Nicole N. Ivy

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Black Women, White Doctors, and Spectacular Gynecology

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Cover art: KING COBRA, She Is Risen exhibition view at the New Museum, New York. Photo by Dario Lasagni (2022).

For Shug, Shuggie, Ann, and Tena

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Preface

My commitment surprised me. Even in a pandemic, even in grief, I found myself commanded to amplify the voices of the dead that sing to me, from their boat to my boat, on the sea of time. On most days, I wrote one sentence. On some days, I wrote 1,000 words. Many days, it and I seemed useless. All of it, misguided endeavor.

Jesmyn Ward

The first time I set foot inside the building that James Marion Sims had outfitted for his surgical experiments on enslaved women in Montgomery, Alabama, I intentionally broke a rule. Six years prior, while a graduate student at Yale University, I had spent time in that city searching for archival traces of the women who were conscripted into laboring as Sims's first gynecological test subjects. During the initial research trip, I trawled the Alabama Department of Archives and History for the usual historical sources: municipal maps, probate records, private correspondence, personal manuscripts, and other collected papers. I had enlisted the help of my mother, an administrative savant who is by turns curious and exacting, in cataloging the primary sources I found. We had both proceeded with diligent efficiency, knowing that I was funding this research trip with my graduate stipend and that I needed to make the most of my time in the archives. Then, in 2017, working outside of academe with no real plans for returning to the professoriate full-time, I found myself in Montgomery again for a museum education project. A colleague and I were surveying museum professionals and cultural workers across the Southeast to understand their visions for the future of the field. On a bright January afternoon when I had some time between meetings, I decided to revisit a site that had loomed large in my scholarly imagination but that had seemed fairly off-limits

to me by virtue of its private property status. I suppose I was compelled by the uncanny coinciding of my chosen professions—those vocations denominated at the time as *ac-* and *alt-ac*—in one small place.

Sims's clinic had been transformed into a twenty-first-century office space, complete with a copy room and HVAC system. It had become the site of First-Sun Finance, a business providing small-dollar cash loans payable over time. This type of personal lending service has been widely criticized for subjecting economically precarious people to predatory lending practices that include exorbitant fees and inflated interest rates. The harsh penalties levied against borrowers keep them indebted to lenders at great advantage to the latter. Relative to their overall populations, Black and Latine patrons remain disproportionately represented among the purchasers of payday loans.[1] First-Sun Finance was only one of several such short-term loan companies within a two-block radius of South Perry Street, near downtown Montgomery. Approaching the clinic/loan office, I immediately noticed that the historical marker identifying Sims's practice had been removed and that the outdoor plaque commemorating this history on the building's front wall was also missing. I stepped through the small entry alcove and stood in an innocuously beige workspace furnished with particleboard desks, mismatched chairs, and squat metal file cabinets all arranged kitty-corner in the cramped room.

I chatted easily with the women in the middle of their workday who were gracious enough to answer my questions about the history of the building and also retrieve the aforementioned plaque from the aforementioned copy room. *No, I could not believe that the marker fell off of the building. Yes, I would love to see it. No, I did not realize that photography was prohibited in the office* (figure P.1). But the generosity of First-Sun's mainly white staff did not negate the reality that, in 2017, roughly 17 percent of the city's population lived below the poverty line. The office's general atmosphere of good cheer did not countermand the unequal distribution of the resources necessary for human flourishing along racial and gender lines.[2] When I left the clinic/loan office, I was stunned by the banality of the scaffolded structures of dispossession in that space, stunned by the collision of debt's continuity and of theft's changing sames. First-Sun Finance, J. Marion Sims's clinic, and Nathan Bozeman's surgical infirmary for Negroes share a transhistorical modality of risk that Saidiya Hartman illuminates in her analysis of the *afterlife of slavery*. That term describes "the enduring and seemingly interminable clutch of the hold on our present" that slavery maintains as a structure of domination that conditions the possibility of modern capitalism. The afterlife of slavery is perceivable within "the ongoing

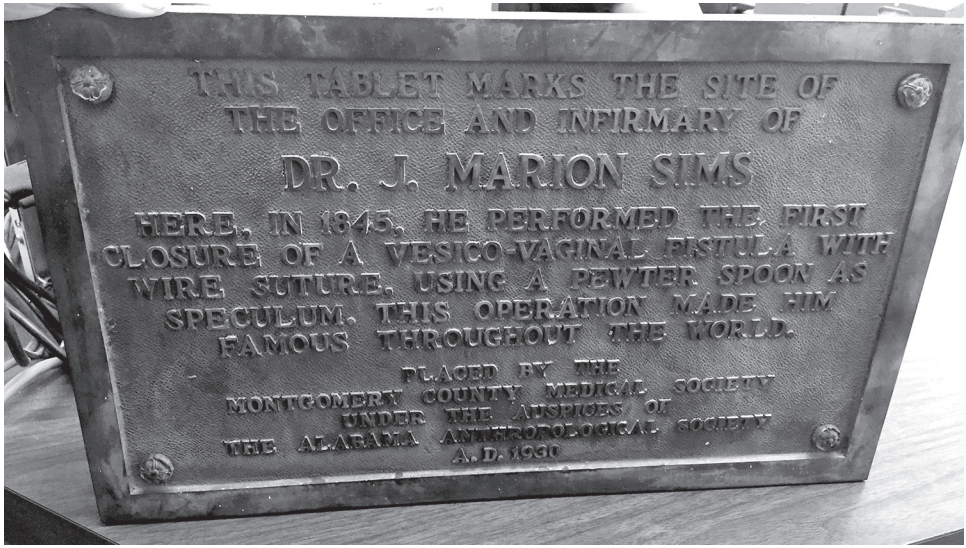

FIGURE P.1. Plaque indicating the J. Marion Sims historical site.

processes of dispossession, accumulation, and extermination" that shape the conditions of possibility for Black life.[3]

Transatlantic slavery's legacies of stochastic and structural anti-Black violence contribute to the conditions of possibility for this book in more than academic ways. This monograph is enlaced with personal loss—and shaped by archival elisions. I began the research for what would eventually become this book in the summer of 2005, five months before my father succumbed to a fatal heart attack. By the time my mother joined me in Montgomery for the aforementioned archives visit, she had survived the sudden death of a complicated husband and a bout with uterine cancer—not to mention coming of age in segregated Canton, Mississippi. She and I had returned to the Black Belt in search of other wounded women, fewer than two hundred miles east of where my father had been born. There, while requesting to view J. Marion Sims's collected papers, I was challenged by an archivist about the premise of my scholarship. Sims did not "experiment" on enslaved women, the woman piously reproved me as she left to retrieve the document storage boxes. Bristling, I described to her—and to my mother—how the doctor had, indeed, referred to his surgeries on Betsey and Anarcha as *experimental* in his autobiography. The archivist's disavowal of any maltreatment on Sims's part demonstrates the abiding reputational stakes of my project, despite my relative disinterest in

(re)working the fruitless and well-worn terrain of the enslaver's historical intentions. Her desire to protect Sims from me uncannily demonstrates the forms of elision that I write about in what follows. This archivist's refusal to name Sims's clinic as a space of dispossession performs the very disavowals of Black women's labor that fuel, and have fueled, Sims's veneration. *Materia Medica* turns away from this refusal. By convoking whatever loose association of readers, it potentiates and calls out toward a "witness for the dead."[4] Such witness is neither restitution nor is it tantamount to justice. But perhaps, as a recovery of the disavowed, this witness might offer some modicum of *respair*.

Introduction

Representational Labor

> *Pretty much like the historical statistics is Black American history: a separate book, a separate chapter, or a separate section of origins and consequences of slavery, all of which is related to production and legislature, very seldom to the very fabric of life and culture in this country. History is percentiles. History is the thoughts of great men. And the description of eras.*
>
> *Does the girl know that the reason that she died in the sea, or smothered in a sixty-foot slop pit on a ship called* Jesus*, was because that was her era? Or that some great men thought up her destiny as part of a percentage of national growth or expansion or pre-industrial revolution or colonization of a new world? Does she know what part she played in [the] minds of great men?*
>
> Toni Morrison

A critical mass of cultural and scholarly production has focused on the suppressed histories of the marginalized and racialized women who were essential to the development of James Marion Sims's US gynecological practice. Over the larger part of the past two decades, community groups, local and state legislators, activists, visual and performing artists, filmmakers, and researchers across a variety of academic disciplines have turned to an admittedly sparse archive in search of the lives of the African American and, later, Irish American women who composed the majority of his experimental surgical subjects. In their efforts to dislodge the hagiography of Sims as the "father of modern gynecology," many of the architects of these reparative projects have called on a trinity of names to invoke the corps of enslaved women subjected to the doctor's probing. Anarcha Westcott, Betsey Harris, and Lucy Zimmerman, each the property of a different Alabama slaveholder, were the

first named conscripts of Sims's attempts to cure vesicovaginal fistula in the summer of 1845. Sims identifies these young women as ranging between seventeen and eighteen years of age at the time and describes them variously as "well-developed," "unfit," "miserable," and "loathsome."[1] Since being narratively conjoined in the doctor's autobiography at the close of the nineteenth century, Anarcha, Betsey, and Lucy have been made to synecdochically refer to the more than a dozen Black women on whom Sims operated in his Montgomery clinic. The three teenage girls, presented almost always in first-name alphabetical order, have increasingly come to emblematize not only the brutality of white male medical malfeasance but also the horizon of Afrodiasporic mourning and the im/possibility of historical redress. Anarcha, in particular, has garnered attention in the domains of media, public history, arts, and academia. After enduring some thirty unanesthetized surgeries over the course of four years, she was touted by Sims as the first woman to be successfully cured by his trial method of fistula repair. The doctor openly celebrated his ability to transform Anarcha from "loathsome and disgusting to herself" and others around her into the physical evidence that he "had made, perhaps, one of the most important discoveries of the age for the relief of suffering humanity."[2] Time and again, her name appears first among the list of the enslaved women to whom Sims applied his exploratory methods. In 2016, National Public Radio aired a conversation between physician and bioethicist Vanessa Northington Gamble and poet Bettina Judd, entitled "Remembering Anarcha, Lucy, and Betsey: The Mothers of Modern Gynecology."[3] A 2020 article published in the *Montgomery Advertiser* opens with an echo of this enumeration. "Anarcha," the opening sentence announces, "was at least 17 when the doctor started experimenting on her."[4] The piece mentions Lucy briefly but omits Betsey's name altogether. In September 2021, Montgomery-based artist and activist Michelle Browder debuted a monumental public sculpture, entitled *The Mothers of Gynecology*. In the work, three female figures constructed from discarded and found metal are positioned on a circular platform. The Black women's bodies are presented in larger-than-life-size scale, with the statue representing Anarcha standing fifteen feet high. The forms depicting Betsey and Lucy are more compact, rising twelve and nine feet high, respectively. In the monument, Anarcha's midsection features a large ovoid hole reminiscent of *nkisi nkondi,* the Kongo power figure who provides healing, protection, and retribution. Not only does Anarcha's figure take prominence in Browder's art, but the *Mothers of Gynecology* project found a digital home in a website christened with the three names: AnarchaLucyBetsey.org. Some twenty-first-century memorializations feature Anarcha alone

in their titles. The performance collaborative known as the Anarcha Project offered artist residencies in 2006 and 2007. Their collective efforts emphasized the fundamental unknowability of the history of slavery while insisting on space for collective healing and reflection. Journalist J. C. Hallman has pursued Anarcha's memory via an investigative approach—at times in the genre of the historical whodunit. Several of his long-form articles about Sims have appeared in the popular US press. One newspaper opinion piece describes the doctor's life abroad during the Civil War as a "rollicking tale of deceit and spycraft."[5] Hallman is featured alongside Browder in the 2019 full-length documentary film *Remembering Anarcha,* which juxtaposes standard "talking head" shots with on-location and in-car footage of twenty-first-century Montgomery. Hallman chronicles his search for Anarcha's grave—and her descendants—in his book *Say Anarcha*, published in 2023.

Perhaps the promise of ungovernability enfolded within Anarcha's name contributes to her preeminence among the three. Abstracted from the Greek *anarchia*, her name carries the aura of that original meaning: "order without power," or, put differently, a subversive collectivity that rejects hierarchy.[6] It fits within a tradition of appellative humiliation practiced throughout the Atlantic World, where enslaved people were given names from Greco-Roman antiquity, such as Dido, Venus, Hercules, and Pompey. Perhaps the artists, writers, researchers, and other cultural workers who seek to correct the historical erasure of enslaved women's labor under medical surveillance deploy the name Anarcha as a speech act that produces a disruption of sovereignty, forcing a warp in the paradigm of bodily disciplining that Michel Foucault identifies as the clinic's method and goal. Anarchy bespeaks resistance and possibility, a "hope—that relations freely consented to are best suited to our nature."[7] Anarcha, as anarchy's namesake, is sent forth from the archive into the contemporary public discourse freighted with *freedom dreams* of pasts that might have been and futures wherein consent and redress might be protected by antiauthoritarian social contract.[8] But before Anarcha was atomized in Sims's case reports, before she was taken to New York City to be listed among Sims's patient rolls at his Women's Hospital there, before she was ever pregnant or injured in childbirth, she was a child whose life was circumscribed by the forces of chattel slavery in the mid-nineteenth century. The demands placed on her memory by twentieth- and twenty-first-century observers freight her with a set of lasting duties: catharsis, redemption, representation. Rather than condemning these present-day desires, I seek to attenuate the symbolic uses to which *Anarcha-as-sign* is put. That is to say, by focusing on the quotidian and spectacular forms of violence Anarcha endured as a girl and as a

young woman, I hope to make the story of her life at once unfamiliar and specific. This is not the story we all know, nor does any examination of her appearances within Sims's preserved papers produce narrative closure. Anarcha "cannot fulfill our yearning for romance, our desire to hear the subaltern speak, or our search for the subaltern as heroic actor whose agency triumphs over the forces of oppression."[9] As much as any account of her life might compel a host of affective responses (e.g., horror, rage, sorrow), Anarcha—as historical actor or as ancestor—remains necessarily unusable as a vessel for any redemption narrative. This instability, this unavailability for cathexis, if not for grieving, resists the brutal productivity mandated by racial capitalism and by chattel slavery and its afterlives.

Materia Medica: Black Women, White Doctors, and Spectacular Gynecology follows the clinic established by James Marion Sims at 33 South Perry Street as it is passed between Sims and his mentee and partner in surgery, Nathan Bozeman, across the latter decades of the nineteenth century. The book takes its titular heading from a somewhat arcane Latinate pharmacological term that refers to the set of substances used to treat a given illness. Quite literally, *materia medica* translates as the "stuff of medicine." In taking up this term, I aim to highlight the ways enslaved women were made to operate as anatomical standins for a class of white womanhood discursively construed as the truest beneficiaries of the new, professionalized medical science. I spotlight the women who supplied the literal *stuff* of medical knowledge from which each of these doctors produced their contested expertise. I read Black women's spectral presences in the archive in an attempt to thwart the hegemony of the doctors' triumphalist narratives about the history of gynecology. However, this book intervenes in the internecine professional feud between the two men by placing Sims's and Bozeman's earliest discoveries in the context of a flourishing antebellum slave market. Instead of depicting these doctors as anomalous or exceptional in their violence, I locate their work along a circuit of exchange of Black women's bodies that was inaugurated and revivified by the political economy of chattel slavery. The spacetime of this circuit precedes and superposes the clinic(s) under review here. The Black women who cycled through Sims's and Bozeman's practices are part of a larger Atlantic World context of African and Afro-diasporic medical exploitation and survivance. Thus, *Materia Medica* aligns with the critical emergent work done by scholars such as Rana A. Hogarth, Sasha Turner, Londa Schiebinger, Sowande Mustakeem, Tao Leigh Goffe, Jessica Marie Johnson, and Trevor Burnard that, taken together, explore the multicentury production of professional expertise on enslaved women's reproductive value.[10] Hogarth, Turner, Schiebinger, Goffe, and Burnard

all pursue archival examinations of the colonial production of Western medico-scientific knowledge in the West Indies as they consider how trafficked women remade practices of care. Mustakeem and Johnson traverse this analytical terrain along with scholars Marisa J. Fuentes and Daina Ramey Berry and others, elaborating the global reaches of the European medical knowledge project as it abetted the valuation of captured bodies in the barracoons, ships, coffles, and markets across the world the slave trade made.

Medical history has tended to assess Sims's guilt or innocence as a scientific racist. Doctors, medical historians, and cultural theorists, among others, debated his legacy as hero or villain, often seeking to condemn or redeem him on the basis of proven intentionality: Did Sims deliberately addict his enslaved patients to opium as a means of controlling them? Was he negligent in his failure to administer ether as an anesthetic, a relatively experimental treatment at the time? Did he obtain the women's consent? Was he, ultimately, callous or compassionate? A critical mass of recent scholarship on Sims's medical ethics has resisted the temptation to cast him as a beneficent physician undertaking an ameliorative, if messy, practice—a "man of his time and a man ahead of his time."[11] Deirdre Cooper Owens's pathbreaking *Medical Bondage: Race, Gender, and the Origins of American Gynecology* importantly shifts the focus away from adjudications of Sims's culpability toward the lives of the women subjected to his repeated surgical incursions. Cooper Owens's scholarship tarries with the racialized lives of the African American and Irish American women who were most of the doctor's gynecological test subjects. A comparative history, *Medical Bondage* argues for the centrality of enslaved women to the "establishment of professional fields."[12] *Materia Medica* shares with *Medical Bondage* an archival orientation toward Black women's lives. I pursue this focus across time to consider the lives of the enslaved women who were central to the contest for technical superiority that alternately raged and simmered between Sims and Bozeman across the latter half of the nineteenth century. In the chapters that follow, I mark out the women's rotations across Sims's—and, later, Bozeman's—Montgomery, Alabama, clinic and track the international flows of the expertise derived from these women's bodies. I argue that the doctors' exchange of land, buildings, patients, and insults constituted a circuit of medical knowledge production through which Black women were made to move as both currency and commodity.

Sims's and Bozeman's research on enslaved persons throughout the nineteenth century illustrates the ways in which the medicalized slave/body accomplishes a deferral of care that confounds the logic of healing. For these doctors, Black bodies on the examination table function as the ciphers through

which they may produce knowledge about white bodies—knowledge that, in turn, shapes modern health discourse. Their medical experiments on enslaved Black women suffering from vesicovaginal fistula in Montgomery from 1845 through 1858 reveal a praxis of disciplinarity that is rooted in, and animated by, the spectacularity of racial and sexual difference. Black women were captured within Sims's medical gaze and excluded from legal and medical forms of personhood. Sims's and Bozeman's rhetorics of care were projected onto an idealized constituency of white American women. Operating as a "cultural vestibularity," as theorized by Hortense Spillers, enslaved female flesh signified concurrently as gateways into a generalized white female body politic and as specific examples of Black female reproductive vulnerability.[13]

The pages that follow speak a mournful narrative by expanding on three central claims about the nature and legacy of this specific case history of knowledge production. I argue that (1) an undertheorized dimension of the catastrophe of American slavery is the extractive force of what I have named *representational labor*. Black female bodies were deployed as surrogates for a category of obstetric fistula sufferers imagined, ultimately, as respectable white women. Black female bodies, too, were called upon in nineteenth-century medical journalism and in the popular medical culture of the following century to represent the prowess of the (white) American medical man. My analysis of Black women's representational and corporeal labor contributes to the body of feminist literature concerned with the broader constitution of Black female subjectivity. More particularly, I build on a tradition of Black feminist scholarship that is, as Alys Eve Weinbaum so aptly observes, "specifically attentive to the issues of reproduction and sex in slavery."[14] This book takes up what Weinbaum names as a "distinctly *black feminist philosophy of history*": a way of historical knowing that takes seriously the entanglements of slavery, biopower, and re/productive labor as it elaborates how racial capitalism changes over time.[15] It affirms and amplifies the insurgent work on slavery and reproduction authored by such scholars as Thavolia Glymph, Sarah Clarke Kaplan, Jennifer L. Morgan, Dorothy Roberts, Saidiya Hartman, Christina Sharpe, Tera Hunter, Jessica Millward, and the above-named Weinbaum and Cooper Owens. Chapter 1, especially, is informed by Glymph's discussion of the value of enslaved women to the maintenance of Southern society. She explains: "Enslaved women resisted the plantation household as an ideological construction and as a site of labor as they found themselves at the nexus of two interrelated but incongruous projects. The first was the maintenance of slavery; the second, the projection of the South along the path of western civilization. . . . In the U.S. South, as elsewhere in western bourgeois culture by the

mid-nineteenth century, order, management, and discipline became important touchstones of the meaning of civilization."[16] In identifying the reification of medical expertise as part of slavery's pillage, as Glymph's work helps us to do, we can more clearly apprehend how the representational labor of enslaved women abets the maintenance of Southern genteel society—and of national professional manhood and white womanhood as well.

Materia Medica also bears archival witness that (2) a fuller cost accounting of this history is possible. Reading forward and backward across the timeline presented by Sims's and Bozeman's preserved records, I identify several of the enslaved women who joined Anarcha, Betsey, and Lucy in the cohort of test subjects in the Montgomery clinic between 1845 and 1855 as the space transferred from one doctor to another. I deploy the strategy of *critical fabulation*, pioneered by Saidiya Hartman, to bring forward the experiences of several of the enslaved women who moved into and out of the neat brick building at 33 South Perry Street: Among them were Julia McDuffie, Kitty Johnston, Lavinia Bondurant, Dinah, Delia, Amanda, Minerva, Louisa, Ann, Nancy, Rachel, and three different women called "Jane . . . colored girl." In a real sense, then, this book is a necrology that resists the archiving power that Sims and Bozeman wielded as medical specialists. Sims elaborated his own etiological myth across a corpus of journal articles, public speeches, and autobiographical writing. Taken together, these publications form an extended conceit that is at once self-referential and transhistorical. I mobilize a narrative strategy of repetition that finds its material analogue in the transit of Black women's bodies across both Sims's *and* Bozeman's practices within the same smart brick building in downtown Montgomery. Across the chapters, I return again and again to the same names and texts in order to make manifest the potential emplotments of historical events as they might have been experienced within bondswomen's various and impossible perspectives. Such a recursive expository form reflects the movements, slippages, elisions, and substitutions that shape enslaved women's presences in historical archives more generally. Black feminist historiography has produced several key methodological innovations that make it possible for us to evaluate the circulation of enslaved women's bodies materially (within the Atlantic and the US domestic slave trade, for example) and symbolically (within the Western literary imagination as well as in slavery's legal fictions, iconography, and economic valuations). This book deploys the strategies of close reading taken up by scholars, including Aisha Finch, Marisa J. Fuentes, Sarah Haley, Saidiya Hartman, Jennifer L. Morgan, Deborah Gray White, and Jessica Marie Johnson, who pursue Black feminist historical analyses of slavery's archives.[17] I turn to critical fabulation to get at historical possibilities beyond those that are

explicitly observable within the archives. In fact, the book's final central claim turns on the question of archival power. Black women's bodies helped scaffold the myth of the American medical man. I maintain that (3) removing this scaffolding requires creating new mythemes, new nonmonumental forms of remembering. The book's concluding chapter considers the visual representations of J. Marion Sims created during the twentieth century to commemorate his standing as a medical "founding father." Building on Kimberly Juanita Brown's groundbreaking visual culture scholarship, I follow the "repeating body" of the imagined Black woman on a tabletop as it is conscripted into the signification of white male mastery. I specifically explore how artist KING COBRA (documented as Doreen Lynette Garner) inaugurates a countermemorialization of the event of Sims's surgical trials.

Black female bodies were rendered fungible, abstracted, and palimpsestically interchangeable but also enumerated in specific anatomical detail. I locate Sims's work at the intersection of US legal and medical discourses on sovereignty, personhood, and racialized sexuality. I seek to unpack the complex forces of subjectivity and subjection that shaped the lives of his Black female test subjects. Additionally, I consider how Black women functioned for Sims as concurrently analogous and dissimilar biological counterparts to white American womanhood. What might it mean for Sims to look through the bodies of enslaved Black women in order to gain knowledge about a white female public? By what rhetorics and praxes are these women denied ownership over their own bodies? How can disciplinarity be practiced on one body for the ultimate goal of managing another? What kind of being is created on the examination table, and by what processes is she produced as a "body of knowledge"?

Spectacular Surgical Subjects

The book considers the processes by which enslaved persons are denied the rights to their own flesh and are reconstituted as open to interpretation. Its chapters are threaded together via the task of querying how, as Hartman suggests, "the 'givenness' of blackness results from the brutal corporealization of the body and the fixation of its constituent parts as indexes of truth and racial meaning."[18] If, in fact, this construction "attest[s] to the power of the performative to produce the very subject which it appears to express," how then can we read the fixing of slave bodies as racialized subjects in clinical spaces?[19]

Thus, I read the nineteenth-century Western project of gynecological knowledge production as a particular instantiation of a micro-level of bodily control. Indeed, as physicians began to perform routine surgeries on live patients,

surgery replaced the dissection of corpses as a primary means of anatomical inquiry. As Sarah Chinn notes, it "erased the boundaries between the surfaces and recesses of the body."[20] Researchers could now observe the human body in intimate detail and develop bodily schemas based on greater degrees of micro-organization; physicians could explore and treat ailments at the level of the individual organ system or at the level of the tissues themselves. Such knowable bodies, by their very definition, imply the influence of coercive forces that have rendered these bodies explicit. Specifically, the ability of surgeons to produce medico-scientific theory from dissected bodies suggests their relative command of an anatomo-juridical power that works to uncover and control these bodies.

Foucault's *The Birth of the Clinic: An Archaeology of Medical Perception* provides a useful framework for reading the complicity of the medical examination in the production of knowable bodies. He explains, "Clinical experience sees a new space opening up before it: the tangible space of the body, which at the same time is that opaque mass in which secrets, invisible lesions, and the very mystery of origins lie hidden. The medicine of symptoms will gradually recede, until it finally disappears before the medicine of organs, sites, causes, before a clinic wholly ordered in accordance with pathological anatomy."[21] It follows that the clinic is figured as a carceral space; it both ministers to the needs of the ailing and also indexes, confines, and supervises the bodies in its care. Like the prison, the clinic-as-institution concomitantly produces and requires bodies of inquiry. There, physicians work to discover the secrets of ailing bodies, mark these bodies as diseased, and endeavor to cure, or perfect, them. The practice of medicine is constituted as a means of surveillance through this methodological injunction to enumerate bodies. Individuals become knowable in increasingly specific ways, and to greater depths, through the application of science. Medico-scientific exploration can therefore be understood as an exercise in micro-power; we may characterize the enterprise of Western medicine at, and after, the close of the nineteenth century as a project mobilized by fascination, disclosure, and control.

Benevolence and control become conjoined as the health discourse is applied toward the superintendence of its population. Given this notion of public health—and a public good—as the energizing force behind disciplinarity, how, then, can we read the convergence of disciplinary power and racist violence on the body? What does it mean for Black bodies to be detained, displayed, and disciplined in a clinical space for the purpose of advancing a "common" good that is not their own? What does it mean for the docile body to be already captive?

Taking up Dana D. Nelson's assertion that the practice of medicine enabled a white, middle-class form of US masculinity to "articulate itself through professional title," my project investigates how the anatomized bodies of the enslaved provided a physical terrain upon—and across—which white male fantasies of mastery, practice, and perfection could be played out. Deploying an interdisciplinary methodology that draws from the history of medicine, literary theory and criticism, and social theory, it engages the moments wherein clinical, carnival, and carceral spaces become indistinguishable.[22] Exploring the ways in which African and African American bodies have been represented in the medical and ethnographic photography and portraiture of the late eighteenth and nineteenth centuries, the book attempts to think through the ways in which this professional medical gaze speaks back to a national viewing public. What might it mean for Sims's colleagues to witness his experiments? What might it mean for Sims's published findings—and, consequently, Black women's bodies—to be at the center of national and international medical discourses? What is the interface of performance, dissection, and racial terror? How is the history of US medicine imbricated in the histories of US slavery and the Western freak show?

I want to suggest that Sims's experiments are situated at the nexus of biopower, publicity, and the *event* of racial difference. Positioned chronologically in a historical period beginning with the exhibition of Saartjie Baartman in London in 1810 and continuing through the 1905 display of Ota Benga in the Bronx Zoo, Sims's research illuminates a complex history of African and African American bodily "oddities" on display. Indeed, positioned with P. T. Barnum's exhibitions of Joice Heth, an enslaved woman billed in 1835 as the childhood nurse of President George Washington, and the microcephalic "Zip, the What Is It," a character embodied by several persons—including African American William Henry Johnson in 1880—and touted as the "missing link" captured near the Gambia River, Sims's display of enslaved Black women on the examination table, and on the lecture circuit, marks out a late nineteenth-century and early twentieth-century trajectory of Black medical spectacularity. The play between revulsion, curiosity—the "what *is* it"—and racial fantasy that circumscribed the spectacle of African and African American corporeality during this period was not isolated within the carnival space. Rather, it formed the viewing field upon which surgical examinations of Black test subjects in the nineteenth century were played out. The embodied racial difference of these exhibited persons is both an observable condition and an event—it is not simply an inert state of nature, but an occasion to be witnessed.

Sims's experiments, taken together with the use of the cadavers of enslaved persons for anatomical instruction in medical schools, and the display and

circulation of lynched bodies and body parts, mark the convergence of "Darwinism [and] Barnumism" in the production of an uncanny kind of Black corporeality.[23] His patients concurrently represent the biological/physical structures common to all human beings and the supposed difference of Black physiognomy. As racially and sexually overdetermined objects of public curiosity, these brutalized and exhibited subjects fortify the links between science and spectacle: Anatomy functions as "edutainment" for the physicians attending the surgeries on enslaved Black subjects. This edutainment, as Guy Debord suggests, provides the physician with an "uninterrupted monologue of self-praise" that certifies their technological prowess and also prefigures twentieth-century mass-media images of a US national modernity.[24]

On Personhood and Property

In order to understand the complex forces of surveillance and bodily ordering at work in Sims's early research, it is necessary to apprehend the centrality of the medical examination to the production of the slave/body. Explaining slave traders' use of medicine as a means of demonstrating salability, historian Walter Johnson asserts that "in the slave pens . . . medical treatment was a trick of the trade, nothing more."[25] He notes that investments in medical care in the slave pens were largely performative measures, "speculations like any others the traders made, tactical commitments to slaves' bodies that were underwritten by the hope of their sale."[26] Thus, the physician's role at the point of sale is to help consolidate the traders' fantasies of the slave as laboring machine by transforming the enslaved into literal pictures of health. Put differently, the slave body becomes a kind of open signifier onto which the white medical imaginary may project a multiplicity of racial fantasies concerning health and disease. The sovereignty of the enslaved at the point of sale—or, more directly, the lack thereof—reflects and produces her vulnerability as an object of medical examination.

Moreover, the ability of white physicians to craft such narratives of Black health and disease reveals the malleability of Black bodies in the white medical imaginary. Bearing out the liminality of the slave/body, Johnson explains that enslaved Blacks in the United States existed between life and death. Effectively functioning as the "walking dead," they were summarily (re)created through the medical gaze. He observes,

> By this dark magic, this necromancy, new people could be made out of the parts of old ones: slaves could be detached from their pasts and stripped of their identities, *their bodies could be disciplined into order* and

> decorated for market, their skills could be assigned, their qualities designated, their stories retold. Slaves could be remade in the image of the irresistible power of their salability—fed, medicated, beaten, dressed, hectored, and arrayed until they outwardly appeared to be no more than advertisements for themselves. The dead, their bodies disjointed from the past and their identities evacuated, would walk to sale.[27]

Johnson contends that, for the mind of the slaver, the slave features as both thing and sign, no more a reality than the imagined category she was invented to fill and subsequently perform.

This vulnerability to medical interpretation, guaranteed by slavery's laws of property, enabled physicians to exploit the enslaved as test subjects for the good of a "public" to which they did not belong. Black bodies were simultaneously degenerate and usable, intrinsically dissimilar to white bodies but fitting substitutes in the moment of medical examination. Abolitionist Theodore Dwight Weld suggests as much in 1839 with the following declaration: "'Public opinion' would tolerate surgical experiments, operations, processes, performed upon them [slaves], which it would execrate if performed upon their master or other whites."[28] Here, the consensus of "the people" patently excludes slave communities. Reiterating this sentiment, a correspondent to the Georgia periodical *Statesman and Patriot* submitted the following statement in 1828 in support of state legislation to permit medical experimentation on the bodies of executed Black felons: "The *bodies of colored persons*, whose execution is necessary to public security, may, we think, be with equity appropriated for the benefit of a science on which so many lives depend, while the measure would in a great degree secure the sepulchral repose of those who go down into the grave amidst the lamentations of friends and the reverence of society."[29]

Black people, and particularly their bodies, are seen to inhabit that shadowy space between human and nonhuman. In being literally appropriated to maintain the sanctity of white bodies—both in life and death—they come to embody a kind of flexible personhood. Although not fully sacred in the popular sense of the word, a Black life was nevertheless biologically similar enough to that of a "revered" white to supplant it in scientific examination. Enslaved Black women, in particular, exemplified such variable personhood. They embodied a kind of bare life in the national imaginary, a form of life that reproduces itself. For both the trader and the physician, Black women represented a biological entity who may figure alternately as nonhuman, subhuman, or superhuman, and whose legal right to her life is always already deferred to her enslaver. Sims's experiments reveal not only a compulsion to count and expose

Black female bodies, but also the malleability of these women as "borderline cases of personhood."

I want to pause briefly here to describe this book's main methodological intervention: This is a history rendered multiply. I return to the scene of Anarcha's 1845 delivery at various times, mining Sims's descriptions for enslaved perspectives that resist archival facticity. I narrate and renarrate the stories of enslaved women and girls like Julia McDuffie and Lavinia Bondurant, who were operated on by both Sims and Bozeman and who enter the archive only through Bozeman's competitive recordkeeping. I hew closely to the circularity of the doctors' narratives—but against their archival grain—to remind readers of the fundamental irrecoverability of the lives of the enslaved and the profound and concomitant imperative of that recovery, no matter its limitations.

This book begins in Montgomery, Alabama. I engage the "demonic grounds" of J. Marion Sims's clinic in that place, positioning the clinic as a site of racial terror within a circuit of slavery's exchange.[30] The first chapter, "A Special Field of Experiment," gathers the fragmentary archival documentation surrounding enslaved women in Sims's and Bozeman's published papers and private correspondence in an attempt to re-create part of the story of the women's lives in the Montgomery clinic. It begins with another Anarcha. This time the name is given to a "little mulatto girl" who appears at Sims's bedside in 1836 while he endures a bout with malaria. The doctor's autobiography pays scant attention to the child. She comes into focus only briefly in the narrative and vanishes into a few haunting lines: "A little negro girl would sleep in the room with me, and hand me a drink of water occasionally."[31] Using this trace evidence, I dwell with this girl and with the older Anarcha, who would enter Sims's narrative some nine years later as a seventeen-year-old facing a harrowing labor and delivery. I shift the book's perspective away from Sims's authorial voice to consider the possible experiences of an Anarcha who may have been subjected to the doctor's control across her youth. I retell a plausible history of the women who moved through this first iteration of the fistula clinic in order to place a much-recounted history under much-needed analytical pressure: What did enslaved women experience in this space? What might we imagine about Black care under carcerality? If we sit closely with this story, what might we better apprehend about the liminality of the clinic and about the labor required to endure it?

The second chapter, "Birth of the Clinic," challenges the integrity of the origin story not only as a trope of medical historiography but also within Sims's specific descriptions of his own professional ascendancy. The chapter reconsiders the origins of Sims's first fistula clinic, its function as a workshop and training ground, and its social and physical location within the internal US slave trade. I

depart from the rags-to-riches archetype traditionally associated with the doctor's Southern practice by highlighting Montgomery's standing as an emergent slave society with a burgeoning professional class. Sims's description of the space as a "small corner of my yard" notwithstanding, his clinic stood within the sightlines of Court Square, home to one of the largest slave markets in the antebellum South, and of the state's capital—relocated to the city only one year after the doctor began his fistula experiments. The story of the doctor's vesicovaginal experiments does not begin with an epiphany, as his autobiography suggests, but rather has its foundations in his pursuit of mastery and acclaim. I detail Sims's desire to establish himself as a physician, his work with white elites in Montgomery, and his experimental surgeries on enslaved men and children in order to reveal his clinic as a site of showmanship and spectacularity—and to locate it within the context of slavery's disciplining power.

Both Sims and Bozeman claimed to have developed the definitive surgical cure for vesicovaginal fistula. Each tried out the other's techniques in an effort to confirm his rival's incompetence. But this professional conflict was largely made possible by, and enacted through, the bodies of enslaved women. The two doctors located their proclamations of success—and their accusations of fraud—in the wounds of the women upon whom they plied their cures. The book's third chapter, "The Clinic's Second Life," details Bozeman's efforts to distinguish his surgical preeminence amid the overshadowing celebrity of Sims. Here, I excavate the sedimented forms of biopower that animated the Montgomery, Alabama, surgical infirmary in its second life as Bozeman's property. Although the clinic's physical location remained the same, it was not a fixed site. Rather, the clinic was regenerated and remobilized across Bozeman's tenure as a surgical proving ground and a space of professional contest. Bozeman staged replications of Sims's methods and fashioned new ones that he branded as distinctly his own. But beneath and between this battle existed a rotating cadre of enslaved women who provided the stuff of the doctors' dispute. Black women provided the fleshly terms through which Bozeman and Sims contested their professional supremacy, concurrently haunting and energizing the doctors' public correspondence. The chapter pursues the stakes of the clinic's reincarnation. Its sections engage a core set of questions concerning Black women's use value in Bozeman's practice: What does it mean to perform an operation in hopes of failure? How might we talk about Black women who are subjected to the same clinical space over and over again? Can technology be unmarked? Can implements carry histories? Further, if the conventions of US slave law and medical discourse posit the slave as a human nonperson, how, if at all, does the framing of the enslaved as injured complicate this property status?

The fourth chapter analyzes a work by the artist KING COBRA. Entitled "On Nonmonumentality and the Visual Legacy of J. Marion Sims," the chapter brings questions of history, injury, and memory to bear on visual representations of Sims and the enslaved women he treated. There have been several monuments to Sims erected across the country to commemorate his standing as a medical "founding father." A sculpture honoring him in New York City was removed from its Central Park location in 2018 after decades of grassroots mobilization. However, at the time of this writing, both Alabama and South Carolina celebrate him with statues on state capitol grounds. As state and municipal governments continue to grapple with demands to remove monuments to the doctor, both Sims and the enslaved women he experimented on have become iconized in contests over the legacies of medical racism. Present-day discourse in medical and public history tends to bind Anarcha, Betsey, and Lucy together as an abstracted trinity that stands in for the entire cohort of exploited enslaved women whose names are not widely known. For purposes that range from reifying Sims as the "father of American gynecology" and absolving him of wrongdoing to recovering and honoring the lives of the enslaved women who endured the doctor's repeated surgical incursions, intellectuals often retroactively vest Betsey, Lucy, and Anarcha with the symbolic power of catharsis. While I share the aims of honoring the labor of brutalized women who could not consent, I am nevertheless ambivalent about the ethics of demanding still more affective labor from dead Black girls. As a way into this ambivalence—and out of a conscriptive cathartic project—I read the sculpture and performance art of KING COBRA for signs of how dwelling with historical trauma inside a practice of careful regard might offer an alternative to any pantomime of redress that would invent a triumphalist Black woman amalgam in the service of "our" collective healing. KING COBRA's artistic restaging of Sims's experiments renders the notion of Black indomitability promulgated by Sims and his contemporaries (and their successors) untenable and, indeed, ludicrous. She deploys horror, mourning, and spectacle to create nonmonumental events that, nevertheless, remain indelible. I want to take seriously the provocation insisted upon within KING COBRA's work that we who live *in the wake* of Sims's clinical experiments, in the afterlife of enslaved women's plundered reproductive capacities, might yet linger with our fragmented and irreconcilable histories; we might live into a kind of intimacy-amid-grievance that resists the seductive domestication of undifferentiated Black female flesh into a closed system of representation as a historical curative.[32]

Notes

PREFACE

The epigraph for this preface is from Ward, "On Witness and Respair: A Personal Tragedy Followed by Pandemic," *Vanity Fair*, September 1, 2020, https://www.vanityfair.com/culture/2020/08/jesmyn-ward-on-husbands-death-and-grief-during-covid?srsltid=AfmBOorkYMtn6FSTpqnvv-SchR5k6LpMrbmUhtb20ytQcXPOaBwCMhR7.

1 Hawkins and Penner, "Advertising Injustices."

2 Economic data for Montgomery, Alabama, in 2017 reveal that 30.7 percent of the Latine population lived below the poverty line of $24,860 for a family of four. The corresponding rates (in percentages) for African Americans, Asian Americans, and Native Americans were 27.3, 15.4, and 15.6, respectively. Whites demonstrated the lowest proportions recorded, with 12.2 percent of the demographic living below the poverty line. Center for American Progress, Alabama 2018 page, https://talkpoverty.org/state-year-report/alabama-2018-report/index.html (accessed December 21, 2025).

3 Hartman, "Response," 210. For more on Hartman's concept of the afterlives of slavery, see also Hartman, *Lose Your Mother*, 6.

4 Addison, *Witness for the Dead*, 1.

INTRODUCTION

The epigraph for this chapter is a quotation from Toni Morrison, "A Humanist View," Portland State University's Oregon Public Speakers Collection, "Black Studies Center Public Dialogue. Pt. 2," May 30, 1975, http://bit.ly/1vO2hLP. The speech, part of the Public Dialogue on the American Dream Theme, via Portland State University Library (http://bit.ly/1q8HG3h), was transcribed by Keisha E. McKenzie.

1 Mundé, "Dr. J. Marion Sims," 514; Sims, *The Story of My Life*, 227–30.

2 Sims, *The Story of My Life*, 240, 246.

3 "Remembering Anarcha, Lucy, and Betsey: The Mothers of Modern Gynecology," *Hidden Brain* podcast, February 16, 2016, https://www.npr.org/transcripts/466942135.

4 "Confederate Monuments: J. Marion Sims, a Doctor Who Experimented on Enslaved Women Who Could Not Consent," *Montgomery* (AL) *Advertiser,* July 30, 2020.

5 "J. Marion Sims and the Civil War—a Rollicking Tale of Deceit and Spycraft," *Montgomery* (AL) *Advertiser,* September 28, 2018.

6 "Surgical Infirmary for Negros," *Montgomery* (AL) *Daily Advertiser*, January 12, 1847; Baillargeon, *Order Without Power*. Baillargeon attributes the title of his survey of anarchist thought to songwriter Léo Ferré.

7 Baillargeon, *Order Without Power*, 2.

8 Kelley, *Freedom Dreams*.

9 Smallwood, "The Politics of the Archive," 128.

10 See Hogarth, *Medicalizing Blackness*; Turner, *Contested Bodies*; Schiebinger, *Secret Cures*; Mustakeem, *Slavery at Sea*; Goffe, *Dark Laboratory*; Johnson, *Wicked Flesh*; and Burnard, *Planters, Merchants, and Slaves*.

11 Jeffrey S. Sartin, "J. Marion Sims, the Father of Gynecology: Hero or Villain?" *Southern Medical Journal* 97, no. 5 (May 2004): 504.

12 Cooper Owens, *Medical Bondage*, 12.

13 Spillers, "Mama's Baby, Papa's Maybe," 67.

14 Weinbaum, *The Afterlife of Reproductive Slavery*, 4.

15 Weinbaum, *The Afterlife of Reproductive Slavery*, 3. It is impossible here to provide an exhaustive genealogy of the Black feminist historical thinkers whose work has meaningfully contributed to our understanding of Black women's productive and reproductive labor in the context of Atlantic slavery, to say nothing of the broader idea of a Black feminist philosophy of history. I reference the following texts not as a definitive list, but rather as a set of points from which to begin further inquiry. See Higginbotham, *Metalanguage*; Hunter, *To 'Joy My Freedom*; Jones, *Labor of Love*; and Hine, "Rape and the Inner Lives." See also Wallace-Sanders, *Mammy*. For more on Weinbaum's framing of slavery as an epistemological condition of possibility for capitalism's seizure of reproductive capacity, see especially chapter 1, "The Surrogacy/Slavery Nexus," in *The Afterlife of Reproductive Slavery.*

16 Glymph, *Out of the House of Bondage*, 64.

17 Black feminist scholarship on the history of transatlantic slavery has used close textual analysis as a strategy of historical interrogation. Although an exhaustive list of the field is beyond the scope of this book, several works stand out as exemplars of this method. See Finch, *Rethinking Slave Rebellion*; Fuentes, *Dispossessed Lives*; Haley, *No Mercy Here*; Hartman, *Wayward Lives*; Johnson, *Wicked Flesh*; Morgan, *Reckoning With Slavery*; and White, *Ar'n't I a Woman?*.

18 Hartman, *Scenes of Subjection,* 57.

19 Hartman, *Scenes of Subjection,* 58.

20 Chinn, *Technology and the Logic of American Racism*, 11.

21 Foucault, *The Birth of the Clinic*, 122.

22 Nelson, *National Manhood*, 103.
23 Bradford and Blume, *Ota*, 174.
24 Debord, *Society*, 19.
25 Johnson, *Soul by Soul*, 120.
26 Johnson, *Soul by Soul*, 120.
27 Johnson, *Soul by Soul*, 118.
28 Theodore Dwight Weld, *American Slavery as It Is: Testimony of a Thousand Witnesses* (New York, 1839), 170, cited in Savitt, "Medical Experimentation," 341.
29 *Statesman and Patriot* (Milledgeville, GA), August 16, 1828, cited in Savitt, "Medical Experimentation," 339.
30 McKittrick, *Demonic Grounds*.
31 Sims, *The Story of My Life*, 172.
32 Here, I am thinking with Spillers's theorization of how the Middle Passage produced "ungendered" Black flesh as one consequence of instantiating the enslaved as cargo. Spillers directs our attention toward how the cultural fictions of modern domesticity in the world that transatlantic slavery made are simultaneously antithetical to and generative of "the human cargo of the slave vessel," which "offers a counter-narrative to notions of the domestic" ("Mama's Baby, Papa's Maybe," 72).

CHAPTER 1. A SPECIAL FIELD OF EXPERIMENT

The epigraphs for this chapter are from the following sources: Sims, *Silver Sutures in Surgery*, 52; Judd, *Patient*, 9.

1 Although the primary text of the autobiography is attributed to Sims, it must be noted that the final editing and compiling of the appendices was completed by his son, Dr. Harry Marion Sims. The autobiography was published in 1884, one year after the elder doctor's death. In accordance with the editor's note, this chapter treats all autobiographical accounts attributed to Dr. Sims as self-authored, except where otherwise indicated in the original text.
2 Sims, *The Story of My Life*, 171, emphasis mine.
3 *Fifth Census of the United States*, 1830, Lancaster, South Carolina, roll 173, page 83. Census data for Dr. Sims between 1830 and 1840 are inconclusive. Sims does not appear on either survey as a head of household. Moreover, there are no extant records confirming his ownership of any enslaved persons.
4 The name "Miss Judkins" in Sims's autobiography likely refers to Margaret Judkins, a Virginia-born Mount Meigs resident who, in 1830, was listed as the owner of twenty-one slaves. Judkins remained a head of household from that time until at least 1850, when she was recorded as owning forty-six enslaved persons. Although her occupation is not listed on any federal census records, the large numbers of enslaved persons and persons employed in agriculture in her household (twenty-seven and fifteen, respectively, in 1840) strongly suggest that she is a part of Montgomery County's planter class.
5 Sims, *The Story of My Life*, 172.