

Remembering Anarcha: Objection in the Medical Archive

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The object of this essay is two-fold – presenting a historical case ‘objectively’, as a past event that wounded the bodies of women, and as an entry in the histories of disability culture. And at the same time, my object is to enact in my writing my objection: my attempt to find ways of distancing my story from the only way we have of knowing of it, the medical archive, the clinical distance of description. I am talking about this: A young white doctor in Montgomery, Alabama, in the 1840s developed operative procedures to close vaginal fistulas, that is, tears in vaginal tissue (caused by prolonged labor, or by inexpert use of forceps). Fistulas cause constant leakage of urine, and, if the fistula affects the rectal canal, fecal matter. The doctor developed his methods through extensive experiments executed on the bodies of a number of un-anesthetized black slave women. He operated on at least one of these women over thirty times.

Reader, do you not come up short, arrested, even against these deliberately flat and unemotional sentences about ‘what happened’? The ‘objectivity’ of the medical, the scientific way of knowing, sets an object – something to look at, diagnose, categorize. But I ask you, as I write, to resist the distance of the objectification. What kind of writing in the realm of medical history can object objectification, and undo the distances both archives and language itself places between us? This is the horizon on which this essay teeters – and teeters precariously.

The archival record, authored by the very doctor whose practices are so problematic, has given up three names: Anarcha, Lucy and Betsey. These are three of the women at the slave clinic in Montgomery, Alabama. The doctor operating on them was James Marion Sims, the inventor of the Sims speculum.

Each time we as future healthcare providers pick up a speculum we should think of Anarcha and the unimaginable sacrifice that she was forced to make for the development of this commonly-used tool. Let us never forget. (Alexandria C. Lynch, website)

Let us never forget. Black medical student Alexandria Lynch voices her anger at the forgetting of the black women across whose bodies US medicine was advanced. But remembering, honoring, and ethical witnessing are problematic and difficult, and collapse too eagerly into containing narrative.

How can I talk about what it is that we should not forget? Already, ‘naming’ makes complex my task of writing: the three names and title of Dr. James Marion Sims, together with the ‘father of gynecology’ label given to him, outweigh Anarcha, Lucy and Betsey, the first names of the three women we know, with many others lost to history, their names unrecorded, their offspring unknown, their lineage diffuse. These women were slaves, and the subject of multiple experimental operations. To merely repeat ‘what happened’, what gynecological operations they went through in the rural town of Montgomery, Alabama in the 1840s, without anesthesia, and why, with medical labels and time-lines codified and sanctioned by the medical archive, is already to perform the

victim narrative for Anarcha and her fellows in that make-shift hospital. So already at this point, I have to think about the responsibilities of historical work, and of the power of naming. Sims himself is the only source about Anarcha's life. He wrote an autobiography, published posthumously (by a few months) by his son in 1880. Earlier, he also published much about his discovery of a cure for fistula, and his work at the slave hospital, in a monograph, as well as in numerous talks he gave once he became a fashionable doctor (working on white women) in New York, and on his European tours. Sims, who was friends with P.T. Barnum, knew how to present himself, and the word 'dandy' appears in the literature surrounding him. Against this onslaught of words celebrating his work, where is space to remember Anarcha and the others? In black popular cultural historian Janell Hobson's work on the discourses of black women's beauty, Anarcha's name is indexed – and Sims isn't. What some might deem an oversight from a historian's perspective might be an act of assertion, a counter-history, a remembering differently. Performer and health educator Terri Kapsalis, who provides one of the most in-depth and critical account of Sims' work in her cultural study of the speculum, also dreams of difference for Anarcha and the others: she asks about their husbands, partners, children, loved ones, and about the space outside the hospital (1997, 40). This desire, to remember differently, also fuels the narrative I want to unfold: but the movement of my narrative becomes constrained and arrested every time I begin it, since the medical narrative surrounding Anarcha is so strong, the doctor's agency so well documented and remembered, and her agency only dreamed about. Stop, start, side-track: these are the performative politics of my academic writing in this essay, refusing a linear logic, and yet needing to be clear, and to speak out, respectfully, in difference.

Anarcha and Disability Culture History

FITSARI 'DAN DUNIYA (Urine, the Oppressor of the World)
 Fitsari 'dan duniya fitsari 'dan Dandi.
Urine, the Oppressor of the World. Urine, who has forced me from my home.
 Muna neman lafiya; sun ce mu tafi Dandi.
We went out looking to be healed, but they said we were all whores.
 Ciwo ya same ni tun ina yarinya ta.
This sickness "caught me", when I was only a young girl.
 Ina zauna a gida na ji labari mai kyau.
I sat confined at home until I heard the good news.
 Nace: Wayyo, iya! Sai kiba ni ku'di.
I said, 'My word, mother! Give me the money'
 Zan je Jos Jankwano zan sauka zan ga sabbin Turawa.
I will go to Jankwano in Jos! I will go down there and see the new Europeans!
 ...
 (from Wall, 2002, 1330)

This dance song is sung by women thrown out by men, now living in Evangel Hospital in the city of Jos, in Plateau State, Nigeria. It tells a story of singing together, dancing together, call and response. These women find their own voice (recorded by a St. Louis-based surgeon, the founder of the Worldwide Fund for Mothers Injured in Childbirth). They find their voice even within a force field that speaks of both gendered and colonial histories, personal and structural oppression. It leads me to think about Anarcha, Lucy and Betsey as part of a culture, a community, a group of people who will have found ways of surviving. Forced operations claimed as a necessity to make a body more 'acceptable' to its social field, social exclusion as an effect of bodily and functional difference, a parading of their bodies to other practitioners, their bodies as fields of experimentation, and an ambivalent attitude towards medical power: these thematic complexes all link these women to the stories of many disabled people, and their experiences in the medical theatre of bodily display, the surgical theatre, and the

performances of disability. To bring Anarcha into the purview of disability culture has multiple implications. Firstly, calling her presence into the realm of disability culture history does not mean just adding another ‘identity’ label to her persona. As disability studies scholars have shown¹, disability is more than just another identity category (although it is that, too): it undergirds many binary distinctions of gender and racialised difference. These issues of the intertwining of race, gender and disability are very visible in the case of Anarcha and the women that surround her.

One disability story in relation to fistula concerns the gender framework within the West African community structure. Fistulas, and the smell of urine, can engender ostracisation within many African societies, as the stories surrounding the Abbis Ababa fistula hospital show.² Anarcha and the other women would have been deemed ‘crippled’ by their condition not just by the white slavemasters who saw their condition as making them unfit for their duties within the sexual economy of slavery (and therefore provided them freely to Sims’s hospital), but also by their black community.

Another disability reading of Anarcha’s story can focus on ‘dysaesthesia aethiopsis’ - a historical medical label that gave sanctioned weight to the presumed lack of pain perception attributed to black people. Disability in relation to pain becomes a class marker in 19th century society: ‘refined’ sensibility (evidenced by strong susceptibility to pain in the form of disease complexes such as neuralgia) was seen as evidence of a higher developmental position apropos the hardy and strong non-white woman.³ It is around this issue of pain that themes of slavery and its justification, issues of degeneracy and the decline of the West, and other racist and eugenic stories can coalesce.

A disability history sensibility can also allow me to see the problems surrounding historical embodiment. The archives of medicine give me little help in accessing the being-in-the-world experienced by someone other than myself. The aesthetic, non-clinical encounters in art practice have better chances to move me, to expand my repertoire of emotions and motions, as I witness (once) living bodies, voices and visions appear in proximity to me, in the registers of the everyday.⁴ The distance the archive enacts, the ‘objective’ abstraction necessary to the generation of data, keeps me away. As a disability scholar, I grow sensitive to the level of interpretation and claim that surrounds historical embodiment, and the politics involved with someone pronouncing on a person’s ‘quality of life’. And these pronunciations do not always translate from bodies to language to sense.

Pain and fistulas: it is surprisingly hard, even after many days in the archives of medical libraries, to assess their relationship. Of course, ‘pain’ always had a problematic relationship to the medical archive: presumed ‘subjective’, and dense to the penetrating gaze, its qualities and specificities are hard to measure. So, to use the language of (some) contemporary physicians taking a patient’s history: on a scale of 1 to 10, with 10 being the worse you ever felt, how did it feel, Anarcha? How would the question be answered by a woman who developed a fistula after cancer-treatments today (the main source of occurrence in the US today)? It is easy to see the disconnect between the modes in which pain can enter the archive (and a patient’s chart), and the experience of pain itself. After speaking with various medical practitioners and cancer survivors, I still feel unable to imagine for sure what having a fistula might feel like. One woman who spoke to me

refused further operations on her fistula, and assured me that she lived a good life. Diane Axelsen, a philosophy professor from Spelman College, plays it down, when she states that ‘While certainly a source of chronic discomfort and possible secondary irritation, and while obviously embarrassing in many contexts, vesico-vaginal fistula is not a disorder involving chronic or severe pain’ (1985, 12). It is clear that Sims himself goes to extremes to present the effects of the condition:

‘the urine was running day and night, saturating the bedding and clothing, and producing an inflammation of the external parts wherever it came into contact with the person, almost similar to confluent smallpox, with constant pain and burning. The odor from this saturation permeated everything...; and, of course, her life was one of suffering and disgust. (240)

McGregor writes about this description: ‘Here also, in his article, the patient’s condition is compared to smallpox – a terrible and deadly disease. In reality, while she was doubtless miserable and very uncomfortable, she was not dying.’ (46).

I note Sims’ equation of the fistula itself with poor mechanisms for maintenance, obviously made particularly hard in the sweltering heat of Alabama. Surely, though, regular access to water, clean clothing, pads and other devices would have helped to make the condition more bearable – and it is slavery, rather than the condition itself, that put these remedies beyond the pale.

Noting these issues shouldn’t cloud the very real suffering no doubt experienced by the Montgomery women: even if physical pain wasn’t as ‘bad’ as Sims describes it (and constant itching or conditions such as cystitis are horrible to bear, questioning Axelsen’s

assessment), the social exclusion and internalized disgust heightens these painful experiences, making 'external' and 'internal' pain indistinguishable. Most importantly, though, it is in Sims' interest to portray fistulas as a major curse and fate (nearly) as bad as death itself: it is only against this rhetoric that his surgical interventions are vaguely arguable. The very tone of the rhetoric cues me to imagine the resistance and repugnance at the experiments by Sims's contemporaries. Again, the archive does not give me many glimpses of these local, temporary reactions, or to the everyday reception of the slave clinic in its town.

The accounts of ordinary people walking on the street past the house are lost to me. But I can know from Sims' biography that local doctors stopped attending his public operations, and I can also learn from the same source that some of his wife's relatives urged him to stop his extended experimental work. Since it is only Sims's voice that echoes down to me, it is hard to know, but easy to imagine, differences: not everybody can keep up dogmatic certainties about black women's pain in the face of screams and tears (and we know that in the case of at least one of the women, Lucy, Sims admitted that she had excruciating pain and 'extreme agony', 238). Some evidence shows something of the disquiet and even horror that surrounded the hospital. Seale Harris, writing in a biography in 1950 - the biography was dedicated to Harris's father who had been a disciple of Sims - about the Sims hospital claims that 'all kinds of whispers were beginning to circulate around town... dark rumors that it was a terrible thing for Sims to be allowed to keep on using human beings as experimental animals for his unproved theories' (327). The triumphalist epitaph on Sims's monument in the statehouse grounds

in Columbia, South Carolina reads that he was ‘honored in all lands and died with the benediction of mankind’. Harris’s account shows that there was a public secret surrounding Sims’s public ascent - his triumph might have been tainted right from the outset, not only in contemporary hind-sight.

Arrested, enslaved, Anarcha was held in place by other means than the marble of monuments.⁵ Medical historian McGregor makes a good case for the reason why the slave women remained with Sims through the years: she doesn’t even mention the problems and difficulties of escape, but she discusses how Sims administered opium to his subjects, in doses extremely likely to make them dependent on the drug (51/52). The opium was not primarily given as a pain reliever, but as a way of making these women constipated in order to heighten the chances of a cure: Sims wanted them to pass as little as possible after their operations, so water and food was kept at a minimum, as well. Their opium consumption allowed for a docile hospital atmosphere, even though other side effects beyond dependency are easy to imagine. In interviews, medical practitioners tell me that this regime is vital for a fistula cure to be achieved: indeed, in fistulas that involve the anal canal (and leakage of fecal matter), passing nothing is highly important. But what might be ‘sound medical practice’ becomes something else when repeated thirty times. Weak, potentially dehydrated women who endure multiple operations, and who move very little: thrombosis and other post-operative dangers such as sepsis would have been very real for them. It is likely (given the reality of sepsis, and the way that Sims speaks about one of the named slavewomen in his care ‘nearly dying’ of a post-operative infection), although undocumented, that many of the hospital’s inhabitants died. What

went on in these women, removed from their circle, put into a new institution outside the plantation, and kept there for years on end?

Throughout my review of the literature, I have found it difficult reading: maintaining a distance, keeping at bay my thoughts of excruciating pain, hard environmental conditions and drug dependency of these women, and yet giving them space to not be wholly consumed by my fantasies of their victimhood. As a disabled woman, I have shared a small part of a path that they might have been on, at least in medical terms. After a knee operation and the required immobilization in a hospital, I suffered a painful deep-vein thrombosis in my youth, and stayed on strong opiate drugs for many weeks as I was shuttled about from intensive care unit to ward and back again. I am well familiar with the narcotizing effects not only of the drugs, but also of the flow of time within the institution of the hospital, the emptying and filling of time, and the hypnotic value of repetition, be they electronic sounds of medical machinery or the drone of passing cars far outside my hospital room. What would three years on similar drugs, more or less horizontal, with nothing to do, do to you? And yet, I need to acknowledge that the women's actual experience is closed to me. Not only would the environmental conditions be drastically different, and the women in the hospital un-anaesthetized if drugged during operations, they also probably retained many more memories of long-term physical violence and pain than contemporary women of any color in the US hopefully ever experience (outside domestic violence contexts, some of the exploitative conditions undocumented people find themselves in, and the agonies that can accompany living without health insurance). On plantations, lashings, even of pregnant slaves, happened

regularly (as many slave narratives show), and the labor that slaves were usually subjected to was too excruciating for many contemporary people to imagine. These women's understanding of pain and mine would have been widely divergent.

In addition, sadistic masters and doctors interested in dabbling in 'experimental science' on cheap slave labor were numerous. One escaped slave named Fed who fled to England wrote later about his time in the US South, and about being an experimental subject for a doctor who wanted to know about ways of withstanding high temperatures (a generalized query very similar to the ones Dr. Mengele and the other doctors in front of the Nuremberg Commission in 1946 had asked in the concentration camps). This doctor, a Dr. Thomas Hamilton, buried Fed to the neck in a heated hole in the ground, effectively cooking him. The doctor administered various drugs to see what their effect would be. Fed fainted each time in his ovenlike pit.⁶ Having gained mobility to run away, Fed also gained the mobility of the pen, forbidden him by slavery law, and was able to write of his experiences, breaking the silence that still encloses Anarcha.

How to write about these experiences? There is a specific function to affect and the draw of sentiment in the style I have chosen in these pages. Some writers chose what to me, today, sounds like a sarcastic voice, hiding/not hiding pain and anger. In commenting on similar slave-experiments, Kenneth and Virginia Kipple write in 1980: 'Some experimentally inclined physicians wreaked considerable wear and tear on slave patients in an effort to find out [about the anatomy of blacks and their disease susceptibilities] (215). But what does this tone do to the memory of Anarcha and the others?

My outrage at Fed's fate can only be owned by me: I can neither claim to know this man, these women and their experience, nor can I speak 'for them', exposing a system already often exposed. But what I can witness is the fact of my own outrage, and my ongoing astonishment at the lack of references to deliberate and systemic cruelties as a significant part of the history of the country in which I live.

The Stun

The history of post-colonial black feminism already knows many named and unnamed heroine-martyrs, women who suffered and died under the brutal hands of racism. Remembering them can often be an exercise in thinking about one's own self. Black feminist activist E. Francis White writes about the work surrounding Saartje Baartman, the Hottentot Venus. Baartman was a South African woman who was brought to Europe and displayed in freak shows in various locations in the 19th century. White writes about black feminist responses to Baartman's story: 'We use hyperbole and understatement to distance ourselves from the pain we experience when we think about the story. And our ironic and sarcastic tones barely mask the anger we feel toward the scientists and carnival hucksters who exploited Baartman. (E. Francis White, 2001, 18). But the anger at long-dead exploiters is not all that swings in the memory. White uses the example of strip-searching, frisking, and the relative likelihood of this happening to a black woman rather than a white one: 'This history resonates for us, because we remain under a regime in which our bodies are open to racist controls. Baartman's case causes especial anxiety, because her experiences represent the physical vulnerabilities that we

still face' (2001, 20). Remembering Baartman is to recall aspects of one's own position, obliquely, and to see it as a structural historical problem, not just a 'momentary glitch' in contemporary race relations. White's analysis of the contemporary echoes of the Venus's story is powerful, active, and her link of contemporary indignities to historical cruelties does not elide the specific history of Saartje Baartman, but makes her story come to life in a framed and specific way: while anger stands pretty helpless against freak displays in the 18th and 19th centuries, racism and sexism today are well within the purview of action, and channeled anger is an appropriate reaction that can lead to change. Here, the response to the archive can help create a shared repertoire of political action. It is vital, then, to find ways to move with the anger.

But what is the expression of this angry move, and what happens to the adrenal charge of encounter before political actions? Janelle Hobson writes about a moment of felt silence when first faced with the realities of Baartman's story. Baartman's anatomized body became a rhetorical pawn in the debates about the supposed inferiority of 'the black race' in scientific racism and eugenics. Books, articles, treaties and monographs have been filled with the details of this story.⁷ But in a graduate classroom at Emory University, Hobson found that to know the scholarly arguments about the unfolding and embedding of Baartman's story is one thing. Vision (here as a simulation of the reality of a lived experience) created a different form of knowledge for her, a shared understanding:

It was, however, the image of her [Baartman's] disembodied and dissected genitalia – preserved in a jar filled with formaldehyde fluid and shown to us in a slide show – that stunned the class into silence. In the long and awkward pause

that ensued, we (all women, primarily of color) had to acknowledge that there was no effective language to emote or even intellectualize the body politic, as it relates to Baartman's legacy. (2005, 4)

Stun, awkward, pause, beyond language: there was something in the encounter with Baartman's mutilated body, even translated through the glass screen of jars, liquids and photography that touched the women in that classroom.

Of course, in terms of disciplinary framing, vision creates discourse: anatomical renditions of Baartman's and other women's genitalia, whether as drawings or photographic slides, act as information carriers and rhetorical tools in biomedicine (as disability studies knows well). But here, nearness rather than distance emerges. The stunning effect of this vision in the classroom scene seems to stem from 'we (all women, primarily of color)'. The visual becomes assaultive, leads to modes of identification, substitution, as those women become aware of themselves as women, and as women of color. The visual becomes an affront, as they sit together, learn together, and learn of a history that would have excluded all of them, denied them learning, as women, and as women of color. Identification, both as a scientific exercise and as a social phenomenon, enters the scene.

A third identification might also play into this stun. When I speak to other women about Anarcha, Betsey and Lucy, many react in similar ways, with a physical shudder visibly passing through their bodies. Hearing of fistula and their 'cure', many women involuntarily clasp their legs, and, when I ask them about the specifics of their reaction, they describe a pulling of the perineal muscles: an interior, invisible but clearly experienced reaction, an embodied connection to stories hard to hear. But this stun, this

arrest, the perineal heave, never normally finds its way into the archival, the written-down traces of history. This is a ‘private’ outrage, expressed in the registers of the repertoire of bodily action. It asserts itself in the shame of History: the Latin word for shame is the root of the word pudenda, the female genitalia, the ‘private parts’. The stun of the privates, made public, opens for me avenues for remembering Anarcha differently.

The Contemporaneous Archive: Sims speaks

There’s something about the stun, and about my (and others’) involuntary internal shudder that also frames Sims’ work, throws it into immobility. Sims is well known in medical history for two medical innovations. First is his speculum, allowing him visual access to the vagina, and the Sims position, an immobilizing, highly uncomfortable position that allows the gynecologist access to the woman’s genitalia, and allows for the insertion of the speculum. Different from other positions for gynecological exams (such as stirrups) that allow a woman to face her doctor, the Sims position turns the woman away – a necessity in the Victorian era, where Sims’ visual exploration of a woman’s genitalia were the most radical aspects of his practice.⁸ Of course, there are many medical and social reasons why gynecologists employ different body positions in examinations. But in Sims’ case, women’s immobility emerges from his practice in many different ways. Beyond his work on fistulas, which I will discuss in more detail below, one of his other medical achievements is his identification and naming of ‘vaginismus,’ the rigid clench of the vaginal muscles, disallowing access.

In his Notes on Vaginismus, given as a triumphant lecture at the Obstretical Society of London, Sims discusses a case brought before him, a woman whose genitalia wouldn't allow her husband access to his 'marital rights'. Sims found that he couldn't even insert a finger into the tightly clenched vagina. He writes what happened when he speculated about operative treatments:

They seized the idea and insisted on the operation, which I declined to perform, on the grounds that an untried process was not justifiable on one in her position in society,... (1861, 358-9)

The cut – but where to cut, how to cut, how to throw the clenched muscle into immobility: only experiments could provide that answer, and to experiment on this woman wasn't possible, given 'her position in society'.

Eventually, Sims does agree to operate on a different woman, one whose husband is threatening her with divorce (and it is this threat to the family that allows Sims to overcome his scruples). After three operations, still not successful, one woman's voice is heard in Sims's account, not normally given to describing patients' reactions or emotions. The woman whose vagina has already been cut and cut again three times remains silent, but her mother enters the scene:

By this time the mother of the lady came to the very just conclusion that I was experimenting on her daughter. I told her that was true, and attempted to explain to her the propriety of the course, when a lawsuit and divorce were in the distance. The mother, however, was inexorable, and unfortunately removed her daughter from my care. But her improvement was so great that I had no doubt of

her fulfilling the relation of wife under some difficulties. The experience gained by this case was of great value to me. (1861, 360)

Eventually, Sims will find ‘a cure’: cuts that to a contemporary reader read like genital mutilation: he removes the hymen, makes a large Y-shaped incision into the vaginal muscles, employs ‘subsequent dilation’ (often with a glass dildo, worn for several days).⁹

These are accounts from Sims’ practice in New York, where he worked at the first women’s hospital he co-founded, and, in particular, from his private practice, much more lucrative, and with better-placed clients. The rationality of cuts, and their multiplicity, is obvious to Sims, even as the different rationality of tightly clasped vaginal muscles in the face of such medicine and gender relations might be equally obvious to contemporary readers.

But I want to draw attention to another aspect of these cases: the issue of experimentation, justifications for it, and the fact that in ‘the public’s eyes’ (here only accessible through the irate mother), experimentation was already problematic. A few years before operating on well-to-do white women in New York, Sims earned his spurs differently, learning his craft and the cut on different bodies in another kind of rigidity: the grasp of slavery. He learned what he knew through multiple unsuccessful and life-threatening operations on Anarcha, Lucy, Betsey, and others.

And again, I pause, shift sideways, even as I know that I need to present his writings, as ‘the archival record’. A range of denunciatory texts from the 1970s onwards create a counter-voice to the medical texts. The historian Graham J. Barker-Benfield talks about early gynecology being characterized by ‘flamboyant, drastic, risky, and instant use of

the knife' (1976, 90), and Barbara Ehrenreich and Deidre English speak about Sims 'keeping slaves for the sole purpose of surgical experimentation', 1979, 76). For instance, Mary Daly's important radical feminist polemic drew attention to Sims in her book *Gyn/Ecology* (1978), which traces cross-cultural structures of patriarchy designed to degrade and dismember women. In her poetic/political language, she describes Sims' and gynecologists like him who hastened the demise of midwifery, cut very quickly, and began to identify women with their sex organs. She references the students at Harvard Medical School who adulated Sims as 'one of the immortals' when she writes:

Such gynecological "holy ghosts" as Sims now haunt the history of women from generation to generation. The seeds of such ghostly/ghastly presences are iatrogenic diseases, and the daughters of women infected by such "divine" doctors carry in their bodies and minds the cancerous cells hidden there by these "helpers".(226)

These 'cancerous cells' are the 'second-rate', pathologically-identified, positions of women as cutting surfaces in contemporary culture.

Black history scholars entered the field of discussions surrounding Sims later¹⁰, and although I have not found a specific critique of white women's writings about black victims in relation to Sims specifically, the wider framework of a postcolonial feminist understanding pertains very much to these accounts. Daly's polemics have not only drawn fire from the patriarchal system she assaults, but also from other feminists, in particular women of color who point out that non-white women are cast as victims in need to be 'spoken for' by white feminists.

This charge, speaking for silenced others, still needs to shape respectful discourse in a postcolonial feminist environment. My account of the women in Sims' hospital tries to navigate carefully.

The scene is set, and here is Anarcha's first entry into Sims' autobiography. He is a young inexperienced physician in Montgomery, Alabama, and services various slaveholders like himself, making rounds.

'We found a young colored woman, about seventeen years of age, well-developed, who had been in labor then seventy-two hours. The child's head was so impacted in the pelvis that the labor-pains had almost entirely ceased. It was evident that matters could not long remain in this condition without the system becoming exhausted, and without the pressure producing a sloughing of the soft parts of the mother.'

We read here the voice of the slave-holder, a man raised and living as a white doctor in the second half of the 19th century. The objectification of Anarcha's body he performs in these sentences is generic: the man speaking about a woman's labor, the white man speaking about cattle. And still, we need to acknowledge what is written in those printed pages: women left in labor for three days, women's bodies shaped by the effects of their environment. The wide-spread lactose-intolerance of a large number of people of African descent in the South could lead to rickets, which in turn could lead to narrow hips, and to the tortures of childbirth so often described in the literature. Here, in this recorded 'fact', the medical archive allows for reflections on daily bodily being, on the repertoire – that which is transmitted in different, embodied ways. From various medical historical texts, I

gleaned that rickets as a physiological issue was exacerbated by slavery practices. These practices on the one hand heightened difference hysterically by trying to find racialised markers that could distinguish between and hierarchize ‘races’. On the other hand, in relation to rickets, these daily slavery practices that looked away from the actual nature and cause of (environmental) differences – equating problematic bone development with lower developmental status, not with a problematic fit with nutritional practices specific to world regions.

This racist vision intersects with other practices that effect childbirth. Slave children were owned by their mother’s slave-holder, and the breeding of a labor-force was a significant economical aspect of slavery. To many postcolonial writers, the birthing of children into slavery becomes a traumatic memory. An arrested birth reads in multiple ways against this scandal of living arrest and forced labor.

Likewise, sexual exploitation and rape were widespread. And thus, many black women gave birth when too young, undernourished, and exhausted.¹¹ Of course there is no way of knowing if any of these issues affected Anarcha specifically, neither can I make use of her body and her pain to project onto her (sub)conscious desires about her child’s entry into the world.

This is where her figure becomes hazy, straining on a bed (or the floor), maybe alone since the others were out working, maybe with a black mid-wife who would be completely invisible to Sims. Anarcha’s figure loses her specificity and merges with others we have read or heard about. Sims’ account of her, which gives no space for her voice, robs her of her agency in multiple ways: she is a slave, she is silent here, and she becomes a figure, a statistic intersected with multiple exploited bodies.

Sims continues, and tells us of being called back to Anarcha, diagnosing her fistula. In the years to come, Sims would establish a hospital in which he collected slave women with fistulas, and operated on them, experimenting with many different devices and sutures. These operations all took place without anesthesia, and most were completely unsuccessful, resulting in inflammation, sepsis and other problems. In his autobiography, Sims only charts his progress, not that of the women in his care, but we know that Anarcha alone had to endure over thirty of these operations.

I want to end this section on the stun – not to ‘gross out’ the reader, but to remind you of the repertoire of performances in Sims’s clinic, and of ways of (not)knowing. Can you imagine her? There she would be, immobile, on a table, either on her arms and legs, or in the uncomfortable Sims position, conscious, held by either white doctors or by other inmates of the hospital. As little as Sims tells us, I read that she fought: he speaks of ‘voluntary resistance of the patient’ (68) (rather than the involuntary one of the spasm away from the blade).¹² There she would be, while Sims cut away the necrotized tissue, the remnants of the last unsuccessful operation, in her vagina, and threaded a needle to her flesh. But yet, let us also not forget that she survived. She was more than the flesh at the moment of the cut. She lived, and traces of her habitation in the slave hospital remain beyond the medical names, instruments and archives. They remain in the shared embodiment of women who feel a pull, a stun, a pause. They remain in the work of activists of many colors who fight for just and free healthcare to all people living in the US. They also remain in the aesthetic means disabled people have found to celebrate their survival in the face of structural oppression.

And in art practice, both invited into the archive and interloping, some of the objections uttered by survivors can find places to live. But before I discuss these witnesses on the limits of the archive, I want to turn briefly to the presence of Anarcha in more contemporary accounts of her story *within* the medical archive. It is this contemporary, ‘reasonable’ register that art work needs to address.

The Contemporary Archive: Speaking about Sims

Most references to Sims in medical journals in the 21st century focus on his work as ‘part of his time’ – a rationalization that somehow makes it acceptable to ‘look beyond’ the slavery as the origin of his success. These biographical accounts function within the logic of a Western, individualized archive of progress: the issue of ‘being of his time/beyond his time’ echoes the teleological narrative of a medicine (and world) that moves towards fuller enlightenment, and where individuals, contributing to the forward-looking narrative, also construct the forward momentum themselves – they are embedded and constructed by ‘their time’ as they constitute the future.

Some accounts problematise the ‘of his time/beyond his time’ narrative of Sims, but ultimately fall back into the narratives of great (if flawed) men. In a review essay on Sims in the *Southern Medical Journal* in 2004, Jeffrey S. Sartin discussed how Sims’s practices fall short of contemporary medical ethics. Sartin explains that the grounds on which they fall short are the areas of autonomy and beneficence – rather technical discussions, stemming from bioethics. Beneficence refers to the doctor’s will to make patients better (rather than merely to further his or her own career through heedless

experimentation). Autonomy refers to the patient's ability to give informed and free consent, hugely problematic in a slavery context. By couching his criticism of Sims in these terms, Sartin does not deal with the unspeakable nature of the experiments in the farm hospital: he circumnavigates the stun, the clenching muscles, the coming up short. Sartin concludes his essay in the following way:

One cannot escape the implications that if it were not for Anarcha, Betsey, Lucy, and the other unknown slave women undergoing dozens of operations without anesthesia while under bondage to Sims, he would have ended up an anonymous practitioner in Alabama. This dependence of the southern professional on chattel slavery was exemplified by J. Marion Sims no less than the masters of cotton plantations. The stain of the most shameful portion of America's heritage cannot be whitewashed when we consider his place in history, even as we recognize his many accomplishments.

J. Marion Sims was simultaneously a man of his time and a man ahead of his time. While it might be concluded that his place in history results from the latter, and any ethical questions arise from the former, the truth is complicated. Though modern critics may not wish to remove Sims' monument from their current homes, they would not be remiss to have monuments erected beside them to Lucy, Betsey and Anarcha. (504).

There is clearly a carefulness here, maybe a knowledge that speaking decisively might cause problems (after over 100 years?). Parsing out, putting here, putting there, dividing, the enormity, unacknowledged, becomes... manageable? Erecting a monument to Anarcha, Lucy and Betsey: is that the answer to the historical banality of atrocity, its

everydayness, its ubiquity? Or is this a carefulness that edges towards whitewashing these women, white-facing them, denying their literally unspoken suffering and making them the free, informed, autonomous subjects of their own destiny, climbing up onto plinths in the same way Sims managed his career? Arrested, again, immobilized in marble: how can that marble hold the tension that must have permeated their bodies against the cutting knife?

Sartin's (relative) difficulty in even presenting this careful account might well relate to the editorial of the same issue of the *Southern Medical Journal*, in the fifth year of the 21st century. In the editorial, J. Patrick O'Leary writes the article, 'J. Marion Sims: A Defense of the Father of Gynecology'. One of the issues on which O'Leary and Sarlin disagree is anesthesia: Sims didn't use it at the slave farm, but he did use it later, once he became famous, went on lecture tours, and operated on royalty in Europe, and in the first Women's hospital he co-founded in New York City. The point debated back and forth is whether anesthesia was widely available and used at the time of the operations. The historical record is indeed ambiguous: anesthesia was used (on white patients) well before Sims' operations but it isn't clear if Sims as a lowly practitioner in Alabama would have heard of this. Quite a number of commentators make this debate ('could he have known?') the centerpiece of their discussion. And I can see the lure: following this question can lead to a merry romp in the medical archive, safe and secure knowledge with gratifyingly hard-but-not-impossible-to-trace publication dates and dissemination routes. The debate becomes moot, though, through Sims' own admission.

Sims believed in the lesser pain receptivity of black people, and acknowledged in his later lectures and publications that he couldn't have operated on white women without anesthesia. He didn't feel the same impossibility in relation to his slaves – his knowledge of their lesser pain receptivity (and their easily silenced voices?) allowed him to operate (and restrain). Sims would not have started his program of multiple, endless surgery on vaginas if the women available for this operation had been white rather than black.

The terms of this particular debate are taken up by many voices, writing in medical journals in different countries. But their measured tones and parsing, combined with the historical excavation of 'he might have known/couldn't have known' keeps eliding the presence of Anarcha and the others, who usually appear at the end, as a form of coda – let's remember them, erect monuments to them:

Sims' role in the development of gynecology is incontestable, but in remembering his contribution to vesicovaginal fistula repair the names of Anarcha, Betsey and Lucy should also be remembered. Others of his contributions are remembered daily by every generation of gynecologists – the Sims' speculum and the Sims' position. (Caroline M de Costa, 2003, 662)

Shouldn't the women also leave traces in the everyday of life, not just on the plinth of specialized attention? As I do it myself, I still find the recitation of names, linked to an exhortation to remember, problematic. Surely, putting them on a plinth next to Sims cannot be the answer.

For Wendy Brinker, writing in 2000 as an activist and artist in Columbia, South Carolina, a possible answer lies in the direction of the dismantling of monuments:

Since it was illegal for enslaved Africans to read or write, an offense punishable by death, Anarcha, Betsy and Lucy left no account of their ordeal. We can only imagine what they endured at the hands of Sims and what horror an enslaved woman must have felt at the news that she was being sent to him for treatment. Surely rumors must have run rampant among enslaved communities about what he did to women there. All over South Carolina, Sims has been honored and memorialized with statues and plaques. Buildings, hospitals, schools and streets bare his name. While it is impossible to negate the historical context of his racial, class and gender biases, shouldn't we agree to apply some standard of humanity to those we choose to honor? (2000, webpublication)

Finding traces of Anarcha, if not in the archive, then in the bodily repertoire: this is the path this essay steers towards, tentatively, as I cannot claim full authority, as I open my writerly voice to be intersected. To me, the repertoire emerges in the visceral responses to these histories, to the calm, decorous voices from the archive. How else can we find a link to these women, how can their stories become central, without in turn just falling back into the categories of representation and (merely) the memory of oppression? I offered disability culture as a space to hold on to their memory, a space that might allow for their whole being, life and survival to be remembered, not as special heroines, but as private women who have lived. To see them thus, to be touched by them such, imagines a space that does not only see them as medical victims.

Epilogue: The Visibility of Ghosts

Visual documents can make present a past in different ways than the writings in the archive – as Hobson found in her class, stunned into silence. In the contemporaneous and the more contemporary medical archives, I found two visual memories of Anarcha, Lucy and Betsey, of plantation slavery, and of brutalized women’s bodies – one directly presenting them, one haunting a portrait of Sims.

The site of the wound in the cases of Anarcha and the others is unrepresentable: the very idea of seeing its site was anathema to many practitioners before Sims, and his speculum offered a first (to US American medical knowledge) sight of the forbidden realm of the woman’s interior. And this wounding, and its tense relation to the stances of propriety and decorum, guide my reading of the image I have found in the archives that aims to present what happened in Montgomery. It does not come from women’s or black people’s reclamations of history, but from Robert Thum, a white Michigan artist who was commissioned by the Parke-Davis Company to create this image for *A History of Medicine in Pictures* (ed. George A. Bender GA, 1961).¹³ Thum had a reputation as a detail-oriented historical painter, and he created many images celebrating medical and pharmaceutical contexts, as part of an advertising campaign. This practices echoes the ‘soft marketing’ many drug companies still use today when they commission art contests or calendars. The Parke-Davis Company was a pharmaceutical company situated in Detroit, Michigan, and was acquisitioned by Warner-Lambert in 1970. Since 2000, Warner-Lambert is part of Pfizer, a massive medical research and drug company.

Thum had worked with Parke-Davis since 1949, and had created forty images first for a book on pharmacy, and then another forty for this history of medicine volume. As part of his research, Thum visited many sites of historical importance. I have not been able to ascertain if Thum visited Montgomery, Alabama, but it seems unlikely. The make-shift hospital Sims operated in was not a site deemed worth preserving by subsequent generations (and even this well-worn formula for historical movement rings hollow in the context of women who might never have seen their off-spring, their next generation, again). In Thum's painting, the wounding, the bleeding, the urine and the puss are invisibilised.

The image shows three black women and three white men in a tense and dramatic situation that is pretty much unreadable without the additional historical information of what went on in that hospital in Montgomery. All gazes in the image point to one man at the right of the image: a man standing with his arms crossed, looking straight ahead. This man is clearly Sims: he holds in his hand an early version of the speculum (originally fashioned from a bent pewter spoon). The leonine hair is well-recognizable to someone who has been combing through the archive: Sims had his likeness taken by various portraitists. He doesn't make obvious eye-contact with the woman closest to him: she is kneeling on a table, a mild and yet resigned look on her face, one hand as if in supplication lying on her chest, one on her leg. This is clearly one of either Anarcha, Lucy and Betsey. McGregor, who reproduces this image on the cover of her book, draws attention to the beautification of the scene: the women's unshod feet show no sign of the tear and wear they would have been exposed to without footwear, a white drape separates

the area from all other hospital beds (43). Two women peek out, past the sheet: a look of awe and childlike curiosity can be read in their stances, referencing familiar stereotypes, and yet, their faces hold a blankness or an unclear expectation. The two other men are younger than Sims, in shirtsleeves. And I read some defiance, some doubt in their stances – an arm is out, a chair is lifted, a head is cocked. Are these stances of rapt attention? Or did Thom let some of the gruesomeness of the situation, surely accessible even to a white man in 1950s America, flow into this image by way of unsure affects, unclear emotions? My signifyin' reading here wants to see resistance, doubt, a cocked eyebrow at least – a halt against what will predictably unfold. Scalpel, and scissors, are laid out already, and they point out to me, the viewer, away from the tableaux of poses held by these six protagonists. Am I to make up my own mind?

One other image from Sims's archival presence, spins or signifies into repertoire, into the specific encounter of history's time and the present of the witness. Visiting the rare book room at the library of the University of Texas Medical Branch, I asked for a copy of Sims' autobiography. I had just begun my research into this project, and had spent much painful time reading about the history of medical experimentation on human subjects. I also felt sad for not being able to find works that presented a different vision to Thom's painting. With these emotions, I opened the book. I found a non-documented image, a stranger in the archive, for next to that by now well-familiar head and shoulder portrait of Sims, a new image had inserted itself.

Maybe it was the humid atmosphere of Galveston, even present in the rare book area, or maybe it was just a function of the inks used in printing the hundred-year old book, but there, on the overlay protecting the print, a ghost of an image had appeared. Ghosts have much currency in the literary remembering of slavery – Toni Morrison’s neoslavery writing enacts the bewitching of ghosts, bringing forth specters in order to allow their pain to be heard, and their memory laid to rest respectfully. Here, in the heart of the medical world, surrounded by dark wood and hard sculptures of men’s heads, I found a ghost, and a shiver run down my spine. But this ghost is a shadow of the man whose voice comes from its pages, who speaks in the tone of clinical detachment. Something had detached itself from the ink, from the pressure of the printing press, and had woven a different density on the page that would otherwise be blank. Willfully, I think of Anarcha, Lucy and Betsey, fully aware that I am evoking the register of the feminist gothic. Anarcha’s and Sims’s stories become shadows into which I pour meaning. It needs my labor to connect the material traces of time in the archive to Sims’ images’ bleeding, or to Anarcha’s public secret of slavery’s brutality. Violence is leaching through the material of the archive: how strange to find this weird image, literalizing my critical vocabulary, just as the danger of metaphorising these women’s pain and subjugating their experiences to my story is constantly with me. The object has multiplied, and the story is no longer straight – and from being an objective observer, I needed to write this essay as a witness whose objection leads to forms of writing medical history that are open, multiple, and set off on different paths while keeping the stun of encountering history alive.

The remnant in the library doubled Sims, for sure, but it also alienated him from his presence: there was something else, some overlay, some other vision of history that became tangible to me. Embodied in the archive, new performances of encounter occur in the library.

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¹ For an analysis of relationships between gender and race in US literature, focused through a discussion of disability, see Garland Thomson, 1997.

² Given this essay's scope, I am not dealing with fistula issues in non-US settings, although there, issues of race, gender, economic relations between countries are still at the heart of the matter. There are many problems with 'development' approaches to fistula repair, ignoring the underlying causes of fistula and instead seeing 'repair' as a gift sent from a (Westernized) heaven – see the tenor of stories at the International Society for Women and Development, <http://www.nigerfistula.org/stories3.htm>, where, as always in colonial stories, 'women with warmth and obvious intelligence' charm white hospital doctors. In another fistula healing environment, another doctor finds spiritual redemption, feeling here less alienated than in his normal environment:

To have danced with the fistula patients is to be submerged in a unique community of caring, which is bound together by an almost indescribable knowledge of the nature of suffering. To have danced with the fistula patients is to recall why you went into medicine in the first place, and to mourn what we in the West have lost, in spite of our advanced health care, affluent economies, and technical expertise. (Wall, 2002: 1332)

I wonder if the women in the West are mourning.

Sims and Africa are linked in many ways: the Abbis Ababa fistula hospital holds in its walls some bricks from Sim's Women's Hospital in NYC.

³ See for instance Briggs, 250f, for a discussion of the eugenicist collapse of gender and race paradigms around issues of white women's neuralgia, 'weakness', low birthing rate and hysteria.

⁴ For a sustained analysis of the repertoire as an addition, subversion, insertion into the archive, see Taylor, 2003. She writes in relation to performance practices in Peru that the archive can hold photos and documents, and

The repertoire, ..., holds the tales of the survivors, their gestures, the traumatic flashbacks, repeats, and hallucinations – in short, all those acts usually thought of as ephemeral and invalid forms of knowledge and evidence. (192/3)

⁵ Searle Harris also mentions that a statue for these women might be a possibility (1950, 27) – but on my visits in Montgomery in 2006, only Sims face, body and name greeted me at all the sites I visited.

⁶ Historical references for this material include Savitt, 1982, 344, also Chamerovzow, 1855, 45-48, and Boney, 1967, 291.

⁷ Indeed, Zine Magubane goes to far as to call the wealth of material published after Gilman Sander's much-cited 1985 analysis of Baartman a 'genesis of a veritable theoretical industry' (Magubane 2001, 817). In this theoretical line, Baartman has become an icon of the struggle to identify the collaboration of racists, misogynist and postcolonial attitudes with scientific theories. Magubane sees a problem with this thinking, though: she in turn presents an analysis of Gilman's a-historical and psychologically determinist ('othering') use of Baartman that reifies supposedly stable racial difference (rather than, in a more contemporary vein of race work, seeing the identification of race itself as a rhetorical strategy).

⁸ This visual exploration, and the various metaphors of colonialisation, enlightenment and visibility that can build upon it, is discussed in detail by Terri Kapsalis (1997). She links Sims' practice with race-based fertility technology in contemporary society, in particular the development of Norplant as a contraceptive particularly aimed at black women.

⁹ The use of dildos as a help in treatment is still part of contemporary practice – but in the main, vaginismus tends to be seen today as a psychosomatic disorder, with treatment options including counseling, education and behavioral training.

¹⁰ Sims and his practices are discussed against the background of attitudes to black health in the overview text Byrd and Clayton, 2000.

¹¹ This statement – slaveholders raped their slaves – was furiously contested. The fact that slaves were forbidden to learn to read and write, combined with Victorian attitudes towards issues of sexuality, led to a silencing of their voices. Indeed, as late as 1978, articles appear that try to ‘debunk’ theories of rape. One article based on statistics never talks of rape. The authors instead chose to speak about the ‘common assumption that slave owners deliberately manipulated the reproductive behaviour of female slaves in order to increase their stock of slaves for sale or their own use.’ (477). The authors create an elaborate analysis of the age of slaves at menarche and first birth, and they find that based on their data, slave women didn’t bear children that much earlier than white women. In their complex analysis they forget (conveniently) many medical and social issues, such as children dying at birth, the removal of babies from their slave mothers (they for instance look at ‘numbers of slave women dying childless’), and the highly problematic nature of ‘documentation’ and registers in the first place. Against this ‘scientific data’ stand the biographies of those slave women who did manage to survive and to write (‘virtually every known nineteenth-century female slave narrative contains a reference to, at some juncture, the ever present threat and reality of rape’ (Hine, 1989, 912).

¹² see also McGregor, 50ff, and Kapsalis, 39/40, on the issue of pain in these operations

¹³ For other brief discussions of the painter, see Duffin and Li (1995) and Steneck (1995)