. In this 700-seat circular amphitheater, we as Eakins's viewers are positioned in some of the best seats in the house. We effectively face Gross's son, the figure foregrounded in the amphitheater's tunnel. Our visual placement yields the optical effect of having a front row view of the surgery and an unimpeded sightline to the bleeding wound itself. Moreover, the location of Gross's surgical instruments across the foreground of the painting underscores our proximity to the surgical labor. The nearness of the surgical tools lends a sense that we can reach out and touch them—perhaps even hand them off to the doctors themselves. As Kathleen Foster notes in “The Making of *The Gross Clinic*,” our “under the table” view of the painting effectively gives Eakins's audience “an even more powerful sense of participation” in this surgical scene.¹⁰⁵ It is precisely in our visual participation and voyeuristic gazing that we solidify our role in inscribing the mark of female gender onto an otherwise androgynous body.

The clinical gazing associated with Eakins's painting occurs at two levels. First, the gazing represented within Eakins's painting is made up of Gross, the doctors working on the patient's body, and the male spectators in the auditorium. Although Eakins does not depict all of these male figures looking at the body in the clinical moment captured here, that body remains perpetually open to penetration by their medical gazes. Since the posterior of the patient is visible to the second level of spectatorship, we the audience of Eakins's painting, it seems likely that the patient's genitals are on display for at least some of these doctors. The juxtaposition of the nude, tabled body and the fully-clothed doctors represents nothing so much as a group of men sitting together in a darkened room peering at genitalia. The darkness of Gross's paintings then serves to separate spectators from one another, encouraging a clinical voyeurism wherein sadistic sexual satisfaction is derived from gazing at medically penetrated bodies. Despite eliding

¹⁰⁵ Foster and Tucker 46

the body of woman from his reading of *The Gross Clinic*, Fried offers a provocative consideration of the sort of clinical voyeurism operative here:

And yet despite that painfulness and violence we find ourselves unable to tear our eyes away from the scene—rather, we compulsively shift our gaze from the probing of the wound to Gross’s hand and scalpel and back again—until at last it becomes apparent that something in all this must be distinctly pleasurable, which is to say that the act of looking emerges here as a source of mingled pain and pleasure, violence and voluptuousness, repulsion and fascination (65).

The yoking of pleasure to pain that Fried describes reveals a *sexual satisfaction* derived from gazing upon a medically penetrated body. Fried identifies this sadism at work both in Eakins’s “rendering of the [patient’s] body” and in “the attitude toward the viewer that that rendering implies” (60).¹⁰⁶ It is as if Eakins expects viewers to participate in and *enjoy* the scopic work necessary to make sense of his surgical scene, of this female body visually and surgically cut up. Turning to Laura Mulvey’s work within feminist film theory sheds light on the sadistic voyeurism at work in this painting.

In her seminal “Visual Pleasure and Narrative Cinema,” (1975) Laura Mulvey deploys psychoanalysis, specifically Freud’s consideration of scopophilia as “pleasure in looking” in *Three Essays on the Theory of Sexuality* (1905), to conceptualize the manner by which the male gaze takes pleasure in objectifying the female figure on screen.¹⁰⁷ Mulvey considers three looks associated with the cinema—the look of the camera (itself usually wielded by a man), the characters looking at each other onscreen, and the looks of the audience (spectators)—and argues

¹⁰⁶ As E. Ann Kaplan notes, such voyeurism involves sadism in its derivation of pleasure from “control, domination and punish[ment of] the woman” (31). Kaplan, E. A. *Women and Film: Both Sides of the Camera*. New York: Methuen, 1983. Print.

¹⁰⁷ Mulvey, Laura. “Visual Pleasure and Narrative Cinema.” *Visual and Other Pleasures*. Houndmills, Basingstoke, Hampshire [England: Palgrave Macmillan, 2009]. Print.

that in each case, women are passive receivers of the gaze while men are its active bearers (19). Scopophilia objectifies through “a controlling and curious gaze” and as Freud notes, this pleasure in looking can produce active perversions, or “obsessive voyeurs and Peeping Toms” (17). Mulvey argues that women traditionally occupy a passive, exhibitionist role wherein a “determining male gaze projects its fantasy onto [her]” (19). The display of woman as sexual object is thus the “*leitmotif* of erotic spectacle: from pin-ups to strip tease” and, I would add, clinical practice. (19). Whereas Mulvey theorizes the ways in which the camera voyeuristically and even sadistically fixes women in place as objects, I extend her discussion to the clinical gaze operative in the nineteenth-century. Mulvey claims that pleasure in looking is ordered around a split between active/male and passive/female wherein the male actively gazes upon the female form. Mulvey identifies women as occupying a “traditional exhibitionist role” characterized by a “*to-be-looked-at-ness*” that is derived from their staging as erotic objects (19). Here Gross’s patient is taken as the eroticized object under medical scrutiny and under complete medical control. Taking seriously Mulvey’s claim that under the sexual imbalance of a patriarchal ideology “the male figure cannot bear the burden of sexual objectification” and remains “reluctant to gaze at his exhibitionist like,” the active/male and passive/female split dictates that we occupy the masculine position alongside Eakins’s male clinicians, regardless of our gender identity (20). In so doing we mark that passive body out as female, becoming active participants in Eakins’s “melodrama of visibility,” where the optical labor in viewing the patient’s body eclipses the significance of the operation itself. This lends a new angle to Fried’s “problematic of inscription.” Here the patient’s body is the canvas literally inscribed with femininity via the male gazes in the clinic. The androgynous body is actively constructed as female in the very act of surgery, such that Gross’s scalpel, the “pencil-like” instrument of his assistant, the painterly-

Eakins's own writing tool, and our clinical gazes construct this body's gender. Doyle performs a similar gendering in her own reading of the patient's body when she ascribes to that body a "vaginal gash" (4). That the two female figures in this painting (the patient and the cringing woman) are devoid of the powers of visibility and discursivity *seems* to leave the phallic power and authority engendered by the clinical gaze uninterrupted in *The Gross Clinic*. Yet upon closer view, several aspects of Eakins's work suggest some mode of resistance to this clinical scene of gendering.

To begin, although the patient is presumably anesthetized, it requires no less than four men to hold her down. While at first glance it seems that Doctor Gross leans upon the surgical table with his left hand, the position of the patient's posterior suggests that his hand actually rests upon some portion of her body. While we can certainly understand the doctor foregrounded in front of Gross as steadying the patient's limb, it is no less possible that he is forcefully keeping the patient on the table. That the etherizing cloth *completely* covers the patient's face suggests a forcible medical violence that makes of this painting the stuff of snuff films. One of the most chilling aspects of *The Gross Clinic* is the terrified, cringing woman to Gross's immediate right. Her active recoiling from and rejection of the horror on Gross's operating table signifies that something *too* violent occurs in this surgical clinic. Consequently, on display in Eakins's work of scientific realism is not merely a portrait of a prominent physician at work, but the active functioning of a violent and perhaps *resisted* clinical voyeurism. It is precisely this gaze's violent mode of mapping out gender that links *The Gross Clinic* with *The Agnew Clinic*.

Depicting a mastectomy on a beautiful, youthful woman, *The Agnew Clinic* concludes a violent process of mapping the female body that *The Gross Clinic* begins. The amateurish work of clinical gendering undertaken in *The Gross Clinic* is extended and professionally congealed in

Agnew's scene. In stark contrast to the patient in *The Gross Clinic*, Agnew's patient is overtly feminized, with her healthy right breast on full display. As critics of Eakins have noted, this realist painter took creative license with Agnew's portrait in a number of ways. To begin, although Agnew was well known for his treatment of gun shot wounds and surgery on abdominal organs, neither his journal articles nor his massive treatise on surgery mention mastectomies (Foster 90). We might thereby understand Eakins's choice of surgery as a strategic one. Further, the writings of Nurse Clymer note that the healthy breast was to remain covered during surgery (Athens 485). Finally, as Bridget Goodbody notes in her work on Eakins, Agnew asserted in his own writings that the average age for a breast cancer patient is 48 years, whereas the breast on display in Eakins's work is "visible, plump and rose tipped" such that "the patient does not appear infirm," but instead in her reproductive prime.¹⁰⁸ All of this suggests *purposeful* linkages between surgical exhibitionism, clinical voyeurism, and the unconscious female body.

As a consequence of our interpellation as male clinicians via *The Gross Clinic*, we are familiar, even adroit, with the voyeuristic clinical gazing required to gain and retain our seat in Agnew's surgical auditorium. As with *The Gross Clinic*, the composition of *The Agnew Clinic* has the effect of placing the painting's spectators in the front row of the surgery. Elizabeth Adams notes that the rows of students arranged in the painting do not recede into the distance but instead "hang flat, like a curtain or scrim" and takes this as evidence that "sight and seeing" are undermined in Agnew's clinic (Athens 484). However, Kathleen Foster and especially David Lubin point to the ways in which spectatorship is actually emphasized by the rows of students and the circularity of the wall of the surgical pit. Foster argues that we are "clearly in the front row" given "the curved benches [that] make us feel that the gallery is sweeping around the

¹⁰⁸ Goodbody, Bridget L. "'the Present Opprobrium of Surgery': *the Agnew Clinic* and Nineteenth-Century Representations of Cancerous Female Breasts." *American Art*. 8.1 (1994): 33-51. Print.

operating pit in a circular or semi-circular fashion” (86). Lubin notes that the effect of this circularity is a continuation of the amphitheater wherein “we, also spectators of the scene, are seated in the gallery on a curving bench...we find ourselves in the painting. Through a visual metonymy, we are inscribed within it.”¹⁰⁹ Moreover, whereas our mirror image in *The Gross Clinic* was Doctor Gross’s own son, Lubin suggests that our mirror image in *The Agnew Clinic* is the man in the center of the painting with his hands in his pockets. Lubin claims that this spectator-doctor exemplifies voyeuristic male desire at work: “...dead center of the painting is a spot immediately above the joining together of his two pocketed hands, at about the likely location of the tip of an upright and fully extended penis...this magic wand of male desire, is firmly, fixedly positioned at the literal center, the very heart of...*The Agnew Clinic*” (43). Under Lubin’s reading, we become masturbatory voyeurs gazing upon the bare-breasted, unconscious woman on Agnew’s operating table. Thus much like our interpellation into the space of Gross’s clinic through that painting’s composition, we take our *masculine* visual place within Agnew’s surgical scene.

Lubin provocatively reads *The Agnew Clinic* as “a narrative of male sexuality” with “a ‘penis-eye view of the world.’” The male sexuality evinced in this painting is both voyeuristic and sadistic. Lubin argues that doctors White and Agnew standing in a surrogate relationship of voyeurism, wherein White “probes [the female patient] with a lancet that visually echoes Agnew’s” scalpel (63). The overall scene thus represents a gang-rape: “one doctor [Dr. Ellwood Kirby] leans over the patient’s lips, another [Dr. Joseph Leidy] over her crotch, and a third [Dr. William White] over her breast” while Agnew himself voyeuristically participates in their penetration. Meanwhile the spectators in the wider amphitheater, including an image of Thomas

¹⁰⁹ Lubin, David M. *Act of Portrayal: Eakins, Sargent, James*. New Haven: Yale University Press, 1985. Print. 61

Eakins, “whisper titillation or . . . gasp in horror” (67). Under Lubin’s reading, Nurse Clymer acts as “a cruel, black-clad *maîtresse*” (67). However, that her gaze is *not* directed at the female patient and is instead completely devoid of emotion juxtaposes Nurse Clymer with the cringing woman of Gross’s clinic. Her placidity suggests her institutionalization within the scene—as a woman she has been well-trained *not* to see. Ultimately what Lubin misses in his failure to consider *The Gross Clinic* during his analysis of *The Agnew Clinic* is the way in which the “penis-eye view” or “phallogocentric perspective” of *The Agnew Clinic* merely extends a masculine construction of Eakins’s viewers that begins fourteen years earlier. Read together with the bloody thigh of Gross’s patient, the breast on full display on Agnew’s surgical table does more than yield “shock and excitement” in Eakins’s audience, as Lubin claims (32). Rather, the breast, in suggesting a human eye, offers a return to the site of the repressed, uncanny vagina.

Lubin notes that the breast of Agnew’s patient attracts our eye given its color and texture (it is one of the few bright spots of color on Eakins’s canvas) and retains our scopical interest given the excitement it yields (32). He simultaneously reads this breast as suggestive of the human eye and a bull’s eye—the literal target of this surgery (34). I depart from Lubin in my insistence that the excitement he describes is vaginal in origin, and that the bull’s eye or target of the painting is the same: female genitalia. In “The Scopophilic Instinct and Identification” (1935), Otto Fenichel reflects on the way in which “the eye” is symbolic of the “sadistic weapon”—the vagina: “[w]hen we reflect that the object which turns people into stone is very often the glaring eye . . . it is natural to conclude that such an eye is another symbol for the terrible, devouring, female genital.”¹¹⁰ Thus the breast of Agnew’s patient retains our clinical gaze precisely for its symbolic link to female genitalia such that the bull’s eye of Agnew’s surgical

¹¹⁰ Fenichel, Otto. *Collected Papers*. New York: W.W. Norton, 1953. Print. 373-97. Print.

intervention might also be understood as what lies beneath the surgical sheet: her castrating or ossifying vagina. As Marcia Pointon intimates, the mutilated breast *not* shown “confirms phallic authority” and in its very woundedness symbolizes a desexualization (52). By contrast, the healthy breast displayed for “those serried ranks of male observers” affirms sexuality through the audience’s voyeuristic interest and “creates the essential condition of spectacle” (52, 53). Yet linked with an anxiety-producing vagina, this sexuality necessitates domination. Goodbody applies Eve Sedgwick’s discussion of homosocial bonding to the array of doctors spectating within Agnew’s clinic and argues that medicine’s “new homosocial order” was built upon “the gaze of the male surgeon” (38). Relations between men were cemented in the space of the clinic in and through penetration of and mastery over the female body. Here sexual pleasure is gleaned through cutting into a woman’s breast. Thus in addition to a gang rape, the clinical tableau of *The Agnew Clinic* exemplifies a sadistic “surgical initiation ceremony” that solidified the “asymmetrical relations of power between the sexes” (39, 38).

Goodbody argues that the scene of Agnew’s clinic (and I would add, the scene of Gross’s clinic) actually dupes us into viewing the violent penetration of a female body seemingly *detached* from a sadistic voyeurism. Consequently we are already imbricated in this scene as clinical gazers when we finally comprehend its full effects. Significantly, this overall argument (that gazing at Eakins’s clinical scenes actually positions us as clinicians ourselves, and thus bearers of potentially violent male gazes that can inscribe (or surgically remove) marks of gender onto bodies) is not meant to describe a closed visual system from which there is no escape. Rather, thinking more critically about the potential status of a female gaze that might bear the power to disrupt the flow of visual power evinced in the male/active and female/passive split is something I hope my work on Eakins’s clinical scenes creates space for. In *Practices of Looking*,

Marita Sturken and Lisa Cartwright consider the linkages between spectatorship, power, and knowledge in order to think through the difference between “address” and “reception.”¹¹¹ They define “address” as referring to “the way an image constructs certain responses from an idealized viewer” and “reception” as “the ways in which actual viewers respond” (72). I propose that in our very *awareness* of our interpellation as voyeuristic male gazers we might already begin to *refuse* the mode of address elicited by Eakins’s clinical scenes. One manifestation of this refusal is reading Eakins’s paintings against the grain for signs of female resistance. In so shifting our reception we shift the gendered focus of the clinical gaze, potentially creating space for a *displeasure* in looking that might itself speak back to the voyeurism on clinical display. Hence in *The Agnew Clinic* Doctor Leidy’s positioning over and above the patient’s body might be read as a violent attempt to hold her down. Additionally, the *purposeful* absence of blood in the painting might serve to mask a violence that in its very absence makes of falsifies this sexual surgery, making it appear more benign. This proposal seems in line with Mulvey’s work in “Visual Pleasure.” Mulvey makes it clear that the major intention of her argument is to “dar[e] to break with normal pleasurable expectations in order to conceive a new language of desire” (16). Undermining the clinical gaze might first require a strategic use of scopic *displeasure*. By turning a specular eye to the sadistic clinical gazes within gynecological scenes, the objectifying violence making up sexual pleasure in these naturalist works becomes overt, more easily examined and resisted. In the section that follows, a privileging of scopic *displeasure* disrupts the desire in nineteenth-century gynecological seeing and saying.

From Masks to Hoods to *Him*: Trouble-Shooting the Vagina

¹¹¹ Sturken, Marita, and Lisa Cartwright. *Practices of Looking: An Introduction to Visual Culture*. Oxford: New York: Oxford University Press, 2001. Print.

The meeting minutes from the inaugural “Transactions of the Gynaecological Society of Boston” (January 22, 1869) exemplify how masculine subjectivity and scientific coherence turn upon the female body. Included in its manifesto is a clear determination of the appropriate gynecological role for women—on their backs, with their legs open and mouths closed. While it is “[i]n accordance with the *desire* of several medical men” that this Society convenes around female genitalia, the female body is only tolerated as silenced spectacle: “it is unquestionably the fact that because of the mental and physical disturbance temporarily induced by even healthy menstruation, women...are unfitted to practice medicine and surgery.”¹¹² Following Michel Foucault in *The Birth of the Clinic* (1963, 1973), refusing women discursive access is tantamount to refusing women the power of the gaze and an attendant subjectivity. In the gynecological clinic, “[a] way of teaching and *saying* became a way of learning and *seeing*...[t]he gaze is no longer reductive, it is, rather, that which establishes the individual in h[er] irreducible quality.”¹¹³ Foucault’s alignment of the origin of clinical practice with the medical gaze allows for a consideration of discourse at the level where “the fundamental *spatialization* and *verbalization* of the pathological” are discerned by a “loquacious gaze” or “speaking Eye” (xi, xii). The inextricability of clinical seeing and clinical saying and their tandem power to construct subjects provides a rich starting point for considering the modes of scientific power, violence, and desire at work in the clinical gaze. In this Society the male gynecologist is charged with becoming a “searcher for truth” whose “duty” is “to impart what he may find to his fellow-men” (423). Thus the female body functions as projective map to a “truth” located in and excavated from the vagina, a truth male gynecologists are compelled to pass along to their clinical heirs. The female

¹¹² “Transactions of the Gynaecological Society of Boston.” *The Journal of the Gynaecological Society of Boston*. Boston, Mass: James Campbell, 1869. Print. 423

¹¹³ Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Pantheon Books, 1973. Print. xiv

body, specifically its genitalia, remains the object guaranteeing a form of subjectivity that women themselves are prohibited from accessing. In this manner the Society guarantees the construction and maintenance of an inherited phallogentrism that lurks in the shadows cast by the banner of a purportedly benign science. The gynecological speculum accordingly functions much like Irigaray's emblematic penis, both symbolizing and guaranteeing the male clinician's "appropriative relation to the origin" (Irigaray 42). Crucial to this spec(tac)ular(ly) phallogentric science with its attendant clinical gaze are masculine modes of violent sexual desire.

The Boston Society was the first of its kind in the United States, and as such, its inaugural meeting fundamentally sets the clinical scene for subsequent meetings and Societies. Just prior to the culmination of this first meeting, Horatio Storer (1830-1922), the Society's founder, presented "a *masked* patient concerning whom he desired advice, the case being one of 'Obstinate Erotomania'" (423, emphasis mine). This section of the clinical account remains particularly troubling as it describes the spectacle of a silenced, sightless female body, displayed for an all-male audience of clinicians. Storer begins his presentation by reciting the patient's history, including her age (50), her marital status (single) and her origins (from the country). Next, Storer discloses her sexual history:

At twenty-five coitus was once indulged with the overseer of a mill...and upon the remembrance of this the patient has lived...There has for many years existed a troublesome pruritus and a constant twitching of the clitoridal region...These have been attended with an inordinate longing for the other sex, and a frequent indulgence in masturbation (423-4).

Note that the "illness" Storer describes is a female sexual desire that, in its voluptuousness, has allegedly run amok. Storer's visual and discursive structuration of power here seems to echo,

with a disconcerting clinical twist, portions of Foucault's account of torture in his "Spectacle of the Scaffold" section of *Discipline and Punish* (1975).¹¹⁴ Foucault reports that beginning in the eighteenth century successful modes of torture "made the guilty [wo]man herald of h[er] own condemnation" and functioned as a "scene of confession" (44). Here Storer offers a confession on behalf of his patient—she is guilty of an immoderate sexuality that necessitates medical intervention. Yet given her femaleness, she cannot function as the "herald of h[er] own condemnation" in this clinical "scene of confession," and instead her discursive power is displaced. This displacement mirrors her visual appropriation; in masking his patient, Storer takes over her power to see, and instead "reads" her body for her. In this manner she is completely disempowered, a gazeless, mapped "other." As feminist geographer Kathleen Kirby notes, part of the power of mapping, part of its function, "is to ensure that the relationship between the knower and known remains unidirectional."¹¹⁵ Behind her mask, the patient is precluded from gazing back or otherwise subverting this objectifying examination. Storer's inventory of her previous treatments (including clitoral excision and "every local sedative [Storer] could think of, borax, tobacco, morphia in lotion and by hypodermic injection, hydrocyanic acid, acetate of lead, the vapor of chloroform, etc., etc.") also ensures the unidirectionality of clinical knowledge (424). Given the linkage between seeing and saying in the space of the clinic, Storer's recounting of his previous examinations and medical intervention amounts to a *re-examination* under the gazes of an array of gynecologists. Continuing his account, Storer reports that relief "had only been partial" and then shares with the Society his "joke" that he believed he "should have to sew up her vulva closely" which the patient was

¹¹⁴ Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. New York: Pantheon Books, 1977. Print.

¹¹⁵ Kirby, Kathleen M. "Re: Mapping Subjectivity: Cartographic Vision and the limits of politics." Ed. Nancy Duncan. *Bodyspace: Destabilizing Geographies of Gender and Sexuality*. London: Routledge, 1996. Print. 48

“daily begging [him] to do...or end her misery by putting an end to her existence” (425). Here a “joke” of genital mutilation, previously shared with the patient, is repeated in front of her again for the enjoyment of Storer’s male colleagues. The untenability of this treatment aside, I remain interested in what Storer’s joke about vaginal mutilation reveals about this gathering of gynecologists.

In *Jokes and Their Relation to the Unconscious* (1905), Freud considers joke-work alongside his study of dreams and their relation to the unconscious. Turning to jokes, he explains that they “make possible the satisfaction of an instinct (whether lustful or hostile) in the face of an obstacle.”¹¹⁶ Per Freud’s definitions and descriptions, Storer’s “joke” of sewing up his patient’s vulva “closely” qualifies as a tendentious joke given both its obscenity and its aggression. Tendentious jokes are set apart from other jokes given their “insulting and wounding purpose” (107). Of these, obscene jokes reveal “a concealed inclination to exhibitionism” while hostile jokes reveal “a powerful sadistic [sexual] component” (175). Both modes showcase the main thrust of joke-work in action: the derivation of pleasure from an eradication of psychological and social inhibitions. In Storer’s case these inhibitions perhaps included rules regulating doctor-patient relationships. If Storer experienced aggressive sexual desire when treating his patient, joking about sewing her vulva closed effectively projects his desire onto *her* (the desire is her fault, for which *she* should be punished) and imaginatively precludes his phallic penetration.

Freud further describes the how this mode of joking is fundamentally *sexual*. First, tendentious jokes involve not merely “simple effect of *force*” but also “a more complex situation of *release*,” and this dual process of force-and-release yields two levels of sexual pleasure. A “fore-pleasure” in telling a joke itself works to “initiate the release” of a wider pleasure yielded

¹¹⁶ Freud, Sigmund. *Jokes and Their Relation to the Unconscious*. New York: W.W. Norton & Company, 1989. 120

by the “lifting of [unconscious] suppressions and repressions” (168). Thus joke-work is a mode of deriving pleasure from psychical processes (171). The pleasure Storer experienced in telling this sexually aggressive joke to an audience of his male colleagues is only overshadowed by the wider pleasure they *all* experience in imaginatively lifting their subconscious prohibitions.

Crucial to understanding the psychical processes at play in Storer’s joke and their likely effect on Storer’s patient is Freud’s discussion of smut, especially the modes of (clinical) vision and (clinical) imagination involved in Storer’s joking:

If a man in a company of men enjoys telling or listening to smut, the original situation, which owing to social inhibitions cannot be realized, is at the same time imagined. A person who laughs at smut that he hears is laughing *as though he were the spectator of an act of sexual aggression*...Smut is like an exposure of the sexually different person to whom it is directed. By the utterance of the obscene words it compels the person who is assailed to imagine the part of the body or the procedure in question and *shows her that the assailant is himself imagining it*. It cannot be doubted that *the desire to see what is sexually exposed is the original motive of smut*” (115-116, emphasis mine).

Considered alongside Freud’s work on jokes, Storer, in telling a “smutty” joke to his clinical gynecological colleagues, is *re-imagining* some original sexual situation that he has repressed. The remaining doctors also unconsciously refer back to some similar situation and *visualize* it, such that they inhabit the role of voyeurs watching Storer’s clinically sanctioned acts of sexual aggression against his patient’s genitals. As Freud notes, in all of this male voyeurism the patient’s vulva is effectively *on full display*, whether she is clothed or not. More troubling, the patient, in hearing Storer’s joke (for at least the second time) in front of the room of

gynecologists, is forced to realize that all the men in the room are imagining her vagina, and not merely imagining seeing it, but also imagining its violent penetration by needle and thread. In the case of Storer's tendentious joke, then, there is both obscenity *and* aggression at play such that this joke is both sexual and violent. At the very least, this gathering of Bostonian gynecologists represents a group of medical men "desiring to see" the patient's vagina. As a result, Storer's colleagues are situated by his joke as his "all[ies], before whom the woman must feel shame... In the case of aggressive purposes it employs the same method in order to turn the hearer, who was indifferent to begin with, into a co-hater or co-despiser" (163). Reading Storer's joke through the lens of Freud's account of tendentious jokes not only showcases the modes of sexual violence in clinical gazing, but also reorients the focus of the clinical gaze. Alongside Freud I suggest that what requires examination in this gynecological scene is not the female body on display, but the (un)conscious drives and anxieties of the male clinicians who together gaze at her.

Recall that the most important definition of the uncanny in Sigmund Freud's 1905 essay is "*the return of the repressed*," or "that species of the frightening that goes back to what was once well known and had long been familiar" (147). Returning to Storer's joke, it becomes clear that his (ill) humor masks a fear of female genitalia and an attendant female sexuality that Storer imaginatively manages by sewing up his patient's vagina. What is mapped onto this female patient's body, then, is a narrative of a voracious vagina with the power to castrate. It is only by literally shutting this vagina down that Storer can think to escape castration. Presenting the Society with his quandary, and "sharing" with them his joke by reference to their mutual disease with the uncanny vagina, Storer receives advice from Doctor Field of Newton Corners. Field proposes that "[i]f this woman could go masked as she is at the present moment to a house of prostitution, and spend every night for a fortnight at sexual hard labor, it might prove her

salvation; such a course, however, the physician cannot advise (426). Crucially, these words were spoken immediately before the society adjourned, and as Storer's masked patient *is* present, Field's proposed "cure" of "spend[ing] every night for a fortnight at sexual hard labor" *is in fact advised* by a group of male physicians. Whether or not the patient followed "doctor's orders" and prostituted herself in an attempt to "cure" what ailed her, Storer's and Field's proposed treatments reveal sadistic and voyeuristic fantasies of male sexual desire that necessitate closer scrutiny.

Foucault notes in "Spectacle of the Scaffold" that public torture must mark the victim either "by the scar it leaves on the body" or by "the spectacle it accompanies" (34). For a putative scene to be spectacular it must include an "excess of violence" such that the "guilty [wo]man should moan and cry out" (34). I argue that the marking of Storer's patient occurs at multiple and increasingly disturbing levels. First, she is a clinical spectacle—the masked, voyeuristic object for the members of the Gynecological Society to gaze upon. Terry Kapsalis' work on gynecology in *Public Privates* considers the clinical gynecological spectacle. She notes: "[m]aking spectacles is about power, who has the power to render visible and who has the power to look...[it is] about invisibility—about covering and masking, about anonymity and erasure. It is about being rendered invisible while residing in positions of glaring visibility" (7). While the male gynecologists in this scene are fully clothed, unmasked, and free to both look at and "talk dirty" about the masked patient's body, she is denied visual or discursive power. While the marks left on her body here are the marks of clinical discourse, they are no less injurious than physical marks. Further, these discursive marks echo the physical scars left behind after Storer's clitoral incision, and the imagined scarring from the excessive violence of his proposed cure: sewing up her vulva. Finally, this array of bodily scarring functions as a prelude to any marks the

patient might receive during two weeks of “sexual hard labor.” That she is advised to undergo a masked mode of prostitution extends the male clinicians’ voyeuristic fantasies. She imaginatively remains upon their scaffold, “moan[ing] and cry[ing] out” as the object of an excessive medical sexual violence. What remains especially disturbing about this exhibition are the ways in which it glorifies modalities of gang rape and even authoritatively *recommends* subjugating and sadistic sexual experiences as *healthful*. Hence as evidenced by doctors Storer and Field, the clinical gaze, like the camera, projects its sadistic fantasy onto women’s bodies.

Mulvey claims that in response to the displeasure that uncanny female genitalia signifies, men can either “re-enact[] the original trauma” by investigating the female body, thereby “demystifying her mystery” or devalue or punish the “guilty object” (21). Significantly *both* modes of male escapism are operative within the Boston Society’s clinical scene: the masked female patient is investigated via a narrative recounting of her sexual history (a narrative that itself takes her sexual guilt for granted) alongside a catalogue of Storer’s medical (mis)treatment. As Foucault makes clear, the space of the clinic represents a “precarious balance” between speech and spectacle wherein all that is visible is also always-already expressible (*Birth of the Clinic* 115). In other words, “[t]he clinical gaze has the paradoxical ability to *hear a language* as soon as it *perceives a spectacle*” (108). Thus we can imagine the clinical gazes marking the masked patient’s body in correspondence with Storer’s verbal account. That the clinical gaze of doctor Field results in a prescription for “sexual hard labor” suggests a putative mode of salvation that actually serves to *extend* her guilt. Her “cure” or “penance” guarantees a continuation of the voyeuristic male *clinical* sexual fantasy that was begun during this gynecological meeting. It also ensures that her crime and punishment are physically linked. As required by eighteenth century torture, her punishment of sexual hard labor “referred to the nature

of the crime” (Foucault, *Discipline and Punish*, 45). In this manner nineteenth-century gynecologists with their voyeuristic clinical gazes function like Mulvey’s Hitchcock-ian heroes, exemplifying “the symbolic order and the law” and maintaining “the power to subject another person to the will sadistically or to the gaze voyeuristically” such that clinical and sexual power are “backed by a certainty of legal right and the established guilt of the woman” (Mulvey 23). The patient’s mask, in separating her from the gynecologists who analyze her and from the men with whom she is advised to have sex, serves as a visual divide and “helps to promote the illusion of voyeuristic separation” between mapping subject and mapped object (17). Freud describes sadism as “the most significant of all the perversions” and defines it as “the desire to inflict pain upon the sexual object” (23). Freud claims most male sexuality contains “an element of *aggressiveness*” and “a desire to subjugate” but that the sadist exaggerates such aggression. The sexually perverse clinical fantasy of Storer’s female patient willingly engaging in “sexual hard labor” sets up a relationship of male/sadism with female/masochism in the space of the gynecological clinic. Therefore one result of my specular reading of the Boston Society’s inaugural meeting minutes is a location of both desire for and fear of female genitalia within the practice of gynecology. This (dis)pleasure in gazing that belies the desire behind the clinical gazes of the Gynaecological Society of Boston is a recurrent theme in nineteenth-century gynecological works, and one repeated in Robert T. Morris’s “Is Evolution Trying to do away with the Clitoris?,” (1892).

Morris’s attempt to convince an audience of gynecological peers of the pathology of white women’s sexual organs also culminates in a recommended cure of genital mutilation. Morris argues that what he terms “the imprisonment” of the “glans clitoridis” in white female

genitalia is evidence of bodily degeneration.¹¹⁷ The *main thrust* of Morris's argument is that "the proportion of white women with normal sexual organs is small," suggesting that "in failing persistently to develop the part, [nature] shows that it is intended to do away with the clitoris as civilization advances" (288). For Morris this is alarming as he links the disappearance of the clitoris with the disappearance of desire for vaginal intercourse. Without "normal" clitorises, or worse, without clitorises at all, white women will no longer desire sex with white men, leading to an increase in "independent women" adverse to "becoming breeders," thereby endangering "the development of our race" (289). Equally distressing for Morris, white women's abnormal clitorises "lead a girl's attention there early and promote a desire for masturbation" that later results in degeneration of the ovaries and other "neurotic habits" (292-4). Thus his proposed surgical cure will not only avert the "disaster" of white women choosing *not* to reproduce, but will also ensure that "the girl who becomes irritable, disagreeable, and hysterical, may become charming, interesting, and possessed of all feminine graces" such that the surgery will enable "a distinct step forward in civilization" (296). Simply put, white women are damned if they do [have a clitoris] and damned if they don't—either way Morris advises clitoral surgery. He thereby finds in "the shadow of the normal" what Donna Haraway terms the "specter" of pathology—"women's sexual pleasure for their own ends" or more problematic, women's sexual pleasure independent of reproductive vaginal intercourse.¹¹⁸

Morris's argument, like Storer's exhibition, belies a desire for a *specific* type of female body and sexuality. Morris directly links pathology in white women's sexual organs with clinical gazing when he notes: "[i]t is strange that this subject has been *overlooked* by so many *sharp-*

¹¹⁷ Morris, Robert T. "Is Evolution Trying to do away with the Clitoris?" *Transactions of the American Association of Obstetricians and Gynecologists*. Volume 5, 1892. Web. 288

¹¹⁸ Haraway, Donna. *Primate Visions: Gender, Race, and Nature in the World of Modern Science* New York: Routledge, 1989. 358

eyed gynecologists; but the clitoris is small, and they were after larger game” (295, emphasis mine). Presumably the “larger game” gynecologists preferred “looking” at is the uterus or ovaries, which upon “closer look” is the same “game” Morris is after; his arguments for clitoral surgical intervention are in the service of perpetuating the reproduction of the “Arayan race” (288). In this manner, “the gaze that sees is the gaze that dominates” on multiple levels (Foucault, *Birth of the Clinic*, 39). The comparative language Morris employs immediately after suggesting that “sharp-eyed gynecologists” overlooked clitoral pathology is both strange and telling: “I doubt if there is man in his audience who knows if there is a large hole in his left-hand trousers pocket” (Morris 295). While the linkages between gazing at “holes” in women’s bodies and discovering holes in pants pockets seem unclear (is the uterus the “pocket?” the vagina the “large hole”? What does it mean to metaphorically locate women’s genitalia in men’s pants?), at the very least Morris cites gynecological gazing as a form of male power, then criticizes other clinicians for their inattentive gazes. However, that Morris’s own “speaking Eye” remains *subjective* suggests the clinical gaze is at *best* inattentive and is always already imbricated in operations of subjective desire. It seems significant that Morris and Storer both recommend (however humorously in Storer’s case) vaginal surgery when confronted with unruly vaginas. This move from penetrating the vagina with the clinical gaze to penetrating it with a surgical scalpel marks a crucial moment of collision between the female body’s domination within the scopic field and the female body’s domination by surgical cutting. Turning to the medical dossier of Herculine Barbin, especially as they intersect with her memoirs, it becomes clear that both the clinician’s eye and scalpel function as the phallus that penetrates in order to dominate (or eradicate) female genitalia.

Knowledge of Herculine (or Alexina) Barbin (1838-1868) emerges from an amalgamation of he/r memoirs, medical reports describing he/r body, and legal reports pertaining to he/r changed civil status (female to male). The majority of these documents are gathered together in Michel Foucault's *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-Century French Hermaphrodite* (1980).¹¹⁹ Barbin was brought up in France as a girl for the majority of he/r life. Schooled at an Ursuline convent, s/he later attended Le Chateau to study to become a teacher, and retained a position as an assistant teacher in an all-girl's school. After falling in love with a fellow female teacher, Barbin confessed he/r love affair to the Bishop of la Rochelle, who recommended that a Doctor Chesnet examine he/r. The examination, coupled with the Bishop's knowledge of he/r affair, resulted in a legal sexual reassignment: Barbin became a man under the law, and subsequently went by the name "Abel." Legally a man, Barbin was precluded from teaching at an all-girls school and relocated to Paris where s/he ultimately committed suicide in 1868 after writing he/r memoirs. Doctor Regnier officially reported he/r death, performed an autopsy, and took possession of he/r memoirs. He transmitted these memoirs along with his autopsy report to August Tardieu, a prominent doctor and forensic medical scientist. Tardieu published an excerpted account of these materials in 1872 as "Histoire et souvenirs d'Alexina B." or "The Story and Memoirs of Alexina B."¹²⁰ As Foucault notes, a

¹¹⁹ Barbin, Herculine, and Michel Foucault. *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-Century French Hermaphrodite*. New York: Pantheon Books, 1980. Print. I should note here that "The Dossier" is followed by "A Scandal at the Convent," a story by Oscar Panizza based on the life of Herculine Barbin. In addition, as Foucault notes, Barbin's story "can easily be made out in a whole section of the strange novel entitled *L'Hermaphrodite*, which was published in 1899 under the signature of Dubarry" (120). While I do not consider these works here, they might also offer a rich site for considering how literature might function alongside science to write (over) the "textual" and "anatomical" body of Herculine Barbin.

¹²⁰ Tardieu published these excerpts as "Histoire et souvenirs d'Alexina B" or "The Story and Memoirs of Alexina B" in his 1872 published work, *Question médico-légale de l'identité dans ses rapport avec les vices de conformation des organes sexuels, contenant les souvenirs et impressions d'un individu dont le sexe avait été méconnu* or "Forensics of Identity Involving Deformities of the

portion of Alexina's memoirs remains lost; her original manuscript has never been recovered. Thinking through our knowledge of Barbin, then, requires an awareness of the multi-layered narrative interventions into he/r memoirs.

Judith Butler considers the "Introduction" and "My Memoirs" sections of Foucault's wider text at length in her third chapter of *Gender Trouble* (1990), "Subversive Bodily Acts." Here Butler promotes a reading of Barbin's memoirs as a "confessional production of the self," or as a physical body "fully textualized" and performing signs of "irresolvable [gender and sexual] ambivalence."¹²¹ Butler's reading suggests that Barbin's *Memoirs* exemplify he/r discursive possession of he/r own gender performance and sexuality. This implies, based on Butler's definition of "subjection" as "the *making* of a subject" wherein power (such as literary production) both "produces the outlines of a subject and pervades that subject's interior," that s/he had some role in her subjection (*The Psychic Life of Power* 84, 89). While I do not disagree with Butler's reading, it deserves complicating. What Butler does not consider in *Gender Trouble* is how Foucault's own narrative structuring of Barbin's *Memoirs* actually alters the experience of reading h/er text and her gender performativity. In addition, Butler does not take up "The Dossier" portion of *Herculine Barbin*. As an effect, Butler misses the way in which Barbin's memoirs evidence an appropriation of a mode of medical mapping that s/he uses to map he/r own body and experience.

Under Foucault's narrative structuring, Barbin's fragmentary memoirs appear prior to "The Dossier," itself an amalgamation of factual timeline (constructed by Foucault), Tardieu's

Sexual Organs, Along With the Memoirs and Impressions of an Individual Whose Sex Was Misidentified" (Paris: J.-B. Ballière et Fils, 1872).

¹²¹ Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 1990. Print. 135

account of Chesnet's examination, and Regnier's autopsy of Barbin.¹²² Cultural geographers like J.B. Harley and Gillian Rose frequently note that spatial organization is a culturally specific power that actually "enacts systematic erasures."¹²³ Here I argue that Foucault's narrative organization does the same. As an immediate effect of Foucault's ordering, "The Dossier," specifically its clinical reports, actively *re-performs* Barbin's gender. It re-inscribes he/r within discourses of sexual pathology and in so doing actually *writes over* he/r own account of gender and sexual subjection with a new, biological "primal scene." The effect on Foucault's readership is a cognitive distancing from the original, first person account. While Barbin could not anticipate the ordering of Foucault's text, s/he does, in a precognitive gesture, anticipate he/r body's subsumption by post-mortem medical reports: "[w]hen that day comes a few doctors will make a little stir around my corpse; they will shatter all the extinct mechanisms of its impulses, will draw new information from it, will analyze all the mysterious sufferings that were heaped up on a single human being" (103). Barbin defiantly directs these "princes of science" and "enlightened chemists, whose names resound throughout the world" to "analyze then...!" (103). Recalling these powerful lines of Barbin's narrative reorients he/r narrative. Rather than remain at the level of "confessional production of the self" as Butler contends, it also acts as a refusal of subsequent scientific productions (99). To this point in her memoirs, Barbin had already undergone medical examination twice, the second time in 1860 by Doctor Chesnet, who published his account during he/r lifetime. Radically reorienting Barbin's text as speaking back to a discourse generated by he/r past genital examinations and future dismemberment raises the stakes of the "irresolvable [gender and sexual] ambivalence" that Butler outlines in *Gender*

¹²² Doctor Regnier's autopsy report appears in published version in Doctor E. Goujon's 1869 text in *Journal de l'anatomie et de la physiologie de l'homme*.

¹²³ See Gillian Rose's *Feminism and Geography: The Limits of Geographical Knowledge*. Cambridge: Polity Press, 1993. Print.

Trouble, and also suggests that Barbin's body is *not* "fully textualized" by science, but actually resists a totalizing medical inscription (135).

Butler argues that "gender is produced as a ritualized repetition of conventions" (*The Subject and Power* 144). In *Gender Trouble* she considers those conventions specifically coloring Barbin's gender performance, particularly the religious ideology of the convent, the literature Barbin reads, and the mode of Catholic confession (134). Strangely, despite the juxtaposition of Barbin's memoirs with he/r medical dossier in Foucault's wider text, Butler does not count medical science among the conventions influencing he/r gender performance. Thus while I argue alongside Butler that Barbin's memoirs both produce and perform he/r gender, I assert that by leaving the science of gynecology out of her study, Butler omits a consideration of major conventions regulating Barbin's sexuality for at least a portion of he/r life, conventions that certainly colored he/r own experience of he/r body, gender and sexuality. Adding gynecological investigation back into a consideration of Barbin's gender performativity creates space for reading Barbin's memoirs as a sort of auto-anatomical map that functionally opposes the gynecological mapping s/he experienced with Doctor Chesnet and anticipated post-mortem. In other words, I read Barbin's memoirs as a narrative of self-examination, wherein Barbin's gaze represents the clinician's gaze, turned upon her/himself. Since Barbin discursively opposes those "princes of science" and "enlightened chemists," he/r self-examination simultaneously offers us a theoretical application of the speculum to Chesnet's, Regnier's and Tardieu's own gynecological readings. To avoid obfuscating Barbin's examination following he/r autobiographical mapping with these external clinical accounts, I invert Foucault's narrative structuration and begin with their accounts before turning to Barbin's.

“The Dossier” is constructed of medical reports that actively *re-perform* Barbin’s gender and in so doing *write over* he/r own account with a new, biological map, itself mobilized by a morbidly fascinated medical gaze. The chief account is formally an autopsy report of Barbin’s physical body (primarily her genitalia), but functionally a re-description of Barbin’s life that re-inscribes he/r within discourses of sexual pathology. August Tardieu begins his medical account by summarizing the case: Barbin was “erroneously” cited in the civil registers as a female at birth and only after puberty was discovered to have a “physical disability,” or primary sexual characteristics associated with both the male and female sexes (122). For Tardieu, at stake in Barbin’s case and his anatomical mapping is no less than the “recogni[tion of] the true sex” of a person, wherein the impossibility of this “truth” results in “serious individual and social consequences” (123). Tardieu continues this cartographic report by excerpting from Chesnet’s 1860 examination:

Her features...remain sexually indeterminate, being neither those of a man nor those of a woman...Her chest is that of a man. It is flat and without a trace of breasts...Her upper limbs have nothing of the rounded shapes that characterize those of a well-formed woman; they are very brown and slightly hairy. Her pelvis, her hips, are those of a man (126).

Frustrated by the ability of Barbin’s external body to pass for either sex, even under the keen gaze of the gynecologist, Chesnet becomes a “searcher of truth” alongside his American counterparts and conducts a gynecological exam:

If her thighs are drawn apart, one perceives a longitudinal groove that reaches from the suprapubic eminence to the vicinity of the anus. On the upper part is to be found a penial body, four to five centimeters long...This little member...is as far removed from the

clitoris as it is from the penis in its normal state...labia majora...are very prominent. In reality, they are only the two halves of a scrotum that remained divided...above the anus lies the orifice of a very narrow canal, into which I could perhaps have inserted the tip of my little finger if Alexina had not withdrawn and had she not appeared to be in pain. I introduced into it the probe I use for women and discovered that this canal was nearly five centimeters long and ended in a cul-de-sac...Though I thrust my finger far up into the rectum, I could not make out a womb (126).

Interestingly, although he/r genitalia seem as indeterminate as he/r facial features and bone structure, Tardieu nevertheless confidently concludes that s/he is a man:

What shall we conclude from the above facts? Is Alexina a woman? She has a vulva, labia majora, and a feminine urethra [and] a monstrously developed clitoris. She has a vagina. True, it is very short, very narrow; but after all, what is it if it is not a vagina?...[Yet] her tastes, her inclinations, draw her toward women...ovoid bodies and spermatic cords are found by touch in a divided scrotum [or labia majora]. *These are the real proofs of sex.* We can now conclude and say: Alexina is a man” (126, 128, emphasis mine).

I have excerpted at length from Chesnet’s report in order to first highlight the violence of the examination and second to demonstrate the liberties Chesnet took in so forcefully inscribing maleness onto Barbin’s body. As Foucault makes clear in *Discipline and Punish*, the power Chesnet and Tardieu exhibit in their medical documentation is “a procedure of objectification and subjection” (192). It is from within the examination itself that the individual is constituted “as effect and object of power, as effect and object of knowledge” (192). Note the violence Chesnet describes: his clinical gazing is paired with clinical probing and fingering that has the

aim of finally determining Barbin's gender. In other words, under the normalizing clinical gazes of Chesnet and Tardieu, Barbin's body is disciplined into *becoming* a sexually normalized subject. Although he/r body anatomically "performs" both sexes, both Tardieu and Chesnet confidently concludes that s/he "is a man," such that their mapping effectively performs *for* Alexina the male gender. At stake in the designation of "male" in this invasive and painful gendering seems to be the stability of heterosexuality itself. Turning to cartographic theory, Kirby argues that map-making indicates an *ownership*. What is ultimately "owned" in this mapping, what is *protected*, is the continuity of a normalized male sexuality (46).¹²⁴ In a similar vein, writing on the scopophilic instinct, Fenichel argues that while looking at an object may connote various things, one of the "most noteworthy" includes the desire to "force [another's genitals] to grow like oneself" (376). Fenichel notes that "often sadistic impulses enter into the instinctual aim of looking: one wishes *to destroy* something by means of looking at it" (377). Chesnet's examination and Tardieu's autopsy ensure that this (wo)man's body will not enter into the medical account as desirous of another woman: they destroy that evidence by "forcing" Barbin's sex organs to "grow like" their own. In this manner their authoritative clinical gazes "own" Barbin's gender performativity. Considered in this way, what Chesnet and Tardieu's clinical gazes find at the site of fe(male) genitalia are their own sex organs, or said another way, their own reflection. Chesnet and Tardieu, as male clinicians operative in a phallogentric science, have vested interests in ensuring that the boundaries between "normal" and "abnormal," or "male" and "female" sexuality are upheld. Ultimately, their overly confident designation of Barbin's gender is a mark that re-writes he/r body.

¹²⁴ Kirby, Kathleen M. "Re: Mapping Subjectivity: Cartographic Vision and the limits of politics." Ed. Nancy Duncan. *Bodyspace: Destabilizing Geographies of Gender and Sexuality*. London: Routledge, 1996. Print.

As Monique Wittig notes in “The Mark of Gender” (1985), “[l]anguage casts sheaves of reality upon the social body, stamping it and violently shaping it...language has a plastic action upon the real” (78).¹²⁵ Tardieu’s and Chesnet’s medical language, or “saying,” resulting from their “seeing,” shapes Barbin’s body after h/er death, ensuring that he/r body becomes a kind of palimpsest, continually marked, erased, and re-marked. While the motivating desire behind their medical gazes remains unclear, my reading of the power of this gaze speaks back to Foucault’s understanding of Herculine as representing the “sexual impossibility of an identity” stemming from “sexual practices that cannot be accounted for within the medico-legal discourse of a naturalized heterosexuality” (Butler 32). In fact, the detailed anatomical catalogue in “The Dossier” section demonstrates that an *accounting* absolutely occurs, however problematic, and this accounting results in the assignment of a *normalized* gendered and sexualized identity to Barbin’s “sexual practices.” That Barbin’s “tastes” and “inclinations” drew h/er toward women makes sense within Chesnet’s and Tardieu’s medicalized heterosexual framework because, as they so confidently asserts, s/he “is a man.” Thus Barbin is circumscribed by an unproblematized speculum that reveals at the site of he/r sex organs a normalized masculinity. In this regard, the “speaking Eye” represents an *active* desire for maintaining the stability of naturalized heterosexuality and in so doing, masks any alternative manifestation of desire. Consequently the medical gaze does not only elicit desire from viewing or handling the physical body, but also derives a form of satisfaction from generating its account, or from *telling a story*. Read alongside Goodbody’s reflection on Sedgwick’s homosocial bonding within the clinical scene, Tardieu derives a certain pleasure from imaginatively joining with Chesnet over the penetration of a body of a (wo)man. Yet this homosocial pleasure, so invested in the sexual penetration of a body they

¹²⁵ Wittig, Monique. “The Mark of Gender.” *The Straight Mind and Other Essays*. Boston: Beacon Press, 1992. Print.

insist is male, actually *destabilizes* the heterosexual normativity that Chesnet and Tardieu attempt to uphold. Read in this way, what is revealed at the site of gynecological spectation is actually *homosexual* desire. This reading raises a question posed by Luce Irigaray: “what if the ‘object’ started to speak? Which also means beginning to ‘see’?” (*Speculum* 134). In Barbin’s case, the speaking object begins the critical project of destabilizing clinical authority.

Barbin’s own fragmentary memoirs represent an appropriation of clinical discourse (and its attendant clinical gaze) by an intersexed layperson. Throughout he/r autobiographical account, Barbin shifts back and forth between masculine and feminine modes identification. For example, he/r writing style itself would traditionally be defined as “feminine” given its sensationalism. S/he repeatedly employs exclamation points and italics to denote moments of intense emotion. After finally beginning a sexual relationship with Sara, s/he writes: “My God! Was I guilty?...No, no!...I could not resist!!! Henceforth Sara *belonged to me!!...She was mine!!!*” This undertone of angst and melodrama, or what Butler describes as a “sentimental and melodramatic tone” conveying “a perpetual crisis” pervades the wider work and can be taken as a sign of female gender performativity (Barbin 51, Butler 133). Yet Barbin also identifies with “every son of Adam” and enjoys Sara’s use of “masculine qualifiers” that later matched her “official [legal] status” as male (52). However, after h/er legal status alters, and s/he is designated a “male” s/he resists this mark of gender: “Men! I have not soiled my lips with *your* false oaths nor my body with *your* hideous copulations” (99, emphasis mine). Ultimately s/he produces a proliferation of grammatical and tonal acts that perform *both* genders rather equally. In so doing, s/he discursively resists medical attempts to classify he/r as either male or female. S/he further refuses any heteronormative assignation of gender when she claims that there exists “an abyss between them and myself, a barrier that cannot be crossed...I defy them all!” (102).

Thus rather than accept what /she derisively terms the “voluminous report” and “masterpiece in the medical style” that doctor Chesnet constructs for the civil courts, Barbin maintains an ambiguous gendered identity, cemented through a “sustained set” of male *and* female bodily acts.

Barbin’s *Memoirs* makes of both “male” and “female” what Butler terms “multiply contested sites of meaning” (44). In so doing they disrupt the otherwise authoritative power of the clinical gaze to detect, inscribe, or assign gender. Taking seriously Butler’s claim that *both* gender and sex are socially constructed, following Barbin’s “My Memoirs” with “The Dossier” in Foucault’s wider text functionally erases the proliferation of he/r gender performances. This subsequently allows the science of gynecology to literally have the last word: the “easy” inscription of “male” onto Barbin’s otherwise ambiguously gendered body. Butler asks early on in *Gender Trouble*: “[t]o what extent do *regulatory practices* of gender formation and division constitute identity?” (23). In Barbin’s case, this “last word” of clinical inscription onto he/r body guarantees that the regulatory practice of clinical gynecology maintains the violent and voyeuristic power to construct and congeal gender formations. Consequently it is only by inverting Foucault’s textual structure and then figuratively applying a speculum to Chesnet, Tardieu, and Regnier’s gynecological accounts that gynecology’s self-serving agendas are revealed.

Conclusion

This chapter’s insistence on the *specularity* of the clinical gaze within an array of naturalist works reveals the operation of a violent voyeurism in purportedly impartial clinical accounts and showcases the gynecologist’s drive for penetration. Beginning with Frank Norris’s *McTeague*, a naturalist text that itself invites a reflection on the ways in which gynecology

unequivocally enters into an ideological tradition of mapping and mining, I consider how the workings of a perverse clinical desire fetishize only to finally eradicate the female body. Moving to the workings of a multi-layered, voyeuristic gaze in Thomas Eakins's *The Gross Clinic* and *The Agnew Clinic*, I consider how Eakins's naturalist paintings interpellate his audience into the space of the clinic, shifting onto this audience the burden of a voyeuristic gaze. Finally, I read three interlocking and overtly gynecological publications that each showcase the overt violence of gynecological gazing in practice: Robert T. Morris's "Is Evolution Trying to do away with the Clitoris?," the inaugural meeting minutes from the Boston Gynecological Society, and the medical dossier on Herculine Barbin. In each case I demonstrate how the clinical gaze operates under modalities of violence and desire to penetrate and regulate the female body. Not only does this regulatory penetration reveal an overall network of gynecological sadism, but it also has the effect of generating male ownership over female bodies and obfuscating attempts at clinical resistance. Consequently a major aim of this chapter is to reveal the various ways in which clinical accounts from the interlocking fields of nineteenth-century gynecology, art, and literature exemplify not realities of female bodies but instead violent practices of reinscription.

Utilizing psychoanalysis alongside critical cartography as the guiding theoretical methodologies of this chapter allows for a consideration of the fears and anxieties guiding individual clinical accounts and a wider system of gynecological practice. What I work toward with each successive example of violent and voyeuristic clinical gazes in naturalist works is a consideration of the *dis-ease* gynecologist's have with their primary object of study. In other words, while this chapter argues that clinical naturalism congeals a discursive field of the vagina that began in Britain's imperialist penetration of Africa, it also remains deeply invested in subversive clinical readings that might disrupt gynecology's scientific hegemony. A final aim of

this chapter is to suggest a strategic *displeasure* in response to the voyeuristic clinical gaze that might further disrupt its violence.

In the chapter that follows I will continue and extend these attempts at constructing subversive cartographic readings. Following Katherine McKittrick's work in *Demonic Grounds*, I will approach gynecology as a "geography of domination" alongside transatlantic slavery.¹²⁶ Utilizing strategies of feminists like Alison Blunt, Gillian Rose, Saidiya Hartman, Hortense Spillers and Anne McClintock, I will attempt to locate and generate "oppositional gynecologies" that refuse colonial cartographic rules. McKittrick argues that disciplines like cartography (and I would argue, gynecology) "unjustly organize human hierarchies *in place* and reify uneven geographies in familiar, seemingly natural ways" (x). To circumnavigate these reified hierarchies I take seriously Blunt and Rose's recommendation that feminists undermine colonial maps by viewing space as "more fluid than fixed," utilizing inversion, oscillation, and paradoxical space to refuse racialized and sexualized cartographies. In the chapter that follows, I will read gynecological works for moments wherein the unidirectionality between cartographic gynecologist and female patient is undermined. I argue that oppositional gynecologies occur precisely in those moments when the mapped "object" begins to speak back to an increasingly unstable subject.

¹²⁶ McKittrick, Katherine. *Demonic Grounds: Black Women and the Cartographies of Struggle*. Minneapolis: University of Minnesota Press, 2006. Print. x

Chapter Three: Gynecology as “Pregnant with the Secrets of Slavery”

“If one thinks of these dashes and elisions as literal and figurative cuts in the narrative, then they display and displace the searing wounds of the violated and mute body, a body that acts out its remembrances without the symbolic endowments to articulate its history of injury. The dashes, ellipses, and circumlocutions hint at the excluded term by way of the bodies of slave women. The bodies of these women are textual enigmas to be interpreted by the reader since they are literally pregnant with the secrets of slavery.”
 -Saidiya Hartman; *Scenes of Subjection*, 108

This chapter extends the previous chapter’s consideration of the violence and voyeurism of the medico-clinical gaze by tracing the linkages between “normal” and “abnormal” bodily designations, specifically as these are structured by race within nineteenth-century gynecology.¹²⁷ As Jennifer Terry and Jacqueline Urla note in *Deviant Bodies* (1995), the classificatory practices and comparative methodologies required for marking out abnormal bodies depended on the ability to *sight* difference.¹²⁸ In most cases, the signs of somatic deviance that “travelled [so facilely] back and forth between the Euro-American metropole and the colonial periphery” were those marking out racial characteristics, themselves frequently attached

¹²⁷ Jennifer Terry and Jacqueline Urla note in their introduction to *Deviant Bodies* that “[t]hroughout the history of modern scientific inquires about embodied deviance we find recurring slippages between conceptions of ‘difference,’ ‘deviance,’ and ‘pathology,’” (and I would add, ‘degeneracy.’) (9). Each of these terms refers to bodily differences that are termed “inferior” by white, male nineteenth-century scientists (whether in regards to race, sexuality, gender, health, or all of these). While this chapter must at times utilize the above terms interchangeably given its inclusion of primary and secondary sources that do the same, following Michel Foucault in *Society Must Be Defended*, *The History of Sexuality* and *Abnormal* it privileges the terms “normal” and “abnormal.” In these texts Foucault describes the 19th century as unique in its power mechanisms. If the 17th and 18th centuries saw the emergence of techniques of disciplinary power centered on the individual body, then the 19th century is marked by a new regulatory technology of power addressing itself to “man-as-species” (*SD* 37, 253; *HS* 139). This “second seizure of power” dovetails into and codifies the earlier techniques, and takes as its central political problem the population and its reproduction, health, and longevity (*SD* 245). Thus in the 19th century, the “normalizing society” is born, a society reliant upon circulating norms that “can be applied to both a body one wishes to discipline and a population one wishes to regularize” (245, 253). The science of gynecology took root and flourished through a use of somatic norms that, attached to race and sexuality, mark some bodies as more normal (or desirable) than others (*Abnormal* 50).

¹²⁸ Terry, Jennifer and Jacqueline Urla. “Introduction.” *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture*. Bloomington: Indiana University Press, 1995. Print. 10

to signs of alleged sexual anomalies (10). Practitioners of a burgeoning science increasingly focused on sighting genital normalcy versus abnormality in an era of chattel slavery, nineteenth-century gynecologists were uniquely positioned to shuttle somatic “truths” gleaned from enslaved women’s bodies back and forth across the Atlantic. The violent methods utilized to first sight and then extract these verities were obfuscated by a story of a benign and benevolent science, wherein gynecological practice restored the health and so economic value of black slaves, as well as the health and well-being of white mothers and white daughters. As Laura Briggs makes clear in “The Race of Hysteria” (2000), white women provided both a demand and rationale for gynecological practice given the location of their alleged fragility, frigidity, and hysteria in their sexual organs. Concomitantly, the “insensate hardness” of black women offered the (re)productive grounds on which they became “the experimental ‘material’ that defined [gynecological] progress.”¹²⁹ Accordingly the black female body functioned as the experimental flesh through which *white* reproductive and sexual normalcy were guaranteed. The black female body was pathologized to ensure scientific supremacy of whiteness such that black female bodies became the negative standard against which proper white female genitalia, sexuality, and reproduction were measured. In this manner gynecological maps of enslaved women’s bodies at once showcase the desire, aggression, and violent racism of the clinical gaze *and* the convoluted equivalencies and distinctions between gynecological normalcy and abnormality. Following Sander Gilman in *Difference and Pathology* (1985) and Saidiya Hartman in *Scenes of Subjection* (1997), I locate on the underside of purportedly benign and curative gynecological discourse modes of violent medical mapping.

¹²⁹ Laura Briggs, “The Race of Hysteria: ‘overcivilization’ and the ‘savage’ Woman in Late Nineteenth-Century Obstetrics and Gynecology.” *American Quarterly* (52.2 (2000)) 246-73. Print.

This chapter begins with a close-reading of Georges Cuvier's 1817 publication of his dissection of Saartjie Baartman. Written from the vantage point of a natural scientist and representing material collected during a macabre autopsy motivated specifically for uncovering "truths" about Baartman's sexual organs in conjunction with her race, Cuvier's report demonstrates how maps of the vagina in this period at once construct and perform discourses of race and gender. The operation of Cuvier's classificatory clinical knife in mapping Baartman's sexual organs in service to his wider racial project encapsulates the violent emergence of gynecology as a specialty through medical experimentation on slave women. At stake in this entry point is an insistence that slave women's bodies haunt *all* gynecological discourse. Consequently I propose that proceeding gynecological maps function as doubled discourse. While on their face they offer cures to bodily ailments, their discursive beneath remain "pregnant with the secrets of slavery."¹³⁰

From an analysis of Cuvier's autopsy report, this chapter continues with a close reading of J. Marion Sims's *Silver Sutures in Surgery*, presented by Sims as the Anniversary Discourse for the New York Academy of Medicine in 1857. Here Sims explicitly discusses his gynecological prowess and advancements while simultaneously engaging in various modes of gynecological double-speak that seek to divert his audience's attention away from the source of his successes: prolonged and painful medical experimentation upon enslaved black women. Following Cuvier's report with Sims's address demonstrates an increasingly professionalized deployment of racist discourses of black female pathology. By placing these founding works of 19th century gynecology in conversation with Pauline E. Hopkins's *Of One Blood* (1903), space is generated for considering how gynecological maps might actually invite their audiences to

¹³⁰ Hartman, Saidiya V. *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America*. New York: Oxford University Press, 1997. Print. 108

“participate in such [primal] scenes as slavery” (Hartman 3). Taking seriously gynecology’s roots in imperialism and growth through chattel slavery, this chapter utilizes a deployment of deconstructionist reading practices, both literary and cartographic, in an effort to transform the content of gynecological maps and the methods by which readers are called to decipher them.

Gynecology as a Normalizing Racist Science

Understanding how gynecology represents both a racist and normalizing science necessitates some brief historical backing. A science born in imperialism and professionalized in Europe and the United States during colonial expansion and chattel slavery, gynecology was always-already imbricated in scientific racism. The racial theories expounded by scientists including Doctors Robert Knox, Arthur de Gobineau, Samuel Morton, George Gliddon, and Josiah Nott, to name just a few, were explicitly and implicitly attached to the majority of scientific endeavors at this time.¹³¹ While Knox argued that “there must be a physical and, consequently, a psychological inferiority in the dark races generally,” and Gobineau claimed that “the black and yellow types...are mere savages in the tertiary stage, and have no history at all,” polygenists Nott and Gliddon paid homage to Samuel Morton in their *Types of Mankind* (1854) by averring that “[t]hose groups of races heretofore comprehended under the generic term Caucasian...are destined eventually to conquer and hold every foot of the globe.”¹³² Similarly,

¹³¹ Josiah Nott’s scientific career remains just one example of the imbrication of gynecological practice with violent, racist sciences. Nott envisioned all scientific progress, including gynecology, as a race war: “[l]ooking back over the world’s history, it will be seen that human progress has arisen mainly from the war of races. All the great impulses which have been given to it from time to time have been the results of conquests and colonizations...The broad banner of science is herein nailed to the mast” (*Types of Mankind* 53, 61). Here science functions as a justificatory flag heralding human progress through violent racist encounters ending in colonial conquest. Since Nott dedicated a great portion of his profession to gynecological practice, even designing his own gynecological instruments (including a brass plated trivalve vaginal speculum), it seems likely that he envisioned this practice as a key tool of colonial conquest.

¹³² Nott, Josiah C, George R. Gliddon, Samuel G. Morton, Louis Agassiz, William Usher, and Henry S. Patterson. *Types of Mankind: Or, Ethnological Researches : Based Upon the Ancient Monuments,*

the criminologist Cesare Lombroso, focusing his investigation on criminality in the 1870s, operated from a theory of degeneracy aligning whiteness with civilization and blackness with savagery:

“among the Negroes and savages of America, sensitivity to pain is so limited that the former laugh as they mutilate their hands in order to escape work...those who have read this far should now be persuaded that criminals resemble savages and the colored races.”¹³³ Thus by the nineteenth-century, “the dominant image of the black” was well established as one of “brutishness and bestiality.”¹³⁴ Turning its focus to black women, theories of scientific racism associated blackness not only with savagery and criminality, but also with pathological female genitalia and sexualities. As Briggs succinctly notes in her work on the imbrication of race and gender in 19th century gynecology, “[t]he 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” (249). This chapter argues that nineteenth-century gynecology targeted the black female body *specifically* and begins with an analysis of the ways in which Georges Cuvier’s gynecological practice harnessed theories of somatic “abnormalities” in an effort to undergird theories of racist science, and vice versa.

Hottentot Venus

Sara Baartman was a Khoi woman born in Africa in 1789. She lived with her pastoral tribe near the Gamtoos River until the murder of her family and her enslavement by Dutch

Paintings, Sculptures, and Crania of Races, and Upon Their Natural, Geographical, Philological and Biblical History, Illustrated by Selections from the Inedited Papers of Samuel George Morton and by Additional Contributions from L. Agassiz, W. Usher, and H.s. Patterson. Philadelphia: J.B. Lippincott, Grambo, 1854. Print. 79

¹³³ Lombroso, Cesare, Mary Gibson, and Nicole H. Rafter. *Criminal Man*. Durham, NC: Duke University Press, 2006. Print. 69

¹³⁴ Rattansi, Ali. *Racism: A Very Short Introduction*. Oxford: Oxford University Press, 2007. Print.

colonists in the early 1800s.¹³⁵ Seeing in her steatopygia (or protruding buttocks) a chance for profit, Baartman's 'owners' ultimately transferred her to Europe, where she remained on public display in Great Britain and France from 1810 until her death in 1815. She appeared under the stage name "Hottentot Venus."¹³⁶ In March 1815 Baartman posed for three days as a life model for a group of scientists and artists at the Jardin du Roi in Paris. The panel included zoologists, naturalists, anatomists, physiologists, artists and draftsmen, and was headed by Geoffroy Saint-Hilaire, Georges Cuvier, and Henri de Blainville.¹³⁷ Of particular interest to the panelists was Baartman's vagina. Since it was rumored that a "tablier" or "hottentot apron" or elongated labia minora accompanied steatopygia in some African women, the men desired to sight, explore, and document this vaginal anomaly. Ultimately their desires were thwarted as the nude Baartman managed to conceal her genitalia while on exhibit.¹³⁸ Later that year, on December 29th, Baartman died from "an inflammatory and eruptive illness" (Cuvier 3). Prior to reporting her death to the authorities as required by law, her showman-manager first informed Cuvier and

¹³⁵ For further information on Baartman's life see Rachel Holmes's *African Queen: The Real Life of the Hottentot Venus*. New York: Random House, 2007. Print. See also: Crais, Clifton and Pamela Scully. *Sara Baartman and the Hottentot Venus: A Ghost Story and a Biography*. Princeton: Princeton University Press, 2009. Print; Richard Altick, *The Shows of London*. Cambridge: MA, 1978. Print.

¹³⁶ Rather than continuing to use nineteenth-century language for African peoples I employ indigenous language wherever possible. 'Khoikhoi,' 'Khoi, or 'Khoisan' are used in preference to 'Hottentot,' and 'San' in preference to 'Bushman.' In general, racist and sexist nineteenth-century scientific terms, titles, appellations and other descriptions that are necessarily utilized in this study of nineteenth-century science are denoted in (at least) their first use by quotation marks. Finally, there is some controversy over Baartman's first name. As Rachel Holmes and Sadiah Qureshi both note, Saartjie translates to "Little Sara" and while the diminutive can be an endearment, "the *-tjie* suffix has also been used to subordinate and enforce servitude. During the colonial eras and apartheid, the *-tjie* suffix was often used by whites to indicate contempt, belittlement, and domination over black people" (Holmes xiii-xiv). Consequently this chapter privileges "Sara" over "Saartjie."

¹³⁷ Ibid 83

¹³⁸ Cuvier notes their inability to view her genitalia in his autopsy report: "But on this first inspection, one did not perceive the most remarkable particularity of her anatomy...it wasn't until after her death that what she possessed became known" (4). See: Cuvier, Georges. "Excerpt of Observations made on the Cadaver of a Woman Known in Paris and London under the Name of Venus Hottentot." *Memoires du Musée d'Histoire Naturelle*. Trans. Alexander Price. 1817. Web.

Saint-Hilaire. Together the two anatomists obtained permission from the mayor and police commissioner to perform an autopsy in the Musée National d'Histoire Naturelle's anatomy laboratory.¹³⁹ Here Cuvier performed a full dissection, including the removal and preservation of Baartman's brain, the preservation of her entire skeleton, plaster body casts, molds of her soft-tissue organs, wax models of her genitalia, and finally the removal and preservation of her genitalia in jars. Thus only after Baartman's death did Cuvier finally secure the object of his desire—her vagina. Cuvier's account of his autopsy is included in his “Extrait d'Observations Faites sur le Cadavre d'une femme connue á, Paris et á Londres sous le nom de Vénus Hottentote” or “Excerpt of Observations made on the Cadaver of a Woman Known in Paris and London under the Name of Venus Hottentot” (1817). Baartman's body, displayed in life and in death, also remains a textual exhibit through Cuvier's “Excerpt.”

Sara Baartman's brain, genitals, and skeleton were displayed at the Musée National d'Histoire Naturelle from sometime in the mid-1800s until their transfer to the Musée de l'Homme in 1937. Here they remained on display until the 1970s. In 1985, Stephen J. Gould published *The Flamingo's Smile: Reflections in Natural History*. He included in his text a historical critique of the scientific racism of the nineteenth-century through an analysis of the exhibition of the ‘Hottentot Venus.’ The impetus for this critique was his visit to the Musée de l'Homme storerooms, where he viewed “a little exhibit that provided an immediate and chilling insight into nineteenth-century mentalité and the history of racism...the genitalia of three Third World women,” one labeled ‘The Hottentot Venus.’¹⁴⁰ Due to her steatopygia and elongated labia, nineteenth-century natural scientists envisioned Baartman as both ‘savage’ and ‘sexual object.’ Such scientists sought to prove that she and other Khoisan “straddled that dreaded

¹³⁹ Holmes 93

¹⁴⁰ Gould, Stephen Jay. *The Flamingo's Smile: Reflections in Natural History* (New York: Norton, 1985). Print. 292.

boundary between human and animal” (Gould 294).¹⁴¹ Gould’s discovery of Baartman’s genitalia amidst jarred, preserved brains of nineteenth-century scientists was the catalyst for the eventual return of Baartman’s remains to South Africa in 2002.¹⁴² Gould’s account of Sara Baartman is joined by a wide proliferation of works on the ‘Hottentot Venus’ that highlight to varying degrees science’s violent and *continuous* use of an enslaved woman’s body.¹⁴³ Among these Sander Gilman’s and Anne Fasuto-Sterling’s critical accounts remain particularly productive given their considerations of how nineteenth-century science yoked race to sexuality to pathology and subsequently mapped this constellation onto black female bodies.

¹⁴¹ It is important to note that Cuvier did not envision Hottentots as “missing links.” Cuvier was neither a polygenist nor an evolutionist. As a monogenist he recognized one overall human species that contained three distinct races: Caucasians, Ethiopians (which Cuvier frequently terms “Negroes” in his “Excerpt”) and Mongolians. He did align “Ethiopians” (including San and Khoisan) more closely with non-human animal species, as demonstrated by the language of animality pervading his autopsy report. For more information on Cuvier’s scientific theories see Toby Appel’s *The Cuvier-Geoffroy Debate: French Biology in the Decades before Darwin* (New York: Oxford University Press, 1987). Print. For more information on the Great Chain of Being generally, see: Thomas F. Gossett’s *Race: The History of an Idea in America* (Dallas: Southern Methodist University Press, 1963); Arthur de Gobineau’s “Essay on the Inequality of the Human Races,” *Gobineau: Selected Political Writings*, Ed. Michael D. Biddiss (New York and Evanston: Harper & Row, 1970); Robert Knox, MD, *The Races of Men A Fragment* (Philadelphia: Lea & Blanchard, 1850).

¹⁴² In 1994 Nelson Mandela formally claimed Baartman’s body as rightfully belonging to South Africa. For further discussion on the significance of Baartman’s remains for South Africa see: Rachel Holmes’s *African Queen The Real Life of the Hottentot Venus* (2007) and Lyndel V. Prott’s “The Return of Saartje Baartman to South Africa.” *Witnesses to History: A Compendium of Documents and Writings on the Return of Cultural Objects*. Paris: United Nations Educational, Scientific and Cultural Organization, 2009. Print.

¹⁴³ Work on Sara Baartman includes critical publications as well as other cultural modes, including novels, biographies, a documentary, books of poems, even a play. See as a beginning: Ezio Bassani and Letizia Tedeschi, “The Image of the Hottentot in the Seventeenth and Eighteenth Centuries: An Iconographic Investigation,” *Journal of the History of Collections*, 2 (1990): 157-186; Robert Gordon, “The venal Hottentot Venus and the Great Chain of being,” *African Studies*, 51. 2 (1992): 185-201; Chase-Riboud, Barbara. *Hottentot Venus: A Novel*. New York: Doubleday, 2003. Print; Maseko, Zola, Adrian Brown, Hlengiwe Farasani, Philip Brooks, Harriet Gavshon, Phillip V. Tobias, François-Xavier Fauvelle-Aymar, Yvette Abrahams, S Martin, Brian Daubney, and Christian Docin-Julien. *The Life and Times of Sara Baartman: "the Hottentot Venus"*. New York, N.Y: First Run/Icarus Films, 1998; Parks, Suzan-Lori. *Venus: A Play*. New York: Theatre Communications Group, 1997. Print.

In *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (1985), Sander Gilman studies Western stereotypes for their association with “images of race, sexuality, and the all-pervasive idea of pathology” (11). He claims that in the nineteenth-century ‘difference’ was equated with ‘pathology’ through various cultural modes, particularly science. Consequently norms of sexuality, health, and race functioned as modes of social control. As Gilman notes, difference was oftentimes determined anatomically, and a person’s genitalia, as well as their secondary sexual characteristics, “function[ed] as the semantic signs of ‘primitive’ sexual appetite and activity” (90). In his chapter on Baartman, “Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late 19th-Century Art, Medicine, and Literature,” Gilman considers how Baartman’s primary and secondary sexual characteristics became the iconic images of black female bodies and sexualities. He credits the French naturalist Comte de Buffon with popularizing the equation of blackness with “a lascivious, apeline sexual appetite,” thereby shuttling stereotypes of blackness from the realm of travel literature and into the annals of science (83). Cuvier’s “Excerpt,” appearing nearly three decades after de Buffon’s death, provided further momentum for the stereotypical belief that “in the physical appearance of the Hottentot...the central icon for sexual difference between the European and the black [is] found” (83). Gilman aptly reads Cuvier’s “Excerpt” as a strategic scientific attempt to establish a connection between “the highest ape” and “a female of the ‘lowest’ human species” (85).¹⁴⁴

Gilman also cites Cuvier’s gynecological account as generating the foremost medical description

¹⁴⁴ The illustrations of Baartman in Saint-Hilaire’s and Cuvier’s first volume of *Histoire naturelle des mammifères* (1824), originating from her display in the Jardin du Rio, also showcases Cuvier’s linkage between Baartman and apes. She is the only human included in this work of illustrated mammals, a work that also includes an array of ape and monkey species. For more information see: Qureshi, Sadiah. “Displaying Sara Baartman, the ‘hottentot Venus’.” *History of Science*. 42.2 (2004). Print.

of the black body during the nineteenth-century. Since Cuvier's report is riddled with a language of pathology and animality as it describes a black woman's sexual organs, Cuvier's account both popularized and scientifically justified the belief that black female genitalia, "complete, yet damaged, diseased, yet attractive, poisoning, yet potent" represented "the confused double of the black" (125). Consequently Cuvier's "Excerpt" congeals what Terry and Urla term an "oppressive gender dynamic" generated through "scopic regimes associated with looking for somatic markings of deviance" that in their very functioning "position the expert simultaneously as objective scientist, informed interpreter, and voyeur" (11). Crucially Cuvier's "Excerpt" *also* functions as an iconic example of an oppressive *racial* dynamic that subsequent gynecologists (like J. Marion Sims) replicate and extend. In a move similar to Gilman's, Fausto-Sterling considers how nineteenth-century science utilized Baartman's body to link black female bodies generally with sexual disease and deviance. However, she seeks to alter the trajectory of her analysis by focusing more exclusively on the 'science' at work in this association.

In "Gender, Race, and Nation, the Comparative Anatomy of 'Hottentot' Women in Europe, 1815-1817" (1995), Fausto-Sterling close reads Cuvier's account of Baartman's body in "Excerpt of Observations" and considers how nineteenth-century science utilized Baartman as a "vehicle for the redefinition of our concepts of race, gender, and sexuality" (20). A major preoccupation of Cuvier's "Excerpt" is to properly *re-classify* Baartman's race in his own historical moment, which ultimately requires a break from the scientific and popular culture of that time. After mapping a specific race onto Baartman's body ("Bushmen" (or San) instead of "Hottentot" (or Khoisan)) Cuvier dedicates a large portion of his "Excerpt" to locating the San tribe in his extant racial classification system. Fausto-Sterling succinctly describes the stakes of Cuvier's project and his use of Baartman's body when she notes: "traders and conquerors..."

required the project to justify continued expansion, colonialism, and slavery” (40). In other words, Cuvier’s dissection of the body of a black woman engendered unique gynecological justification for perpetual colonial conquest. For Cuvier, Baartman’s body worked as what Fasuto-Sterling terms a “double trope” since “as a woman of color, she served as a primitive: she was both a female and a racial link to nature” (28). In fact, her very exhibition “linked the notion of the wild or savage female [that must be physically contained and *caged*] with one of dangerous and uncontrollable sexuality” (31). While this chapter also approaches the history of the infamous ‘Hottentot Venus’ through an examination of its major scientific account, Cuvier’s “Excerpt,” the focus here is on Cuvier’s methodology. I argue that his approach to controlling and deploying Baartman’s body and sexuality is both gynecological and cartographic. Close reading Cuvier’s report as a strategic work of cartographic gynecology highlights the ways in which “Excerpt of Observations” not only redefines concepts of race, gender, and sexuality, but actually establishes gynecology as a key methodology for elucidating and advancing claims of white racial superiority.

Returning to W.F.T. Mitchell’s work on ekphrasis in *Picture Theory* (1994), this chapter approaches Cuvier’s “Excerpt” as a textual map necessitating a critical cartographic close-read. Rather than remain in the realm of “verbal representation[s that] cannot represent—that is, make present—[their] object[s] in the same way a visual representation can” much 19th century comparative anatomy utilizes ekphrastic styles of writing to both “cite” *and* “sight” their objects (Mitchell 152). Approaching Cuvier’s “Excerpt” as ekphrastic writing that produces a map in the reader’s mind’s eye yields a constructive break from Cuvier’s rhetorical structuration. Reading “Excerpt” as a verbal representation of a visual object (here, the thrice displayed body of Sara Baartman) captures Cuvier’s arguments while also repositioning seemingly errant,

inconsequential, or easily overlooked portions of the text as crucial aspects of his wider scientific analysis. Approached cartographically, it becomes clear that there are two interlocking arguments in Cuvier's text that are most productively envisioned as a primary map with an attendant inset map. The primary map is constructed through a mode of racial cartography, wherein racial groups are mapped by a series of physical traits. In this regard Cuvier's primary map represents the work of an "anthropogeographer," or what H. Winslow describes as a person working at the intersection of geography and anthropology who uses "physical racial categorizations to explore the relationship between race and space."¹⁴⁵ Within the discipline of cartography, an inset map is a small map set within a larger map, usually to show a more detailed piece of the map at a larger scale. In the case of Cuvier's "Excerpts," the inset map is the anatomical map of Baartman's body, centering on and magnifying her genitalia.

The gynecological detailing of Baartman's body in Cuvier's textual inset map is itself constructed from three linked layers of ekphrastic writing that emerge from Cuvier's three major observation periods. First, the outer layer is constructed from Cuvier's examination of Baartman while she was publicly displayed in Paris. Next, the middle layer derives from Baartman's more private three-day display in the Jardin du Roi. Finally, these prior accounts are captured with autopsical finality by the innermost layer of ekphrastic writing, which also represents the *center* of both Cuvier's inset map and wider map: Baartman's vagina, probed and mapped postmortem. Cuvier's inset map is also invested in the relationship between race and space as it ultimately provides the crucial lynchpin for the argument of Cuvier's primary map: that "Bushmen" (especially "Bushmen women") are the lowest form of humanity as 'evidenced' through Baartman's body. Since Cuvier's gynecological inset map functionally cements his wider map of

¹⁴⁵ Winslow, H. "Mapping Race and Ethnicity." *The International Encyclopedia of Human Geography*. Eds. N. Thrift and R. Kitchen. Oxford: Elsevier, 2009. Print.

racial classification, utilizing critical cartographic strategies to peel back the layers of his gynecological map of necessity deconstructs his cartographic racial hierarchy. Turning to Wood's and Fels's work in cartography, I read Cuvier's "Excerpt" by approaching these interlocking textual maps through their cartographic *codes*. Cuvier's construction of Baartman's body offers what J.B. Harley terms a "*graphic* language to be decoded" (emphasis mine).¹⁴⁶ Through a careful process of scientific encryption, Baartman's body is placed on what Simone Alexander terms "an axis of deviance" by a white patriarchal gaze that constructs her as subhuman, overtly sexual, and pathological.¹⁴⁷ It is precisely by "looking into places not readily visible to the layperson in everyday life" that gynecologists effectively "transform[ed] the [female] body into the province of specialists who alone c[ould] decode its many signs" (11). A major undertaking of this chapter is to utilize critical cartographic practices to deconstruct such gynecological "decoding." Deconstructing Cuvier's map in this manner first necessitates a study of the layers of codes circulating within and outside his "Excerpt."

In *The Power of Maps*, John Fels and Dennis Wood describe a map as the "product of a spectrum of codes that materialize its visual representations, orient these in space and in time, and bind them together in some acceptable form" (117). They divide this "spectrum of codes" into two camps: codes of intrasignification (those operating *within* cartographic production, at the level of language) and codes of extrasignification (codes operative external to cartographic production, at the level of myth).¹⁴⁸ In "Designs on Signs, Myth and Meaning in Maps," Wood and Fels identify five codes of intrasignification that are "inescapable" including iconic,

¹⁴⁶ Harley, J.B. and Paul Laxton, *The New Nature of Maps: Essays in the History of Cartography*. (Baltimore: Johns Hopkins University Press, 2001). 36

¹⁴⁷ Alexander, Simone A. J. *African Diasporic Women's Narratives: Politics of Resistance, Survival, and Citizenship*. Gainesville: University Press of Florida, 2014. Print. 13

¹⁴⁸ Wood, Denis, and John Fels. *The Power of Maps*. New York: Guilford Press, 1992. Print. 117

linguistic, tectonic, temporal and presentational.¹⁴⁹ In brief, iconic signs represent “the code of the inventory,” or of “the world’s fragmentation” into hierarchies, layers, and binary relationships (68). For example, in a physical map, such fragmentation is depicted through both color and shading. Blue (or wet) areas are distinct from brown (or dry) areas, and shading distinguishes between higher mountainous elevations and lower valleys. Related to iconic codes are linguistic codes that perform the naming function. Linguistic codes in a physical map mark objects with their names: a mountain is named and its elevation documented. Its glaciers and surrounding lakes are charted and likewise named. Linguistic codes provide a written record and in so doing showcase the tandem powers of classification and ownership (68).

Next, Fels and Wood describe tectonic codes as representing the relationship of mapped parts in space. In the geographic maps that they discuss, tectonic codes include “the planimetry of cities, the stereometry of mountain ranges, the projective geometry of continents” (69). The tectonic represents “the code of finding, it is the code of getting there: *it is the code of getting* (69, emphasis mine). In other words, the tectonic is a code of navigation, apprehension, and thus also of mastery. Iconic, linguistic, and tectonic codes are each captured by the temporal, the code “of duration, of tense” (69). Whereas a map’s tense “says when,” prioritizing the past, present, or future (or none of these, in an attempt to be outside of time), the durative aspect of temporal codes provide what Woods and Fel term a map’s “thickness,” or that inescapable presence of time within the space of the map (85). For example, an annually published road map is “thicker” than one published monthly. Finally, these four codes are *presented*, or are “chosen, layered, structured to achieve speech: coherent, articulate discourse” (69). The presentational code refers to the map’s overall construction, including its colors, textures, words, images, text, and more.

¹⁴⁹ Fels, John and Dennis Wood. “Designs on Signs: Myth and Meaning in Maps.” Dodge, Martin. *Classics in Cartography: Reflections on Influential Articles from Cartographica*. Chichester, West Sussex, UK: J. Wiley & Sons, 2011. Print.

Close reading presentational codes necessitates a consideration of what objects or items appear on the edges of a map versus at its center, and indeed, what fails to appear on the map altogether. Fels and Wood credit the presentational code with turning the map into rhetoric, or as acting as the motor that carries a map from the realm of intrasignification to extrasignification.

Codes of extrasignification operate at the level of culture. Fels and Wood cite five that remain inescapable: thematic, topic, historical, rhetorical, and utilitarian codes. All of these codes “make off with the map for their own purposes” in their attempts to subvert the map’s message(s) and meaning(s) (69). Thematic codes establish the subject of the map. For instance, a map of a mountain’s hiking trails establishes for map-readers the significance of these trails merely by their foregrounding. As the thematic code utilizes the icons (symbols of trailheads and ranger stations, for instance) the topic code turns the space generated by tectonic codes into “place.” Thus the “Trail of the Shadows” represents a space on Mount Rainier that has been bounded and turned into a *place*, a destination—it is given a topos. Similarly the historical code describes the time of the map, lending it a descriptive era. Alongside the presentational code, Wood and Fels privilege the rhetorical code as potentially most significant given its ability to “set the [cartographic] tone.” Having “consumed” the presentational code, the rhetorical code “most completely orients the map in its culture (in its set of values), pointing in the very act of pointing somewhere else,” all the while “appropriat[ing] to its map the style most advantageous to the myth it intends to propagate” (71). Finally, the utilitarian code involves the *use* of the map by any audience in service to whatever culture or myth that audience engages with. As will be demonstrated by a close reading of Cuvier’s “Excerpt of Observations” beneath a broader understanding of maps that includes *textual* mapping, these ten codes perform dynamically,

continually overflowing any clear boundary between the “inside” or “outside” of cartographic production.

The thematic, iconic, and topic codes of any map are closely intertwined as they together announce the subject, construct hierarchical and binary relationships central to that subject, and in so doing generate “place” from “space.” Cuvier announces the thematic code or subject of his primary map in the full title of his piece: “Excerpt of Observations Made on the Cadaver of a Woman Known in Paris and London under the Name of Hottentot Venus.” As Rachel Holmes notes in *African Queen*, in the nineteenth-century ‘Venus’ was synonymous with ‘sex,’ and at the same time, the word ‘Hottentot’ “signified all that was strange, disturbing, alien, and possibly sexually deviant” (4). Consequently the iconic codes of Cuvier’s maps are those aspects of Baartman’s body that functioned as outward signs of her alleged sexual deviance: a trifecta of black skin, steatopygia, and presumably anomalous genitalia. In this manner it is precisely Baartman’s “‘excess flesh’ [that] becomes the barometer by which her implied lascivious and licentious characteristics are measured. By the same measure, her ‘excess’ punctuates her sexual availability” (Alexander 26). The “excess flesh” of her vagina and posterior are the cartographic icons of Cuvier’s maps and are immediately addressed in his initial paragraph. Cuvier boasts that “[t]here is nothing more celebrated in natural history than the apron of the Hottentot” and nothing that causes “more disputes” (1). Since the iconic code, or the code of the inventory, primarily *takes an accounting*, Cuvier signals early on that the wider aim of his text is to provide a final and definitive record of comparative-anatomical valuation. Based upon the iconic codes utilized to this point in his narrative, it would be clear to Cuvier’s immediate audience (what he terms the “Academy,” or the members of the French Museum of Natural History) that this valuation is both racial and sexual, wherein the latter functions in service to the former. Cuvier

then ‘fleshes out’ his racial hierarchy by turning to the writings of other naturalists, zoologists and explorers. Here the topic codes begin to emerge as Cuvier sets himself to the task of turning the *space* of the African interior into a *place*.

Cuvier’s “Excerpt” provides much-needed topos as evidence for some of natural history’s wider claims about race in this period. With these claims Cuvier also draws the topical boundaries of his primary map. Just as a physical map depicts a space’s landforms and terrain, topographically turning it into ‘place’ by privileging through its depiction specific pieces and parts, so too does Cuvier’s anatomical map construct a specific ‘place’ by privileging those somatic parts that serve his wider argument about Caucasian superiority. Writ over by Cuvier’s scalpel and comparative anatomical method, Baartman’s bodily space, but especially her genitalia, is cordoned off, mapped, and actually dismantled in order to deliver specific racial-sexual ‘truths’ to Cuvier’s Academy-audience. Cuvier sets the stage for this cartographic topos through an elaborate reference to previous explorative accounts of Africa. For instance, he cites the zoologist and naturalist François Auguste Péron (1775-1810), Dutch soldier and voyager General J.W. Janssens (1762-1838), and explorer and naturalist François Levallant (1753-1824) in order to determine that the hottentot apron is correctly associated with the San tribe. This tribe, “coming from a race in the interior of Africa” is credited with “lead[ing] the most miserable of lives” (2). Using these prior colonial accounts to parse out distinctions between African peoples (“Bushmen women” versus “true Hottentot women” versus “Kaffirs” and “Mongols”) as they appeared to European colonists guarantees that totalizing and racist claims about African tribes and bodies are *commonplace*, or said another way, are cartographically encoded into Cuvier’s “Excerpt.” Approaching these textual moments as topic *codes* rather than a scientific summary destabilizes the seemingly monolithic scientism of Cuvier’s narrative. Additionally, this

cartographic reading sets off the ways in which Cuvier's account seeks to generate ownership through the language of science itself.

Perhaps the most overtly cartographic aspects of Cuvier's "Excerpt" remain the "linguistic codes," or those moments wherein human bodies are definitively charted through a process of naming. Cuvier begins exercising his scientific 'right' to name by labeling the San people as "entirely savage beings" marked by "barbarity" who "infest certain parts of the Cape colony" (2). The terms "savage," "barbarity" and "infest" together map onto the San tribe images of contagion, inhumanity, and violence. Concomitantly, in this very act of linguistic designation Cuvier and the European scientists with whom he aligns himself occupy opposite binary positions: they are the 'civility' to the San's savage barbarity and remain the 'salubrious' counterpart to their alleged infectiousness. In this manner the linguistic codes shore up the racial hierarchy undertaken by Cuvier's preliminary iconic codes and in so doing showcase the power of tectonic possession that accompanies acts of scientific classification. As Cuvier's "Excerpt" continues, he generates significant racial binaries whereby "Bushmen," "Hottentots," "Mongols," and indeed all of the African tribes he cites are associated with animality, monstrosity and deviance. By contrast, whites (whether European or "Egyptian") are implied to be fully and *normally* human. These racial binaries, only preliminarily traced out in the outset of Cuvier's primary map, are finally and fully congealed by the linguistic and tectonic codes of Cuvier's inset map—a gynecological account of Sara Baartman.

Cuvier transitions from the subject of his primary map, a "properly" illustrated racial hierarchy, to that of his inset map, the autopsy of Sara Baartman, by yoking the idea of the interior of the "dark continent" of Africa with Baartman's purportedly anomalous genitalia. Through a series of cartographic codes he turns the "space" of Baartman's vagina into a mapped

place, or destination for 19th century science, and in a process of comparative anatomy-cum-geography he maps the dark continent of Africa in and through his map of Baartman's genitalia. As Fasto-Sterling notes, this also extends his alignment of Baartman with primitivism and indeed, primates, onto all natives of Africa. Thus "Cuvier's goal in this paper is to render visible hidden African nations [through Baartman's] hidden genitalia. By exposing them he hoped to disempower, to use observation to bring these unknown elements under scientific control" (36). In an unprecedented move, Cuvier uses gynecological practice to control African bodies and promote white racial conquest. As Fels and Wood note, iconic codes construct layers in a map, signal binaries, and develop hierarchies (68). The iconic code of the "hottentot apron" remains the foundation for Cuvier's arguments about the racial, sexual, and medical pathology of blackness, but this code is 'fleshed out' by the tectonic and linguistic codes. Cuvier's anatomical inset map utilizes an array of cartographic codes, but the linguistic and tectonic codes in particular adhere ideas and images of deviance onto the black female body that are then sutured to Cuvier's primary map as conclusive evidence for the racial superiority of whites. Cuvier commences his account of Baartman's body by noting that "[e]veryone could see her during an eighteen-month sojourn in our capital and confirm the enormous protuberance of her buttocks and the brutish appearance of her face" (3). This opening sentence has several important effects. First, it suggests that *all* white spectators, scientists or not, are equipped to sight and cite female somatic anomalies. This suggestion carries with it an implied invitation for the audience of Baartman's display and, by association, the audience of Cuvier's "Excerpt," to *participate* in the construction and dissemination of sexual-racial mapping. In addition this opening line begins to confirm the wider racial catalogue that Cuvier has carefully constructed through its inclusion of several suggestive linguistic codes that set the tone of Cuvier's report. Taken separately or in

tandem, “l’énorme (or “enormous”), “protubérance (or “protuberance”) and “brutale” (or “brutish”) signal bodily abnormalities. “Brutish” particularly conjures images of animalism given its linkages with both savagery, violence, and beastliness. Yet even prior to these overt linguistic codes Cuvier utilizes more implicit ones to set Baartman up as subhuman: “she came to offer herself to the curiosity of Europeans” under the ownership of “an animal showman from Paris” (3). Describing her exhibition in this manner obfuscates her enslavement within a language of free choice while concomitantly aligning her with other animals on display. That Cuvier suggests *all* of this could be “confirmed” by the spectators flocking to her exhibit congeals a racial hierarchy through the report itself since the audience of Cuvier’s written text, like the audience of the ‘text’ of Baartman’s exhibited body, are positioned at the pinnacle of Cuvier’s racial order. The spectators/audience are ‘human’ to Baartman’s ‘animal’ and ‘civility’ to her ‘brutishness.’ These binaries are further congealed in the remainder of this portion of the inset map.

Cuvier’s consistent return to a language of animalism through comparative reference to various primates exemplifies a strategic use of tectonic and linguistic codes. He claims of Baartman:

Her movements had something brusque and capricious about them that recalled those of a monkey. Above all she had a way of making her lips stick out absolutely similar to what we have observed in the orangutan...most repellant about our Bushman woman was her physiognomy; in part her face resembled the Negro’s by the protuberance of its jaws...in part it resembled the Mongol by the enormous size of the cheekbones...Her hair was black and wooly like that of the Negroes...her lips somewhat black and monstrously swollen...Her ears were reminiscent of those of several monkeys (3-4).

In examining this section for its tectonic codes, it is evident that Cuvier navigates Baartman's body, or *possesses* her, in and through linguistic codes marking her as the subhuman property of science. Terming her mannerisms "brusque" and "capricious" like a monkey and similarly describing her ears and lips as reminiscent of primates guarantees a superimposition of animalism onto Baartman's human body through purportedly scientific methodologies. Cuvier then joins a language of animalism to a language of monstrosity through a network of racializing classifications. Baartman's lips, allegedly akin to the orangutan are "black" and "monstrously" sized. Baartman's face is judged to be her "most repellant" attribute given its resemblance both to "Mongol" and "Negro" races *and* to primates. In marking her face as "most repellant" Cuvier makes clear the low location of persons of mixed race in his racial hierarchy. Significantly, Cuvier utilizes the same language to depict Baartman's face as he uses to describe her steatopygia.

Baartman's jaws and cheekbones, like her posterior and hips, are a "protuberance" and of "enormous size" respectively. Relying on the same language to analyze Baartman's face and backside not only reinforces her alleged somatic monstrosity (by implying that her face looks like her posterior), but also joins the nineteenth-century sciences of phrenology and physiognomy to gynecology. Aligning gynecology with other popular scientific modes of categorizing "abnormal" bodies lends momentum to gynecology's status as a classificatory power. In Cuvier's inset map gynecology functions on the one hand as a buttress to the racial and sexual "truths" gleaned from phrenology and physiognomy, and on the other hand is positioned as a science with the power to generate these truths independently. Consequently, gynecology's primary object, female genitalia, is positioned as *newly* significant for scientific study. Returning to the linguistic and tectonic codes of Cuvier's inset map, it is important to note that Cuvier

constructs Baartman as a sexually uncanny figure. She represents for Cuvier both a human and primate with graceful *and* monstrous attributes which simultaneously attract and repulse him. Closely on the heels of terming her face “most repellent,” Cuvier describes Baartman as physically attractive: “[h]er shoulders, her back, and her bust were graceful. Her belly did not jut out excessively. Her slightly spindly arms were well formed and her hands charming. Her feet were also very pretty (3). The seeming inconsistencies in Cuvier’s construction of Baartman’s somatic liminality act as signposts for the careful reader, pointing toward cartographic codes that are otherwise obfuscated in Cuvier’s analysis.

Read through the lens of critical cartography, linguistic and tectonic codes obviously absented from Cuvier’s “Excerpt” nonetheless remain significant. For instance, a major tectonic code obfuscated within Cuvier’s map is the degree to which Baartman’s body is navigated, or is (dis)possessed in and though Cuvier’s refusal utilize Baartman’s name. Cuvier’s linguistic refusal, or said another way, his propensity throughout “Excerpt” to exercise his ‘scientific right’ to name, or *not* name, depersonalizes Baartman and in so doing further dehumanizes her. Hortense J. Spillers’s work in “Mama’s Baby, Papa’s Maybe, An American Grammar Book” seem particularly relevant here. Writing in 1987, Spillers terms those various epithets used to describe the traditional role of African-American women since the institution of slavery in the United States an “American Grammar.”¹⁵⁰ Spillers argues that “the business of dehumanized naming” relies upon a distinction between the flesh and bodies of slaves that itself results from a degendering (69). Spillers notes that slavery marked “a *theft of the body* [...] a severing of the captive body from its motive will, its active desire...[wherein] we lose at least gender difference *in the outcome*” (67). Gender difference is rendered ambiguous firstly through the

¹⁵⁰ Spillers, Hortense J. “Mama's Baby, Papa's Maybe: an American Grammar Book.” *Diacritics: a Review of Contemporary Criticism*. 17.2 (1987): 65-81. Print. 68

commodification of slaves. As commodities, or “signifying property *plus*,” gender is eradicated in and through the body’s functioning as quantitative value (65). Spillers explains that in slave vessels, ‘male’ was differentiated from ‘female’ only insofar as the latter term denoted an area of flesh taking up a smaller space than the former, or a quantifiable measure (72). Ultimately Spillers argues that gendering occurs within domestic space. Since enslaved women were denied a domestic space, chattel slavery resulted in their degendering and the corpus of appellations historically marking black women, the “American Grammar,” remains the linguistic evidence of that degendering. Looking back through the lens of Spillers’s critical work, it seems clear that while Baartman was not *ungendered* by nineteenth-century science, her gender was in fact constructed by Cuvier’s “Excerpt” and *overburdened* by his scientific inscription. Cuvier suggests that Baartman somehow exhibits an *excess* of female genitalia, and it is precisely this excess flesh that Cuvier utilizes to separate her from other female bodies. Consequently Spillers’s opening lines of “Mama’s Baby, Papa’s Maybe” echo Baartman’s somatic and archival status: “Let’s face it. I am a marked woman, but not everybody knows my name” (65). Baartman is an emphatically marked woman, best known for the inscriptions and wounds that Cuvier’s science inflicted upon her body. Reading alongside Spillers, the linguistic code that obviously does not appear in Cuvier’s text is Baartman’s *name*. Terming Baartman “this woman” or “that woman” in the first portion of his “Excerpt,” Cuvier eventually takes to calling Baartman “our Bushman woman” or even more intimately, “my Bushman woman.” He ensures that although his readership retains intimate knowledge of Baartman’s most private body parts, they do not know her name, but only know of her possessed and exhibited body. Cuvier’s consistent and increasingly personal uses of possessive pronouns are linguistic codes showcasing his power to name as a power to *own*. Returning to Spiller’s collective call to “face it,” the scientific

inscription of Baartman's body, especially of her face, genitals, and buttocks which Cuvier *marks* as particularly "repellant," "protuberant" and "monstrous," showcases the various ways in which she is written over, surgically and linguistically. In this manner, what we as Cuvier's readers "face" is not Baartman's face at all, but a face and genitalia constructed by Cuvier's racist science.

The second layer of ekphrastic writing centers on Cuvier's account of Baartman's more private exhibition in the Jardin du Roi and is dedicated almost entirely to describing Baartman's breasts and pubic area. Cuvier terms her breasts "large, hanging masses" ending "obliquely" in areolas with "nipples so flat and obliterated as to be almost invisible" (4). Making textually manifest private or "almost invisible" areas of Baartman's body, Cuvier continues his project of filling in the cartographic space of Baartman's body. With his scalpel-cum-pen(is) he lacerates and shades the contours and crevices of her body. Once read for its presentational codes, it is within this second layer of Cuvier's inset map that the pornographic aspects of "Excerpt" become overt. Cuvier follows his discussion of Baartman's breasts with a notation on her hair: "[s]he had no hair other than a few, scattered very short tufts on her pubis, as wooly as the hair on her head (4). Here Cuvier again joins Baartman's physiognomy with her secondary sexual characteristics, this time through a discussion of her "wooly" hair. The presentational codes highlight the overall structure of the inset map whereby Baartman's body is revealed to Cuvier's map-reading audience in progressively provocative increments. Said another way, Cuvier makes of Baartman's body a cartographic and gynecological striptease. In each section he begins with the most exterior parts of Baartman's body possible (in this section, her breasts) and works his way south toward Baartman's genitals. While we might expect a scientific report on the "hottentot apron" to 'get to the point' Cuvier delays the sexual reveal as long as possible, thereby

extending the durative code of the map. Rather than simply “lift” what Cuvier terms Baartman’s “singular veil” he makes of his autopsy report a sort of grotesque “Dance of the Seven Veils” such that his audience is positioned as voyeurs witnessing Cuvier’s medical-sexual violation of Baartman’s body (1). When as readers we finally “arrive” at the culmination of this second layer of the inset map, our voyeuristic gazes are momentarily thwarted. Cuvier did not manage to see Baartman’s genitals in the Jardin du Roi. Consequently we are similarly denied this textual glimpse. Cuvier writes: “on this first inspection, one did not perceive the most remarkable particularity of her anatomy; she kept her apron carefully hidden, either between her thighs or deeper, and it wasn’t until after her death that what she possessed became known (4). Here Cuvier purposefully and *strategically* builds sexual-scientific tension. His choice to recount his own thwarted attempts to gaze upon “the most remarkable particularity” of Baartman’s body, her vagina, ensures that his audience similarly encounters her body piece by sexual piece. Thus for Cuvier’s readerly audience, Baartman’s body remains as sexually charged and linguistically cut-up as it was in the Musée National d’Histoire Naturelle’s laboratory. As a result of Cuvier’s presentational code, his “Excerpt’s” rhetorical code is marked by a voyeuristic and violent cartographic tone that culminates in the final layer of Cuvier’s anatomical inset map.

One major effect of Cuvier’s presentational codes is an unqualified extension of the temporal code of his map. The racial “truths” gleaned from Baartman’s body are figured by Cuvier as timeless—literally preserved for posterity in his words and in his jars. Cuvier’s “Excerpt” generates perpetual ownership over Baartman’s body for the Academy (and thus, as primary member, for himself). In this sense, Cuvier and his white, male audience do not represent mere visitors exploring and mapping a space. Rather, *they will not give this body back*, emphasizing a continual propagation of tectonic codes. In so doing, an otherwise inaccessible

body is made navigable, is *geographically mastered* through Cuvier's cartographic practice. In the case of "Excerpt," what Cuvier and his wider audience apprehend, what they *get*, is Baartman's black female body, *especially* her vagina. The presentational codes of Cuvier's map solidify this apprehension. As previously noted, Cuvier's account of Baartman's body emerges from three increasingly intimate views of her body-on-display. Each layer of bodily mapping reforms the topical boundaries of Cuvier's map, filling in previously blank cartographic space with the medical-sexual aim of penetrating Baartman's vagina, or that "deeper" space "between her thighs" (4). To Cuvier, a complete cartographic account of Baartman's "primitive genitalia" remained "essential to putting her finally in her appropriate place. By exposing [Baartman's vagina] to what passed for scientific scrutiny, Cuvier provides the means to control the previously uncontrollable" (Fausto-Sterling 35). Cuvier's mode of comparative anatomy emphasized a detailed listing of not only exterior traits but especially interior ones, such that his possession of and access to Baartman's vulnerable body assured once and for all an "accurate" racial classification system in and through a violent/violating gynecology.

The final layer of Cuvier's inset map emerges from Cuvier's autopsy and takes as its primary object Baartman's 'hottentot apron.' This "more detailed [posthumous] examination" has as its "first investigations" what he terms Baartman's "extraordinary appendage," or genitalia (4). Cuvier recalls that the "hottentot apron" was "found immediately," emphasizing the alacrity with which it was sought after once Cuvier took possession of Baartman's body. He reports that the apron is "in no way a separate organ" as Perón had argued, but instead remains an extension of the labia minora. Cuvier maintains that Baartman's genitalia exemplifies the "special attribute of her race" thereby "properly" re-classifying her race (San woman, rather than Khoisan) (4). Next, Cuvier claims the dubious "honor" of "presenting to the Academy the genital organs of

that woman prepared so as to leave no doubt as to the nature of their apron” (4). At this juncture Cuvier provides a detailed description of Baartman’s vagina, by far the most technically precise, overtly gynecological, and obviously cartographic passage of “Excerpt.” Sadiah Qureshi notes that this “meticulous description of the *tablier*,” is not only “graphic and violating” but also self-congratulatory since Cuvier “makes it clear that [his] attempted scientific resolution of the *tablier* mystery was a personal triumph” (Qureshi 243). Cuvier details Baartman’s labia, including in his accounts both measurements and metaphors. They are “4 inches in length” and resemble “two, fleshy, wrinkled petals” that “together form the figure of a heart” (4). Next Cuvier concludes this portion of his gynecological catalogue by asserting:

It ought to be obvious to anyone who reads that description, or better yet, to anyone who compares these parts with their analogs in European women, that the two fleshy lobes that form the apron are formed at the top of the prepuce and from the top of the nymphae, and that all the rest of their length consists only of a development of the nymphae alone (5).

Here Cuvier claims that *anyone* reading his description, or said another way, anyone envisioning his textual inset map, should have no trouble discerning the composition of Baartman’s vagina and comprehending its similarities to and dissimilarities from white women’s vaginas. With this assumption he effectively interpellates his readerly audience into the space of the knife-wielding anatomist who not only has access to an array of female genitalia, but also has the power to sight and cite “normal” versus “abnormal” vaginas. As an effect this section influences the inset map’s utilitarian code of extrasignification by suggesting that all who engage with Cuvier’s “Excerpts” attain some level of gynecological know-how enabling them to differentiate black and white vaginas by sight (or text) alone. This passage also concludes major tectonic codes as it

exemplifies Cuvier's methodology—it tracks his gynecological mode of navigating genitalia in order to apprehend racial and sexual “truths” about a black woman's body that are then extrapolated and applied to a wider racial classification system. That these truths, and indeed this methodology, should be “obvious to anyone” in Cuvier's audience sends a clear message: the ownership and penetration of black female genitalia and an attendant comparison to white female genitalia should be an “obvious” commonplace of gynecology. Indeed, this is one of the major myths promoted by Cuvier's textual map, and certainly one taken up by later gynecologists (most notably J. Marion Sims). At this juncture, Cuvier takes the anatomical insights gained from his inset map and applies them to his primary map and main argument—a racial hierarchy that ‘proves’ white superiority.

Cuvier resurrects his previous discussion of the alleged links between the Bushman tribe and primates by asserting that “[t]he Bushmen women's veil is not one of those anatomical particularities that could establish a connection between women and monkeys” (5). Despite this seemingly major obstacle to his overall argument about San women's anatomical kinship with primates Cuvier nonetheless maintains that they *are* linked through secondary sexual characteristics: “the enormous masses of fat that the Bushmen women carry on their buttocks...offer a striking resemblance to those which occur among female mandrills, baboons, etc., and which take on, in certain periods of their lives, a truly monstrous growth” (5). With this claim, Cuvier “reconcile[s] perceived animalism with humanity by classifying Baartman as a *Boschimanne*, the lowest rung in his human hierarchy” (Quereshi 243). At the same time, Cuvier “preserv[es Baartman] as a racial type, rather than as an anomaly or separate species, eras[ing] her individuality whilst implicitly legitimating his politics of anatomy” (243). To support these maneuvers, Cuvier turns to Baartman's skeletal structure, particularly her pelvis. After

comparing Baartman's pelvis to specimens from "primates," "white women," and "Negresses" Cuvier concludes that her pelvis most closely resembles that of primates. He then quite clearly demarcates the next step, or the major utilitarian code, for his scientific successors: to examine "a great number of [black women's] skeletons to assure...that [Cuvier's conclusion] was not a question of something individual" (6). Cuvier thus sets a trajectory of future medical enslavement and examination to verify and extend his racial hierarchy. Ultimately Cuvier explicitly yokes gynecology to phrenology, claiming that "[t]he head provides a surer means of distinction" between races, not because of any intrinsic aspect of skulls, but "because it has been better studied. It is according to the head that one has always classified nations" (6). While at first read this seems to take the burden of racial classification off of female genitalia entirely since heads are a 'sure study,' upon closer scrutiny it actually reads as a recommendation for further and more extensive gynecological study. Here, the relationships between phrenology, physiognomy and gynecology that Cuvier traces out in the first portion of his inset map through a use of linguistic and tectonic codes (codes that sutured Baartman's physiognomy and steatopygia) are affixed:

our Bushman woman also offers some very remarkable and singular [cranial] differences...Our Bushman woman has a snout that is even more prominent than the Negro's, a face wider than the Calmuck's, and nose bones that are flatter than either one. In this latter respect above all, I have never seen a human head more similar to [those of] monkeys than hers (7).

Immediately following these observations, Cuvier asserts that "[w]hat is now clear, and what is necessary to reiterate...is that neither these...Bushmen, nor any race of Negros gave birth to the celebrated people who established a civilization in ancient Egypt, from whom one can say the

whole world has inherited the principles of law, science, and perhaps even religion” (8). In a calculated move, Cuvier turns from an autopsical study of Sara Baartman’s body to a controversial debate regarding the racial origins of Egyptian civilization. Not surprisingly, Cuvier asserts that the Ancient Egyptians *must* have been white and utilizes phrenology and his gynecological findings as conclusive evidence for this argument. Significantly, what distinguishes Cuvier’s assumption of white racial supremacy from other ‘scientific’ accounts from this era is the careful map of black genitalia that precedes and undergirds it. In this manner Cuvier harnesses his three interlocking examinations of Baartman’s enslaved, black body-on-display to generate a racist narrative of white supremacy that itself remains the main thrust of his cartographic and surgical knife. White supremacy is only “clear” after a careful gynecological examination. Related to this, Cuvier’s conclusion that Sara Baartman and other ‘Bushmen’ women represent humanity at its lowest form invests his gynecological discourse with an anatomical classification system that creates space for, and even promotes, medical violence against black women. By yoking the idea of the “dark continent” of Africa to Baartman’s genitalia Cuvier turns the “space” of Baartman’s vagina into a mapped place, or destination, for 19th century science. Less than three decades later, J. Marion Sims, frequently cited as the ‘father of modern gynecology,’ took up Cuvier’s gynecological baton and began his aggressive experimentation on enslaved black women in the United States.

J. Marion Sims: “The great surgeon, the evangelist of healing to woman”

James Marion Sims (1813-1883), known for being both America’s “first gynecologist [and] undoubtedly its most important one” remains a controversial figure in medical history.¹⁵¹ Sims was both a respected and an acclaimed physician in his time. On June 21, 1849, after four

¹⁵¹ Buxton, C. Lee. Foreword. *The Story of My Life*. By J Marion Sims. New York: Da Capo Press, 1968. Print. v

years of attempts, Sims finally perfected a technique to cure vesicovaginal fistula.¹⁵² His technique is credited with having ultimately eradicating such fistulas in developed countries and represents a significant and enduring surgical achievement, earning Sims the title of “the father of modern gynecology.”¹⁵³ After his initial surgical successes with vesicovaginal fistula, Sims played a leading role in opening the first hospital exclusively for women in 1855, the Women’s Hospital of New York. He became the President of the American Medical Association in 1875 and the President of the American Gynecological Association in 1880. Sims was the first physician to have a statue erected in his honor in the United States (in Bryant Park in 1894).¹⁵⁴ The “Sims speculum” and “Sims position” today remain eponymic reminders of just two of Sims’s gynecological contributions. Despite these many achievements, beginning in the 1970s with historian G.J. Barker-Benfield’s publication of *The Horrors of the Half-Known Life* (1974), Sims’s medical career has undergone increasing scrutiny given the means to his successes.

An adamant proponent of slavery, Sims developed his cure for vesicovaginal fistula by experimenting on at least twelve slave women from the winter of 1845 through the summer of 1849.¹⁵⁵ During this time Sims likely performed hundreds of operations, and by his own account,

¹⁵² In brief, vesico-vaginal fistulas are severe complications resulting from prolonged obstructed labor that damages and destroys the tissue of the vagina to such a degree that connections form between the vagina and the bladder, resulting in acute urinary incontinence. In some severe cases connections also form between the bowels and the vagina, resulting in rectal incontinence.

¹⁵³ Lerner, Barron H. “Scholars Argue Over Legacy of Surgeon Who Was Lionized, Then Vilified.” *New York Times*. 153.52650 (2003). Print.

¹⁵⁴ This statue was relocated to the perimeter of Central Park in 1934, adjacent to the New York Academy of Medicine. Additionally, statues of Sims stand at South Carolina’s state house and medical school, at Jefferson College, and the Alabama capital grounds. See Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday, 2006. Print.

¹⁵⁵ Sims, J M. *Silver Sutures in Surgery: The Anniversary Discourse Before the New York Academy of Medicine, Delivered in the New Building of the Historical Society on November 18, 1857*. New York: Samuel S. and William Wood, 1858. Print. 9. Sims himself was a slave owner, owning at least a dozen slaves at a time (*The Story of My Life* 266). It is suggested that he owned one or more of the enslaved women he experimented on. For more information, see: McGregor, Deborah M. *Sexual*

performed a total of thirty operations on one slave woman, Anarcha, alone.¹⁵⁶ Perhaps because administering anesthesia was still uncommon in surgical practice at this time, all of these operations were performed without it.¹⁵⁷ Given the duration and scope Sims's medical experimentation (his enslaved patients were housed in a makeshift hospital on his property, thereby perpetually available for surgery for the four year duration, and he actually purchased some of them), the vulnerability of his medical population (enslaved and ill young women, recently having lost a child and separated from their families and wider slave communities), and the level and sort of violent medical-sexual exposure attached to the operations (multiple white male colleagues both spectated and assisted Sims during these painful and gruesome operations until finally abandoning Sims, likely due to the nature and duration of his experimentation), Sims's once blithely positive medical legacy has grown increasingly complicated. Historical scholars, ethicists, writers in the popular press and authors in the medical humanities who investigate Sims's legacy frequently highlight the unethical nature his experimentation. Writing for the *Journal of Medical Ethics*, D. Ojanuga maintains that Sims's early practice remains "a classic example of the evils of slavery and the misuse of subjects for medical research."¹⁵⁸ Sims is also criticized for operating along lines of racial bias given his refusal to use anesthesia on either his enslaved patients or his Irish immigrant patients at the Women's Hospital of New

Surgery and the Origins of Gynecology. New York: Garland Publishing, 1987. For his pro-slavery views, and for moving abroad to Europe during the Civil War, Sims was termed a rebel and an enemy of his country. Sims recounts that "[m]y political sentiments were never hidden from anybody...[m]y sentiments I cannot help, for I lived forty years of my life in the South" (350, 366).

¹⁵⁶ Ibid. 246

¹⁵⁷ Wall, LL. "The Medical Ethics of Dr. J Marion Sims: a Fresh Look at the Historical Record." *Journal of Medical Ethics*. 32.6 (2006): 346-50. Print. 348

¹⁵⁸ Ojanuga, D. "The Medical Ethics of the 'father of Gynaecology,' Dr J Marion Sims." *Journal of Medical Ethics*. 19.1 (1993): 28-31. Print. 28

York. Sims reserved the use of ether for his non-immigrant white patients.¹⁵⁹ These inequalities in medical treatment complicate Sims's legacy, particularly the commemorative marker in Lancaster, South Carolina that honors Sims for "his service to suffering women, Empress and Slave *Alike*."¹⁶⁰ Given the racializing aspects of Sims's legacy, in early 2011 New York Councilwoman Melissa Mark-Viverito polled residents of East Harlem to determine if they found the statue of Sims in Central Park, located at Fifth Avenue and East 103rd Street, offensive and thus requiring removal.¹⁶¹ In response, officials of New York City's Department of Parks and Recreation noted that while they would not "remove art retroactively on the basis of content," a plaque with historical information about Sims's experimentation on slave women would supplement the statue itself.¹⁶² Over three years after this statement, the language for such a plaque is not yet approved. Such hesitancy in updating the historical record, or in grappling with issues of racial violence within the discipline of medicine, is still evinced in many of the medical sources on Sims.

In their 2011 *Journal of Urology* article, "The Portrayal of J. Marion Sims's Controversial Medical Legacy," Sara Spettel and Mark Donald White note that Sims's legacy is only rarely and superficially debated within medical publications.¹⁶³ These cursory discussions

¹⁵⁹ Wall 348; Sartin 6; McGregor 51. G.J. Barker-Benfield notes that the impoverished Irish patients at the Women's Hospital were treated for free, and the discoveries Sims and his fellow gynecologists made at the hospital were then applied for "stupendous fees" in private practice, thereby introducing the practices of Sims's "medical plantation" in Montgomery to New York (95-6). See Barker-Benfield, G J. *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America*. New York: Harper & Row, 1976. Print. 95

¹⁶⁰ The marker's reference to an Empress stems from Sims's 1863 treatment of Empress Eugenie, the wife of French Emperor Napoleon III. See *The Historical Marker Database*. Online. Emphasis mine.

¹⁶¹ Otis, Ginger Adams. "Slave Doc Knocked off Pedestal." *New York Post*. 11 February 2011. Online.

¹⁶² Gonzales, David. "Sculpture of Paradox: Doctor as Hero and Villain." *The New York Times*. 2 March 2014. Online.

¹⁶³ Spettel, Sara, and Mark D. White. "The Portrayal of J. Marion Sims's Controversial Surgical Legacy." *The Journal of Urology*. 185.6 (2011): 2424-2427. Print. Spettel and White reviewed

likely stem from the monolithic status of science itself. Since the medical sciences, gynecology included, are traditionally and popularly viewed as objective and benevolent modes of inquiry and practice, practitioners of those sciences, frequently lacking in tools to grapple with such bias, tend to turn outward instead of in, re-presenting science's monolithic front and re-enforcing its narrative of uninterrupted impartiality and humaneness.¹⁶⁴ In this case what results is a "static portrayal of Sims as surgical innovator" (2424). More significantly, the absence of debate on this topic precludes a wider conversation on the longer history of gynecological racial violence.

Donna Haraway's feminist work in science studies is conceptually useful here. Haraway suggests in *Primate Visions* (1989) that scientific practice should be "considered a kind of storytelling practice—a rule governed, constrained, historically changing craft of narrating the history of nature. Scientific practice and scientific theories are produced and are embedded in particular kinds of stories...[emerging from] historically specific practices of interpretation and testimony" (4).¹⁶⁵ Haraway's refusal to perpetuate the myth of scientific objectivity reveals not only the constructedness of scientific fact, but also emphasizes the fact of science *in passage*. Passing as fact, science is also (or instead) a series of fictions. Taking up Sims's scientific practice as a narrative in passage allows for a critical consideration of his rhetorical strategies as well as their effects. It also creates space for disruptions or revisions to an otherwise rather hegemonic medical archive.

In "Toward an Understanding of the 'Medical Plantation' as a Cultural Location of Disability" Rachel Dudley theorizes Sims's experimental hospital as a medical plantation

medical, sociological and periodical sources on Sims from 1851 to the time of their writing to attain a comprehensive picture of his discursive legacy.

¹⁶⁴ For example, see: Sartin, Jeffrey S. "J. Marion Sims, the Father of Gynecology: Hero or Villain?." *Southern Medical Journal*. Birmingham, AL: Southern Medical Association, 2004. 97(5). Internet resource.

¹⁶⁵ Haraway, Donna. *Primate Visions: Gender, Race, and Nature in the World of Modern Science* New York: Routledge, 1989.

wherein Sims's black enslaved patients were "raw materials for medical-scientific advancement" (1). Noting that "the bodies on which new [gynecological] knowledge was extracted and capitalized have few traces in the archives and in broader cultural memory," Dudley concludes that Sims's medical plantation exemplifies a space where "black women's nude bodies were literally hyper-exposed for medical advancement even while their lives and broader stories bear few traces at all" (6). Since the dominant historical archive is all Sims scholars can access, it becomes necessary to read two of his interrelated and major publications against the grain in an effort to ascertain these "traces." Such a reading first requires a rejection of both the dichotomizing and synthesizing approaches to Sims's legacy (evinced by so many of his supporters or detractors) in favor of a different approach. In accepting uncritically Sims's appellation as "the Father of Gynecology," his experimental surgery remains inaccurately understood as so innovative as to somehow stand apart from and outside of prior gynecological practice. Re-placing Sims's surgical practice within a wider history of gynecology highlights the ways in which Sims represents both an inheritor *and* promoter of gynecological racial violence. Following Saidiya Hartman I attempt to "defamiliariz[e] the familiar" in modern gynecological practice both by refusing its traditional historical and medical standing as a benevolent science and by extending its historical origin (4). Viewed through the lens of racial bias, it becomes possible to "illuminate the terror of the mundane and quotidian," precisely those aspects of gynecological practice that White and Spettel claim modern medical discourse only shallowly takes up (4). In so doing a firmer and more comprehensive understanding of the stakes of racialized medical violence in nineteenth-century gynecological surgery can be attained, especially as these relate to prior and subsequent gynecological practices (4).

Hartman opens *Scenes of Subjection* by considering how Frederick Douglas's introduction to slavery occurred through the torture of his Aunt Hester (3). Hartman recognizes this moment of racial violence as "an original generative act equivalent to the statement 'I was born'" and explains that the "passage through the blood-stained gate is an inaugural moment in the formation of the enslaved...it is a primal scene" (3). Hartman's book centers on the ways in which audiences of slave narratives are "called upon to participate in such primal scenes" (3). Read through the lens of Dudley and Hartman, Sims's medical experimentation represents a *medical* primal scene. As Dudley implies in her work on the medical plantation, in experiencing a medical captivity set apart from the plantation, yet still emphatically invested in that political economy, Sims's enslaved black patients underwent a unique mode of bondage. Sims's experimental hospital need not represent his enslaved patients' introduction to slavery since it remains the inaugural moment for a new sort of primal scene—an enslavement predicated on their gynecological bodies-in-pain. Here I understand the medicine of gynecology as a "savage encroachment of power" occurring through notions of curative medicine (5). Refusing the patriarchal narrative of Sims's experimental practice as stand-alone and instead insisting on his status as a major benefactor of racist transatlantic gynecological practice, I close read Sims's work in order to examine the connective tissues that bind his experimental surgeries with those of early gynecologists like Georges Cuvier. Under this view their work is linked through a rubric of gynecological mapping, racialized power, and bodily trauma. In an effort to avoid the slippage between remembering slave trauma and acting as promoter of or voyeur to a pornographic portrayal of pain, Hartman avoids an investigation of scenes like Aunt Hester's torture, focusing instead on scenes and experiences "where terror can hardly be discerned" (3). I remain interested in gynecological scenes like Cuvier's dissection of Saartjie Baartman and Sims's experimental

surgeries that, written from a white doctor's perspective, are artificially devoid of the violence and terror that properly qualifies them. Although returning to these primal scenes risks promoting a voyeurism, avoiding that return ensures that the racial-sexual violence of gynecological maps of black women's bodies continues unopposed. In other words, it seems essential to excavate the violence and attendant terror of such gynecological maps in order to alter the ways in which audiences read them. Consequently it is in "actively remembering the violated bodies of enslaved women in this medical context" that leads to an essential understanding of Sims's medical clinic-cum-plantation as "a space where [racist] ideology and medical practice converge" (Dudley).

Returning to Terry and Urla's claim in *Deviant Bodies* that the classificatory practices required for determining gynecological abnormality depended on the ability to sight alleged racial difference at the site of female genitalia, examining Sims's surgical practice through the lens of critical cartography creates space for a gynecological *decoding* of Sims's major racializing claims (10). In Sims's works, the gynecological investment in and (mis)use of enslaved women's bodies are carefully covered over by what John Fels and Dennis Wood term the "style of Science" imbuing Sims's practice with technical modes of reliability, objectivity, and professionalism.¹⁶⁶ Consequently it is only by "disrobing" Sims's own body of work that space is created for considering how nineteenth-century gynecology constructed an image of the black female body-in-pain as concomitantly indispensable and radically dispensable. Although Sims's major publications on discovering a cure for vesicovaginal fistula do not contain the precise textual maps of Cuvier's "Excerpt," in attempting to unpack both the connectivity of these texts and what remains at stake in Sims's practice, it is useful to re-examine his surgical

¹⁶⁶ Wood, Denis, and John Fels. *The Power of Maps*. New York: Guilford Press, 1992. Print. 115

discourse through cartographic codes. Considered alongside codes of inventory that construct hierarchical valuation, Sims, like other scientists of his era, constructs black bodies as both the binary opposite to white bodies and as their medical equivalent. Further, black bodies are figured as both less valuable than white bodies and as absolutely invaluable given their status as experimental flesh used in service to white gynecological normalcy. The language Sims uses to describe the moment he first implements what will become known as his innovative “Sims position” begins to reveal this system of valuation. After having refused at least two cases of vesicovaginal fistula in slave women given its incurability, Sims was called to assist a white woman, Mrs. Merrill, suffering from a retroversion of the uterus resulting from a fall from a horse in late 1845. After examining her in a new position (on all fours) and curing her injury, Sims experienced a gynecological epiphany leading him to reexamine his enslaved patients. Sims describes this moment of re-examination during his Anniversary Discourse at the New York Academy of Medicine on November 18th, 1857, later transcribed as *Silver Sutures in Surgery*, and again in his autobiography, published posthumously in 1884. He notes in *Silver Sutures*:

I hurried home—and the patient who was to have left on the next day was placed in the position described, with an assistant on each side to elevate and retract the nates. I cannot, nor is it needful to describe my emotions, when the air rushed in and dilated the vagina to its greatest capacity, whereby its whole surface was seen at one view, for the first time by any mortal man. With this sudden flash of light...all the principles of the operation were presented in my mind as clearly as at this time. And thus in a moment, in the twinkling of an eye, new hopes and new aspirations filled my soul, for a flood of dazzling light had suddenly burst upon my enraptured vision, and I saw in the distance the great and

glorious triumph that awaited determined and persevering effort (54).

This same moment is similarly recounted in *The Story of My Life*:

I stopped and bought a pewter spoon...and said, 'Come, boys, go to the hospital with me... I said, 'Betsey, I told you that I would send you home this afternoon, but before you go I want to make one more examination of your case.' She willingly consented...I mounted her on the table, on her knees, with her head resting on the palms of her hands. I placed the two students one on each side of the pelvis, and they laid hold of the nates, and pulled them open. Before I could get the bent spoon-handle into the vagina, the air rushed in with a puffing noise, dilating the vagina to its fullest extent. Introducing the bent handle of the spoon I saw everything, as no man had ever seen before. The fistula was plain as the nose on a man's face...The walls of the vagina could be seen closing in every direction" (234, 235).

Prior to commencing a discussion of the tectonic codes exemplified in these dual accounts, it seems significant to note that despite discovering this new gynecological position on a white woman, Sims did not attempt to gaze into the interior of his white patient's vagina. This decision, completely overlooked in extant criticism, showcases prior to Sims's years of experimental surgery a clear preference for trying out new and invasive techniques on black women in bondage, thereby showcasing *medical* codes of inventory. Moving to a consideration of the tectonic codes at work in these accounts requires an awareness of *how* Sims masters the recalcitrant female body.

Sims only gains an unobstructed view of Betsey's vagina through a series of uncomfortable, if not outright violent, maneuvers. To begin, Betsey is placed in a sexually vulnerable position. Her hands are constrained beneath her head, her buttocks elevated in the air.

Two white men simultaneously pull open her labia by painfully grasping and tugging on her pubic hair. At this juncture Sims inserts a make-shift metal instrument into her injured, pained, and extremely sensitive vagina. In this manner, Sims's ocular mastery of Betsey's vagina, and his presumed future mastery, or "great and glorious triumph" over other women's vaginas, is made possible through invasive, even violating techniques. Yet a language of heroic medical exploration obfuscates the violence of this examination. Sims's description of Betsey's vagina echoes Cuvier's description of his own gynecological undertakings. Sims fondly recalls in "Silver Sutures" that the "whole surface [of a woman's vagina] was seen at one view, for the first time by any mortal man" and in *Story of My Life* asserts that "a flood of dazzling light had suddenly burst upon my enraptured vision" when he "saw everything, as no man had ever seen before." Recall that Cuvier opens his autopsy account with a self-congratulatory language similar to Sims, averring that there is "nothing more celebrated" than the "hottentot apron," or to be precise, of Cuvier's final word on its existence and qualities. In Cuvier's "Excerpt," the "hottentot apron" represents Cuvier's primary iconic code. To Sims, there is nothing more awe-inspiring than his ability to see inside of an enslaved black woman's vagina, suggesting that his primary iconic code or his major cartographic icons are the lucrative combination of black skin and an injured vagina. In addition to the tectonic codes at work here, the topic codes of Sims's passages seem significant. Here Sims turns the space of an enslaved body in (vaginal) pain into a specific location not only for his own surgical (mal)practice, but for future gynecological experimentation and intervention. In so doing Sims sets the cartographic tone: Sims, like Cuvier before him and many gynecologists after, functions as a colonizing physician whose surgical benevolence remains haunted by the evils of chattel slavery.

“Silver Sutures” was delivered in part as a censure of Sims’s former pupil and protégé Nathaniel Bozeman, who altered Sims’s surgical technique and attempted to gain some credit for his adjustments. In reaction, Sims positions himself in “Silver Sutures” as an inaugural and proselyting medical seer foretelling a gynecological triumph of his own making. Sims describes himself as struck by an epiphanic lightning bolt, vaginal in origin, that reads into the “distance” of Betsey’s ravaged black vagina a “great and glorious [gynecological] triumph” that only required Sims’s “determined and persevering effort” to engender. In this manner, Sims maps onto an enslaved woman’s vagina his own professional triumph. This moment of medical examination demonstrates a “primal scene” since the “the centrality of [medical] violence” actually involved in Sims’s “repeated failures” “mak[es]...the [medicalized female] slave” (3). In addition to the two medical students that assist in this examination, Sims invites to the “inauguration of his experimental series” no less than seven white doctors, imbuing this already violent clinical scene with something akin to a gang rape: “[s]ome medical friends, amongst whom were Drs. Boling, Holt, Ames, Baldwin, Jones, McWhorter and Henry, were invited to the inauguration of the experimental series” (54). Sims’s invitation here echoes Cuvier’s assertion that “everyone could confirm” many of his preliminary autopsical observations of Baartman during her public display. In addition, this portion of the address remains particularly troubling given Sims’s matter-of-fact statement in his second account, taken from *Story of My Life*, that Betsey “willingly consented” to Sims’s experimental methods. Reading Sims’s linguistic codes against the grain, pressure is put on this idea of “consent.” Linguistic codes both provide a written record and indicate powers of classification and ownership. It is precisely this language of consent, mentioned in this moment of examination (not yet surgical operation) that is superimposed over Betsey’s voice in a dominant archive. And it is this superimposition that

medical scholars uncritically take as evidence for the enslaved women's willingness to participate in Sims's "experimental series."¹⁶⁷ Thus a crucial aspect of the scene Sims sets for his white audience is this "simulation of [Betsey's] agency" which turns her "overt helplessness" into a moment of "pleasure and possession" by not only Sims, but his fellow doctors (Sims 234, Hartman 23). The presentational codes of these accounts also put pressure on this notion of consent. A crucial aspect of the presentational code is not just what is presented and how, but what is *not* presented—what does not make the historical record.

A language of sexual pleasure and possession remains evident in Sims's accounts. Rather than describe with objective, clinical terminology this "discovery" of a new gynecological position that makes the interior of the vagina visible and subsequently enables innovative vaginal surgery, Sims equates medical exploration with sexual conquest. He cites himself as the first man to "see everything" as "no man" had before, or said another way, to voyeuristically penetrate the virgin ocular space of Betsey's vagina (235). The manner by which Sims sets up the moment of medical-sexual conquest functionally sets the medical scene of invasive penetration and subjection; given the imbalances of power between the vulnerable patient and multiple male

¹⁶⁷ See Doctor Lewis Wall's "The Medical Ethics of Dr. J. Marion Sims: a Fresh Look at the Historical Record" (2006). Wall is a renowned obstetrician and gynecologist practicing and teaching at Washington University in St. Louis and has made the repair of obstetric fistulas his life's work. Wall has unquestionably made an incredible difference in the lives of many women with fistulas. For this reason, his work on Sims's surgical innovation certainly deserves comment. Despite conceding that "[i]t is difficult to make fair assessments of the medical ethics of past practitioners from a distant vantage point in a society that has moved in a different direction," Wall believes he makes a fair assessment when he terms the "attacks launched against Sims by these modern writers" erroneous given their lack of "substantiat[ion] by the primary historical sources relating to the case." Wall's claim that criticisms of Sims's experimental practice along racial lines are unsubstantiated by the "primary historical sources relating to the case" is assuredly *true*. Since the dominant historical archive is constructed overwhelmingly of Sims's own publications, and since Sims was a self-identified promoter of slavery and slave owner intent on curing vesicovaginal fistula, he very logically would have withheld from his writings any events, views, or opinions countering his surgical agenda.

doctors, this examination scene is not just menacing, but violent. Betsey is “mounted” on a table, not placed; her body is “laid hold of” and “pulled open,” her genitals exposed before three men of medical authority. Sims’s description is thus not only pornographic, but also imbricated in racial and gendered logics of power. “Mounted” on the table, Betsey becomes repository for not only the white, male clinician’s desire for the black female body, but also for a continuation of gynecological violence against enslaved black women. In this regard, what Sander Gilman terms the “peculiar attribute” of medical power is not merely in “its status as science” here, but also in “the overt helplessness of the individual” (28). This helplessness is amplified in Betsey’s status as slave, underscoring Hartman’s claim that the enslaved female “does not so much possess gender as she is possessed by gender—that is, by way of a particular investment in and use of the body” (100). In addition to these discursive layers, C. Lee Buxton notes in his foreword to Sims’s *Story of My Life* that his autobiography, or Sims’s version of this scientific story, is “occasionally inaccurate” (x). In fact, a careful reader of Sims’s writings will identify a great deal of dissemblance. For instance, when describing his decision to sell his twelve slaves, Sims recalls:

[w]e hadn’t many negroes...the dozen negroes we had were house negroes and town negroes...I said, ‘You must all select masters with whom you are willing to live... We will agree about the valuation’... They all began to weep...’We don’t want to be sold. Let us stay here and we will take Colonel Clauton for an agent’...I told the negroes to do exactly as they pleased, and that I would not put any of them in slavery against their will (*Story of My Life* 266).

Here Sims seems blinded by his own racial bias, asserting that he would “not put...in[to] slavery” men and women whose bondage he has already ensured and intends to extend. Sims’s

misuse of a language of free will here at the very least puts pressure on his claims that his enslaved patients “implored me to repeat operations” and “beg[ed] me from day to day, to ‘try one more time’” (“Silver Sutures” 55, 57). Similarly, Sims does not seem to detect the contradiction inherent in his claims that “[m]y patients were all perfectly satisfied with what I am doing for them” and “I am going on with this series of experiments to the end. It matters not what it costs” (243). Presumably it would not matter if Sims’s patients were distressed by his experimental surgeries since he has no regard for the (human) cost of his gynecological efforts. While Sims did not hide the identities of his patients, he also did not publicize their enslavement. For instance, in *Silver Sutures*, an address to a Northern audience, Sims refers to his patients as “healthy young negro women,” not injured, pained *slave* women. These narrative inconsistencies or traces of fiction in Sims’s discursive “fact” further reveal the *myth* of scientific objectivity and again emphasize the fact of science in passage.

The durative codes of Sims’s publications exemplify the ways in which science is a practice in passage. These codes are evinced most positively by the timelessness of his surgical practice. As noted, his innovations are still widely used in curative gynecological practice today. Yet other more troubling aspects of Sims’s practice have also endured—those relating to his surgical ethics. This chapter argues that a clear line of gynecological racial violence can be traced between the violent exploitation and exhibition of an enslaved black woman’s body in Cuvier’s “Excerpt” to Sims’s surgical experimentation and beyond. As Dudley notes, despite their separation by both the Atlantic and several decades, Baartman’s story remains “part of the larger cultural construction of black female pathology which incorporated African American slave women” (6). Dudley reminds us that Sims’s medical invention of the duck billed or “Sims’s speculum” relied upon a “scientific and cultural view of the black body as always

already pathological that created the conditions for Sims to have uninhibited access to them as experimental subjects” (5). In other words, Sims’s ability to experiment on enslaved black women’s vaginas represents a transatlantic gynecological inheritance that has since been nearly erased from the colonial and medical archives. Insisting on his status as “father of gynecology” eradicates a significant connection between Sims’s attempts to gain gynecological momentum in and through a violent experimentation on black female vaginas and Cuvier’s own racializing project of penetrating and excavating the space of Baartman’s vagina to generate definitive proof of white racial and sexual superiority.

Another more specific durative code emerges in Sims’s transference of his experimental practice to in Montgomery, Alabama to his protégé in 1853. Sims recalls that he “gave Dr. Bozeman of that place a partnership in business, and *indoctrinated him in my peculiar method of operating for vesico-vaginal fistula*” (“Silver Sutures” 10, emphasis mine). “Peculiar method” here has a doubled meaning. On the one hand, Sims suggests that he taught Dr. Bozeman the new somatic position most advantageous to vaginal surgery as well as the use of silver sutures required for such a surgery’s success. On the other hand, Sims’s didacticism here also involves the medical exploitation of the “peculiar institution” of slavery. In brief, Sims’s peculiar method is non-consensual experimental surgery within bondage. This also represents the utilitarian code at work in Sims’s texts. Sims advocates the future use of his procedure, but does so through published images of *white* women with fistula. The illustration accompanying “Silver Sutures” depicting Sims’s speculum and his innovative position includes a pained-looking white woman lying on her side with one leg at her chest, fully clothed, rather than a naked black woman on her hands and knees with vagina exposed. Similarly, the illustration shows another white woman standing at the white patient’s back, pantomiming the hand movements necessary to manually

dilate the vagina, rather than two male doctors holding her vagina open for another doctor's penetration with an instrument. This illustration, alongside Sims's strategic use of diction in *Silver Sutures* (terming his experimental patients "healthy young Negro women" instead of injured, vulnerable slave women) commences a history of gynecological erasure whereby the experimental black flesh upon which gynecology is constructed disappears from the dominant archive. Following J.B. Harley, I argue that disrupting such seemingly univocal gynecological discourse might actually generate a newly *oppositional* gynecology that makes resistance the "determinant part of the cartographic message."¹⁶⁸ Written post-emancipation, Pauline E. Hopkins's *Of One Blood; or: The Hidden Self* (1903) gestures toward a feminist generation of oppositional gynecologies.

Of One Blood: Race, Mysticism, and an Oppositional Gynecology

Of One Blood appeared in serial form from 1902-1903 in the *Colored American Magazine*. Hopkins's subtitle references William James's 1890 essay, "The Hidden Self," which opens with a meditation on what James terms "the Unclassified Residuum" or the "sort of dust-cloud of exceptional observations, of occurrences minute and irregular, and seldom met with" that float "[r]ound about the accredited and orderly facts of every science...facts that established scientific systems cannot explain or accept."¹⁶⁹ James suggests that the Unclassified Residuum of a science is incredibly productive since it forces a reevaluation of otherwise monolithic scientific practices. Hopkins's focus on of the "hidden self" of racist science or its "unclassified residuum" creates space for a larger novelistic challenge to nineteenth-century pseudo-scientific racial claims that were popularized and congealed by men like Doctors Nott, Cuvier, and Sims. The main argument of Hopkins's novel, succinctly evinced in the oft-repeated line, "who is clear

¹⁶⁸ Harley 86

¹⁶⁹ James, William, and Robert D. Richardson. *The Heart of William James*. Cambridge, Mass: Belknap Press of Harvard University Press, 2010. Print. 79, 80

enough in vision to decide who hath white blood and who hath it not?," is that the amalgamation began by and extended through the rape of black women by white men under chattel slavery has so intermingled the blood of the black and white races so as to make them indistinguishable.¹⁷⁰ Hopkins's challenge to the "one drop rule" actually moves beyond claims for racial equality since she envisions black blood as superior to white, and ends her novel with a back-to-Africa plot concerned with recovering pure Ethiopian bloodlines. Thus while Hopkins's novel is overtly critical of much pseudo-scientific racism, racial arguments nonetheless remain a central aspect of her novel. The first African-American novel that both includes African characters and utilizes the continent of Africa as a primary setting, *Of One Blood* departs from traditional scientific race-thinking in several important ways. First, it positively and decisively portrays ancient African civilization and peoples, and maintains that this civilization was a *black* civilization.¹⁷¹ In so doing, Hopkins's novel speaks back to the nineteenth-century racist sciences generally that sought to claim ancient African civilization (whether Ethiopian or Egyptian) for whites, and Cuvier's argument in "Excerpt" for the white source of ancient civilization specifically.¹⁷² Next, since the novel is set for a time at Harvard University where Louis Agassiz infamously promoted polygenesis, *Of One Blood* offers a monogenetic counter-narrative. Finally, and of primary significance for my work on dominant gynecologies, Hopkins counters racist pseudo-sciences

¹⁷⁰ Hopkins, Pauline E. *Of One Blood; Or: The Hidden Self*. Hopkins. New York: WSP, 2004. 178

¹⁷¹ Japtok, M. "Pauline Hopkins's *Of One Blood*, Africa, and the 'Darwinist Trap.'" *African American Review*. 36 (2002): 403-416. Print. In *A Primer of Facts* Hopkins specifically aligns responsibility for this comingling with "[c]hivalrous Southern men [who] desecrated the purity of the Southern home, and, incidentally, opened this question of racial purity" (350). Hopkins, Pauline E, and Ira Dworkin. *Daughter of the Revolution: The Major Nonfiction Works of Pauline E. Hopkins*. New Brunswick, N.J: Rutgers University Press, 2007. Print.

¹⁷² Professor Stone, the ethnological expert of the expedition, acts as the mouthpiece for Hopkins's argument of the black origins of ancient African civilization, stating that "of this we are sure—all records of history, sacred and profane, united in placing the Ethiopian as the primal race...[and] [u]ndoubtedly your Afro-Americans are a branch of the wonderful and mysterious Ethiopians who had a prehistoric existence of magnificence, the full record of which is lost in obscurity" (99).

with African medical practices (royal in origin) that are passed along through the black maternal line.

Reading *Of One Blood* alongside major tenants of Hopkins's nonfictional work, *A Primer of Facts Pertaining to the Early Greatness of the African Race and the Possibility of Restoration by Its Descendants* (1905), clarifies the conception of race at work in her novel. As Caroline Levander notes, *A Primer* offers "an alternative account of the social meaning of race and the blood that increasingly comes to determine it by the late 19th century" and in so doing, *A Primer* counters prevailing scientific theories of race.¹⁷³ As its title page states, a major aim of *A Primer* is to showcase the "early greatness of the African race" through reference to racial claims "compiled and arranged from the works of the best known ethnologists and historians," suggesting that one aim of Hopkins's work is to foster race pride (334). What remains particularly interesting about *A Primer* is Hopkins's inclusion of her own biological account of skin color. She claims that "human skin consists of three structures," the external (or cuticle) structure, which is "thin transparent and...easily rubbed off by abrasion," the middle structure which "gives all races the complexion peculiar to each" caused by the "red matter" entering the cell's liquidity, and what she terms "true skin," which is also colorless (337). That "the color of the blackest African is then simply concentrated red" suggests that no other somatic difference exists between the black and white races (337).¹⁷⁴ Despite this, Hopkins reverses prevailing scientific valuations of race by arguing that "Anglo-Saxon blood is already hopelessly perverted, with that of other races, and in most cases to its great gain," suggesting that the white race has benefitted from any commingling with the "black race" (350). The remainder of *A Primer* makes

¹⁷³ Levander, Caroline. "Pauline Hopkins and Psychologies of Race." *Prospects: an Annual of American Cultural Studies*. 28.1 (2003): 203-219. Print. 210

¹⁷⁴ That redness indicates an African origin is twice referenced in *Of One Blood*. When Reuel is confronted with Aubrey's knowledge of his racial origins, Reuel first "flushed slowly a dark, dull red" and later "a dark, dull red spread slowly to the very roots of his hair" (44, 58).

a case for African Americans as “socially superior to and subsequently regenerative for the white race” (Levander 211). Of especial significance for *Of One Blood*, Hopkins explicitly lays historical claim to the medical sciences for the black race: “[t]he science of medicine was practiced by the priests [of Ethiopia and Egypt] in even the remotest ages” (342). McDowell suggests that the “Unclassified Residuum” of Hopkins’s novel might refer to “the residue that ethnology, its sights riveted on blood fractions and the body, had left ‘unclassified’” (xiv). With Hopkins’s *A Primer* in mind, it seems possible that the “Unclassified Residuum” describes precisely what dominant modes of ethnology, phrenology, physiognomy, and gynecology had missed: competing and oppositional modes of medicine.

In brief, *Of One Blood* recounts the dramatic and ultimately tragic reunion of Reuel, Aubrey and Dianthe, three full-blooded siblings who are unwitting reproductive products of at least two generations of racial-sexual violence under chattel slavery. The siblings’ white grandfather, Doctor Aubrey Livingstone, raped their black grandmother, Hannah. One of Hannah’s ten children resulting from Hannah’s rapes, Mira (the siblings’ mother), is subsequently raped by her own half-brother, Livingstone Junior, culminating in the birth of their three children. Despite their racially mixed heritage, Reuel, Aubrey and Dianthe all easily pass for white. Separated from each other as Mira was from her nine siblings, the three remain ignorant of their blood relationship, leading to two incestuous and sexually violent marriages in the novel (first Dianthe to Reuel and then Dianthe to Aubrey). Dianthe, a victim of a train accident, becomes a lost-cause patient at the hospital where Reuel and Aubrey practice. After saving her life, Reuel determines to marry Dianthe, keeping her racial history a secret from her and the wider medical community. Despite remaining close friends at Harvard Medical school, Aubrey and Reuel’s relationship deteriorates when the former, desiring Dianthe for himself,

reveals Reuel's mixed-race origins to the medical community, effectively forcing Reuel to act as medical advisor for a colonial African expedition seeking the ancient Ethiopian city of Meroe. After lying about Reuel's death and killing off his own fiancé to make himself more readily available for marriage, Aubrey (still ignorant of his fraternal relationship to Dianthe) removes Dianthe to his family's Southern plantation where his sexual domination encounters no resistance from outsiders. Meanwhile, Reuel, inaccurately informed of Dianthe's death, enjoys an incredibly successful expedition, locating the ancient city of Meroe and learning of his royal Ethiopian origins. Informed of Aubrey's perfidy through African mysticism, Reuel travels back with his trusted advisor to the Livingstone family's plantation in the American South. Here Dianthe dies after a botched attempt to poison Aubrey and Aubrey commits suicide as is decreed for royal family members who have committed murder.

Perhaps because *Of One Blood* seems to eschew generic categorization by participating in a wide variety of genres (including at least realism, sentimentalism, historical romance, fantasy, science fiction, mystery, and the adventure novel) the primary signification of the text remains contested terrain. Some critics, including Deborah Horvitz, focus on how rape, trauma, incest and an attendant hysteria underpin miscegenation in the novel, which itself represents the aftermath of slavery. Horvitz credits *Of One Blood* as being the first and only text by a black woman at the turn of the twentieth century to "call attention to the confluence of intrapsychic and political forces that results in sexual and political domination."¹⁷⁵ Other critics, including Jennie Kassinoff, Cynthia Schragar, and Thomas Otten, read the novel through one or both of its major tropes (blood or "the hidden self") to consider how the novel works through the representations and experiences of black identity post-emancipation, both within the United States and in Africa.

¹⁷⁵Horvitz, Deborah. "Hysteria and Trauma in Pauline Hopkins' of One Blood; Or, the Hidden Self." *African American Review*. 33.2 (1999). Print. 245

Kassanoff reads *Of One Blood* for its “semiotics of blood” and argues that “the interconnected corporeal issues of blood and gender that inform Hopkins’s novel effectively deconstruct the monolith of the New Negro by questioning its contours and limitations,” especially given its focus on the black maternal body (160).¹⁷⁶ Schrager focuses on the trope of the hidden self and suggests that the split consciousness of the novel’s main characters emerges from the repressed history of sexual-racial familial violence under slavery.¹⁷⁷ Thomas Otten argues that in Hopkins’s novel the practice of passing moves racial difference “from the narrow confines of the discourse of sickness and health” and to the interior of the individual, what he terms “a secret buried within the personality” or a “submerged side of the self” (230, 229). At stake for Otten in this movement is Hopkins’s recovery and revalidation of “[w]hat she views as a traditionally African-American conception of the mind.”¹⁷⁸ Despite the differences in their approaches, these critics share one major oversight: a failure to account for the crucial role that the medical sciences play throughout Hopkins’s novel. By contrast, Caroline Levander’s article, “Pauline Hopkins and the Psychologies of Race” (2003) begins to foreground medicine’s centrality to the novel’s characters, themes and major arguments.

Levander returns to Hopkins’s title and considers what is overlooked in critical scholarship that reads Hopkins’s title through her subtitle, or said another way, that understands James’s essay as “an organizing principle for Hopkins’s fictional account of bloodlines” (203). While Levander grants that such readings have culminated in productive conclusions about blood and its social meanings, she calls for a linear reading of Hopkins’s title to demonstrate the

¹⁷⁶ Kassanoff, Jennie A. “Fate Has Linked Us Together’: Blood, Gender, and the Politics of Representation in Pauline Hopkins’s *Of One Blood*.” *The unruly Voice: Rediscovering Pauline Elizabeth Hopkins*. Ed. John C. Gruesser. Urbana: University of Illinois Press, 1996. Print. 158-181.

¹⁷⁷ Schrager, Cynthia D. “Pauline Hopkins and William James : The new psychology and the politics of race.” Abel, Elizabeth, Barbara Christian, and Helene Moglen. *Female Subjects in Black and White: Race, Psychoanalysis, Feminism*. Berkeley: University of California Press, 1997. Print. 165

¹⁷⁸ Otten, T.J. "Pauline Hopkins and the Hidden Self of Race." *Elh*. 59.1 (1992). Print. 230

importance of “assessing the impact that blood...has on contemporary psychological notions of the self” (204). This method of titular reading re-centers attention on the ways in which the “hidden self” of the novel’s main characters and, Levander argues, of American individuals broadly, hinges on the comingling of white and black blood that occurred under slavery. For Levander, this repressed or hidden self represents a “degenerative African American identity...embedded, but most often latent, within each individual” (209). The connectivity Levander draws in her article between turn-of-the-century racial formations and early American psychology (evinced by James’s essay and Hopkins’s characters) are clearly significant. However, rather than read Hopkins’s novel for its emergent psychology, I focus on Levander’s turn to medical journals to shed light on the connections between race and medicine in the novel.

Levander cites several prominent medical journals (including the *Journal of the American Medical Association*, the *New York Medical Journal*, and *Medical News*) to indicate the pivotal role that medicine plays in the novel’s treatment of race. She reports: “such journals argued that African-Americans degenerated post-emancipation...*especially* in regards to their optical abilities” and regards this visual impairment as “symptomatic of a split consciousness” (209). Since Levander posits this split consciousness as a common inheritance of chattel slavery, the inability to “see” the realities of commingled blood gesture toward a *shared* breakdown of the visual logistics underpinning the racializing taxonomic structures operative at the turn of the century. Levander’s emphasis on visibility in her interrogation of Hopkins’s novel fits neatly with the novel’s own centrifugal movement around a visual logistics. Like the medical articles prior to and contemporaneous with Hopkins’s writing, *Of One Blood* emphasizes the role of visibility and its breakdown in turn-of-the-century racial-thinking, but this emphasis is geared

toward the generation of oppositional medicinal practices. In so doing, *Of One Blood* ultimately points toward what I term (following Katherine McKittrick) an “oppositional gynecology.”

McKittrick’s *Demonic Grounds* (2006) investigates “the interplay between geographies of domination (such as transatlantic slavery and racial-sexual displacement) and black women’s geographies (such as their knowledges, negotiations, and experiences)” (x). Recognizing that geography is neither “secure” nor “unwavering,” but as a social production remains open to interruptions in its forms and claims, McKittrick argues that the association between geography and black women’s experience “opens up a conceptual arena through which more humanly workable geographies [what she terms “oppositional geographies”] can be and are imagined” (xi, xii). When cartographic rules are altered, oppositional geographies challenge or displace dominant geographies. In *Of One Blood* the cartographic rules organizing racial hierarchies invariably break down, as evidenced most obviously through Dianthe, Reuel, and Aubrey’s seemingly effortless racial passage, as well as their unintentionally incestuous relationships. As Deborah McDowell notes, Hopkins’s main concern in *Of One Blood* is to “expos[e] and unravel[] the entangled genealogies of blacks and whites, the irrefutable evidence that they were, literally, biologically, ‘of one blood.’”¹⁷⁹ That the novel *thrice* challenges the popular racial classification system adhering to the “one drop rule” “pos[es] an implicit challenge to the visual logistics on which biological understandings of race depended” (xii). Since the scientists and doctors responsible for much of the support and popularization of racial classification throughout the nineteenth-century, represented by Hopkins’s fictional doctors at Harvard University’s Medical Hospital, *cannot* actually classify race, the novel directly challenges the visual proficiency of racializing taxonomies. The imperialist medical science (or to use McKittrick’s

¹⁷⁹ McDowell, Deborah. Introduction. *Of One Blood*. By Pauline E. Hopkins. New York: WSP, 2004. xi

terminology, the medical science of *domination*) that seemingly facilely distinguishes between healthy/unhealthy and white/black bodies is herein challenged by a different mode of medical practice: African mysticism and clairvoyance. Dominant modes of medical mapping in Hopkins's novel are continually undermined by oppositional modes stemming from the practice of an explicitly African medicine passed along to Reuel, Dianthe, and Aubrey from their black maternal line. These modes envision scientific progress and racial valuation in different (specifically *black*) ways and emerge alongside an alternative genealogical account (xi).

The novelistic challenges to and shifts in medicine's racist paradigms that motor Hopkins's novel are evinced in her opening pages. Here Reuel sits after a day at the hospital, surrounded by his medical "books and apparatus for experiments" while ruminating on that mythical text, "The Unclassified Residuum." (1-2). This book discusses the spiritual and mystical realms which "the ordinary medical man dismisses...from his attention" and stands in marked contrast to the ethnological language Hopkins's narrator employs to describe Briggs. He has "skin [that is] white, but of a tint suggesting olive, an almost sallow color which is a mark of strong melancholic temperaments... His eyes were a very bright and piercing gray, courageous, keen and shrewd. Briggs was not a man to be despised—physically or mentally" (4). In echoing the physiognomic language of nineteenth-century pseudo-science, this passage positions racializing sciences as a dominant textual force. The juxtaposition of the mystical "Unclassified Residuum" with classically [pseudo] scientific language sets the novelistic stage for the clash of scientific modes which Reuel literally embodies. Racist science, which Hopkins aligns with whiteness and Reuel's paternal inheritance, competes with an oppositional, *mystical* form of medicine that represents his black, maternal inheritance. It is precisely his amalgamation of black and white blood that guarantees Reuel is no "ordinary medical man." His gray eyes, or admixture

of black and white, suggest his racially mixed origins, as does his olive skin. As Hopkins makes clear throughout her text, it is precisely this mixed blood that yields Reuel's extraordinary medical abilities. Problematically, his practice of traditional Western medicine remains *colored* by a mysticism inherited from his mother and grandmother, rather than the other way around. While at Harvard, Reuel overwhelmingly hones his skills in the practice of a racist Western medicine, ultimately leading to his violent and experimental treatment of Dianthe.

Reuel becomes a "recognized power in the [white] medical profession" for his authority on brain diseases specifically (228). However, it is Reuel's studies in mysticism and clairvoyance, his black matrilineal inheritance, which ultimately ensures his brief medical triumph. In arousing Dianthe from seeming death, or "suspended animation" Reuel's cutting-edge medical experimentation enters the annals of medical journals nationwide: "[t]he scientific journals of the next month contained wondering and *wondering* accounts of the now celebrated case" (37). Reuel sees a medical landscape in grey and approaches bodies accordingly, leading Levander to suggest that Reuel "reconstitutes scientific practice around the superior racial identity he discovers hidden at the core of himself" thereby "reorient[ing] science around the explicitly African forms of knowledge now available to him" (214). While Reuel does successfully reanimate Dianthe through a careful use of mysticism, or through an application of "his racial self...on science," the relationship of domination he has to Dianthe's body and will, aligned with white medical violences against black women, compromises both his medical integrity and his potential for developing African medical practices in the United States.

Even prior to her arrival at the hospital, Hopkins's narrator describes Dianthe as the powerless black female patient scrutinized by white male doctors (here her own brothers, Reuel and Aubrey) (5). During her musical performance, Dianthe's bodily positioning echoes that of

the patient on gynecologic display. She stands at “the edge of the platform in the blaze of lights with hands modestly clasped before her...She was not in any way the preconceived idea of a Negro...Fair as the fairest woman in the hall...Reuel...leaned forward in eager contemplation” with his “earnest, penetrating gaze” (14, 5). A uni-directionality of scientific examination is established when Dianthe’s eyes are described as “gazing straightforward, as if they saw nothing...not distinguishing one object from another” (24). The logic of white patriarchal visualization ensures that Dianthe’s “black body is seen and inscribed under the rubric of privileged ideology” while Reuel’s passing-as-white body remains possessor of the clinician’s gaze (McKittrick 49). Significantly, Reuel finds Dianthe sexually desirable for her *whiteness*. In this regard, her black body that *appears* white guarantees both her ideality as powerless black patient and her ideality as sexual object (she *looks* white). This lends new meaning to Aubrey’s assertion that “[t]he results of amalgamation [i.e. Dianthe’s mixed-race body] are worthy the careful attention of all medical experts” (12). Once at the hospital, Reuel’s medical approach to Dianthe’s case congeals the racial-sexual mode of medical practice began in the musical theatre, and actually echoes aspects of Sims’s surgical accounts.

Although Aubrey is overwhelmingly viewed in critical scholarship as the novel’s villain, a close examination of Reuel Briggs’s medical experimentation on Dianthe reveals the brothers’ shared inheritance of a “white fraternity of sadistic slave owners[/doctors]” (Horvitz 156). In “carefully [hiding] his Ethiopian extraction from the knowledge of the world” and passing as white, Reuel aligns himself with a tradition of medicine wherein racial-sexual violence against black women is overlooked, if not publicly accepted (Hopkins 126). McKittrick notes that under chattel slavery, the black body is geographically territorialized, or “publicly and financially claimed, owned, and controlled by an outsider” (44). For enslaved black women, this

territorialization specifically targeted their sexualities and reproductivity. Consequently, despite an absence of explicit discussion of Dianthe's genitalia during her hospitalization and experimental treatment, even post-emancipation it is not a stretch to understand her medical territorialization as inclusive of a gynecological domination inherited from chattel slavery. To begin, like Sims's gynecological surgeries, Briggs's medical innovation is emphatically experimental, having only been tested on dogs and cats (32). Since Dianthe is unconscious, she cannot give her consent to this experimentation. While lack of consciousness is certainly a far cry from enslavement, a silencing of the black female patient nonetheless remains at play in both cases. Next, Reuel couches his decision to employ these nascent, experimental methods in a language as seemingly benevolent and benign as Sims's: "[b]ut for the sake of this girl he would make what he felt to be a premature disclosure of the results of his experiments" (29).¹⁸⁰ Like Sims's generation of an audience of white doctors and assistants for his "experimental series," Reuel invites a roomful of white male doctors who have *already* manually examined Dianthe's body to re-examine her while the house-surgeon's assistant stands by to transport Dianthe's body to a post-mortem operation (31). In other words, Dianthe's survival necessitates experimentation, and death guarantees it. In either case Dianthe's black body will remain the experimental flesh for white scientific endeavors. Even after Reuel successfully administers his mystical medicinal powers, he ensures that Dianthe will remain the property of medical science: "[t]he girl is only *partly normal* now...It will take a year to restore her to perfect health...Thus it was that Dianthe became the dear adopted daughter of the medical profession...a small annuity was provided by the generous contributions from the physicians of the country" (36 emphasis mine, 53). This

¹⁸⁰ Consider Sims's claim in *Silver Sutures* that his experimentation was fully altruistic: From this moment my high resolve was taken; nor did I think, or care for the personal sacrifices I should have to make. I thought only of relieving the loveliest of all God's creation of one of the most loathsome maladies that can possibly befall poor human nature (54).

language of medical normalcy again echoes that employed by both Cuvier and Sims to rationalize their gynecologic experimentation.¹⁸¹ Moreover, the “small annuity” functionally buys Dianthe’s body, guaranteeing her perpetual ownership by a racist medical establishment. Like Sims’s obsession with his surgical experimentation, Reuel begins to “devote every moment of his spare time to the close study of his patient” who remains seriously ill following Reuel’s “cure,” “frequently f[alling] into convulsions, thereby enduring much suffering, sometimes lying for hours in a torpid state” (38, 39). Finally, in a *masterful* move akin to Sims’s purchase of some of his enslaved female patients, Reuel guarantees perpetual sexual-medical access to Dianthe’s body through an incestuous marriage.

Horvitz claims that Aubrey’s sexual desire for Dianthe “is undoubtedly prompted by her debilitated condition...[and so] establishes the lethal link between erotic pleasure and sadism” (253). Similarly, she notes that Aubrey specifically “expresses a white man’s power to alienate irreparably a black woman from her husband, her brother, her art, and her community” (254). However, since this alienation is decided upon by Reuel, who claims that there is “no sin” in “taking [Dianthe] out of the sphere where she was born,” Reuel’s lust for Dianthe is no different than Aubrey’s but for the way in which his domination of Dianthe *explicitly* links sadism to white medical practice on a black woman’s body (44). Thus *both* Aubrey and Reuel “literally inscribe[] the ‘master’ plot on/in Dianthe’s body when [they] rape her,” a plot that functions as a multi-layered inheritance: their father and grandfather are not only a white slave-owners who rape their female slaves, but are also white *doctors* who abuse these same women and profit off

¹⁸¹ As his “Excerpt” reveals, Cuvier’s entire dissection of Baartman is motivated by a fascination with her “abnormal” genitalia. As Marie Schwartz notes in *Birthing a Slave*, Sims’s surgical practice on slave women was directed specifically toward healing their “abnormal” vaginas in order to “correct any aberrations that impeded a [slave] woman in performing reproductive and productive labor” (228). See Schwartz, Marie J. *Birthing a Slave: Motherhood and Medicine in the Antebellum South*. Cambridge, Mass: Harvard University Press, 2006. Print.

their mysticism and hoodoo (Horvitz 254). Reuel justifies his decisions to experiment on Dianthe and to withhold knowledge of her racial origins by arguing that “[w]e must risk something for the sake of science; where no one is injured by deception there is no harm done” (55). What is risked is a problematic “reconstruct[ion of] the heroine’s subjectivity and...[an] appropriate[ion of] her body” (Kassanoff 173). That this appropriation is sexual, racial *and* medical ensures that “the sexual molestation, rape and miscegenation endemic to slavery,” remains “the signatures of [Dianthe’s] genealogy (Horvitz 252). Thus while critics frequently cite Aubrey as the racial-sexual oppressor in *Of One Blood*, I argue that Dianthe’s oppression properly begins as Reuel’s patient and wife.

Dianthe represents the third generation of black women owned and raped by white Livingstone men, and remains the second of these women raped by her own brother. In this manner she “exemplifies the disastrous aftermath of slavery in the successive generation” (252). The violent and violating gaze of the clinician, inaugurated in Reuel’s experimentation on Dianthe, is fully congealed in the master-slave relationships both brothers make of their marriages. Hopkins’s narrator describes Aubrey’s domination over Dianthe in anesthetic language. His is a “numbing influence” that ultimately culminates in her death (69). Although Dianthe is a woman rich in scientific potential (like Reuel and Aubrey she has inherited a proclivity for medical practice from both her paternal and maternal lines) her unceasing medical-sexual abuse paralyzes the possibility of her black female medical practice. Similarly, the challenges Reuel and Aubrey themselves might have posed to racist science’s uniform ability to map bodies along racial lines are undercut by the medical-sexual domination of their sister. Hopkins thus suggests that any sustainable opposition to racist science must come from the “marginal” black women in the text, and in fact it is precisely those textual moments when Aunt

Hannah and Mira practice resistant modes of medicine and mapping that a specifically oppositional gynecology begins to emerge.

Mira and Hannah together engender a nascent oppositional gynecology that involves a re-evaluation of and resistance to the “orderly facts of [racist] science,” especially its visual logistics, somatic mapping, and racial hierarchization (James 80). I term the novel’s oppositional gynecology “nascent” given its inchoate development and thereby impartial ability to counter dominant medical practices. *Of One Blood* is not a novel explicitly about gynecology—neither gynecological exams nor gynecological practice are overtly discussed in the text. Consequently the oppositional productivity of the novel, especially in regards to gynecological practice, remains far more suggestive than overt. In this manner, Hannah and especially Mira might represent what Hartman terms “textual enigmas” whose alternative medical practices must be taken up and interpreted by readers in an effort to attach these practices to a wider network of resistance. I argue that despite the absence of explicit mention of gynecological medicine in the novel, *Of One Blood* nonetheless offers crucial insight into the ways in which dominant gynecologies can be challenged through alternative modes of medical practice, resistant methods of somatic valuation, and uniquely feminist genealogies. Those novelistic passages that follow the marginalized mystical and hoodoo practices of Aunt Hannah and Mira emphasize aspects of clinical medicine that are deployed in alternative ways.¹⁸² To begin, the women utilize resistant modes of visibility made possible in and through their occupations of paradoxical geographic spaces. In *Feminism and Geography* (1993) Rose considers how feminist geographers disrupt masculinist geographies in a number of ways, but advances paradoxical space as the most

¹⁸² Otten describes hoodoo as “itself a loosely constructed synthesis of magic, divination, and root-work” that in Hopkins’s novel “amalgamates with magnetic medicine and mind-cure” (230).

promising avenue.¹⁸³ Paradoxical spaces, such as bell hooks's co-existence at the margin and center or Linda Brent's self-imposed exile in her grandmother's garret, are spaces that *seem* cartographically mutually exclusive, but are imagined "in order to articulate a troubled relation to the hegemonic discourses of masculinism" (155, 160). Within her grandmother's garret, Brent is at once outside of slavery (she is safe from Doctor Flint's sexual advances) and firmly entrenched within it (she is constrained to the garret and separated from her enslaved children). As Rose notes, this existence in paradoxical space affords Brent a unique perspective on slavery. For her garret she can hear and see operations of slavery and slave resistance that culminate in a simultaneously privileged and severely imprisoned bird's eye view. Such sites of resistance, or "the last place[s] they thought of," are created in Hopkins's text "through [oppositional feminist] memories, experiences, and observations" (McKittrick 62, 41). Mira's existence in the nebulous space of the afterlife and Aunt Hannah's removal to her hoodoo cabin in the woods, both engendered through a use of African medicine, "open[] up a different way to observe [or to *see*] slavery" and in their positionality on both the margins and at the center of slavery exemplify paradoxical space (42). These paradoxical spaces with their attendant altered visions emerge from remembered medical-sexual violences, preserved as traces left upon their black maternal bodies and passed along to Mira's children. Hannah and Mira remain in the thick of the novel's racialization not only through the experiences of their progeny, but specifically in Mira's disruptions to the narrative action and or in Reuel and Dianthe's remembered practice of mysticism, passed along by both women. At the same time Hannah and Mira exist at the text's margins. Similarly, although Mira's and Hannah's mysticism literally represents the center of the Livingstone medical tracts (since *they* are their authentic practitioners), their medicine is

¹⁸³ Other resistant modes Rose considers include inversion (wherein binaries are turned on their head), a mobile oscillation between two binaries, and a Butler-esque mode of producing multiplicitous sites of contested geographical meanings (83, 84, 85).

simultaneously marginalized—neither woman is afforded recognition in the master’s medical archive.¹⁸⁴ It is precisely this erasure from dominant genealogical and medical records that Mira’s and Hannah’s alternative medical practices oppose.

Mira and Aunt Hannah’s unique visuality emerges from their “concealed, elevated positioning” in paradoxical space and enables the provision of “the primary [gynecological] knowledge” by which Dianthe, Reuel, and Aubrey engage with their genealogy (McKittrick 43). The women safeguard this knowledge through an appropriation of the white clinical gaze. Rather than remain the passive recipients of a racializing masculine gaze (like Dianthe and even the African queen, Candace), Mira and Hannah *look back* at their masters, and in so looking, *speak back*. Hannah’s speaking back occurs during her conversation with Dianthe in her hoodoo cabin wherein Hannah reveals the sexual violence that resulted in two generations of forcible incest. During this exchange the reader’s attention is continually returned to Hannah’s ocular powers. In the space of a few sentences Hannah’s eyes are mentioned four times. First, her “eye still keen and searching” examines Dianthe, noting her exhaustion. At this point, Hannah begins chanting a slave funeral song while watching Hannah with “furtive glances” from “keen eyes,” foreshadowing through her mysticism Dianthe’s looming murder (175). Hannah’s visual acumen, exemplified by sharp “eyes that never wavered,” represents an acuity passed along to and sharpened by her daughter (175). For example, when Livingstone Senior asked Mira to take the stage and “perform” her feminist science as a party trick during a dinner party, she responded by *seeing* a future outside of white patriarchal dictates (the deaths of all the men at the table), and *speaking* this oppositional account. Mira’s rebellious prophesying results in her sale and death,

¹⁸⁴ Aubrey recounts that Mira performed “many wonderful” feats according to his father’s medical books. What Aubrey does not seem to realize is that the “valuable discoveries” his father allegedly made “along the line of mesmeric phenomena” were also undoubtedly appropriated from Mira herself (53).

yet from within the paradoxical space of her afterlife Mira practices a visual logic that disrupts otherwise univocal racist discourses. “Mira” literally translates “to look” such that her inscription (beyond the grave) of her name in the Livingstone family bible acts as an injunction for her children to *see* the alternative black feminist genealogy she inscribes in the bible’s margins, and alongside this genealogy, the incestuous, violent relationships both engendered and covered over by chattel slavery. By re-writing the Livingstone family genealogy, Mira also re-appropriates the scientific knowledge passed down from Africa along the maternal line. When she inscribes her name in the family bible (a text I “read” as metonymic for the Livingstone men’s medical texts) Mira ensures that her and Hannah’s “invisible bod[ily] histories” are “seeable, spatial, and ontological” (McKittrick 49). Kassanoff argues that what is most significant about Mira’s inscription is the way in which the maternal hand “inscribes itself into the *margins* of the text. Hopkins implies that the text, quite literally, cannot contain the renegade mother” (174). The alternative visual logistics practiced by Hannah and Mira thus produce new and oppositional meanings in the margins of the family bible that alter the centrality of white racial-sexual medical acumen in the novel—Mira’s mystical science has the last word. Read in this manner, the “Unclassified Residuum” of Hopkins’s novel includes a “dust-cloud of exceptional [enslaved, black, female] observations” that, in their oppositional nature, float “[r]ound about the accredited and orderly facts of every science” such that Mira and Hannah’s alternative experiences begin to force a reevaluation of the twinned monoliths of chattel slavery and gynecological science.

Conclusion

This chapter understands nineteenth-century gynecology as a normalizing, racist science that pathologizes black women’s bodies in support of wider (white) racializing projects. It argues

that a gynecological preoccupation with sighting and penetrating so-called “abnormal” black vaginas betrays the sexually and racially violent underbelly of gynecological practice. Beginning with “Excerpt of Observations,” Georges Cuvier’s report on Saartjie Baartman’s autopsy, this chapter showcases the ways in which gynecological maps of black women’s bodies were explicitly racialized and then consistently deployed in service to ethnological and historical claims to white supremacy. Reading Cuvier’s “Excerpt of Observations” as a work of cartography *and* gynecology departs from previous criticism, generating a unique entry point into Cuvier’s arguments of racial classification. Further, such a reading underscores the degree to which Baartman’s body is mined and mapped in service to Cuvier’s wider pseudo-scientific theories.

Cuvier’s “Excerpt” demonstrates the nineteenth-century belief that the scientifically trained eye can *decipher* bodies, particularly in regards to race. In so doing “Excerpt” showcases the privileged position of the scientist who alone can access a body’s veiled interiors and subsequently share scientific “truths” of somatic interiority with a wider public. In this manner, Baartman’s black bodily space, but especially her vagina, exemplifies the final *place* or destination for natural history. Cuvier offers Baartman’s body to his audience piecemeal as proof of white racial and sexual superiority. Operating in an era where the “truth” of black female pathology and white racial superiority remained uncritically accepted, especially in medical circles, Cuvier’s American heir, J. Marion Sims, utilized enslaved women’s bodies as experimental flesh upon which cures for white genital abnormalities were perfected, thereby securing Sims’s own surgical renown. Tracing out the connectivities between Cuvier’s and Sims’s violent gynecological practices through a deployment of critical cartography underscores the degree to which slave women’s bodies haunts gynecological practice.

Turning to Pauline E. Hopkins's novel, *Of One Blood*, I begin to gesture toward an "oppositional gynecology," or feminist modes of visibility and medicine that uniquely sight and cite black female bodies and their histories. McDowell points to the ways in which *Of One Blood* showcases the extent to which Hopkins "clearly absorbed, though not uncritically, the nineteenth-century obsession with the roots of mankind, [and] taxonomies of 'difference'" (ix). Reading *Of One Blood* for its alternative conceptions of race and its social and especially scientific meanings foregrounds the workings of two forms of medical practice in Hopkins's novel: a dominant gynecology utilizing a patriarchal logic of visualization to structure uneven and inaccurate genealogies and racial histories, and an oppositional genealogy working against dominant modes of violent/violating visualities and racist social formations. Envisioning this nascent oppositional gynecology as a matrilineal inheritance, Hopkins's novel might be read as tasking feminists with promoting and refining oppositional gynecological practices. In this manner Hopkins's novel emphasizes female narrative and medical power and in so doing, points towards "more humanly workable" gynecologies (McKittrick xii).

Conclusion:

Deconstructing the Map: Subversive Gynecological Performances and Meanings

“The practice of gynecology itself is speculation. Built into its very structure is a dependence on spectatorship and the speculum. But the performance of gynecology also incorporates the notion of speculation in terms of speculating the future, a speculation indebted to past and present performances. In the many performances of gynecology new futures are imagined... Representations and practices form what is the ‘heterogeneous ensemble’ that constitutes the gynecological apparatus.”

-Terri Kapsalis; Public Privates: Performing Gynecology from both ends of the Speculum (180-1)

Each chapter of this dissertation has put cartographic history and theory to work in close reading the connectivities between nineteenth-century literary and gynecological maps of women’s bodies. Such a cartographic lens has created space for a magnification of the two discipline’s co-production of a clinical gaze that both racializes and genders bodies, in violent and violating ways. Cartographic theory thereby highlights the techniques and modes by which gynecological maps actually redefine and reconstruct bodies largely in service to white heteronormative aims. In this manner, I understand gynecology, cartography, and literature as political discourses whose objectives are frequently shared: the acquisition and maintenance of social power. In each chapter of this dissertation a deployment of cartographic theory excavates from maps of women’s bodies such interdisciplinary and imbricated workings of power. In addition, each chapter relies upon the workings of a critical feminist cartography to identify nascent oppositional practices, readings, and performances within or alongside these maps. Accordingly this conclusion both summarizes and punctuates my wider project by further exploring how 19th century gynecological maps might be deconstructed to offer up a discourse of feminist dissent in response to gynecological discourses of masculine power.

Alongside J.B. Harley, I have attempted to showcase in each chapter the ways in which cartography *and* gynecology function in tandem as “teleological discourse[s]” that reify power,

reinforce the status quo, and police the borders of social interaction (79). In addition, each chapter of my dissertation has approached literature as exerting unique political force given its simultaneous potential to reinforce the status quo and undercut it. My conclusion continues this use of critical feminist cartography and further considers maps of women's bodies as historically fertile ground for the production of political dissent. I understand a deconstructionist approach to reading gynecological maps as involving what Christopher Norris terms a "strategic reversal," or reading maps for seemingly extraneous detail and for their silences.¹⁸⁵ In so doing I follow the lead of Harley when he asserts that cartographic language can suggest as much by "omission and selection" as by detailed recordings of space (97).

Like Harley, Saidiya Hartman also understands textual silences as *performances* loaded with meaning. Thinking through the punctuation breaks in Harriet Jacobs's *Incidents* as a discursive performance of "literal and figurative cuts in the narrative" that "display and displace the searing wounds of the violated and mute body," Hartman argues that "[t]he dashes, ellipses, and circumlocutions hint at the excluded term by way of the bodies of slave women. The bodies of these women are textual enigmas to be interpreted by the reader since they are literally pregnant with the secrets of slavery" (102). Thus despite proscribing appropriate reading practices for two distinct disciplines (cartography and literature), Hartman and Harley's methodologies overlap in their insistence that textual breaks and silences are a significant, perhaps at times even the *most* significant, part of a work's overall political message. Further, the work of both scholars suggests some level of subversive performative power operative within their discipline's discourses. My work borrows from both modes of reading so as to determine what absences, silences, and textual breaks within gynecological maps might perform and

¹⁸⁵ Norris, Christopher. *Deconstruction: Theory and Practice* Routledge, 2002. Page 30

represent. I emphasize an understanding of maps of women's bodies as *performances* not only in an effort to open space for a multiplicity of mapped meanings, but also to invite an exploration of what Terri Kapsalis terms "performance traces," or textual "left-overs" that influence other representational practices across disciplines.¹⁸⁶

This conclusion, like my wider dissertation, considers the performative power of gynecological practice and production at two interlocking levels. First, the normative female body, and alongside it, a normative performance of the female gender, is produced in gynecological maps through what we might understand alongside Judith Butler's theory of gender performativity as a "ritualized repetition of conventions" that both manufacture and sustain the "illusion that there is an inner gender core" attached to the female body, especially its genitalia (*The Subject and Power* 144).¹⁸⁷ For example, when female patients exhibited "abnormal" behaviors for their gender (such as excessive sexual desire in white women), nineteenth-century gynecologists frequently located these abnormal performances in a paralleled somatic "abnormality" (enlarged or overly sensitive clitorises, for instance). Performativity also enters into gynecological practice and production through what Kapsalis describes as "proper female performance" (4). She notes that a gynecological patient must *perform* appropriately: "[t]raditionally, in the medical context, proper female performance demands that a woman be

¹⁸⁶ Kapsalis, Terri. *Public Privates: Performing Gynecology from Both Ends of the Speculum*. Durham: Duke University Press, 1997. Print. 29

¹⁸⁷ For more information, see as a beginning the history of gynecologist Isaac Baker-Brown, perhaps the most infamous advocate of clitoridectomies: Fleming, J B. "Clitoridectomy—the Disastrous Downfall of Isaac Baker Brown, F.r.c.s. (1867)." *Bjog: an International Journal of Obstetrics & Gynaecology*. 67.6 (1960): 1017-1034. Print; Sheehan, Elizabeth. "Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure." *Feminist Issues*. 5.1 (1985): 39-53. Print. As Mills notes in his address contained within the *Medical Times* Baker-Brown performed Mills's patient's clitoridectomy, and later "got himself into trouble with the English medical profession" for performing such surgeries (538). What Mills does not include in his address is *why* Baker-Brown was ejected from the Obstetrical Society of London: he performed some clitoridectomies without the consent of his patients.

compliant, that she do only what she is told to do...the ideal patient is white...mentally and physically able...and heterosexual” (6). By contrast, proper gynecological performance for non-white women traditionally involves experimentation: “[i]n experimental situations, the model is often poor and a woman of color...the institution of slavery provided [such] model women...for unlimited surgical access” (6). Following Butler, Kapsalis envisions gynecological practices as *“repetitive and structured to situate the clinician and object of the exam in very specific ways”* (6). In this sense, gynecology remains:

a repeatable performance with specific roles, scripts, sets, costumes, and props...Every time a pelvic exam occurs, be it in a clinic, teaching hospital, small theatre, or on a cinematic screen or textbook page, the potential exists to remake the pelvic exam performance and therefore to reconfigure notions around proper female performance (9).

Butler’s and Kapsalis’s intersecting conceptions of performativity both suggest that a displacement or interruption of idealized gynecological performance remains the key strategy for subverting the racist and sexist aims of gynecology.

Although an extended and complete analysis of the subversive performativity of gynecological maps is beyond the scope of this project, it is my hope that by capturing the loose threads of my chapters’ discussions of resistant modes of gynecological practice and performance here in my conclusion, my work might point to future and significant avenues of critical feminist cartographic investigation. In chapter one I utilize a critical feminist cartography to focus on moments wherein feminized landscapes or the female body resist mapping through what Gillian Rose terms “strategies of inversion” (83). For example, I read the moments when Quatermain and his male colleagues are bewildered by the African landscape or lost in the womb-cave as experiences of medical-sexual impotence that represent an overpowering of male

sexual and gynecological prowess by an anti-pastoral (or aggressive female) landscape.

Ultimately it is gynecological mapping that allows Quatermain and his colleagues to regain masculine and medical authority, much as a practice of British cartography guaranteed Baines's scientific authority while exploring South Africa's gold mines. In chapter two, where the focus of my project shifts to the workings of the medico-clinical gaze within an array of naturalist texts, feminine resistance to sexual modes of clinical and cartographic violence occur in a number of ways, including scopic displeasure, oral rejection, an appropriation of clinical discourse and oppositional performance.

As in chapter one, the modes of female resistance to cartographic violence that I explore in my second chapter do not end in complete inversions of masculine power. Nonetheless, in making space for disruptions to that power such resistance preserves potential future possibilities for more humane and equitable gynecological practices and performances. While Trina's oral resistances to McTeague's medical-sexual powers ultimately end in her death, they nonetheless represent critical sites of feminine opposition to sadistic gynecological mapping. Similarly, a critical feminist gaze that disrupts the linear flow of power operative in the male/active, female/passive split reads the two patients depicted in Eakins's *The Gross Clinic* and *The Agnew Clinic* as resisting the sexual-medical violence evinced in Eakins's work. Such a female gaze thereby contains the power to refuse modes of violent masculine clinical address and in so doing creates space for a dis-ease or displeasure in looking, what I have termed a "scopic displeasure." In addition to scopic displeasure and modalities of oral resistance, Herculine Barbin's *Memoirs* exemplify a feminized appropriation of clinical discourse and its attendant clinical gaze. By producing what Butler would describe as a ritualized repetition of gendered conventions, the tonal and grammatical acts making up Barbin's *Memoirs* perform *both* genders, and in so doing

discursively resist the gynecological mapping that aims to classify Barbin's body as *either* male *or* female. These methods of resistance to the univocality of gynecology's violent and violating cartographic practices intersect with Katherine McKittrick's conception of "oppositional geographies" in *Demonic Grounds*.

McKittrick aligns traditional geography with a white, male purview that prejudicially systematizes space. She identifies within traditional geographies what she terms "geographies of domination" (most notably slavery) and considers how black women's knowledges, negotiations, and experiences of space frequently function oppositionally. Alongside McKittrick, my third chapter identifies gynecology and its attendant maps as modes of domination. By contrast, black female experiences, knowledges, and negotiations of gynecology remain oppositional. For example, Pauline Hopkins's nonfiction work on race, *A Primer*, functions as an oppositional work of ethnography that promotes an alternative account of skin color wherein black skin is racially superior to white skin. Two of her black female characters in *Of One Blood*, Hannah and Mira, similarly practice oppositional modes of medicine that, identified throughout the text with African mysticism and clairvoyance, generate alternative medical maps and histories. Although I expect what Paul Gilroy terms a "topos of unsayability" to remain entrenched within these oppositional conceptions, like those moments of resistance I identified in my first two chapters, I still insist that reading these oppositional gynecologies against the grain might reveal hitherto overlooked feminist performances and expressions.¹⁸⁸ I remain particularly interested in revisiting autobiographical accounts of medical mapping, like Barbin's *Memoirs*, to reanimate oppositional performances of the female body and of gynecological mapping. Consequently returning to the medical address contained within my introduction (Mills' address to his

¹⁸⁸ Paul Gilroy, *The Black Atlantic: Modernity and Double Consciousness* (Cambridge, Mass: Harvard University Press, 1993) Print.

colleagues at the Philadelphia Hospital) seems a particularly productive place to begin exploring oppositional performances of and female resistances to gynecological mapping.

The collision of autobiography and performance is described by Deirdre Heddon as a means for women to “reveal otherwise invisible lives, to resist marginalization and objectification and to become, instead, speaking subjects with self-agency.”¹⁸⁹ This view sees autobiographical performance as a “way to bring into being a self” whether by “talk[ing] out, talk[ing] back, or talk[ing] otherwise” (11). In mapping and diagnosing her own vagina and reproductive organs within her medical autobiography, Mills’ patient showcases how gynecological mapping might function as a performance of self-representation that actually resists dominant masculine discourses traditionally expressed within gynecological maps. This view necessitates an understanding of her brief appearance to the assembled gynecologists at the Philadelphia Hospital as a clinical encounter very different from, for example, the presentation of Horatio Storer’s masked patient to the Boston Society in 1869. Heddon contends that “the performance of autobiography enables the construction of self, through both the production of narratives that constitute that self and through the staging of the self” (39). In the case of Mills’ patient, both narrative production and self-staging remain significant to a gynecological self-construction. Read as autobiographical performance, Mills’ patient takes center stage (both literally and figuratively) and in so doing generates a self-imposed medical visibility that allows her to perform her own gynecological examination.

Reading Mills’ patient’s presence to the collective as self-staged understands the patient herself as the lead doctor. She, not Mills, simultaneously inhabits the space of the subject who gazes upon and the space of the object that is gazed at. That hers is the *lead* gaze lends the

¹⁸⁹ Heddon, Deirdre. *Autobiography and Performance*. Basingstoke [England: Palgrave Macmillan, 2008. Print. 11

female gaze substantial power. As Heddon notes, autobiographical performance does not guarantee female political authority. Yet in the very act of the “marginalized subject...tak[ing] center stage” the power of visibility actually emerges from the female subject, rather from male scopie authority. In so doing the violent and violating medico-clinical gaze is appropriated, subverted, or skirted altogether, generating what Heddon describes as a crucial site for potential female agency.

Mills’ patient constructs her own gynecological body through an autobiographical performance and in so doing speaks back to an array of gynecological locations of abnormality onto her body. Her autobiography at once talks out her illness (with the doctors for whom she writes it), talks back to these gynecologists (by using their own clinical parlance to describe her medicalized body) and talks otherwise (by insisting on the significance of past sexual violences to her symptoms and overall illness, as well as the productivity of work as a cure). The patient opens her medical autobiography with a sort of self-diagnosis: “I inherit from my mother a morbid disposition, from my father an opposite temperament. My nature is made up of contradictory elements” (535). Like all gynecological reports from the nineteenth-century, her sexual history is immediately revealed. However, the real effects of this history on her mental and physical experiences are also documented, a specifically female perspective that is rarely mentioned in male-generated clinical accounts:

Before I was six years old my sexual feelings were aroused by intercourse with children. My general health was good until I was twelve. Then came a change in mental condition. I was taken from school. Soon after I was told, by one who taught me to do wrong, that if any man knew of it he wouldn’t marry me. I did not know what it meant, and was ashamed to ask any one...I lived twenty-two years before I knew how I came into the

world. I was guilty of immorality when I did not know what it meant. My girlhood was spent in brooding over what I could not understand” (535).

Since Mills never mentions this history of sexual abuse in his introductory or concluding remarks, we can only infer that he deems it irrelevant to this case. However, the patient’s insistence on including this history, and indeed, on beginning her gynecological account *with* this history counters that sort of limited clinical investigation, suggesting that a history of sexual abuse is rather relevant to the patient’s hysterical and sexual symptoms. That Mills’ patient strategically speaks back to this grouping of doctors is evinced by her facility with clinical *saying*.

Mills’ patient describes the array of treatments undertaken to alleviate her symptoms with gynecological jargon. She discusses extirpation of the clitoris and full clitoridectomy, as well as her own theory of the physiology of the nervous system (eventually adopted by her physicians) that required a surgical cut between her uterus and spinal cord (a total oophorectomy). Of final note in Mills’ patient’s gynecological autobiography is a “talking otherwise,” or her discussion of the merits of work as a cure for gynecological and hysterical ailments. In 1881 she entered a hospital and was prescribed with work. She argues that “in the seven months that I spent there, happy and living to my highest intelligence, I was not once troubled with the nymphomania,” but that when she had to leave the hospital, all her symptoms returned (537). Again, this facile cure to her ailments is overlooked by Mills, likely because it does not involve medical intervention. As Heddon notes, autobiographical performance aims to “make visible denied or marginalized subjects,” and ultimately “challenge[s], contests[s] and probelmatise[s] dominant representations and assumptions about those subjects” (20). All of this medical discussion represents Mills’ patient’s own “talking out, talking back and talking otherwise.” This conception of

autobiographical gynecology reads the practice of self-mapping the vagina as a politically resistant performance. Of course this performativity should itself be approached critically. After all, autobiographical acts function as stories about the self that, like stories about objects outside of the self, comprise *distance*. Thus my point here is not that autobiographical performances of gynecological practices, discourses, and maps function as the “fact” to traditional gynecology’s “fiction,” but that they represent more accurate accounts of female bodies. In so doing, autobiographical performances of gynecology might point to one of the major aims of this dissertation: identifying and exploring avenues towards generating more humane gynecologies.

Bibliography

- Ahnebrink, Lars. *The Beginnings of Naturalism in American Fiction: A Study of the Works of Hamlin Garland, Stephen Crane, and Frank Norris, with Special Reference to Some European Influences, 1891-1903*. New York: Russell & Russell, 1961. Print.
- Alexander, Simone A. J. *African Diasporic Women's Narratives: Politics of Resistance, Survival, and Citizenship*. Gainesville: University Press of Florida, 2014. Print.
- Altick, Richard. *The Shows of London*. Cambridge: MA, 1978. Print.
- Appel, Toby. *The Cuvier-Geoffroy Debate: French Biology in the Decades before Darwin*. New York: Oxford University Press, 1987. Print
- Athens, Elizabeth. "Shorter Notices - Knowledge and Authority in Thomas Eakins's 'the Agnew Clinic'." *The Burlington Magazine*. 148.1240 (2006): 482. Print.
- Bakhtin, M M, and Michael Holquist. *The Dialogic Imagination: Four Essays*. Austin: University of Texas Press, 1981. Print.
- Baines, Thomas. "Map of the Gold Fields of South-Eastern Africa." London: Published by Edward Standord, 55 Charing Cross. Cape Colony; J.W.C. Mackay. Port Elizabeth. Nov. 1st 1876. Print.
- Barbin, Herculine and Michel Foucault. "The Dossier." *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-Century French Hermaphrodite*. New York: Pantheon Books, 1980. Print.
- Barker-Benfield, G J. *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America*. New York: Harper & Row, 1976. Print.
- Bassani, Ezio and Letizia Tedeschi, "The Image of the Hottentot in the Seventeenth and

- Eighteenth Centuries: An Iconographic Investigation,” *Journal of the History of Collections*, 2 (1990): 157-186. Web.
- Bennett, Tony, Lawrence Grossberg, Meaghan Morris, and Raymond Williams. *New Keywords: A Revised Vocabulary of Culture and Society*. Malden, MA: Blackwell Pub, 2005. Print.
- Blakemore, M J, J B. Harley, and Edward H. Dahl. *Concepts in the History of Cartography: A Review and Perspective*. Downsview, Ont., Canada: B.V. Gutsell, 1980. Print.
- Blunt, Alison and Gillian Rose. *Writing Women and Space: Colonial and Postcolonial Geographies*. New York: Guilford Press, 1994. Print.
- Bono, J.J. “Making Knowledge: History, Literature, and the Poetics of Science.” *Isis*. 101.3 (2010): 555-559. Print.
- Brantlinger, Patrick. “Victorians and Africans: the Genealogy of the Myth of the Dark Continent.” *Critical Inquiry*. 12.1 (1985). Print.
- Briggs, Laura. “The Race of Hysteria: ‘overcivilization’ and the ‘savage’ Woman in Late Nineteenth-Century Obstetrics and Gynecology.” *American Quarterly*. 52.2 (2000): 246-73. Print.
- Brown, Isaac B. *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females*. London: Hardwicke, 1866. Print.
- Burrow, Merrick. “The Imperial Souvenir: Things and Masculinities in H. Rider Haggard's King Solomon's Mines and Allan Quatermain.” *Journal of Victorian Culture*, 2012. Vol. 18(1), 72-92. Web.
- Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 2010. Print.
- . *The Psychic Life of Power: Theories in Subjection*. Stanford: Stanford University Press, 1997.

Print.

Buxton, C. Lee. Foreword. *The Story of My Life*. By J Marion Sims. New York: Da Capo Press, 1968. Print.

Cady, Zachary D. *Building a Better Brit: Imperialism and Masculinity in the Lives and Works of H. Rider Haggard and Rudyard Kipling*, 2011. Web.

Cameron, Paula L. *H. Rider Haggard, Allan Quatermain, and the Nineteenth-century British Masculine Romance*, 2002. Print.

Cavalier, Philip A. "Mining and Rape in Frank Norris's *McTeague*." *Atq.* 14.2 (2000). Print.

Chase-Riboud, Barbara. *Hottentot Venus: A Novel*. New York: Doubleday, 2003. Print.

Conrad, Joseph. *The Heart of Darkness*. New York: W.W. Norton and Company, 2006. Print.

Crais, Clifton and Pamela Scully. *Sara Baartman and the Hottentot Venus: A Ghost Story and a Biography*. Princeton: Princeton University Press, 2009. Print.

Creed, Barbara. *The Monstrous-Feminine: Film, Feminism, Psychoanalysis*. London: Routledge, 1993. Print.

Cruz, Denise. Reconsidering *McTeague*'s "Mark" and "Mac": Intersections of U.S. Naturalism, Imperial Masculinities, and Desire between Men. *American Literature* September 2006 78(3): 487-517. Print.

Cuvier, Georges and Henri de Blainville. *Memoires du Museum d'Histoire Naturelle*. 1817.

Cuvier, Georges. "Excerpt of Observations made on the Cadaver of a Woman Known in Paris and London under the Name of Venus Hottentot." *Memoires du Musée d'Histoire Naturelle*. Trans. Alexander Price. 1817. Web.

Davis, Cynthia J. *Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845-1915*. Stanford, Calif: Stanford University Press, 2000. Print.

- Deane, Bradley. "Imperial Barbarians: Primitive Masculinities in Lost World Fiction." *Victorian Literature and Culture*, 2008, Vol.36(1), 205-225. Print.
- Dever, Carolyn. "Strategic Aestheticism: a Response to Caroline Levine." *Victorian Studies*. 49.1 (2007): 94-99. Print.
- Doane, Mary A. "Dark Continents: Epistemologies of Racial and Sexual Difference in Psychoanalysis and the Cinema." *Femmes Fatales: Feminism, Film Theory, Psychoanalysis*. New York: Routledge, 1991. Print.
- Doyle, Jennifer. "Sex, Scandal, and Thomas Eakins's *the Gross Clinic*." *Representations*. (1999): 1-33. Print.
- Eagleton, Terry. *Literary Theory: An Introduction*. Minneapolis: University of Minnesota Press, 1983. Print.
- Eakins, Thomas. *The Agnew Clinic*. 1889. University of Pennsylvania Art Collection, Philadelphia, Pennsylvania. *University of Pennsylvania*. 10 August 2014. Print.
- . *Gross Clinic*. 1875. Philadelphia Museum of Art, Philadelphia, Pennsylvania. *Philadelphia Museum of Art*. 10 August 2014. Web.
- Fausto-Sterling, Anne. *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York, NY: Basic Books, 2000. Print.
- Fels, John and Denis Wood. "Designs on Signs/Myth and Meaning in Maps." *Classics in Cartography: Reflections on Influential Articles from Cartographica*. Ed. Martin Dodge. Chichester, West Sussex, UK: J. Wiley & Sons, 2011. Web.
- Fenichel, Otto. *Collected Papers*. New York: W.W. Norton, 1953. Print. 373-97. Print.
- Fleming, J B. "Clitoridectomy—the Disastrous Downfall of Isaac Baker Brown, F.r.c.s. (1867)."

Bjog: an International Journal of Obstetrics & Gynaecology. 67.6 (1960): 1017-1034.
Print.

Foster, Kathleen A. Foster and Mark S. Tucker. *An Eakins Masterpiece Restored: Seeing the Gross Clinic Anew*. Philadelphia, PA: Philadelphia Museum of Art in association with Yale University Press, 2012. Print.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Pantheon Books, 1973. Print.

---. *Discipline and Punish: The Birth of the Prison*. New York: Pantheon Books, 1977. Print.

---. *The History of Sexuality*. New York: Pantheon Books, 1978. Print.

Foucault, Michel, Mauro Bertani, Alessandro Fontana, François Ewald, and David Macey.

Society Must Be Defended: Lectures at the Collège De France, 1975-76. New York: Picador, 2003. Print.

Foucault, Michel. Valerio Marchetti, Antonella Salomoni, and Arnold I. Davidson. *Abnormal:*

Lectures at the Collège De France, 1974-1975. New York: Picador, 2003. Print.

-Freud, Sigmund, and Adam Phillips. "Fetishism." *The Penguin Freud Reader*. London:

Penguin, 2006. Print.

Freud, Sigmund, and Elisabeth Young-Bruehl. "Female Sexuality." *Freud on Women: A Reader*.

New York: W.W. Norton, 1990. Print

Freud, Sigmund. *Jokes and Their Relation to the Unconscious*. New Work: W.W. Norton &

Company, 1989. Print.

---. "Medusa's Head" (1922). Marjorie B. Garber and Nancy J. Vickers. *The Medusa Reader*.

New York: Routledge, 2003. Print.

---. *The Question of Lay Analysis*. New York: W.W. Norton and Company, 1978. Print.

- . *Three Essays on the Theory of Sexuality*. New York: Basic Books, 1975. Print.
- . *The Uncanny*. Ed. David McLintock and Hugh Haughton. London: Penguin Group, 2003. Print.
- Fried, Michael. *Realism, Writing, Disfiguration: On Thomas Eakins and Stephen Crane*. Chicago: University of Chicago Press, 1987. Print.
- Frumovitz, Michael M. "Thomas Eakins' *Agnew Clinic*: A Study of Medicine Through Art." *Obstetrics & Gynecology* Vol.100. 6 (2002). Web.
- Gilman, Sander L. *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness*. Ithaca: Cornell University Press, 1985. Print.
- Gilroy, Paul. *The Black Atlantic: Modernity and Double Consciousness*. Cambridge, Mass: Harvard University Press, 1993. Print.
- Gobineau, Arthur de. "Essay on the Inequality of the Human Races," *Gobineau: Selected Political Writings*, Ed. Michael D. Biddiss. New York and Evanston: Harper & Row, 1970. Print.
- Gonzales, David. "Sculpture of Paradox: Doctor as Hero and Villain." *The New York Times*. 2 March 2014. Web.
- Goodbody, Bridget L. "'the Present Opprobrium of Surgery': *the Agnew Clinic* and Nineteenth-Century Representations of Cancerous Female Breasts." *American Art*. 8.1 (1994): 33-51. Print.
- Gordon, Robert. "The venal Hottentot Venus and the Great Chain of being," *African Studies*, 51. 2 (1992): 185-201. Web.
- Gossett, Thomas F. *Race; The History of an Idea in America*. Dallas: Southern Methodist University Press, 1963. Print.

- Gould, Stephen Jay. *The Flamingo's Smile: Reflections in Natural History*. New York: Norton, 1985. Print.
- Greenslade, William. *Degeneration, Culture, and the Novel, 1880-1940*. Cambridge: Cambridge University Press, 1994. Print.
- Guest, David. *Sentenced to Death: The American Novel and Capital Punishment*. Jackson: University Press of Mississippi, 1997. Print.
- Haggard, H R and Charles J. Longman. *The Days of My Life: An Autobiography*. (London: Longmans Green & Co., 1926). Print.
- Haggard, H R, and Daniel Karlin. *She*. Oxford: Oxford University Press, 1991. Print
- Haggard, H R, and James Danly. *King Solomon's Mines*. New York: Modern Library, 2002. Print.
- Haraway, Donna J. *Primate Visions: Gender, Race, and Nature in the World of Modern Science*. New York: Routledge, 1989. Print
- Harley, J B, and Paul Laxton. *The New Nature of Maps: Essays in the History of Cartography*. Baltimore, Md: Johns Hopkins University Press, 2001. Print.
- Hart, D B, and A H. F. Barbour. *Manual of Gynecology*. New York: William Wood & Co, 1883. Print.
- Hartman, Saidiya V. *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America*. New York: Oxford University Press, 1997. Print.
- Heddon, Deirdre. *Autobiography and Performance*. Basingstoke, England: Palgrave Macmillan, 2008. Print.
- Holmes, Rachel. *African Queen: The Real Life of the Hottentot Venus*. New York: Random House, 2007. Print.
- Hopkins, Pauline E. *Of One Blood: Or, the Hidden Self*. New York: Washington Square Press,

2004. Print.

Hopkins, Pauline E, and Ira Dworkin. "A Primer of Facts Pertaining to the Early Greatness of the African Race and the Possibility of Restoration by Its Descendants Daughter of the Revolution." *The Major Nonfiction Works of Pauline E. Hopkins*. New Brunswick, N.J.: Rutgers University Press, 2007. Print.

Irigaray, Luce. *Speculum of the Other Woman*. Ithaca, N.Y: Cornell University Press, 1985. Print.

James, William, and Robert D. Richardson. *The Heart of William James*. Cambridge, Mass: Belknap Press of Harvard University Press, 2010. Print.

Japtok, M. "Pauline Hopkins's *Of One Blood*, Africa, and the 'Darwinist Trap.'" *African American Review*. 36 (2002): 403-416. Print.

Kaplan, E A. *Women and Film: Both Sides of the Camera*. New York: Methuen, 1983. Print.

Kapsalis, Terri. *Public Privates: Performing Gynecology from Both Ends of the Speculum*. Durham: Duke University Press, 1997. Print.

Kirby, Kathleen M. "Re: Mapping Subjectivity: Cartographic Vision and the limits of politics." Ed. Nancy Duncan. *Bodyspace: Destabilizing Geographies of Gender and Sexuality*. London: Routledge, 1996. Print.

Kirkpatrick, Sidney. *The Revenge of Thomas Eakins*. New Haven: Yale University Press, 2006. Print.

Khanna, Ranjana. *Dark Continents: Psychoanalysis and Colonialism*. Durham, NC: Duke University Press, 2003. Print.

Kolodny, Annette. *The Lay of the Land: Metaphor As Experience and History in American Life and Letters*. Chapel Hill: University of North Carolina Press, 1975. Print.

Knox, Robert, MD. MD, *The Races of Men A Fragment*. Philadelphia: Lea & Blanchard, 1850.

Print.

Laqueur, Thomas W. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge, Mass: Harvard University Press, 1990. Print.

Lerner, Barron H. "Scholars Argue Over Legacy of Surgeon Who Was Lionized, Then Vilified." *New York Times*. 153.52650 (2003). Print.

Levander, Caroline. "Pauline Hopkins and Psychologies of Race." *Prospects: an Annual of American Cultural Studies*. 28.1 (2003): 203-219. Print.

Levine, Caroline. "Strategic Formalism: Toward a New Method in Cultural Studies." *Victorian Studies*. 48.4 (2006). Print.

Lombroso, Cesare, Mary Gibson, and Nicole H. Rafter. *Criminal Man*. Durham, NC: Duke University Press, 2006. Print.

Lubin, David M. *Act of Portrayal: Eakins, Sargent, James*. New Haven: Yale University Press, 1985. Print.

Maseko, Zola, Adrian Brown, Hlengiwe Farasani, Philip Brooks, Harriet Gavshon, Phillip V. Tobias, François-Xavier Fauvelle-Aymar, Yvette Abrahams, S Martin, Brian Daubney, and Christian Docin-Julien. *The Life and Times of Sara Baartman: "the Hottentot Venus"*. New York, N.Y: First Run/Icarus Films, 1998.

Maygrier, J P, A S. Doane, David G. Johnson, and Justus S. Redfield. *Midwifery Illustrated*. New York: Moore & Payne, 1833. Print.

McClintock, Anne. *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest*. New York: Routledge, 1995. Print.

McDowell, Deborah. Introduction. *Of One Blood*. By Pauline E. Hopkins. New York: WSP, 2004. Print.

McElrath, Joseph R, and Jesse S. Crisler. *Frank Norris: A Life*. Urbana: University of Illinois Press, 2006. Print.

McGregor, Deborah M. *Sexual Surgery and the Origins of Gynecology*. New York: Garland Publishing, 1987. Print.

McKittrick, Katherine. *Demonic Grounds: Black Women and the Cartographies of Struggle*. Minneapolis: University of Minnesota Press, 2006. Print.

McLaughlan, Robert. *Re-imagining the 'dark Continent' in Fin De Siècle Literature*. Edinburgh: Edinburgh University Press, 2012. Print.

Meigs, Charles D. *Lecture on Some of the Distinctive Characteristics of the Female: Delivered Before the Class of the Jefferson Medical College, January 5, 1847*. Philadelphia: T.K. and P.G. Collins, 1847. Print.

Mills, M.D., Charles K. "'A Case of Nymphomania, with Hystero-Epilepsy and Peculiar Mental Perversions--The Results of Clitoridectomy and Oophorectomy--the Patient's History as Told by Herself'" *Medical Times* 15 (1885): 535-40. Print.

Mitchell, W J. T. *Picture Theory: Essays on Verbal and Visual Representation*. Chicago: University of Chicago Press, 1994. Print.

"Monomotapa." *Africa: An Encyclopedia for Students*. Vol. 3. Ed. John Middleton. (New York: Charles Scribner's Sons, 2002). 114-115. Print.

Morel, B.A. *Treatise on the Physical, Intellectual, and Moral Degeneration of the Human Species*. Paris: Baillièrè, 1857. Print.

Morris, Robert T. "Is Evolution Trying to do away with the Clitoris?" *Transactions of the American Association of Obstetricians and Gynecologists*. Volume 5, 1892. Pages 288-303. Web.

- Morton, Samuel George. *Crania Americana, Or, a Comparative View of the Skulls of Various Aboriginal Nations of North and South America: To Which Is Prefixed an Essay on the Varieties of the Human Species*. Philadelphia: J. Dobson, 1839. Print.
- Mulvey, Laura. "Visual Pleasure and Narrative Cinema." *Visual and Other Pleasures*. England: Palgrave Macmillan, 2009. Print.
- Norris, Christopher. *Deconstruction, Theory and Practice*. London: Methuen, 1982. Print.
- Norris, Frank. "From Cape Town to Kimberley Mine." *San Francisco Chronicle* [San Francisco] 26 Jan. 1896: Print.
- . *McTeague*. New York: Penguin Group, 2011. Print.
- . *The Responsibilities of the Novelist, and Other Literary Essays*. New York: Doubleday, Page & Company, 1903. Print.
- Nott, Josiah C, George R. Gliddon, Samuel G. Morton, Louis Agassiz, William Usher, and Henry S. Patterson. *Types of Mankind: Or, Ethnological Researches : Based Upon the Ancient Monuments, Paintings, Sculptures, and Crania of Races, and Upon Their Natural, Geographical, Philological and Biblical History, Illustrated by Selections from the Inedited Papers of Samuel George Morton and by Additional Contributions from L. Agassiz, W. Usher, and H.s. Patterson*. Philadelphia: J.B. Lippincott, Grambo, 1854. Print.
- Nuland, Sherwin B. "The Artist and the Doctor: the Uncertain Art; paintings of Doctors by Thomas Eakins." *American Scholar*. 72.1 (2003). Web.
- Ojanuga, D. "The Medical Ethics of the 'father of Gynaecology,' Dr J Marion Sims." *Journal of Medical Ethics*. 19.1 (1993): 28-31. Web.
- Omi, Michael, and Howard Winant. *Racial Formation in the United States: From the 1960s to*

- the 1990s*. New York: Routledge, 1994. Print.
- “Orientation.” University of Texas Libraries. *Glossary of Cartographic Terms*. The University of Texas at Austin. Web. 10 Apr. 2015. Web.
- Otis, Ginger Adams. “Slave Doc Knocked off Pedestal.” *New York Post*. 11 February 2011. Web.
- Otis, Laura. "Science Surveys and Histories of Literature: Reflections on an Uneasy Kinship." *Isis*. 101.3 (2010): 570-577. Print.
- Otten, T.J. "Pauline Hopkins and the Hidden Self of Race." *Elh*. 59.1 (1992). Print.
- Parks, Suzan-Lori. *Venus: A Play*. New York: Theatre Communications Group, 1997. Print.
- Penn, Nigel. *Mapping the Cape: John Barrow and the First British Occupation of the Colony, 1795-1803*. S.l: s.n., 1993. Print.
- Pizer, Donald. *Realism and Naturalism in Nineteenth-Century American Literature*. Carbondale: Southern Illinois University Press, 1966. Print.
- Ploesch, Patricia L. *Bodily Fictions: Ethnology and Gynecology in American Literature*. 2007. Print.
- Pointon, Marcia. *Naked Authority: The Body in Western Painting 1830-1908*. Cambridge University Press, New York. 1990. Print.
- Poon, Angelina. “Imperial Fantasies and the Politics of Reproducing Englishness in H. Rider Haggard's Allan Quatermain.” *Australasian Victorian Studies Journal*. 10 (2004): 91-109. Web.
- Pratt, Mary Louise. *Imperial Eyes: Travel Writing and Transculturation*. London: Routledge, 1992. Print.
- Prott, Lyndel V. “The Return of Saartje Baartman to South Africa.” *Witnesses to History: A*

- Compendium of Documents and Writings on the Return of Cultural Objects*. Paris: United Nations Educational, Scientific and Cultural Organization, 2009. Print.
- Qureshi, Sadiya. "Displaying Sara Baartman, the 'hottentot Venus'." *History of Science*. 42.2 (2004). Web.
- Rattansi, Ali. *Racism: A Very Short Introduction*. Oxford: Oxford University Press, 2007. Print.
- Reaves, Gerri. *Mapping the Private Geography: Autobiography, Identity, and America*. Jefferson, N.C: McFarland, 2001. Print.
- Rose, Gillian. *Feminism and Geography: The Limits of Geographical Knowledge*. (Cambridge: Polity Press, 1993). Print.
- Rousseau, G S. "Literature and Science: the State of the Field." *Isis*. 69.4 (1978): 583-591. Print.
- Sartin, Jeffrey S. "J. Marion Sims, the Father of Gynecology: Hero or Villain?." *Southern Medical Journal*. Birmingham, AL: Southern Medical Association, 2004. 97(5). Web.
- Schwartz, Marie J. *Birthing a Slave: Motherhood and Medicine in the Antebellum South*. Cambridge, Mass: Harvard University Press, 2006. Print.
- Sedgwick, Eve K. *Between Men: English Literature and Male Homosocial Desire*. New York: Columbia University Press, 1985. Print.
- Seitler, Dana. *Atavistic Tendencies: The Culture of Science in American Modernity*. Minneapolis: University of Minnesota Press, 2008). Print.
- Sewell, Darrel, Thomas Eakins, and Kathleen A. Foster. *Thomas Eakins*. Philadelphia, Pa: Philadelphia Museum of Art, 2001. Print.
- Sharpe, Jenny. *Ghosts of Slavery: A Literary Archaeology of Black Women's Lives*. Minneapolis: University of Minnesota Press, 2003. Print.
- Sheehan, Elizabeth. "Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative

- Procedure.” *Feminist Issues*. 5.1 (1985): 39-53. Web.
- Sheridan, Richard B. *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834*. Cambridge: Cambridge University Press, 1985. Print.
- Sims, J M, *Clinical Notes on Uterine Surgery: With Special Reference to the Management of the Sterile Condition*. New York: William Wood & Co, 1866. Print.
- . *Silver Sutures in Surgery: The Anniversary Discourse Before the New York Academy of Medicine, Delivered in the New Building of the Historical Society on November 18, 1857*. New York: Samuel S. and William Wood, 1858. Print.
- Sims, J M, and Harry M. Sims. *The Story of My Life*. New York: D. Appleton and company, 1884. Print.
- Snodgrass, Anthony M. *The Dark Age of Greece: An Archaeological Survey of the Eleventh to the Eighth Centuries Bc*. Edinburgh: at the University Press, 1971. Print.
- “Specular.” *Oxford English Dictionary*. Oxford, England: Oxford University Press, 2000. Web.
- Spettel, Sara, and Mark D. White. “The Portrayal of J. Marion Sims’s Controversial Surgical Legacy.” *The Journal of Urology*. 185.6 (2011): 2424-2427. Print.
- Spillers, Hortense J. “Mama's Baby, Papa's Maybe: an American Grammar Book.” *Diacritics: a Review of Contemporary Criticism*. 17.2 (1987): 65-81. Print.
- Stanley, Henry M. *Through the Dark Continent*. New York: Harper and Brothers, 1879. Print
- Stepan, Nancy L. “Race and Gender: the Role of Analogy in Science.” *Isis*. 77.2 (1986): 261-277. Web.
- Stiebel, Lindy. “Creating a Landscape of Africa: Baines, Haggard and the Great Zimbabwe.” *English in Africa*. 28.2 (2001): 123-133. Web.
- . *Imagining Africa: Landscape in H. Rider Haggard's African Romances*. Westport, Conn:

Greenwood Press, 2001. Web.

---. "A Map to Treasure: the Literary Significance of Thomas Baines's 'map of the Gold Fields of South.'" *South African Historical Journal*. 1998.39 (1998). Web.

---. "A Treasure Story: Thomas Baines's 'Map to the Gold Fields of South Eastern Africa' (1877)." *English Studies in Africa: A Journal of the Humanities*. Vol.45(1), pp.1-17. 2002. Web.

Sturken, Marita, and Lisa Cartwright. *Practices of Looking: An Introduction to Visual Culture*. Oxford: New York: Oxford University Press, 2001. Print.

Tardieu. "Histoire et souvenirs d'Alexina B." *Question médico-légale de l'identité dans ses rapport avec les vices de conformation des organes sexuels, contenant les souvenirs et impressions d'un individu dont le sexe avait été méconnu*. Paris: J.-B. Ballière et Fils, 1872. Print.

Terry, Jennifer and Jacqueline Urla. "Introduction." *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture*. Bloomington: Indiana University Press, 1995. Print.

"Transactions of the Gynaecological Society of Boston." *The American Journal of Obstetrics and Diseases of Women and Children*. New York: W.A. Townssend & Adams, 1868. Print.

Turner, Henry S. "Lessons from Literature for the Historian of Science (and Vice Versa): Reflections on "form"." *Isis*. 101.3 (2010): 578-589. Print.

Tucker, Herbert F. "Tactical Formalism: a Response to Caroline Levine." *Victorian Studies*. 49.1 (2007): 85-93. Web.

Wall, LL. "The Medical Ethics of Dr. J Marion Sims: a Fresh Look at the Historical Record."

- Journal of Medical Ethics*. 32.6 (2006): 346-50. Web.
- Walls, Laura D. "Of Atoms, Oaks, and Cannibals, Or, More Things That Talk." *Isis*. 101.3 (2010): 590-598. Print.
- Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday, 2006. Print.
- Werbel, Amy. *Thomas Eakins: Art, Medicine, and Sexuality in Nineteenth-Century Philadelphia*. New Haven: Yale UP, 2007. Print.
- Westerlund, Blake R. *The Construction of British Masculinity in Adventure Fiction 1883-1890: G.a. Henty, H. Rider Haggard, and Rudyard Kipling* (1998). Web.
- Williams, Raymond. *Keywords: A Vocabulary of Culture and Society*. New York: Oxford University Press, 1976. Print.
- Winlow, H. "Mapping Race and Ethnicity." *The International Encyclopedia of Human Geography*. Eds. N. Thrift and R. Kitchen. Oxford: Elsevier, 2009. Print.
- Wittig, Monique. "The Mark of Gender." *The Straight Mind and Other Essays*. Boston: Beacon Press, 1992. Print.
- Wood, Denis, and John Fels. *The Power of Maps*. New York: Guilford Press, 1992. Print.
- Zola, Émile, and Belle M. Sherman. *The Experimental Novel: And Other Essays*. New York: Cassell Pub. Co, 1894. Web.