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This comparative book review reflects my scholarly background as an interdisciplinary, feminist, health humanities thinker, and it brings together two distinct genres of writing. These genres—medical historiography and poetry—allow readers to grapple with troubling histories of medical exploitation, cultural memory, and meaning-making in very different but equally generative ways. In relation to my own interest in this area, my doctoral research focused on the lives and legacies of the enslaved women associated with the early career of Dr. James Marion Sims—referenced widely as the “father of modern gynecology” (Dudley 2012 and 2016).

Known only by their first names, Anarcha, Betsey, and Lucy (plus up to nine anonymous others) were rotated in and out of un-anesthetized vaginal surgeries by Sims. On them (and also *with* them) Sims invented the duckbill speculum, perfected protocols for the successful suturing of vesico-vaginal fistulas, and then published the results in both US and international medical journals. I have been interested not only in the scant archival traces of these women in history but also in their cultural legacies as depicted in 21st-century art, health activism, and cultural representation. It is in the spirit of transdisciplinary approaches to such an important health humanities topic that I provide this comparative review.

Published in paperback in 2018, *Medical Bondage*, by Deirdre Cooper Owens, is an examination of the widespread medical exploitation black enslaved women and (in comparison) Irish immigrant women experienced, within the development of modern US gynecology. It is pretty well known

that 19th-century white male surgeons—lionized as pioneers of the field—performed extensive gynecological experimentation on these groups of women. The list of acclaimed doctors includes Sims, along with John Peter Mettauer and Nathan Bozeman. The procedures these doctors perfected on black and Irish women's bodies include ovariectomies (the removal of both ovaries), cesarean sections, and obstetric fistula repair.

Cooper Owens centers the perspectives of the marginalized women in this history. In doing so, she joins a robust community of artists, bioethicists, physicians, activists, and humanities scholars who have worked for decades to carve out historical and cultural space for these women's possible life histories and legacies (Barker-Benfield 1976, Daly 1978, Ojanuga 1993, Kapsalis 1997, McGregor 1998, Washington 2005, Koppers 2007, Wanzo 2009, Judd 2011, Dudley 2012 and 2016, Christina 2018). As a medical historian, Cooper Owens focuses on the interplay of 19th-century scientific racism, medical doctoring, and the management of black women's bodies and reproduction within the institution of slavery. She depicts the ways in which these elements converged, foregrounding the international rise of gynecology as a discrete branch of medical practice by the 1870s.

Cooper Owens provides important socio-cultural context for readers, in addition to important framing of the women beyond their roles as patients or medical subjects alone. In so doing, Cooper Owens illustrates their significance as owned women who were also multidimensional historical actors. Importantly, a number of these women were also skilled nurses who—being trained by Sims after other white male doctors abandoned him—were some of the most knowledgeable individuals in the world on modern gynecology, within its earliest stages of development (4).

In relation to methodology, Cooper Owens relies upon close reading and analysis of the following primary and secondary sources: 19th-century medical journals, physicians' notes, judicial cases from appellate courts, physicians' daybooks, the private diaries and plantation records of slave owners, census records, Works Progress Administration oral history interviews with former slaves, and slave memoirs (9). For socio-cultural context, the author also uses antebellum-era newspaper articles as well as medical texts and manuals. Cooper Owens adds to existing conversations in medical histories of slavery by zeroing in on the structural dynamics of gender, race, and medicine within the context of American gynecology, while also providing a comparative study.

The author's work is not only well-done in terms of research design, but it is also well-organized and well-supported—including citations from the fields of medical history, history of slavery, literature, and women's and gender studies. Cooper Owens lays out three goals: *First*, she takes the bondswomen associated with James Marion Sims seriously, as trained and skilled nurses (2). *Second*, Cooper Owens demonstrates that “reproductive medicine was essential to the maintenance and success of southern slavery” and also that “southern doctors knew enslaved women's reproductive labor...[h]elped them to revolutionize professional women's medicine” (4). *Last*, Cooper Owens focuses on the *contradictions* of scientific and medical discourses and practices. Racial science and medicine simultaneously positioned black bondswomen and non-native Irish women as—pathologically—outside socially constructed “norms” of human embodiment, and yet

southern doctors relied upon their bodies for entrepreneurial medical advancement for broader humanity.

Significantly, Cooper Owens also conceptualizes the term “medical superbodies” in relation to black women’s experiences with slavery and white masculinized gynecologic medicine in the American South. She states that the theoretical classification “encapsulates the complexities and contradictions that were part and parcel of enslaved women’s socio-medical experiences” (7). Cooper Owens states further that “medical superbodies” “[describe] the myriad ways in which white society and medical men thought of, wrote about, and treated black women in bondage” (109). In addition to coining this term, Cooper Owens also provides an overview of the generations of European racial science literature and the positioning of US gynecology as a site for connecting stereotypical abstractions about black pathology to supposed concrete proof of difference. These racist and patriarchal scientific attitudes were represented in beliefs about supposed differences in pain tolerance, bodily proportions, sexual parts, lasciviousness, intelligence, skull size, and reproductive fecundity—which, of course, were all used as justification for subjugation and exploitation.

By placing the *women* at the center of the historical analysis, Cooper Owens invites readers to understand these women’s socio-medical experiences and see them as more fully fleshed out, complex human beings. Cooper Owens frames them as significant historical actors as well as the rightful “mothers of modern gynecology.” The author’s incorporation of case studies, oral histories from formerly enslaved people, and slave narratives provides powerful secondary sources of evidence.

While Cooper Owens engages with a number of relevant academic fields, it may have been interesting to consider what scholarship in the field of disability studies could bring to bear on the conceptualization of “medical superbodies” or in regards to discussions of the “medical gaze” woven throughout the book. Here, I’m thinking specifically of disability studies scholar Rosemarie Garland-Thomson and her influential theorization of “extraordinary bodies” (1997).

An explicit connection to the notion of extraordinary bodies would allow readers to extrapolate disability studies framings of the enslaved women’s experiences. This is not to say that the women had disabilities necessarily; here, however, I’m thinking of cultural disability studies notions of bodies on medical display for knowledge production, ideas about gendered and racialized “normative” embodiment and cultural devaluation, or the stigma of incontinence from vaginal fistulas. While this framing was not within the scope of Cooper Owens’ work, it may be interesting for some readers to consider as they engage with the author’s ideas. With that being said, Cooper Owens offers a brilliantly crafted book project, representing a useful resource on the subject for students and scholars in medical history; Africana studies; disability studies; women’s, gender, and sexuality studies; and the health humanities.

For those interested in thinking through this history in relation to art, cultural legacy, and memorial culture, Dominique Christina’s poetry provides such an opportunity. While Cooper

Owens provides careful historical research and context from the “evidence” of tangible archival sources, Christina’s work reflects the role of the black woman poet as spirit worker, vessel, and conjurer. Both books place the enslaved women at the center of the narrative, albeit in different ways and in allegiance to different methods of recall.

We can see the significance of imagination, art, and representation in the work of black feminist poets such as Nikky Finney in her piece “The Greatest Show on Earth” (2013) or in Bettina Judd’s “The Researcher Discovers Anarcha, Betsey, Lucy” (2011). Like the other poets who have addressed this history, Dominique Christina is compelled by a spiritual pull toward “ancestral writing.” In the dedication at the end of her book, she states: “I am still reeling from the possessive nature of ancestral writing. I am still humbled by elegy and the potential it holds to re-flesh the bones. I am still trembling under the weight of history” (93).

Like the paperback version of *Medical Bondage, Anarcha Speaks: A History in Poems* by Dominique Christina was published in 2018. Christina’s poems imagine the interior life of Anarcha, thus centralizing the “i” of her subjectivity. Most interestingly, the “i” reflecting Anarcha’s first-person perspective is never capitalized in any of the author’s poems. I take this to represent the fragmentation of a traumatically shattered self and the denial of full humanity in relation to traditional, Western autobiographical representation.

According to Sims, Anarcha experienced the most surgeries (at least thirty) and was the person on whom Sims finally perfected his obstetric fistula repair procedures. For this reason and, perhaps, for the uniqueness of her name, Anarcha is the central protagonist in these poems. Christina’s book is a National Poetry Series Winner, selected by Pulitzer Prize-winning poet Tyehimba Jess, who also provides a forward. The poems read like a diary of Anarcha’s everyday experiences and feel almost like a play in terms of the book’s structure.

In the bizarre socio-medical world Anarcha inhabits, she relies on her ability to experience (opium-induced) dreams as a confirmation she is still alive. This reflects the use of opium for pain management in these procedures and the very real possibility of addiction. Christina depicts symptoms of numbness as a response to trauma and the possibility of addiction in poems such as “Anarcha Dreams, OR How You Know You Ain’t Gone” and “The Doctor Gives Her Opium After.” Similar manifestations of trauma are infused everywhere throughout the poems. This can be seen particularly in allusions to disassociation where Anarcha says, for example, “i go away from my own self” (57).

In addition to being forced to grapple with Anarcha’s trauma, readers are also confronted with Anarcha’s struggles with the imposition of Christian-Judeo religion and her own relationship to faith and spirituality. For example, in “Benediction” Anarcha asks: “what chance i got to / slip outta this dream / long enough to / try a savior and see / do he believe in me / enough to come by here?” (7). What emerges in these poems is an image of Anarcha as philosophical, in community with the other women, and self-aware, but also fragmented, unable to love, and deeply traumatized.

Christina's work roots itself in real details from the available historical record and, at the same time, the author imagines Anarcha's interior life in ways that only art and poetry can ethically do. Because the women were denied access to literacy and an ability to document their own experiences as owned women, poetry becomes an addendum to the historical record which attempts—as Audre Lorde might suggest—“the transformation of silence into language and action” (Lorde 1984). In *Anarcha Speaks*, Christina has conjured up a ground-breaking book of poems which creatively imagine what the archives cannot reveal due to its omissions. It's a book that artists and creatives or anyone interested in the cultural representations of this history should definitely consider reading.

As Tyehimba Jess mentions in the book's forward, Christina's poems are timely given the recent focus on monument culture representations in the United States and the removal of Sims' statue from New York's Central Park. In 2019, after years of local community activism, artistry, and scholarly attention, a replacement for the James Marion Sims monument, a statue dedicated to the lives and legacies of the women, was commissioned. Sculptor Vinnie Bagwell was selected by the community to create this public art work. It is particularly interesting to consider the news of Bagwell's accepted monument proposal, “Victory Beyond Sims,” alongside close readings of the two books featured in this comparative review. Taken together, these books meet—quite productively—at the intersection of medical history and cultural memory.

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Image: Vinnie Bagwell, *Victory Beyond Sims* (rendering).