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Talking Back: Disabled Women's Autobiography 1850-1950

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor
of Philosophy

in

Literature

by

Bailee Daniele Chandler

Committee in charge:

Professor Michael Davidson, Co-Chair
Professor Rosaura Sanchez, Co-Chair
Professor Gloria Chacon
Professor Meg Wesling
Professor Daniel Widener

2017

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Co-Chair

Co-Chair

University of California, San Diego

2017

Dedication

I dedicate my dissertation to my family, friends, and colleagues that supported me throughout this journey. A special thanks to my partner, Ryan O’Connell, whose words of encouragement motivated me right up to the end. My appreciation goes out to my family, especially my parents for giving me the confidence and tenacity to be successful and my brother, Zachary, for his help formatting. I wish to thank my committee members for the generous support and expertise. A special thanks to my committee Co-Chairs, Dr. Rosaura Sanchez and Dr. Michael Davidson, for their encouragement and numerous hours spent proofreading, reflecting, and advising. Thank you Dr. Gloria Chacon, Dr. Meg Wesling, and Dr. Daniel Widener for agreeing to serve on my committee and for their expertise and guidance.

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ABSTRACT OF THE DISSERTATION

Talking Back: Disabled Women's Autobiography 1850-1950

by

Bailee Daniele Chandler

Doctor of Philosophy in Literature

University of California, San Diego, 2017

Professor Michael Davidson, Co-Chair
Professor Rosaura Sanchez, Co-Chair

Talking Back: Disabled Women's Autobiography examines the life and writing of four disabled women in the United States from the antebellum period through the end of the Progressive Era. I examine how these women use autobiography to represent the intersections of disability with other identities such as race, gender, sexuality, class, and social positions such as enslavement and enfreakment. My methodology involves close readings of various genres of life writing including autobiographies, memoirs, dairies,

letters, and filmic representations that are juxtaposed with popular representations of disabled people within historical contexts such as slavery, early medicine, and freak shows. From my investigation I have found that these women use autobiography to call into question the values of individualism that influence popular representations of disabled people as helpless, dependent, and pitiable. I argue these women challenge cultural conventions of independence and autonomy, including those that undergird the genre of autobiography. In doing so, these women offer important alternatives of disabled women as powerful and disruptive of traditional conventions.

Chapter One examines issues of race and disability in *Our Nig* by Harriet Wilson, a black indentured servant in the antebellum north. I argue that Wilson challenges dominate proslavery and antislavery representations of disabled blacks and repositions dependency as a means to negotiate economic and social agency. Chapter Two investigates *The Little Locksmith* by Katherine Butler Hathaway, an upper class white woman that is bedridden with spinal tuberculosis. I argue Katherine complicates conceptions of dependent disabled women through interdependent relationships and offers an alternate model of reciprocity that challenges ideals of individualism and self-determinism. Chapter Three looks at the context of the early twentieth century freak show through *The Loves and Lives of the Hilton Sisters*, about conjoined twins, Daisy and Violet Hilton. The narrative points to the linguistic and generic attempts that are meant to norm and contain bodies within conventions of individualism. As conjoined twins, their embodiment challenges ideals of singular self-reliant individuals just as their narrative

disrupts the linguistic and generic conventions meant to contain and explain their anomalous embodiment.

Introduction

Ah me! How long I have lain!
Will Dawn never come o'er the hill?
So shall I be lying again
While drowsily beats the rain
-Katherine Butler Hathaway "Villanelle"

She has never enjoyed any degree of comfortable health since she was eighteen years of age, and a great deal of the time has been confined to her room and bed. She is now trying to write a book; and I hope the public will look favorably on it, and patronize the same.
- Margaretta Thorn in *Our Nig*

Disability narratives from the nineteenth and early twentieth centuries give important insight into experiences of living with impairment and the issues of dependency that often characterize disabled people's existence. As the above two epigraphs demonstrate, disability and attendant medical treatments often require long periods of bed rest. For example, the above stanza from Katherine Butler Hathaway's poem, "Villanelle," gives a glimpse into her ongoing periods of bed rest. The line, "So shall I by lying again," is the continued refrain throughout Katherine's¹ poem, emphasizing the frequent returns she made to bed rest. As a young child during the late nineteenth century, Katherine contracted spinal tuberculosis, a disease that infects joints and bones and often causes curvature of the spinal vertebrae. In an attempt to prevent spinal curvature, Progressive Era doctors used manual techniques such as strapping Katharine to a device known as a stretcher for over ten years. Treatments of this sort

¹ Throughout this project I will refer to Katherine by her first name for clarity and consistency. The first person reference will be especially helpful in my third chapter, which follows Katherine throughout her life when she had "Butler" and "Hathaway" as surnames at different times.

continued throughout all of Katharine's life and required that she frequently be bedridden and dependent upon caregivers to meet her needs.

In American culture where values of individualism and self-reliance are operative, people with disabilities are often positioned as dependent and a burden to their families and the larger society. As such, disabled people are often precluded from roles of independence and autonomy that undergird American values of citizenship and popular notions of the self-determined man. Concepts of self-reliance and autonomy are perhaps most obviously seen in American work ethics. Ideals of hard work and the ability to "pull oneself up by the bootstraps" are common ideologies that permeate American culture and help make it the proverbial "land of opportunity." Disability narratives reveal how impairment and illness often prevent disabled people from fulfilling typical work roles for a variety of reasons including bed rest. Yet as Margaretta Thorn's above quote about Harriet Wilson shows, this does not mean that disabled people are completely unproductive. The autobiographies examined within this project, including Wilson's *Our Nig*, complicate common conceptions of disability and dependency. Specifically, disability narratives call into question the values of individualism that influence popular representations of disabled people, including the singularity of life writing itself.

Narrative is central to the cultural construction of disability and it also provides the means for disabled people to respond to such constructions. To begin, narrative is fundamental to how normates² make sense of disability. Lennard Davis notes the

² "Normate" a term coined by Rosemarie Garland-Thomson is the figure through which able-bodied people are defined. Disability acts as the ideological antithesis to normates and thus shore up the able-bodied person's normalcy. Ideals of individualism such as self-reliance and autonomy inform conceptions of the normate. In cultures where

importance of narrative to the construction of disability: “When one speaks of disability, one always associates it with a story, places it in a narrative. A person became deaf, became blind, was born blind, became quadriplegic. The disability becomes part of a chronotype, a time-sequenced narrative, embedded in a story” (3). Davis shows how narrative is required by outsiders to understand and conceptualize physical difference. Cultural narratives thus act as a means to explain, contain, and manipulate the meanings of disability.

Although it is a lived phenomenon with a biological basis, disability is a cultural construction whose varied meanings are realized through discursive interventions from a variety of cultural practices. Since the nineteenth century, medicine has been a central practice that has fundamentally shaped cultural narratives of disability. Susan Greenhalgh describes disability as, “a phenomenon that is *made real* by the operations of medical science. It is ‘socially constructed,’ or brought into being, by specific practices, technologies, and styles of reasoning by which it is studied and represented by researchers and diagnosed and treated by clinicians (emphasis original 24). In the nineteenth century, conceptions of disability moved away from accounts of divine intervention to the medical model. Instead of viewing disability as prodigious acts ordained by god, anomalous bodies were now viewed as scientific spectacles that could be explained and manipulated through medical intervention. Doctors are important participants in the social construction of illness and disability because they possess the

normalcy is operative, normates possess greater cultural power. Garland-Thomson explains, the “normate... is the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into positions of authority and wield the power it grants them” (8).

authority to identify, name, and prescribe ailments. A core task of medical professionals is thus to create a narrative about impairment that gives it context and helps scientists, patients, and the larger culture attempt to make sense of disability and construct its meanings.

Self-narratives, including autobiographies, memoirs, dairies, letters, speeches, and filmic representations have often been the means for disabled people to respond to cultural narratives like those produced in medicine. Clark Lawlor provides an explanation of the importance of life writing for disabled people:

We, as sufferers, represent illness to ourselves and others by creating a personal aesthetic of disease which we bring into the cultural realm. Especially in chronic illness, we become writers of a narrative, a kind of diary or interpretation of our own body and its interaction with illness and our surroundings, physical and social. At the fundamental level of sufferer, this means an ongoing, open-ended story which accrues new 'chapters' and meanings through each new incident that everyday life brings; every interaction with the body, even as small as a twinge of pain in the arm or persistent cough, can cause a reinterpretation of the previous illness narrative. We become both writers and readers of our illness narrative, working in the midst of life's uneven and fragmentary occurrences to make sense continually of disease and its effects on our world (7).

As Lawlor demonstrates, narrative helps those with disability to make sense of their own bodies as they engage and interact with the world around them. Autobiography is a personal means for disabled people to represent their embodiment to others within their own terms. As such, disabled life writing offers the potential to challenge dominant conceptions of disability and present an alternate and powerful view of disabled embodiment.

Recently, scholars within disability studies have begun to investigate the importance of autobiographies by disabled people. Thomas Couser, for instance,

explores the recent surge of modern autobiographies, especially those concerning diseases such as breast cancer and AIDS, both of which have received a large amount of cultural attention over the last several decades. In *Recovering Bodies: Illness, Disability, and Life Writing*, Couser coins the term “autopathography” to describe how disability can spur life writing. Couser argues, “bodily dysfunction may stimulate what I call *autopathography* – autobiographical narratives of illness or disability – by heightening one’s awareness of one’s mortality, threatening one’s sense of identity, and disrupting the apparent plot of one’s life. Whatever form it takes, bodily dysfunction tends to heighten consciousness of self and of contingency” (5). According to his terms, disability spurs reflection on the limitations of bodily control and disrupts conventional narratives of identity. Autobiography thus acts as an important narrative vehicle for conveying these reflections. Couser also importantly reflects upon the limitations of life writing for disabled people. For example, some disabilities, including certain physical and mental illnesses, can prevent people from being able to write or communicate their life stories. Others, such as those in the deaf or blind communities, may not use conventional methods of story telling and instead rely on systems such as sign language or braille that are often outside of normative narrative linguistics and are not highly valued within literary academic circles.

Rosemarie Garland-Thomson also does important work investigating the role of autobiography in contemporary disabled women’s narratives. In *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*, Garland-Thomson traces the history of literary representations of disabled figures throughout the nineteenth and twentieth centuries. Examining Audre Lorde’s autobiography, *Zami: A New Spelling*

of *My Name*, Garland-Thomson shows how Lorde, a disabled black lesbian, challenges rigid social binaries of identity such as male/female, gay/straight, and able/disabled to create an outsider's perspective. Garland-Thomson argues, "both invoking and retooling autobiographical form and content, *Zami* shapes a multifaceted cultural and corporeal otherness into a coherent subjectivity, grounding her narrative of self in [a] kind of 'third designation'" (127). Autobiographies like Lorde's offer an important representation of powerful disabled women that challenge the cultural norms that relegate experiences of disability to the margins.

Scholars like Couser and Garland-Thomson point to the importance of examining disabled life writing. However, both authors focus exclusively on contemporary disabled autobiographies to the detriment of examinations of earlier life writings. While Garland-Thomson engages with nineteenth century literary representations of disability, she devotes her study to fiction rather than autobiographies from the period. Couser is much more explicit as he attributes the absence of early disabled autobiography in his study because "the body has not until recently figured prominently in life writing" (5). This study aims to extend the scholarship of those like Couser and Garland-Thomson to illuminate the importance of the disabled body within nineteenth and early twentieth century autobiographies. Examining three primary texts, Harriet Wilson's *Our Nig*, Katherine Butler Hathaway's *The Little Locksmith*, and Daisy and Violet Hilton's *The Loves and Lives of the Hilton Sisters*, I argue that disabled women's writing from the antebellum period through the Progressive Era offers representations of disability as powerful and disruptive of traditional conventions. These autobiographies give voice to the period's complex and shifting attitudes towards disability and its intersections with

other identities such as race, gender, class, and other social positions such as enslavement and enfreakment. Wilson, an indentured black servant in the antebellum north, Katherine, a Progressive Era upper-class white woman with spinal tuberculosis, and Violet and Daisy, conjoined twins famous in the early twentieth century freak shows, all challenge cultural conventions of independence and autonomy and offer important alternatives to dominant representations of disabled women. To better historically situate this investigation it is important to briefly trace the cultural conceptions of dependency throughout the nineteenth and early twentieth centuries.

Disability and Dependency

From the nineteenth through the early twentieth centuries the United States witnessed a number of important historical events that helped shape notions of dependency. Beginning with the rise of industrialism, the standardization of labor systems were linked with values of individualism and self-reliance. This new work ethic stemmed from earlier Protestant views that valued discipline and hard work and they found new light in the mechanization of industrial workforces. Work increasingly became associated with notions of independence and was often portrayed as the means to obtain democratic values of citizenship. Joining earlier conceptions of property ownership, hard work and employment came to be emblematic of good citizens and were seen as positive contributions to the larger body politic.

Accompanying such views of independence and work were conceptions of dependency. Nancy Fraser and Linda Gordon explain, “as wage labor became increasingly normative – and increasingly definitive of independence- it was precisely those excluded from wage labor who appeared to personify dependency” (316). Women,

African Americans, and beggars were often portrayed as the “principle icons of dependency,” and these categories were at the center of many nineteenth century debates (Fraser and Gordon 316). Dependent roles such as housewife, slave, and pauper were defined against conceptions of what Evelyn Nakano Glenn describes as the “worker-citizen, which carried the twin attributes of whiteness and masculinity” (2). White males became the icons of industrious American workers, showing how ideologies of race and gender shaped notions of labor. This study adds to those discussions of race, gender, and labor by scholars such as Fraser, Gordon, and Glenn to demonstrate how disability was also central to notions of hard work, independence, and self-reliance.

The Veteran’s Revolutionary Pension offers a telling example of the relationship between disability and dependency. The pension act came into effect in 1818 to attend to the disabled veterans from the Revolutionary War. The act was meant to determine which veterans were capable of working and which were deserving of governmental aid. Disabled people like injured veterans “mandate that society consider under what circumstances a person should be held responsible for ‘earning a living’ and, conversely when one should be released from that expectation because of circumstance beyond one’s control” (Garland-Thomson 47). The Pension Act thus positioned disability as a separate category of identity and aligned it with dependency. As Kim Nielson explains, “the Revolutionary War Pension Act of 1818 established disability as a legal and social welfare category” (54). The pension act defined who was deserving of assistance according to racial and gendered conceptions of labor because the act was only available to disabled white male veterans. Moreover, the act positions disability as a category deserving of need and reveals the intricate associations between disability and

dependency. Put simply, the legal measure equates disability with the inability to labor or act as productive member of American society.

Following the Revolutionary War, these ideas found new light with the increase in workplace accidents. With larger numbers of people working in industrial settings and an absence of safety regulations, workplace accidents were common throughout the nineteenth century. Workers that were injured or disabled on the job brought issues of responsibility to their employers. Like the pension act, legal measures were also implemented to resolve issues of dependent disabled workers. However, different from the Revolutionary Pension Act, workplace court decisions shifted responsibility to the individual worker. Rather than holding the employers responsible, new court decisions such as those ordered by Judge Lemuel Shaw in 1842 relied upon the market logic of economic individualism. As Garland-Thomson explains, “this ruling interpreted both employer and employee as autonomous agents entering freely into a contract in which the market wage compensated for risk of injury” (48). Shifting the responsibility to the individual often caused disabled people to rely upon private charities or poor relief, which further shifted the responsibilities away from public entities.

The relationship between disability and labor shows how those that were outside of normative worker-citizen conceptions were governed by different cultural standards. Women, slaves, and beggars were precluded from ideals of self-reliance and autonomy that underwrite U.S. ideologies of liberal individualism and citizenship. Disability is, in fact, central to how these different groups were positioned as dependent. Notions of disability and femininity, for instance, have long been conflated in Western cultures. Ideas of women as frail and helpless housewives share similarities to conceptions of

disabled people as sick and dependent. More specifically, “both the female and disabled body are cast as deviant and inferior [and] both are excluded from full participation in public as well as economic life” (Garland-Thomson 19). The attitudes towards women with disabilities were magnified. Disabled women were often confined to the domestic space of the home and prohibited from all social and economic participation.

Dependency is not only central to the construction of femininity and disability, but the two categories undergird American values of self-determinism and independence. “Self-Reliance,” a nineteenth century text by Ralph Waldo Emerson that espouses liberal individual values, illuminates how femininity and disability impede ideals of independence. Emerson writes, “And we are now men and must accept in the highest mind the same transcendent destiny; and not minor and invalid in a protected corner, not cowards fleeing before a revolution” (qtd in Davidson 4). In Emerson’s estimation, liberal individualism is defined in opposition to the “invalid in a protected corner” or the effeminate “coward feeling a revolution.” Garland-Thomson investigates Emerson’s text and argues, “with the specter of physical vulnerability exiled in ‘a protected corner’ along with the feminine, Emerson’s naturalized ‘man’ emerges as...[the] ‘American Ideal’ unimpeded by the physical limitation that history and contingency impose upon actual lives” (42). Emerson’s notion of the individual self-reliant man is defined against femininity and disability, and in fact, gains power exactly through the exclusion of women and the disabled. Adding to Garland-Thomson’s discussion, Michael Davidson notes, “for Emerson, as for many subsequent writers, individualism is predicated on health and autonomy; to be non-productive or dependent violates an exceptionalism that

underwrites much of US ideology” (5). As Davidson shows, notions of independence are established through healthy individuals that can contribute to the larger body politic.

Similar to ideologies of dependent woman, disability and race also intersect to position people of color as dependent and outside ideals of individualism. Non-white people were often seen as defective, and nineteenth century science was instrumental in verifying the biological inferiority of racialized groups such as African Americans. For example, early medical doctors such as Samuel Cartwright conducted studies that read dependency into the biology of slave bodies. Cartwright diagnosed Drapetomania, or the proclivity to runaway, and dysaesthesia aethiopica, or unproductivity and insensitivity. Dea Boster argues that doctors like Cartwright produced images of the black body that imagined them as particularly fit for slavery. Boster says, “the image of the black body and its peculiarities that emerge from such observations is one that is singularly fit for bondage and physical labor” (25). Nineteenth century science medicalized imagined racial traits to the benefits of white slave masters and positioned the black body as unfit for independence and biologically fit for the conditions of slavery.

The ideologies of the black body as unfit for freedom continued after emancipation. Pro-slavery medical arguments of the nineteenth century found new light in civic institutions of Reconstruction. Immediately following the Civil War, military officials assumed responsibility for evaluating newly freedpeople to determine if they were capable of work. Appropriating the earlier role of the slave block auctioneer that determined the economic value of slave bodies, the military designed measures that equated freedpeople’s work ethics with their health. Jim Downs observes, the postbellum US military developed a “formulation [of] ‘ablebodied’ which evaluated freedpeople’s

bodies and health based on their ability to work...[and] privileged the employment of men, which left thousands of freedwomen, elderly, orphaned, and disabled freed slaves without formal opportunities to earn income” (8). Nestled within these military evaluations are ideas that normative able bodies are necessary for individualism and citizenship.

The Progressive Era ushered in new cultural anxieties concerning work and dependency like those surrounding newly freedpeople’s ability to secure employment. Along with newly freed slaves seeking employment, the nation also witnessed a number of disabled Civil War veterans that were unable to work. Some of these cultural anxieties took legal forms, such as the ugly laws that attempted to rein in the public display of unsightly street beggars in major American cities. At the turn of the century, beauty was an operative cultural standard that informed notions of beggars as grotesque and repulsive and linked disability with pauperism. Crisscrossing with other civic interventions such as the beautification programs of city parks and Jim Crow racial segregation policies, ugly laws were meant to “clean up” the streets of visible signs of pauperism, particularly disabled beggars and people of color. Ugly laws helped to criminalize activities such as begging and vagrancy and they segregated normative white middle and upper class populations from undesirable beggars. Ugly laws were not only influenced by racial segregation policies, but they were linked with earlier gendered and racial discourses such as argument about black’s natural dependency. These notions of dependency lay bare the anxiety surrounding disability and work that undergirds ugly laws. Susan Schweik argues under ugly laws, “‘loafing’ is a category applied...to people constituted as ‘not-laborers.’ And yet the discourse of the unsightly beggar worked hard to attach

loafing to the body of the person who was diseased, maimed and deformed” (17). The ugly laws link notions of dependency and disability and thereby “position disability and begging as individual problems rather than relating them to broader social inequalities” (Schweik 5). The ugly laws thus enforced cultural values of self-determinism through ideologies of disability and dependency.

The disabled autobiographies examined within this project are located across these histories and they illuminate the various cultural discourses of dependency and disability in particularly historical periods. Chapter one examines issues of race and disability by investigating *Our Nig* by Harriet Wilson, a disabled indentured servant in the antebellum north. Disabled by the time she was a teenager from the abuse and overwork of servitude, I argue that Wilson challenges dominant representations of disabled blacks including scientific racist views such as those held by Cartwright. In posing such challenges, Wilson asserts control over her embodiment and repositions disability and dependency as a means to negotiate economic and social agency.

Chapter two moves the investigation of the generative possibilities of disability to the Progressive Era and sentiments surrounding women and their rising economic, social, and political participation. *The Little Locksmith* by Katherine Butler Hathaway, an upper class white woman that is bedridden throughout most of her life due to spinal tuberculosis, opens up a discussion of dependency, disability, and gender. I argue Katherine complicates conceptions of dependent disabled women through interdependent relationships that she develops with her family and caregivers. As such, she offers an alternate model of interdependence and reciprocity that challenges ideals of individualism and self-determinism.

Chapter three brings questions of individualism to the practice of life-writing itself. *The Loves and Lives of the Hilton Sisters*, about conjoined twins, Daisy and Violet Hilton, and their work within early twentieth century freak shows, illuminates how disability calls into question the singular role of the autobiographer. Their narrative points to the linguistic and generic attempts that are meant to norm and contain bodies within conventions of individualism. As conjoined twins, their embodiment challenges ideals of singular self-reliant individuals just as their narrative disrupts the linguistic and generic conventions meant to contain and explain their anomalous embodiment. Together this project reveals how disability challenges ideals of individualism and offers alternate representations of disability as both generative and disruptive of the cultural conventions imposed upon disabled bodies.

Chapter One: Backbreaking Work: Race, Disability, and Dependency in the Antebellum United States

Introduction

Our Nig or, Sketches from the Life of a Free Black is Harriet Wilson's semiautobiographical account of her life as an indentured servant for a white New England family in the mid-nineteenth century. Over the course of the narrative, Wilson blends autobiography and sentimental fiction to portray the harsh working conditions and extreme violence of northern indentured servitude. Although the text's themes are novelistic, literary critics have noted how Frado³, the main character of *Our Nig*, follows the historical record of Wilson's life almost completely. In the Introduction to the 2009 edition of *Our Nig*, P. Gabrielle Foreman explains, "the text so closely corresponds to the historical record that *Our Nig* lays claim to being the only extant narrative written by a black indentured servant in the antebellum North" (xxvi). As "one of the earliest published novels by an African-American woman," *Our Nig* is an important contribution to African American literary history (Ellis and Gates 1). The narrative follows Wilson's early life when she was a servant for the white, affluent Hayward family, known in the text under the pseudonym "Bellmont." Wilson's narrative highlights white supremacy in the northern United States and she pays careful attention to how the extreme violence and heavy workload of indentured servitude impacted her health and eventually left her completely disabled.

³ Because my analysis focuses on autobiography and *Our Nig* follows the historical record of Wilson's life, from this point forward I will use "Wilson" to refer to both the author/narrator and her fictionalized pseudonym "Frado."

Wilson begins her narrative when she was “orphaned” by her mother and abandoned on the Bellmont’s home because her white mother was unable to “sustain herself” (6) after her black father “became the victim of consumption” (10). Indentured servitude was a popular form of labor in the nineteenth century that is most often associated with immigrant labor and pauper apprenticeships. However, children constituted a significant portion of the indentured labor force in the north and, like Wilson, they were often orphans bound out due to economic necessity. Although children of all races and nationalities were bound out for financial reasons, by the early nineteenth century the labor force was heavily racially stratified with blacks serving in disproportionately larger numbers. While slavery was outlawed in the north, racism greatly impacted northern labor conditions and black servants often worked in circumstances similar to slavery.

African American children entered servitude at much earlier ages and tended to have longer contracts than whites. Ruth Wallis Herndon and John Murray note how ideas of a worker’s potential also differed based on social identities: “Americans had adapted diverse expectations of children’s labor according to race and gender, and the economic and social histories of particular American communities” (4). Scholars have examined how race affected Wilson’s servitude by analyzing passages from *Our Nig* that suggest the Bellmonts were aware Wilson was too young to begin working at six years old. For example, Foreman argues that Mrs. Bellmont’s comment, “If I could make her do my work in a few years” suggests “the Bellmonts know that it is unusual to put a child to work at the age of six when orphans were typically “bound out at about age ten or

twelve” (Notes 93). Wilson is careful to note these subtleties of language in order to call attention to racism in the north and the hypocrisy of abolitionism.

Modern scholarship has also shown how Wilson blends popular nineteenth century generic conventions to call attention to national racial oppression and exploitation. Wilson thematically borrows from slave narratives; for example, she uses autobiographical conventions to document her separation from family and the extreme working conditions and violence of servitude. She parodies authenticating documents written by whites that attest to the “truthfulness” of her story and guarantee her race and disability. Wilson’s appropriation of slave narrative conventions draws parallels between the conditions of northern servitude and southern slavery and proves racial oppression to be a national issue rather than a southern value. This is perhaps most clearly seen in the full title of her text, *Our Nig or, Sketches from the Life of a Free Black in a Two Story White House, North. Showing That Slavery’s Shadows Fall Even There*. Similar to a slave, the possessive and diminutive, *Our Nig*, indicates her position as property of the Bellmonts and her lack of independence and self-authority. Foreman suggests “this language of ownership” put Wilson in “a black girl’s proper place, that is, in the domestic and racial order” (xxxviii). The title also critiques northern race relations through the *White House* reference, which hints at the president’s home and thus calls attention to the national upset over slavery and hypocritical northern practices such as the abuse of indentured servants and the Fugitive Slave law.

Critics also focus on the intersections of race and gender through Wilson’s use of sentimental fiction, a genre popular among northern abolitionists, especially white women writers. Henry Louis Gates Jr, who republished *Our Nig* in 1983 after almost a

hundred years of obscurity, argues Wilson weaves sentimental conventions within the slave narrative genre through her focus on the private domain of the home. Domesticity is central to Wilson's narrative as she spends much time describing her difficulty laboring within private spaces such as the sick rooms of Belmont's ill and disabled children. Foreman extends Gates' analysis by arguing Wilson "emphatically rejects many aspects of domestic ideology" because Wilson is never awarded a home or family of her own and is left disabled and destitute following the end of her service (xxxiv). Foreman suggests Wilson's appropriation of sentimental fiction allows readers to sympathize with her plot because black women were excluded from domesticity and unable to fulfill the expectations of "true womanhood."

The preponderance of scholarship concerning *Our Nig* does important work examining the text's hybrid generic conventions to show how they allow Wilson to critique racial and gendered oppression. In these analyses, scholars reference Wilson's embodiment as key to representations of race and gender. For example, Gates links Wilson's disability with her servitude explaining, "the novel and its accompanying paratexts suggested that she had been reduced to chronic poor health by years of abuse while laboring for the Hayward family" (1). Elsewhere, other scholars link Wilson's race, gender, and sexuality with bio-determinism. For instance, "in *Essentially Speaking* Diana Fuss discusses the implications inherent in the sexuality of black bodies... 'it is not merely to be a Negro...[it] is to possess a particular genetic or biological makeup it is rather, to *be* the biological (qtd. by Cynthia Davis 392). Although scholars mention

Wilson's disabled black body as central to representations of race and gender, few critics⁴ have engaged disability as meaningful to *Our Nig*.

In contrast to these views, this investigation aims to extend such analysis to show how disability was central to the construction of Wilson's narrative and was mutually constitutive with her race, gender, sexuality, and class. As such, this chapter's objective is to participate in what Chris Bell describes as "recovery work" or the "work of detection [that] uncovers the misrepresentations of black, disabled bodies and the missed opportunities to think about how those bodies transform(ed) systems and cultures" (3-4). This is not to suggest that disability is in a hierarchal relation to other identity categories, nor does this approach discredit the importance of previous scholarship on race and gender from authors like Gates and Fuss. Rather, this investigation approaches *Our Nig* through contemporary disability studies research that incorporates critical race and feminist theories of intersectionality. Scholars such as Nirmala Erevelles and Andrea Minear argue "the constitutive approach to multiple differences...foreground[s] the actual experiences of women of color at the intersection of multiple social categories, [and] also the structural conditions within which these social categories are constructed" (357). Examining *Our Nig* against pro-slavery medical discourse, abolitionism, and slave narratives, this investigation will show how Wilson blends autobiographical and sentimental narrative techniques to destabilize popular representations and posit an alternative conception of black disabled females. Before turning to *Our Nig*, it is important to first examine dominant nineteenth century representations of black bodies to

⁴ To date, no scholarship within the field of Disability Studies has been written on *Our Nig*. Cynthia Davis' article "Speaking the Bodies Pain" is the closest analysis akin to a Disability Studies perspective and it will be central to my analysis below.

better show how Wilson's multiple social identities impact her actual experiences and challenge the dominant ideologies that constructed those identity categories.

The Readable Black Body

Pro-Slavery Arguments and Disability

The nineteenth century racial order depended on the readability of the black body and this readability was produced through ideologies of disability. The readable black body confirmed hierarchal social and biological distinctions between races and justified violent and unequal treatment of African Americans. Skin color, hair texture, and facial features, were central to identifying and assigning race and they were codified in a number of nineteenth century institutions. For example, racial codes proliferated during the antebellum period as different American jurisdictions attempted to racially categorize people. Multiracial peoples were of particular focus within racial codes because they complicated the supposed boundaries between blacks and whites. Multiracial people were often described in such laws as "mulattos" and "quadroons." Under multiple edicts within the United States, a mulatto was described as a descendent of a white and black parent, while a quadroon was born to a white and mulatto parent. These different designations were meant to describe a person's proximity to the imagined color-line between blacks and whites. Code Noir was an edict in Louisiana that attempted to discern between different races. For instance, the southern code deemed those born to a quadroon parent and a white parent as legally white. Legal edicts such as Code Noir relied upon the readability of the black body, while simultaneously producing a readable black body through legalized racial designations. These designations illuminate the

inheritability of race and reveal how reading the biology of race was central to maintaining racial hierarchies.

Fugitive Slave Laws in the north also depended on the readability of race and disability. As a federal law that was enforced in the northern United States to capture runaway slaves, the law relied upon slave catchers' ability to identify slaves based on descriptions given by white masters. As a result, any black person could become suspect merely on the visual identification of whites. Through bounties and runaway ads, slave owners used monetary incentives and legal measures to redeem slaves. The descriptions given for runaway slaves relied upon identifiers of skin color, physical stature, and impairments such as missing limbs, scarred backs, and limping gaits. For example, a 1776 ad placed by George Noble for two runaway slaves relies largely upon reading disability and race. The runaway slave, "Jupiter" is described as "knock kneed flat-footed, the right knee bent more than the left, has several scars on his back from a severe whipping," while "Dinah" has a "remarkable stump of a thumb, occasionally by a whitelaw (finger herpes), by which the bones of the first joint come out" (National Humanities Center 2). Fugitive Slave Laws illuminate how the readability of the black body was a central mechanism to maintaining the racial order, but they also reveal how disability factored prominently within these various cultural constructions. Although the intersections of race and disability were central to legal institutions in both the northern & southern United States, these legal ordinances were often grounded in the biological black body that was purported and legitimized in pro-slavery medicine.

The nineteenth century witnessed a cultural change that took the medical field from theological and supernatural explanations of disability, gender, and racial

differences, to scientific understandings. Central to this shift was the expansion of the medical field and the rise in the professionalism of medical treatments. Numerous medical schools sprang up in the United States during the nineteenth century and contributed to emerging knowledge of the physical body on topics such as germs, cranial size, and heredity. Concurrent with the rise of the field of medicine was the introduction of social sciences that examined statistics and developed systems of classification for animal and human species. Understanding the body and its diseases was no longer a phenomenon of a higher religious power, but was knowledge that could be reasoned by trained scientific authorities. These scientific explanations medicalized the human body and helped establish the authority of medical scientists and their findings.

Despite a cultural shift towards science-based explanations, nineteenth century medicine was nonetheless a burgeoning field consisting only of rudimentary knowledge of biology and disease. Doctors received cursory and limited training, and public health institutions were often, temporary, sporadic institutions that were erected to solve a health crisis and disappeared following a resolution. There was also limited knowledge of basic sanitation, so many diseases spread easily and rapidly. Doctors in the southern United States, in particular, often lacked resources and there were fewer medical institutions and limited medical training in the region.

Nineteenth century doctors often considered disability and disease to be markers of social deviance and they made diagnoses and prescribed cures based on larger cultural conceptions about marginalized populations. For example, the enslavement of African Americans and pejorative cultural beliefs about their “natural” submissiveness allowed doctors to conduct dehumanizing and cruel medical experimentation without patients’

consent. Harriet Washington explains the long history of medical experimentation on African Americans and argues that many nineteenth century doctors were similar to plantation masters. Medical professionals often placed advertisements in local newspapers calling for the purchase of sick and injured slaves for exploitative medical research. Washington makes clear that the very power imbalances and exploitation within medical practices “mirrored the larger culture that encompassed enslavement, segregation, and less dramatic forms of racial inequity” (9).

Given these parameters, contemporary scholars have since labeled a portion of this early scientific research as *pseudoscience* because the racist, sexist, and classist ideological commitments of many of the scientists distorted the findings. Washington explains, “The scientific racist’s emphasis was not upon fact-based theories, logical methodologies, experimental data, control groups, and verification by replication [and] there certainly was no provision for removing ethnocentric bias” (32-33). Nineteenth century medicine clearly differed from modern medical practice and standards in a number of ways that discredit many of their findings today. However, it is precisely the faults and inaccuracies that make the field a rich arena in which to study perspectives on race and disability and how they contributed to cultural narratives of the disabled black body.

Despite the obvious faults pinpointed by modern scholars, the nineteenth century regarded medicine as an influential science conducted by elite practitioners from respected national institutions. As authorities over the body, medical practitioners helped to define ideologies of bodily-based differences and ascribed cultural narratives to sick and disabled bodies. Thomas Couser notes, “In diagnosis doctors provide patients with an

interpretation of their lives” whereby “diagnosis leads in turn to prescription, treatment, and prognosis, all of which extend a physicians authority over patients’ lives” (10). The authority of white doctors was especially established through medical assessments of commodified slaves who had no rights or personhood.

The marketplace was one arena where whites were particularly interested in producing readable black bodies and science provided important narratives for whites to assess economic value often through ideologies of disability. African Americans were of such an interest to doctors that a complex relationship formed that benefitted both medical practitioners and the institution of slavery. For example, physicians were often called to auction blocks and courtrooms to assess the health of slaves. To evaluate slave bodies, doctors applied a concept of soundness meant to qualify and quantify a slave’s health. The science of soundness was used most often in an economic context, and the classification did not always indicate a slave’s actual wellbeing or health, but rather their value within the marketplace based on the ability to extract labor. An unsound diagnosis could prevent a slave from being sold, or result in a lower purchase price. Unsoundness was certainly entangled with disability, as older and impaired slaves often received the diagnosis. However, the concept was more complex than an application of disability. In *African American Slavery and Disability* Dea Boster explains that soundness was “a complex calculus for the economic value of human chattel based on a variety of medical, physical, psychological, and aesthetic factors” (35). No specific disability or illness designated soundness, nor did having a disability necessarily deem a slave unsound; instead, the designation was inconsistent and was applied broadly to determine economic value.

To assess for soundness, doctors forced slaves to strip down and publically expose their bodies for evaluative medical examinations. In these exams, doctors enacted a gaze that acted as a “tool of domination,” which subordinated “its object by enacting a power dynamic” of white doctor over black patient (Garland-Thomson 42). These exams are manifestations of the “medical gaze,” a concept first theorized by Michel Foucault, “through which the knowing gaze of the physician, medicine claims to ‘see’ the diseases that lie deep within the body, bringing them into being as objects of consciousness” (Greenhalgh 4). Looking is central to medical examinations as doctors from a voyeuristic position assume control for identifying any disability a patient might have. In the case of African Americans’ health, the medical gaze was particularly objectifying because nineteenth century white doctors considered blacks bodies subhuman and animalistic.

While visible conditions such as amputation or blindness might warrant an unsound diagnosis, doctors also claimed the ability to identify unseen conditions such as infertility and other imagined traits such as the proclivity to rebel or run away. In fact, so popular was the desire to identify runaway slaves, that doctors created a separate and imagined medical designation of “Drapetomania” to describe the unsound behavior of escaping slavery. The medical gaze was also extended to white audiences that were usually present for medical examinations. The doctor’s examinations were usually performed under the service of whites who were interested in the sale or purchase of slaves. Therefore, medical interpretations were addressed to slave holders and potential buyers, leaving the slave an objectified, mute, medical spectacle. The all-knowing medical gaze gave doctors authority to construct medical narratives that assigned

pathology to some blacks and economic value to others. Designations of soundness therefore supplied a quasi-medical narrative that produced a readable black body.

Entangled with medical designations of soundness were expectations about the productivity and sentience of black bodies. Because black bodies were commodified labor resources, nineteenth century science was particularly interested in African Americans' ability to withstand the heavy workloads and extreme violence of slavery. Many doctors conducted research on African American's threshold for pain by examining slaves under extreme working conditions and in inclement weather. Dr. Samuel Cartwright, for example, was a leading nineteenth century researcher on the biology of black sentience and labor. Cartwright began his medical career studying under the renowned racial theorist, Dr. Benjamin Rush. Rush was an abolitionist; however, he considered black skin a sign of leprosy. Cartwright began his research investigating imagined racial symptoms under the leadership of Rush.

Trained in racial theories, Cartwright furthered his study of the black body by following the western expansion of slavery to Alabama, Mississippi, and later, New Orleans. He eventually became a well-respected physician, which allowed him to work with elites such as Jefferson Davis and Andrew Jackson. His work within the racial sciences was widely popular and was published within esteemed professional journals and circulated widely in national publications. Cartwright's research on black sentience began in 1848 after the Louisiana State Medical Association appointed him chairman of a committee to study the anatomy and physiology of slaves. After visiting southern plantations and examining slave bodies, he explained his findings in the "Report on the Diseases and Physical Peculiarities of the Negro Race," published May of 1851 in *The*

New Orleans Medical and Surgical Journal and in the popular magazine *De Bow's Review*.

In the report, Cartwright was particularly interested in disabled black bodies and their response to extreme working conditions. He focused on slaves that exhibited visible physical abnormalities such as being bent over “not unlike a person carrying a burden” and “lesions” that were “peculiar and well-marked” and indicated a “partial insensibility of the skin” (35-36). When examining their ability to labor, the doctor notes the disabled slaves exhibited “careless movements,” inefficient, “half-asleep” labor and “slothfulness, torpor, and disinclination to exercise” (35-36). Cartwright determines that the physical abnormalities and reaction to labor are the symptoms of a disability that is particular to blacks. He invents the medical terminology of “dysaesthesia aethiopica” to name the disability and stresses the importance of black sentience in the etymology of the designation: “dysaesthesia - a Greek term expressing the dull or obtuse sensation that always attends” (35). Cartwright boasts the disability is “easily curable,” and he prescribes “to anoint it [the slave body] all over with oil, and to slap the oil with a broad leather strap, then to put the patient to some kind of hard work in the open air and sunshine” (37).

Nowhere in the report does Cartwright explain the science of equating disability with insentience. Instead, it can be inferred that his prognosis was founded in what Rachel Dudley describes as, “broader cultural narratives” regarding black bodies “believed to possess an extraordinary ability to bear pain” (10). By assuming blacks had a higher pain tolerance, Cartwright’s diagnosis essentialized pain, or a lack thereof, as innate to disabled black bodies. Dudley argues pro-slavery medicine often tested

assumptions of black sentience in what she designates “the medical plantation,” which is a “cultural location of disability” and a “space where ideology made contact with the human body” (10). Cartwright certainly operated within a “medical plantation,” wherein he applied the ideology of black sentience to disabled black bodies. Not only did he diagnose wounds as indicative of insentience, but he also worked out such ideologies through prescriptions for physical beatings and increased workloads.

Similarly, Cartwright used the space of the medical plantation to test out larger cultural narratives about black’s ability to withstand hard labor. Analogous to ideologies of black sentience, were larger cultural narratives about African American’s natural proclivity for laboring. In fact, these two ideologies were intersectional, because black insentience guaranteed slave bodies could endure the impact of hard labor. Cartwright’s prescriptive increased workloads also tested out such assumptions particularly through disabled slave bodies, and he determined them so successful that he boasts, “the disease is *easily* curable” and he has “never yet been able to make a negro overwork himself (my emphasis 37, Qtd. in Reodiger 59). His study thus helped create scientific justifications for cultural narratives about black’s threshold for pain and laboring potential.

Cartwright clearly noted symptoms of disability by pinpointing physical deformity and weakness, but narratives of black sentience obscured their meaning within economic terms that benefitted whites. Blacks’ higher tolerance for pain and natural proclivity for labor helped resolve cultural tension between ideologies of “the disabled body [as] a badge of unworthiness in the market economy” and slavery’s impetus to extract as much labor as possible from black bodies (Garland-Thomson 86). Garland-Thomson’s reading of the disabled slave children in Harriett Beecher Stowe’s *Uncle*

Tom's Cabin is helpful for better understanding this cultural tension: "the logic of slavery's unimpeded economic freedom equates human value with potential productivity, judging the disabled children useless and defective, their bodies liabilities rather than assets in a labor-intensive economy" (85). The commodification of slave bodies necessarily equates their embodiment with their potential to labor. According to logic that is grounded in tenets of liberal individualism, a disabled slave is no longer an asset because their embodiment is compromised and their potential for economic value is thus limited. In fact, disabled slaves become a "liability" because they are now dependent and unproductive beings. However, because Cartwright positions beatings and labor exploitation as the cure for disabled slaves, he dissolves any tension concerning the liability or unproductivity of disabled blacks. Given the larger cultural understanding of disability as rendering the body useless, Cartwright's diagnosis provides a means to sidestep such beliefs and, instead, position the black disabled body as particularly fit for profitability. In other words, Cartwright manages to incorporate defective bodies into labor systems. Cartwright thus provides a medical rationale to continue to extract labor from disabled slaves and dissolve cultural conceptions about "useless" disabled bodies.

While it may appear Cartwright offers an alternative understanding of black disabled bodies within the context of the market economy, he does so most clearly to the benefit of whites. Most notably, he ignores the actual disability exhibited by patients diagnosed with dysaesthesia aethiopica. Cartwright identifies the symptoms of exhaustion and open wounds, but he ignores that these may be reactions to the overwork and violence of slavery. He also overlooks other conditions such as syphilis and typhoid fever, both of which left open sores upon patient's bodies, caused feverish weakness, and

spread quickly in slave quarters that lacked sanitation. These accounts leave out actual first hand experiences of pain and sidestep how conditions of slavery impacted slave health.

Much like designations of soundness, *dysaesthesia aethiopica* produced a readable black body in which representations of disability are reduced to narratives that benefitted whites. In both diagnoses, the readable black body is predicated on imagined disabilities (or, lack thereof) that are validated through science. These diagnoses are what Ellen Samuels describes as “fantasies of identification,” which “seek to definitively identify bodies, to place them in categories delineated by race, gender, or ability status, and then to validate that placement through a verifiable, biological mark of identity” (2).

Medical science provided one narrative to identify black bodies and establish their inferiority through imagined racial disabilities such as unsoundness and *dysaesthesia aethiopica*. Although these medical designations are fantastical, they “merge imagination and the real through desire, a desire that manifests in material effects on actual people’s bodies and lives” (Samuels 3). As the above descriptions of the auction block and Cartwright’s medical plantation demonstrate, these imagined identities resulted in exploitative and violent realities for African Americans.

As I show later through an analysis of slave narratives, very few slaves left firsthand accounts of these lived consequences, and even fewer commented on how racial and disabled identities were constituted. This absence is even greater when considering the lack of African American voices in medical discourse. The racist and objectifying context of auction block evaluations and medical examinations did not allow for blacks’ testimony of their own embodiment or health. Because slaves did not possess equal

social standing or personhood, their ability to contest medical findings was severely limited. Literacy was outlawed, and even free blacks could not attend medical school; therefore, African Americans also had little professional grounds to object to medical discourse. This absence of testimony is an example of why *Our Nig* presents important possibilities for new representations of being black and disabled in the nineteenth century.

Abolitionism & Disability

While on the surface abolitionism countered pro-slavery arguments, it too positioned the disabled black body as a text to read nineteenth century cultural anxieties of racism and slavery. The black disabled body commonly appeared in sentimental portrayals of slavery and was meant to represent the evils of the institution. As a literary mode, sentimental novels were especially important within abolitionism. The sentimental novel, sometimes referred to as domestic fiction, became increasingly popular in the mid-1850s. As industrialization and urbanization increased, the middle class gained more leisure time, while simultaneously women entered the marketplace in larger numbers than previous periods. These cultural shifts were accompanied by updates in printing press technologies that made sentimental novels especially popular among white middle class women. From approximately the early nineteenth century until the start of the twentieth century, sentimental novels were bestsellers within the United States. Sentimental fiction popular during the period included texts such as, *Pamela, or Virtue Rewarded* (1741) by Samuel Richardson, *The Wide Wide World* (1850) by Susan Warner, *The Lamplighter* (1854) by Maria Cummings, and *Life in the Iron Mills* (1861) by Rebecca Harding Davis.

The plot of sentimental fiction usually focused on a young female protagonist, who was often an orphan or without the aid of family. The plot also centered on the various abuses and obstacles the young woman must navigate. Most often, these abuses require that the female protagonist use her moral values to guide her through the immorality of the larger society surrounding her. Because sentimental fiction also focused on themes of domesticity, the protagonist's morals were often aligned with nineteenth century values of "The Cult of True Womanhood." Also known as the "Cult of Domesticity," these values were in accordance with a set of behaviors expected of upper and middle class white women such as piousness, purity, submissiveness, and domesticity. Sentimental fiction was grounded in the ideologies of "The Cult of True Womanhood" and therefore reproduced these values through narrative development.

While themes of domesticity characterized sentimental novels, social reform was also a central topic. For example, Rebecca Harding Davis' *Life in the Iron Mills* and Elizabeth Stuart Phelps' *The Silent Partner* (1871) deal with the dangerous working conditions in American factories. Slavery was also a focus within sentimental fiction and one of the most popular abolitionists novels was Harriet Beecher Stowe's *Uncle Tom's Cabin*. The novel develops various representations of slavery, including run-away tales and familial separation. Stowe often represented the hardships of slavery through affective relationships between characters such as slave mother and child. Recently, disability scholars have noted how the disabled black body was central to abolitionism, as the whipped, scarred, and deformed slave body was a central narrative feature that was meant to be emotionally resonant with nineteenth century readers. Garland-Thomson, for example, investigates Stowe's novel through the disabled slave mothers, Prue and Hagar,

and concludes that the two characters are “icons of vulnerability who help generate a rhetoric of sympathy and scandal meant to propel readers from complacency to conviction” (82). As various abuses happen to Prue and Hagar, including Hagar being beaten to death because of her disability, the disabled black body becomes the means to generate sympathy from readers. In other words, the sympathy produced by Prue and Hagar’s disabled bodies is meant to convince readers of the evils of slavery and compel them to participate in its eradication.

Sympathetic responses were particularly spurred by readers’ identification with the pain and hardship experienced by slaves. Sympathetic responses require a readable black body that can convey trauma to audiences. In fact, affective responses, not only require, but also simultaneously produce the readable body. Slavery and disability scholar, Cassandra Jackson explains that stereotypes inform sentimental representations and these overgeneralized figures provide easily readable bodies. In other words, “sentiment then makes bodies legible, knowable, sufficient sources of knowledge” (Jackson 36). This is particularly salient in the context of abolitionism where the disabled black body was prevalent and acted as the narrative vehicle that conveyed the trauma of slavery to white northerners. Affective responses to disability thus make the black body knowable and containable. Sentimental abolitionism is another means for “narrativizing the disabled body, and ultimately controlling its meaning” (Jackson 36). Although abolitionism had different goals in mind, like pro-slavery medicine, sentimentalism produced the readability of the disabled black body and reduced it to terms that benefitted whites. In other words, abolitionists mediated the meaning of the

disabled black body and condensed it to a representation of the horrors of slavery. Thus, sentimental portrayals obscure the complexity of people of color living with disability.

Sentimentalism marginalized disabled characters making them obscure, and this was especially true for the representations of disabled slaves. Garland-Thomson explains, “Disabled literary characters usually remain on the margins of fiction...whose bodily configurations operate as spectacles, eliciting responses from other characters or producing rhetorical effects that depend on disability’s cultural resonance” (9). Although disability was central to the readability of the black body, most black characters with disability were not central figures within sentimental novels. Disabled characters were not only relegated to the literary margins, but their figures often vanished from the narrative. For example, Hagar and Prue from *Uncle Tom’s Cabin* are “ultimately sacrificed to the social problems the novels assail” as they are “beaten to death or sold away” (Garland-Thomson 83). As marginalized and diminished characters, disabled black figures were often denied the opportunity for representations of agency. Sentimentalism not only produced the readability of black bodies, but it did so while omitting powerful images of disabled blacks.

Importantly, the readable black body of sentimentalism was significant in catapulting white, middle-class females into more public roles. As minor characters that were easily omitted, disabled slave figures like Hagar and Prue act as a foil for other characters to emerge as central moral figures (Garland-Thomson 82). Garland-Thomson identifies this narrative phenomenon as “benevolent maternalism” that is activated by sympathetic responses that act as a “springboard by which white, middle-class women could launch themselves into a prestigious, more influential public role that capture some

of the elements of liberal selfhood” (82). While disabled blacks often spur readers’ sympathetic responses, their narrative erasure prevents representations of agency. Within this absence (or, perhaps because of it) white female figures provide the narrative redemption and are catapulted into respectable maternal roles. In sentimental texts, white female humanitarian figures emerge as triumphant moral individuals that advance social reforms such as abolitionism and therefore act as maternal benefactors to those less deserving. For example, Garland-Thomson identifies multiple white female figures within *Uncle Tom’s Cabin* that fulfill these roles: “Mrs. Shelby defends Tom and Harry; Mrs. Bird protects the pursued Eliza; Rachel Halliday mothers Eliza. Yet, the principle white, female figures who gain personal authority this way are the angelic Eva and Stowe’s ardent narrative voice” (87). In each of these examples, the white moral figure asserts her influence over the public world through humanitarian efforts that can be understood as a form of gendered form of liberal individualism. In other words, through caring roles such as moral benefactresses, white, middle-class women gained access to roles of maternal liberal individualism.

Yet, these white female figures were exalted into prominent social roles at the expense of the disabled black characters that abolitionism was meant to rescue. It is precisely disability and its erasure that provides the springboard for women like Stowe and characters like Eva to redeem the narrative and restore the moral order while solidifying an important public role for white middle class women within reform literature. The readable black body and its sympathetic responses make a space for white, middle-class women to instantiate the logics of liberal individualism, but this can only be achieved through the dismissal and denial of disabled black characters. While

the readable black body was pivotal to abolitionist's narratives, these representations reduce the meaning of black disability to the horrors of slavery, while only offering narrative agency to white middle class females.

Slave Narratives & Disability

Both, proslavery medical narratives and sentimental abolitionism, position the disabled body as a spectacular text to be read. These two competing narratives of the black disabled body illuminate the first part of Boster's claim that "evidence of slave disability is simultaneously everywhere and nowhere in the primary record of antebellum United States" (12). It is everywhere in historical accounts because the disabled black body provided the basis for whites on both sides of the national debate to inscribe anxieties about racism and slavery. Each side of the divided debate manipulated and mediated the meaning of disabled black bodies for their respective advantages, while silencing blacks' own experiences of embodiment. However, as the second part of Boster's above claim notes, disability is also largely absent from the historical record, and this is particularly evident in first-person accounts of blacks living with disability. Given that whites largely regulated the representations of disabled people of color, it is not surprising that "the largest group affected by disability – slaves themselves – left very few documents describing experiences and observations of disability in their own voices" (Boster 12). Although these accounts are sparse, glimpses of how blacks negotiated disability can be found in slave narratives.

There are over six thousand extant slave narratives that take the form of serialized magazine articles, court records, advertisements, and autobiographies. This number does not include the large number of oral narratives that were recorded and passed down

through generations of black families and communities, nor does it encompass the many documented slave stories that have been lost throughout history. Because my study investigates autobiography, I will focus exclusively on disability within the written forms of slave narratives. Beginning in the late eighteenth century and leading up to the reconstruction period, slave narratives were a popular literary genre. Former slaves and fugitive slaves were often the authors of the narratives and many of the texts worked against racist ideologies and proslavery arguments. Slave narratives and their stance against slavery made them an integral part of abolitionism and the first-hand accounts of slaves offered important perspectives that differed from the sentimental narratives authored by white abolitionists.

There are a variety of themes that characterize the slave narrative genre. For example, narratives often start with a limited family history that is disrupted or mostly unknown because slavery has forced the separation of familial ties. The narratives are also usually bookended with authenticating documents often written by whites and meant to testify to the truthfulness of the author's position as a slave. The narratives often take the form of testimonials, whereby former slaves attest to and reflect upon the abuse, racism, and hypocrisy of slavery. The narratives also include the motif of a quest for freedom, often captured in run-away scenes in which slaves attempted daring escapes that were sometimes unsuccessful. A similar motif of a quest for literacy is also repeated in many slave narratives. Slaves often undertook many risks learning to read and write because it was outlawed in the early nineteenth century to assert further control over slaves and to curtail their dissent. The risks of learning to read are often documented in slave narratives and such accounts not only illuminate the unequal relations of slavery,

but they also further authenticated the slave as a capable author. Along with similar motifs, slave narratives also often incorporated sentimental narrative conventions through affective and overt appeals to white audiences. Because slave narratives gave white northerners a firsthand account of slavery, affective appeals were meant to rally people to the cause of abolitionism.

Within slave narratives, there are hints of disability. However, because representations of disability are infrequent, those that exist are often brief and require careful examination to uncover. For example, some narratives call attention to the concept of soundness as it was used to measure slave embodiment on auction blocks. In *Narrative of Henry Watson, A Fugitive Slave* Watson describes how the auctioneer barks, “please to examine him: he is warranted sound. Boy, pull off your shirt – roll up your pants – for we want to see if you have been whipped” (1). In a similar account, Henry Bibb describes his auction block examination where whites “examined [their] limbs to see whether [they] were inferior...[and] look[ed] in their mouths at their teeth and prick[ed] on the skin on the back of the hands [to determine] if the person is very far advanced in life” (Bibb 2). Still other narratives recount how unsoundness was purposefully concealed on the auction block. William Wells Brown, for example, explains how he was required to “prepare the old slaves for market” by greasing their mouths and skin to add luster and removing “the grey hairs” or adding “blacking to color it” (6). Although brief, these narratives hint at how concepts of soundness and disability produced a readable black body.

Disability also requires close readings because some African Americans purposely omitted impairment from their narratives. For example, prominent abolitionist

and former slave, Sojourner Truth, concealed her disability. Truth's arm became badly diseased while she was a slave and she never regained full use of her limb. She attempted to conceal her disability both within public appearances and her personal narratives. Meredith Minister uncovers Truth's disability in photos and her narrative *Book of Life* and compares them with the rhetoric of her famous speech, "Ar'n't I a Woman." In photos, Truth concealed her impairment by posing with knitting needles and other objects to hide her disability and give the illusion that her arm was normal (Minister). In Truth's famous speech, "Ar'n't I a Woman" Minister also reveals how the narrative relied upon ideologies of ableism to construct the image of her body as strong and hardworking. Minister concludes that the attention Truth calls to her hard-working body while concealing her disability helps to construct her embodiment "as a powerful confrontation to the discourses on race and gender through the rejection of her disability" (1). It is only by concealing her disability that Truth can position her body as a symbol of hardworking and industrious blacks that deserved equal personhood with whites. While Truth's contribution is certainly important for combating racist stereotypes of blacks as dependent and lazy, however her stance on equality is built through ableist ideologies that reject disability. Truth's rejection of her impairment thus illuminates just one aspect of the difficulty of uncovering representations of disability within slave narratives.

There are few direct references to blacks with disabilities, as most slave narratives do not call attention to issues of disability. Because inferior views of disability were so entrenched within American culture, it was not uncommon for slave narratives to reify such views. Frederick Douglass' account of his disabled cousin Henny, for example, provides a short, but telling, example to explore how pejorative ideologies of disability

were sometimes reproduced within slave narratives. In three of his autobiographies, *Narrative of the Life of Frederick Douglass, My Bondage and My Freedom*, and *Life and Times of Frederick Douglass*, he mentions Henny, her disability, and the violent relationship she had with her white master. In *Narrative of the Life*, Douglass explains how Henny becomes disabled: “when quiet a child, she fell into the fire, and burned herself horribly. Her hands were so burnt that she never got use of them. She could do very little but bear heavy burdens” (53). In 1881 edition of *Life and Times of Frederick Douglass*, he adds to the description of Henny’s disability, “her fingers were drawn almost into the palms of her hands. She could make out to do something, but she was considered hardly worth the having – of little more value than a horse with a broken leg” (549).

Aside from describing Henny’s disability, all three of Douglass’ narratives indicate that her impairment caused problems with the master Capt. Auld. Because Henny’s disability limited her ability to perform hard field labor, Douglass explains she was sent to two different relatives of the captain that lived in the city and required domestic labor. However, these families found that “they had no use for this poor cripple and they sent her back to Master Thomas” (Douglass 549). Because she was unable to labor, Douglass recounts frequent and repeated violent encounters where Capt. Auld beat Henny. Eventually, Capt. Auld set Henny free and Douglass remarks, “here was a recently converted man, holding with tight grasp, the well-framed, and able bodied slaves left him by old master – the persons, who, in freedom, could have taken care of themselves; yet, turning loose the only cripple among them, virtually to starve and die” (255). Scholars have noted that Douglass’ comment on Henny’s freedom is a critique of

the cruelty of the system of slavery because he shows that even religious masters cast aside the ostensibly helpless disabled and elderly slaves.⁵ Douglass' view of Henny is important because it offers a critique against popular nineteenth century proslavery arguments. Many southern slaveholders, for example, argued slavery was a benevolent system for which white masters provided paternalistic care for slaves. Such arguments rested upon white supremacist beliefs that slaves were incapable of caring for themselves and therefore needed whites' assistance.

Attention has not been paid, however, to the ways that Douglass reproduces the logic of Henny's disabled body as useless, economically dependent, and therefore less deserving of freedom than the "well-framed and able bodied slaves" that Captain Auld retained. By reproducing pejorative views of disability, Douglass' criticism of Henny illuminates how cultural views of self-reliance and freedom were entrenched within nineteenth century culture. Like Truth, Douglass builds his argument for equality through ablest ideologies that reject disability and posit ablebodied blacks as deserving of independence and freedom. In fact, these themes not only surface in his account of Henny, but they are prominent within Douglass' aptly named 1872 publication, "Self-Made Men." In casting off disability, Douglass illuminates how slave narratives incorporated pejorative conceptions of disability into descriptions that were also meant to act against other designations of biologically determined black bodies. The complex, portrayal of disability within Douglass' autobiographies illuminates yet another difficulty of uncovering the experience of disability within slave narratives. What is missing from

⁵ See *African American Slavery and Disability* by Dea H. Boster (65-66) and *A Disability History of the United States* by Kim Nielsen (63) for examples of such readings.

all of the above slave narratives are firsthand accounts that offer a detailed analysis of the experience of living as a disabled black in the nineteenth century. This is why Harriet Wilson's *Our Nig* is important to consider in discussions of blacks living with disability.

Our Nig: Repositioning Disability and Dependency

Harriet Wilson's Biography

Prior to the rediscovery of *Our Nig* in 1983, very little was known about Harriet Wilson besides her hair coloring enterprise in the mid-1850s. Following the republication of her text, numerous scholars such as R.J. Ellis, Henry Louis Gates Jr, Reginald Pitts, and Gabrielle Forman⁶ have been instrumental in examining historical archives to compile more information on Wilson. These historical records have helped to validate the authenticity and accuracy of *Our Nig* and they also provide important biographical information on one of the earliest African American women writers. She was born Harriet Adams in 1825 in Milford, New Hampshire to mother Margaret Adams (or, Smith as historical records list both surnames), a white washerwoman. Scholars speculate that Wilson's father was black northerner, Joshua Green (referred to in *Our Nig* as Jim), who died in 1829 when Wilson was approximately four years old. However there is very little historical evidence of Green and Adams' relationship, but the pair split well before Green's death and this is perhaps why Wilson retained "Adams" as her last name rather than her father's surname. In 1830 when Wilson was between four and five years old, Mag abandoned her at the Haywards' home to work as an indentured servant.

⁶ All four of these scholars have helped me to compile the history of Wilson that is recorded here.

Later that same year, Wilson's mother died in Boston after a violent and intoxicated fight with her current boyfriend.

Wilson worked as an indentured servant for the Haywards for thirteen years, from approximately 1830 to 1843. As a young child, Wilson briefly attended school "for three months a year for three years" and, it is during this period that Wilson learned to read and write (Forman vii). Although allowed certain privileges such as education and literacy that were denied to southern slaves, Wilson's life as an indentured servant shared similarities with slavery. For instance, she was constantly subject to physical abuse, overwork, and inhospitable living conditions. As the Haywards' only servant, Wilson was responsible for both fieldwork and housework. As *Our Nig* documents, Wilson was required to tend crops, manage livestock, and chop firewood, alongside other domestic duties such as cooking, cleaning, and tending for ill family members. Overtime, this abuse and overwork took a physical toll on Wilson and left her disabled and subject to frequent periods of ill health that prevented her from working.

Following her release from the Haywards, Wilson attempted to work for other families as a domestic servant. However, at twenty-two years old, Wilson was too disabled to work and in 1847 was "listed as the town pauper" that relied upon the private charity of two older woman for room and board (Foreman viii). Through the late 1840s, Wilson continued to rely upon private charities to survive, until she met her first husband Thomas Wilson in 1851. They married in October of that same year, but she continued to use "Wilson" as a surname throughout her life, even using it periodically during her second marriage in the late nineteenth century. In *Our Nig*, Thomas Wilson is only vaguely referred to in the third person as "he," but historical records align Thomas

Wilson with a fugitive slave that had escaped north. Wilson hints at Thomas's past, describing him as "a fine, straight negro, whose back showed no marks of the lash, erect as if it never crouched beneath a burden" (70). As Thomas's wife, Harriet is temporarily able to relieve herself from the aid of charity and it was during this period that she wrote the poem, "Fading Away," that first appeared in the Milford local paper, *Farmers Cabinet*.

However, the financial security Wilson experienced during married life was short lived as Thomas gained employment as a sailor and during voyages to sea left her destitute again. In early 1852, Wilson "moved to Hillsborough County Poor Farm in Goffstown, New Hampshire" (Foreman viii). Later that same year while still living at the poor farm, Wilson gave birth to her only child, son George Mason Wilson. Shortly after the birth of her son, Wilson received word that her husband had died from yellow fever that he contracted while working West Indies' trade routes. In the five years that followed Thomas' death, Wilson and her son sporadically lived at different poor farms throughout Massachusetts and they both were listed on the Milford Poor List. During periods of Wilson's poor health, George was placed in foster care, spent time at the "Hillsborough Country Poor Farm," and later may have been taken in as a pauper by Joshua and Irene Fisher Hutchinson (Foreman ix). Towards the end of the 1850s, Wilson's deteriorating health led her to pursue intellectual labor over the physically demanding work of domestic service.

It was during this time that Wilson wrote and published *Our Nig*. Foreman and Pitts explain the text was "copyrighted, with a copy deposited in the Office of the Clerk of the U.S. District Court of Massachusetts" on August 18, 1859, and was "published by

George C. Rand and Avery” on September 5th of that same year (ix). Around the same time, Wilson also began entrepreneurial work selling hair tonic that was meant to cover gray hair. She ran product advertisements in the same local paper that published her poetry and she attempted to sell the hair care line door-to-door along with copies of *Our Nig*. In 1860, Wilson’s son George died unexpectedly when he was seven years old. The loss of her son and the success of her hair care line led Wilson to move away from a career as an author. As Foreman explains, “Wilson herself likely turned away from her writing and attended to her burgeoning hair product business shortly after *Our Nig*’s publication and her son’s untimely death” (xxvii). Shortly after the death of her son, Wilson began a business relationship with white druggist, Henry Wilson, and he began manufacturing and selling her hair care products. Wilson’s business grew for a time and soon she was selling her product in seven different northeastern states. However, in 1862 Henry grew ill and the hair care business tapered off and eventually stopped altogether in 1863.

Concurrent with loss of her son and the failure of her hair business, Wilson began participating in the spiritualist movement, a religious movement that also advocated for various social reforms. The loss of her son and her own disability likely propelled Wilson’s interest in spiritualism. Gates notes, “spiritualism could offer supportive consolation to the profoundly bereaved” and “careers in spiritualism could be launched from the sickbed...[because] physical suffering was regarded as promoting a medium’s receptivity to spirit guides” (240, 236). These two life experiences might have made spiritualism more attractive to Wilson and she began working as a medium and lecturer. Spiritualists believed in the paranormal, and mediums like Wilson were paid to conduct

séances to communicate with the deceased. Spiritualism is perhaps most well-known today for the creation of the Ouija Board, a supposed medium for communicating with the dead that was rediscovered and popularized as a board game in the 1970s. Despite this later trivialized cultural resurgence, spiritualism “was one of the most important, and radical, movements of its time” (Foreman xlii).

Part of the appeal was spiritualism’s link to the burgeoning field of science. As I describe above, science was gaining notoriety during the nineteenth century as it purported mastery over natural specimen through medicine and the natural sciences. Spiritualists “held that spirits’ messages were conducted through electricity, [which] linked it to scientific progress and the surge of discoveries that were then changing the way society understood both natural phenomena and itself” (Foreman xlii). The movement was not only linked to the physics of electricity, but also positioned itself as an alternative to contemporary medical practices. Advocating for mostly homeopathic remedies, mediums including Wilson, described themselves as physicians. As early as 1868, Wilson is described in public documents such as the Boston City Directory as “*Dr. Hattie E. Wilson*” (my emphasis, Foreman xi). Throughout the remainder of her life, Wilson went by various medical titles including “doctor” and “nurse.” Although not a medical practitioner by today’s standards, it was common during the period for laypersons like Wilson to call themselves doctors despite no actual medical training. This was especially true within the spiritualist movement where many advocates implemented pseudoscientific procedures to accompany their medium readings.

In her spiritualist career, Wilson again turned to newspapers and began running ads to promote her business. Gates records one such 1868 advertisement where Wilson

describes “herself as a ‘Lecturer and Unconscious Trance Physician’” and claims she can cure “chronic diseases” through “herb packs and manipulation” (250). Although Wilson’s advertisement seems outlandish, spiritualists’ stances like this “challenge draconian [medical] practices – the overprescribing of toxic doses of purgatives, stimulants, and narcotics such as opium and mercury “ (Foreman xlii). Given Wilson’s personal history of disability and the recent death of her son, she was at least superficially familiar with burgeoning medical science. As my later analysis shows, *Our Nig* challenges these medical practices as they attempt to lay claim to her body. Her work as a spiritualist practitioner shows how Wilson continued to work against nineteenth century medicine throughout her later career.

Throughout the 1860s and well into the late 1870s, Wilson was active within the spiritualist movement. Not only did she participate as a medium, but she was also a regular lecturer and promoted the movement’s various social causes. For example, in 1867, she gave speeches with Andrew Jackson Davis on labor reform and children’s education. Later, she advocated and established spiritualist movements in the neighboring towns outside of Boston and was “chosen as one of six Massachusetts delegates to attend the American Association of Spiritualists Convention in Chicago” (Foreman xii). One of her biggest contributions to spiritualism was her participation within the Lyceum movement. Lyceum is a type of secondary schooling that was popular within Europe. In the postbellum period, the movement gained popularity in the United States as reformers called for more education for children and adults. Lyceum advocates were also against the nineteenth century practice of turning impoverished children over to the state as orphans who were contracted out as laborers. This practice

was quiet common during the period and even resulted in the now-famous “orphan trains” that took homeless youth from the eastern seaboard and transported them west as extra labor for farming families.

Given Wilson’s background as an orphaned indentured servant, she championed the cause. The popular spiritualist Boston newspaper *Banner of Life* commonly featured Wilson and they document her appearance on the Lyceum circuit noting that she “expressed dissent from the doctrine of handing children over to the State, speaking from her own personal experience as one who / NEVER HAD A FATHER / never had a mother” (qtd in Gates 240). Wilson’s advocacy was not limited to Lyceum and instead she participated in various movements including labor reform, women’s suffrage, and adult education, among others. As I show below, *Our Nig* and its blend of sentimentalism and slave narrative allowed Wilson an early arena to inscribe the disabled black body in ways that challenged dominant views held about African Americans. Spiritualism, like *Our Nig*, also upset cultural values such as white supremacy and patriarchy through the inclusion of black women speakers like Wilson alongside whites such as Elizabeth Cady Stanton and William Lloyd Garrison. Gates explains, “the movement provided a few African Americans – and a rather greater number of women – with a public platform, making it an important sociocultural phenomenon that could disturb somewhat conventional gender and racial restrictions” (238). Wilson’s involvement with spiritualism illuminates how the social reform that was first conveyed in *Our Nig* was a continued objective for Wilson throughout her life. Wilson maintained her role as a spiritualist practitioner and medium throughout the 1870s, but as her health continued to deteriorate, by the end of the decade she was no longer well enough to work.

She returned to the charity of others, and gained residence with the Cobb family. She lived with the Cobbs for the next decade of her life where she remained in poor health and eventually died in 1900 at the Quincy hospital in Massachusetts.

Our Nig and the Disabled Black Body

Our Nig: Sketches in the Life of a Free Black is the autobiographical novel by Wilson. In the narrative, Wilson documents her life as a black disabled indentured servant in the northern United States during the early nineteenth century. Wilson weaves the popular nineteenth century literary genres of slave narrative and sentimental fiction to tell her life story and she explains how indentured servitude, much like its southern counterpart, slavery, was a racist and violent institution that oppressed northern blacks. Interweaving autobiography within sentimentalism, Wilson calls attention to the violence of indentured servitude and hypocrisy of northern racism while also countering popular representations of black disabled bodies.

Firstly, throughout the text Wilson frequently refers to her disability. In the preface signed with her initials, H.E.W., Wilson says she is “disabled by failing health,” and elsewhere in the text she refers to Frado as an “invalid mulatto” (3, 68). She not only identifies as disabled, but she structures her narrative according to how her health changes over time. Importantly, Wilson documents her failing health alongside her increased workload. *Our Nig* is organized chronologically and literary scholars have argued the structure is typical of autobiographies and shows Wilson participating in slave narrative conventions. I also suggest that the chronology allows her to craft a legible body that documents how her disability changed over time.

Wilson notably uses the lens of labor to show how her impairment increased. Despite beginning her servitude at a young age, Frado is assigned a number of physically demanding tasks to complete daily such as scrubbing floors, cooking meals, herding cows, tending crops, and chopping wood. Over time that workload increases and Wilson notes, “there had been additional burdens laid on her [...] She must now *milk* the cows, she had then only to drive. Flocks of sheep had been added to the farm [...] She must harness the horse for Mary and her mother to ride, go to mill, in short, do the work of a boy, could one be procured to endure the tirades of Mrs. Bellmont” (emphasis original, 30). Detailing an increased workload allows Wilson to document how her disabled body responds to such conditions over time. Before Frado is a teenager, she is forced to change how she performs her daily tasks because she is prone to bouts of weakness and experiences pain and exhaustion regularly. At the initial onset of her disability Frado would “remain erect, then sink down upon the floor, or a chair, til she could rally for a fresh effort” (36). However, as time went on Wilson’s ability to “rally for fresh effort” significantly decreased and she was “unable to stand erect for any great length of time” and began “using a broom for support” to “drag her weary limbs along” (36). Frado’s disability changed her work performance because she is unable to stand for long periods of time and she must find immediate spaces to rest such as the floor or a nearby chair. Later, she uses household objects as makeshift crutches to support her body and maintain the ability to stand long enough to complete her tasks. Eventually, Wilson is left completely disabled and must spend long periods of time in bed and cannot labor with regularity. Wilson explains, “what seemed so light and easy to others, was too much for

Frado; and it became necessary to ask once more where the sick should find asylum” (67).

Interestingly, the Belmont’s reaction to Wilson’s disability mirrors the treatment of dysaesthesia aethiopica. Cartwright attributed deviance from hard labor as pathology for which whites might arrest control over through violence and more labor and this is exactly how the Bellmonts respond to Frado’s disability. That is, they met each example of her disability with violence and an increased workload. Upon finding Frado crouched over in pain, for example, Mrs. Bellmont does not believe Frado’s plea, “I am sick...and cannot stand long, I feel so bad” (Wilson 46). Instead, Mrs. Bellmont “beat her cruelly” and “commanded her to go to work” (Wilson 46). Elsewhere, beatings are described particularly using medical terminology; for example, Mrs. Bellmont suggests violence will “cure her” (Wilson 43). Acting as a lay diagnostician, Mrs. Belmont ignores Frado’s testimony of her disability and substitutes violence and hard labor for medical treatment.

Further contributing to the production of a legible body, Wilson also crafts her narrative to represent her felt experiences of pain. Cynthia Davis does important work detailing Frado’s pain and Mrs. Bellmont’s violent reaction. Davis notes that Wilson frequently refers to painful experiences throughout her narrative: “Frado is repeatedly beaten, kicked, whipped with the ubiquitous rawhide, forced to go shoeless even after frost has set in, and made to eat and work standing, even when faint with illness. A wedge of wood is twice inserted between Frado’s teeth, causing ‘her face [to become] swollen, and full of pain” (397). Davis’ analysis of pain particularly focuses on violent encounters between Wilson and her white mistress and she argues such physical violence is similar to rape because both “assert dominance over the black woman’s body by

marking that body as the master's (rapist's, torturer's) personal property to do with as s/he will" (397).

Analyzing physical torture in relation to rape allows Davis to compare Wilson's representation of pain to overly sexualized images of black femininity that circulated in the nineteenth century and often acted as justification for the sexual violence inflicted on black women. Davis concludes that Wilson's narrative of pain is a form of "speaking back" to the silencing that torture and rape often imposed and, in doing so, Wilson "manages to address black women's experience of themselves as bodies without risking perpetuating the definition of black women as sexualized body and nothing else" (398). However, Davis sidesteps 19th century medical arguments when she suggests, "pain, unlike sexuality, is rarely essentialized as atemporal and innate to the body," (398). As shown in the above analysis of Dr. Cartwright, medical arguments did essentialize pain, or the lack thereof, as pathological of black bodies. In focusing on pain solely in relation to sexuality, Davis misses how Wilson's pain extended beyond the site of violence and was also related to her lasting disability and ongoing discomfort.

Yet, it is useful to extend Davis' important work using an analysis of disability. Foremost, her notion of "speaking back" is helpful for understanding how *Our Nig* counters the silencing of disabled blacks in both proslavery and abolitionist representations. To better understand how Wilson challenges dominant representations of black disability, it is important to first turn to proslavery arguments. To begin, Wilson crafts a legible disabled body that "speaks back" to medical narratives of black productivity and sentience. Wilson's disability and the ways it changed her material reality destabilizes medical arguments of hard working black bodies. As Karen Kilcup

argues, Wilson's "bodily limitations undercut the medical profession's contention that African Americans can endure hard physical labor" (168). Moreover, in depicting her experiences of pain, Wilson responds to medical narratives of black insentience. Wilson illustrates that the violence of slavery was painful and often left visible marks upon her body. Wilson illuminates how disability can actually be a source of pain, and is, in fact, not a medical symptom of insentience as doctors suggested. She describes particularly the felt experience of disability; for example, "her hands wrought when her body was in pain" (Wilson 68). Wilson's disability thus destabilizes medical discourse by disproving and complicating dominant biomedical beliefs about productive and insentient black bodies.

Wilson is also able to arrest power from her abuser and redefine herself as a speaking subject rather than a silenced pain-filled object. The form of speaking back Davis first theorizes is also important when applied in the context of medical exploitation. Through slave narrative conventions, Wilson is able to arrest power from doctors and represent her disability within her own terms. Wilson depicts several scenes in which doctors are called to assess her health, however one particular doctor's visit is central to Wilson's representation of disability and it is worth quoting at length:

"Send for the Dr., your brother," Mr. B. replied
 "I doubt if she is much sick," sharply interrupted Mrs. B.
 "Well we'll see what our brother thinks." [...]
 "You're sick, very sick," he [the doctor] said, quickly after a moment's pause.
 "Take good care of her, Abby, or she'll never get well. All broken down."
 "Yes it was at Mrs. Moore's," said Mrs. B., "all this was done. She did but little the latter part of the time she was here."
 "It was commenced longer ago than last summer. Take good care of her; she may never get well," remarked the Dr.

“We sha’n’t pay you for doctoring her; you may look to the town for that, sir,” said Mrs. B. (66).

To begin to unpack this passage, it is first important to understand what details Wilson might have omitted before turning to the actual prose. The conversation between the doctor and Mrs. Belmont shows that Wilson’s mistress was present for the medical examination, and, much like auction block exchanges between doctors and slave masters, Wilson is completely left out of the exchange, and her health can only be confirmed through a formal medical evaluation. Notably, Wilson leaves out all the details of her medical examination and only includes the doctor’s testimony. Although *Our Nig* does not go into detail about the exam, it can be inferred that Wilson’s medical evaluation was similar to those common to the period because the doctor was called to assess her capacity to labor and confirm the magnitude of her disability. Given that Wilson “purposely omitted what would most provoke shame in our good anti-slavery friends at home,” it can be inferred the doctor’s examination was one such passage she chooses not to include because medical examinations of black bodies were exploitive and, in the case of African American women, often sexualized and shameful experiences (3). In leaving out the examination, Wilson also omits the all-knowing medical gaze from her narrative. This omission is important because Wilson does not perpetuate the viewing of her body as a medical spectacle and begins to reverse the objectification inherent within medical exams.

Despite the absence of a scene depicting her examination, Wilson does play upon the cultural authority of doctors in determining the meaning of her embodiment. As the above passage shows, the doctor is not called to treat Wilson, but instead to prove to Mrs.

Bellmont the severity of Wilson's disability. Wilson illuminates the authority of doctors to assess the meaning of black bodies because the incredulity of her master can only be reversed through a medical evaluation. Wilson's careful documentation of her own disability and her master's disbelief illuminates how a black's testimony of his or her own embodiment is often discredited and subsumed in ideologies of black productivity and insentience. Yet, a close reading of the doctor's visit suggests the testimony of Wilson's disability is more complex than simply exposing the authority of medical discourse.

Laura Doyle argues that the unnamed narrator of *Our Nig* moves between third and first person throughout the narrative. There is a slippage in language between Wilson addressing Frado as "she" and "I" at various times throughout the text. Doyle explains "via the symbolic dimensionality of language (I and she), she creates a wedge between herself and herself [...] that connects her to herself even as in a more obvious sense it obscures herself" (88). The slippage of pronouns Doyle suggests also point to autobiographical conventions in which the author is both within their body and commenting on their own embodiment, something Wilson does through the doctor figure. The character of the doctor creates a narrative wedge between Wilson and herself because his voice obscures her authorship.

Although Wilson's voice is masked behind the doctor, a dual narration nonetheless takes place because she distances herself from her own embodiment through medical discourse, while simultaneously commenting on her body through her

authorship.⁷ Much like Mrs. Belmont, nineteenth century northern audiences would have also relied upon a doctor's testimony to confirm Wilson's embodiment. Yet, Wilson undercuts such assumptions because she is, in fact, validating her own disability through scripting the doctor figure and his testimony. Wilson thus arrests control of her embodiment and its meaning from medical arguments meant to benefit whites. In this instance, Wilson speaks back by appropriating the voice and authority of the medical profession. Simultaneously, she uses the doctor figure to confirm the legitimacy of her disability and does so in terms that give credence to her actual lived and material experiences of pain and immobility. In doing so, Wilson legitimizes her disability and makes a space for herself and other African Americans within medical discourse that had previously been reserved for elite whites. As in medical evaluations, Wilson calls upon audiences to read disability upon her body, but she does so through her own representation. She is thus able to assert control over the representation of her body within medical discourse and produce a readable body that confirms the legitimacy of her disability within her own terms.

⁷ A similar narrative wedge occurs in the appendix of *Our Nig*. Much like slave narrative conventions, *Our Nig* includes testimonies following the narrative to authenticate Wilson's identity as a black disabled woman. Historians have uncovered the first two entries were written by local whites that were respected within Wilson's community. However, the last of the three entries urges readers to not "refuse to aid her in her work, as she is worthy the sympathy of all" and is signed "C.D.S." (80). Henry Louis Gates Jr. and Barbara White argue the signed initials "stand for the legal abbreviation 'Colored Indentured Servant'" suggesting perhaps Wilson is the author (quoted in note #21 Foreman 109). As the longer previous appendices suggest, Wilson deserves sympathy because her disability prevents her from working. In this context, Wilson's alias signature allows her to confirm her embodiment, while simultaneously obscuring her identity.

In countering proslavery medical arguments and defining her disability through her own terms, Wilson's legible body is an important contribution to slave narratives. As described above, slave narratives did not often call attention to issues of disability or engage it as a meaningful identity category. By including disability as part of her subjectivity, Wilson fills a void in firsthand accounts by slaves. She positions disability as an important identity category to be examined alongside her race, gender, and class. As I explain in the "Introduction" to this chapter, modern scholarship by writers such as Gates, Foreman, Davis and others tended to prioritize race and gender over disability in analyses of *Our Nig*. Read this way, Wilson's description of her corporeality reveals the systemic violence that undergird her mistress' abuse and the sexually exploitative relationship of white male doctors over black females.

Following the above logic, it would appear then that a disability perspective would reveal how Wilson's impairment impacted her interactions in the material world. There is certainly a case to be made in favor of such a reading because it is important to note how Wilson lived with disability, however; to separate her disability from her other identities not only repeats an ongoing oversight within scholarship on *Our Nig*, but it also does a disservice to Wilson's representation of her embodiment. Wilson's description of her corporality does not sequester disability as separate from other identity categories as modern scholarship has done. Instead, Wilson's positions her disability to be read alongside her race, gender and class. Wilson was subject to violence by her mistress because of her race, but as her impairment became more visible and changed her ability to labor, her disability also provided a reason for Mrs. Belmont's to heighten the abuse.

Wilson's race and gender also precluded her from testifying to her own disability and her medical examination is predicated on white doctors' ability to read impairment upon black bodies. In addition, it is Wilson's race, gender, class, and disability that all contribute to her continued dependency upon county poor farms and other forms of private charity. Through these various accounts, Wilson positions her corporeality to read the intersections of race, gender, class and disability. Wilson offers an important literary contribution to slave narratives that portrays a disabled identity for blacks and illuminates how race, gender, class, and disability are mutually constitutive. As such, Wilson presents an alternative representation than what is offered in slave narratives by Sojourner Truth and Frederick Douglass, for example. Rather than build her stance on equality through ablest ideologies that disavow and reject disability, Wilson instead positions disability as integral to and influential of arguments of inequality.

While it is through medical discourse that Wilson ultimately proves she is disabled and cannot continue to work as a servant, she also utilizes the rhetoric of sentimentalism to offer an alternative conception of her embodiment. After the doctor determines Wilson is too disabled to work as a servant, the Bellmonts treat Wilson's disability as a liability and force her out. Left destitute and homeless, Wilson explains she writes her autobiography because "disabled by failing health, I am forced to some experiment which shall aid me in maintaining myself and child without extinguishing this feeble life" (3). In a similar example, the authenticating documents written by whites characterize Wilson as being "obliged to resort to another method of procuring her bread – that of writing an Autobiography" (76). They also urge readers to "lend a helping hand, and assist our sister, not in giving, but in buying a book" because "the reward of doing

good is great” (79). Playing upon the discourse of the disabled body as useless and unproductive, Wilson uses the legibility of sympathy to narrativize her body and make it readable to nineteenth century audiences. Her disabled black body thus presents the potential for sympathetic responses from her audience. At first read, Wilson’s disabled body risks reinscribing the values of blacks as inferior and in need of the sympathizing intervention of white normate audiences. However, as Garland-Thomson argues, “the autobiographical form eliminates the dynamics of sympathy and the potential for objectification that often emerge when a narrator mediates between the reader and a marginalized character” (126). Wilson’s autobiography works against the objectification of outside sympathetic mediators because she possesses control over how her body is narrativized. However, she does not eliminate the dynamics of sympathy that Garland-Thomson suggests occurs within autobiography. Rather, she repositions the concept of pity, which has important implications for values of individualism.

Susan Schweik provides an important conception of sympathy that is useful for understanding the possibilities presented within *Our Nig*. Wilson evokes what Schweik describes as a “infrapolitics of pity,” a term she borrows from James C. Scott, which she summarizes as “like infrared rays, it is ‘beyond the visible end of the spectrum,’ and ‘infra’ as in ‘infrastructure’ a cultural and structural underpinning of...more visible political action” (57). Schweik argues street beggars posit this form of politics because they reposition agency within the context of begging: “Thinking of the beggar, not the intervening sympathizer, as the primary agent...changes how we interpret the reactions of the crowd: pity becomes something that can be strategically manipulated, produced by disabled persons for his or her material ends” (58). *Our Nig* enacts an infrapolitics of

pity because Wilson manipulates medical discourse to prove her disability and, in turn, creates a legible body for readers to sympathize with. Sympathy in Wilson's case is not a form of charity, but is instead a means for her to enter the market economy in ways that are similar to white sentimental female writers. As Schweik points out, "a wound and a scar functioned as some northern beggars' currency, a sign of deservingness" (196). Wilson's disability operates as a form of cultural currency, which gives new meaning to notions of black disability within the larger cultural context. Wilson thus complicates the notion that a disabled black body is "a badge of unworthiness in the market economy" (Garland-Thompson 86). Instead, she illuminates exactly how disability can function to engage in other forms of productive work such as writing and establishes new political and economic value for disabled black embodiment.

Rather than a disabled marginalized character that is erased from the narrative to make a space for the moral white reformer, Wilson narrativizes her own embodiment and redefines sympathetic responses to her disabled black body within terms that benefit her. This allows her to embody the tenets of liberal individualism common within the benevolent maternalism of sentimental fiction. Wilson uses her disability to negotiate agency by constructing her body and inscribing sympathetic legibility through her role as a disabled mother and writer. Wilson thus acts as the moral maternal figure that can redeem herself through the sale of her autobiography. She uses the legibility of her black disabled body to enter into the market economy of sentimental fiction previously reserved for white, middle-class female writers. As such, she makes a space for black women writers to embody the values of benevolent maternalism by acting as the moral reformer that places questions of race, disability, and gender at the forefront of her narrative.

An analysis of *Our Nig* helps illuminate how cultural discourses such as proslavery medicine and sentimental fiction position disabled black bodies as spectacular texts to be read. Wilson challenges these dominant representations and reveals how they reduce the meaning of black disability to terms that benefitted whites. By challenging dominant representations of disabled blacks, Wilson creates an important contribution to slave narratives by revealing how disability is central to understandings of race, gender, and class. Through scripting her body, she also offers an alternative conception of sympathy for black disabled bodies. In doing so, she reappropriates the role of benevolent maternalism and acts as an important example of disabled black women entering the market economy. Wilson thus offers a powerful alternative to nineteenth century dominant representations by repositioning the meaning of disabled black bodies as generative.

Chapter Two: You Scratch My Back and I'll Scratch Yours: Gender, Disability, and Interdependency in Spinal Tuberculosis Narratives

Introduction

I get so frightfully tired over nothing. And it has been very hard for poor Dan to have all that responsibility and anxiety and constant care. He does all the work in the house, besides cooking very special things for me and washing and ironing and waiting on me like a nurse. – Katherine Butler Hathaway

The above quote is from *The Journals and Letters of the Little Locksmith*, the private letters and diary entrees by Katherine Butler Hathaway. Katherine, a white, upper-class woman, was born during the late nineteenth century in the northeastern United States. As her letter to her brother indicates, she is bedridden and dependent upon her husband Dan for caregiving and domestic duties. At the age of five years old, Katherine contracted spinal tuberculosis, which infects the joints and bones and causes spinal curvature. In an attempt to prevent curvature, Progressive Era doctors ordered that Katherine be strapped to a flat stretcher board for her entire childhood. Although she was completely bedridden for ten years, Katherine's spinal curvature was not prevented and her height was also visibly shortened as a result of her medical treatment. Her disability presented lifelong complications and required that Katherine also spend long periods of her adult life bedridden and dependent upon others for care.

Along with her private dairy, Katherine describes the various caregiving relationships she has in her autobiography *The Little Locksmith*. Her autobiography, coupled with her journals, illustrates the complex interdependent relationships Katherine develops throughout her life. Katherine's narrative reveals what it means to be a medically dependent young woman during the Progressive Era. She also explores

various interdependent relationships across disability, class, and gender. For example, her relationship with her husband defies normative gender roles as Dan occupies the traditional female caregiving role, while Katherine manages the masculine finances. Interdependent relationships like the example with her husband not only challenge gender roles, but they call into question ideologies of individualism and self-reliance that undergird notions of disability and gender. As such, Katherine is able to illuminate how narratives of independence obscure the inevitability of human dependency. Katherine's emphasis on the interdependence between people thus offers an alternate model to autonomous and individual selfhood.

Despite the rich potential for feminist and disability scholarship on Katherine's autobiography and her posthumously published journal and dairy entries, not much scholarly research has been done on the texts. Aside from the "Afterword" to the 2000 reprint of *The Little Locksmith* by Nancy Mairs, there is scant research that delves into the complex intersections of gender and disability within Katherine's narratives⁸. In part, this is because *The Little Locksmith* went out of print shortly following Katherine's death and was not republished until 2000 under the revivalist Feminist Press. This chapter aims to contribute to the much-needed scholarship on Katherine's memoirs to reveal how she navigated her material existence as a disabled woman in the Progressive Era. To do this, it is important to first turn to a history of tuberculosis to better situate the larger sociomedical approaches that informed Katherine's experiences.

History of Tuberculosis

⁸ UCSD Communications professor, David Serlin, has forthcoming work on Katherine Butler Hathaway that will also contribute a disability studies perspective.

Early History

Tuberculosis, consumption, phthisis, scrofula, Pott's Disease, the white death, the white plague, robber of youth, captain of all these men of death, and graveyard cough⁹; these are just a few examples of the names given throughout history to a tiny rod-shaped mycobacterium that affects human respiratory, skeletal, and lymph node systems. The many names the disease has taken over time are exemplary of humans' long and anguished history with tuberculosis. Up until the invention of anti-tubercle drugs in the mid-twentieth century, the disease was usually fatal and names such as "graveyard cough" reflect the despair the disease often brought to hosts and their families. Today the disease is popularized in films such as *Moulin Rouge* in which Nicole Kidman's character, Satine, dies from the disease, and it is most commonly understood as a nineteenth century epidemic that affected the lungs. However, modern science shows that such representations of tuberculosis are too simplistic. Surendar M. Tuli, explains that there is "paleopathological evidence of tuberculosis of bones, joints and spine in pre-historic humans" (529). Tuli complicates popular conceptions of tuberculosis by showing that humans have lived in symbiosis with the mycobacterium since ancient times and the disease can take many forms and affect multiple parts of the body including the lungs, joints, spine, and lymph nodes.

As early as 1000 B.C., humans were aware of tuberculosis' common features including its communicability and they implemented a variety of different treatments in

⁹ Throughout this chapter, I will most often refer to the disease as tuberculosis as this is the most common term used today. It is also important to note that present day medical texts refer to spinal tuberculosis as tuberculosis spondylitis.

attempts to thwart the disease. Hippocrates is perhaps the most well known of early tuberculosis practitioners and he is widely credited today as the founder of modern medicine and the “father of spine surgery” (Marketos Sg & Skiadas 1381). He labels tuberculosis “phthisis,” from the Greek term “phthein,” which means to waste away. Similar to the later nineteenth century term, “consumption,” the title “phthisis” reflects the atrophy of bodies with tuberculosis. Hippocrates postulates both medical and divine causes for tuberculosis. For example, Hippocrates describes tuberculosis as “a hereditary disease rather than an infectious one as it so commonly occurred throughout a whole family” (Frith). Elsewhere, he suggests that the disease is the result of divine punishment for immoral behavior of the patient or their family. Understanding tuberculosis as a prodigious act of the gods was common during the period and it was not unusual for early medical practitioners like Hippocrates to mix medical and religious conceptions of disability.

The Greek physician paid careful attention to the variety of forms tuberculosis might take affecting various parts of the body including the lungs and the spine. Hippocrates documented pulmonary affects including persistent coughing, blood and phlegm from the lungs, and degeneration of the body. In the Hippocrates era’ patients with pulmonary symptoms were proscribed popular treatments such as fresh air, exercise, bloodletting, and plentiful food and drink, especially animal milk and human breast milk. Hippocrates was also invested in understanding human vertebrae and he spent a considerable amount of time studying and documenting different spinal disorders including spinal tuberculosis. In certain patients with tuberculosis he noted skeletal

changes such as a concave growth of the ribs and a curvature of the spine. In his treatise, *On Joints*, he describes treatment for spinal curvature, and unlike the environmental changes he prescribed to pulmonary patients, Hippocrates treats spinal tuberculosis with normalizing mechanical apparatuses. He recommends “hunchbacks” be treated with a device he calls “succession with a ladder,” which was later famously coined the “Hippocratic ladder.” The apparatuses’ mechanics are worth explaining here at length,

Cases where the curvature is low on the spine are best treated with the head downward... Pad the ladder... Lay the patient on it, on his back, using soft but strong bandages, tie his ankles to the ladder; bind his legs together below and above the knees and bandage to the hips. Bandage him loosely at the flanks and chest; tie the arms and hands, extended along his sides, to the body, but not to the ladder. Then raise the ladder against a high tower or house. The ground should be solid and the assistants well trained so that they will let the ladder fall smoothly and in a vertical position... It is best to drop it from a mast by a pulley... Jolting is best done with such an apparatus, but it is disagreeable to discuss in detail. Cases where the curvature is high up on the spine are better treated with the feet downward... Bind the patient firmly to the ladder at his chest, but loosely at his neck, merely enough to keep it straight. Bring his head to the ladder at the forehead. Bind the rest of the body loosely here and there, only to keep it vertical... Fasten the legs together, but not to the ladder, so they hang in line with the back (Parts 75, 42. qtd in University Virginia Online Historical Collections).

This method of treatment was meant to jolt the vertebrae straight through sheer force of the fall. The process was brutal and the treatment was always unsuccessful.

The brutality of this treatment particularly stands out in the Virginia Online Historical Collections, which compares this method of medicine to the form of “corporal punishment under the name *strappado*” (emphasis original, Virginia Online Historical Collections). The strappado was a form of public punishment popular from the medieval period through the nineteenth century and it best remembered for its use in the Salem

Witch Trials. Similar to the Hippocratic ladder, the strappado was a pulley system that repeatedly dropped victims from high heights, yet instead of medical treatment, it was meant to torture victims through broken bones, dislocated joints, concussion, paralysis, and death. Although Hippocrates admits the “succession ladder never straightened anybody,” he nevertheless contends “the proper succession may be made” and he recommends it as a possible treatment (Part 42, 43).

The succession ladder was not the only manual technique Hippocrates prescribes for straightening the spine; he also advocated a normalizing device that would later be known as the “Hippocratic board.” Patients were backside up and bound to a wooden board with leather straps across the shoulders, torso, knees, and ankles. Weight was then applied with hands and by walking along the spine in hopes of forcibly correcting the curvature. Hippocrates found this method of treatment successful and argues “the pressure above forces the displaced parts into their place...I, then, am acquainted with no powers which are better or more appropriate than these” (Part 47). Despite Hippocrates’ claims, the board was a painful treatment and the results were unsuccessful. This method of treatment was certainly less severe than the Hippocratic ladder, and the binding most resembles later nineteenth century immobilization treatments such as those Katherine Butler Hathaway experienced.

Tuberculosis in the Nineteenth & Twentieth Century

In the nineteenth and early twentieth centuries tuberculosis outbreaks reached new heights as epidemics spread rapidly across Europe and North America. “Throughout the nineteenth century consumption – a large percentage of which was pulmonary

tuberculosis – was a major killer in the United States and Europe” and millions died from the disease (Frith). By the late nineteenth century, pulmonary tuberculosis was the leading cause of death for both men and women. The prevalence of the disease garnered much medical attention and by the turn of the nineteenth century, doctors began to differentiate between pulmonary tuberculosis and other forms of the disease including spinal tuberculosis.

*Pulmonary Tuberculosis*¹⁰

The prevalence of pulmonary tuberculosis throughout the nineteenth and twentieth centuries meant that representations of the disease varied across the period. Beginning in the nineteenth century, pulmonary tuberculosis, or consumption as contemporaries called it, heavily influenced both popular and professional narratives. For example, the disease influenced many writers of the period such as Edgar Allen Poe, John Keats, and Byron Shelley. Modern scholarship has linked representations of tuberculosis in Poe, Keats, and Shelley’s work with the commonness of the disease in each of the authors’ lives. For instance, Poe lost his wife, Virginia, to tuberculosis, while Keats and Shelley both contracted the disease themselves. Nineteenth century depictions of tuberculosis like those by Poe, Keats, and Shelley aestheticized the disease as a creative condition such that consumption was viewed as an “artist’s disease.” In

Consumption and Literature: The Making of the Romantic Disease, Clark Lawlor argues,

¹⁰ Although Katherine Butler Hathaway has spinal tuberculosis, the history of pulmonary tuberculosis is important to include because cultural representations of this strand of the disease inform my later analysis. Moreover, the treatment and research on the two diseases intersected in early medicine, especially once the tubercle bacteria was discovered and known to cause all forms of the disease.

“in the Romantic formulation, consumption was aestheticized in a positive manner as a sign of passion, spirituality and genius” (2). This representation of tuberculosis can be seen in literary characters such as Lady Mary from Poe’s poem, “Metzengerstein,” that dies a “gentle death” from an affliction that Poe describes as “the heart all passion – the imagination all fire” (qtd. in Lawlor 1). Nineteenth century poets like Poe illuminate how tuberculosis was imbued with metaphoric powers that position it as an “artist’s disease.”

Along with metaphor, consumptive aesthetics were particularly important in cultural representations of the disease. The physical atrophy of tuberculosis created a “wasted-look” that included paled skin and an extreme thinning of the body. Within the nineteenth century, a “cult of consumptive glamor” emerged that portrayed the atrophy of tuberculosis as glamorous (Lawlor. 153). The “wasted-look” was associated with delicate femininity and female cultural beauty standards of the period attempted to emulate such looks. Near white makeup and heavily powdered faces were meant to capture the paled skin of consumptives, while corsets promised the thinned waist so common to those afflicted with the disease. The consumptive aesthetics were particularly suited for women because they were considered frail, fragile, and an inferior sex.

In romantic and sentimental fiction, women were often depicted as having nervous conditions with overt emotional sensibilities and weak physiques. Literary representation of this sort coincided with nineteenth century medicine that showed women “to have thinner, more fragile nerves, more refined sensibilities (to the point of evaporation), and accompanying moral *angelisme*, yet – paradoxically an erratic body

dominated by the biological destiny of the womb” (emphasis original, Lawlor 155).

Hysteria or neurasthenia, was a nervous disorder that was largely regarded by doctors as a “women’s disease” and “natural” to women’s emotional temperament. Literary representations in the nineteenth century regarded women’s bodies as biologically weaker and particularly suited for disease. Women’s biological predisposition to fragility and hysteria supposedly made them more susceptible to other ailments such as tuberculosis. Moreover, women were seen as especially fit for rest cures, which were popular medical treatments for a variety of disorders including neurasthenia and tuberculosis. Rest cures entailed long periods of inactivity with the goal of improving one’s health and they often required that patients remain locked away in domestic “sick-rooms.” Women’s place within the domestic home coupled with their weak physique made them perfect candidates for rest cures. Bedridden and disabled nineteenth century women exemplify what Diane Herndl names the “invalid women,” whose role is “specifically recognized as even weaker and more powerless than most women and is required to stay at home. Whereas women have been discouraged from involving themselves in productive work, the invalid has been absolutely forbidden it” (2). The consumptive invalid women, while offering an aesthetic allure, was bedridden and kept isolated within the domestic space.

The later Progressive Era offered a different conception of pulmonary tuberculosis. No longer a feminine ideal or an artist’s disease, modernism linked tuberculosis with impoverishment and often considered it to be the outcome of nineteenth century industrialization. Associating tuberculosis with poverty created a stigma around the disease. Stigmatized representations of the disease were popular throughout the

period such as the writings of “T.S. Eliot...[who] saw tuberculosis as a filthy disease” (Lawlor 11). Yet the lower-class stigma was founded more in the cultural imaginary than in biology, because in actuality the disease infected the poor and the wealthy alike. However, tuberculosis was often a fatal disease for lower-class peoples because of unsanitary living conditions and the inability to afford medical attention. The disease often spread quickly in lower-class urban settings where the poor were often malnourished and lived in close confinement in overcrowded dwellings. The larger number of lower-class deaths strengthened the link between poverty and tuberculosis and many public health programs for the poor were erected during the period. These health programs were meant to regulate poor urban spaces by implementing ventilation and sanitation measures despite the fact that medical literature “did not have an identifiable environmental cause” for tuberculosis (Byrne 5). The public health initiatives were mostly unsuccessful as tuberculosis infections and deaths continued throughout the period.

Aside from public health measures, medicine was particularly invested in the study of tuberculosis. Before the detection of the tubercle bacteria, many doctors focused on diagnostic techniques rather than a cure. Certain medical inventions such as René Laennec’s stethoscope helped tuberculosis diagnoses by allowing doctors to listen to patient’s lungs and heart. The period also witnessed a debate between physicians on the transmission of the disease. Similar to ancient beliefs held by doctors such as Hippocrates, some physicians believed tuberculosis was a heredity disease. As eugenic ideologies gained momentum throughout the Progressive Era, heredity arguments were

strengthened. For instance, doctors postulated that tuberculosis was spread by those of inferior genetic stock such as lower-class people, thereby further associating the disease with poverty and stigma. Contagion was also postulated by doctors, especially those in Europe, where some physicians began to avoid autopsies on patients that had died from tuberculosis out of fear of spreading the disease (Frith). Theories of contagion are particularly important because they informed much of the period's later research on both pulmonary and spinal tuberculosis. By the early nineteenth century, many doctors were aware that tuberculosis was infecting cow and human populations in similar ways. Doctors began to research the connections between human and animal forms of the disease and contagion was a central theory. In 1865 Jean-Antoine Villemin, a French physician, confirmed theories of contagion by using infected blood samples to inoculate laboratory rabbits from human and bovine tuberculosis. In 1882 German physician, Robert Koch, identified the bacterium that causes tuberculosis. Using cultures to infect cows, Koch determined that tuberculosis was a bacillus, or a rod-shaped germ, and confirmed that the disease was not only infectious, but could be spread from animals to humans.

In light of this new research, sanatoriums increased rapidly throughout Europe and the United States to treat consumption. However, the development of bacteriology and new sanatoriums didn't drastically change tuberculosis treatments. Before the introduction of vaccines and anti-tubercle drugs in the mid-twentieth century, sanatoriums did not offer many new medical treatments. Historian Barbara Bates explains, "sanatoriums had more in common with nineteenth-century health resorts and

hydropathic institutions than with modern hospitals” (5). Many sanatoriums recommended rest and plenty of outdoor exercise, similar treatments that Hippocrates described centuries earlier. Environmental and climate changes were also antiquated tuberculosis treatments that sanatoriums continued to implement. U.S. Westward expansion played a key role in development of sanatoriums as climatologists researched newly opened American frontiers and deduced that “consumptives that went to such places improved” (Bates 28). Such medical theories encouraged westward expansion into the drier climates of places like Arizona and more temperate climates of the west coast and sanatoriums developed throughout the region.

Spinal Tuberculosis

While bacteriology did not much change early medical approaches to pulmonary tuberculosis, the link between animal and human disease was important for spinal tuberculosis. Through Koch’s work with bovine tuberculosis it was determined that raw cow’s milk was spreading the bacteria. Although pulmonary tuberculosis was also transmitted through cows, human contact was the most common form of contagion during the nineteenth and twentieth centuries. Tuberculosis of the spine, however, was most often spread through consumption of infected animal products. While today’s pasteurization processes kill tubercle bacteria, earlier populations were at risk for such infections and this is likely how Katherine Butler Hathaway was infected. In the afterward of Katherine’s autobiography Nancy Mairs speculates, “Since the strain of *Mycobacterium tuberculosis* that possesses a particular affinity for bones and joints is carried by cows, she was likely infected by raw milk” (emphasis original 242). Although

Katherine does not explicitly indicate that cow's milk caused her infection, her medical doctors followed popular spinal tuberculosis treatments of the time and it was likely they were informed of the spread of the disease through milk.

Popular medical treatments of the period included immobilization treatments often developed and prescribed by early spinal surgeons in attempt to treat curvature of the spine. One such surgeon, Percivall Pott, was well known for his work on spinal tuberculosis. His article, "Remarks on the Palsy of the Lower Limbs Which Accompanies a Curvature of the Spine" was so popular that spinal tuberculosis became known for a time as Pott's Disease. In the article, Dr. Pott explains that the orthopedic effects of spinal tuberculosis rendered a patient "perfectly helpless to himself and useless to all others" and forced people with disabilities to live a "miserable existence" that is "miserable to endure" (10,16). His assertion signals a shift to the medical model that posits disability as individual deformity that is burdensome to society. Beginning in the early nineteenth century, cultural shifts begin to occur in conceptions of disability. Instead of viewing disability as divine punishment as earlier practitioners like Hippocrates did, the growing field of medicine began to give precedence to the medicalization of the human body. Medicine located disability in the human body and, in doing so, cast human variance as individual deviance. Simi Linton explains, "the medicalization of disability casts human variation as deviance from the norm, as pathological condition, as deficit, and significantly, as an individual burden and personal tragedy" (224). Pott identifies orthopedic disability as deviance that taxes both the individual that is burdened with the disease and also the society that must care for them.

Defining disability within medical terms also lent doctors scientific authority over the human body and medical cures offered redemption for disabled people. Under the medical model, cures, especially orthopedic treatments, were often designed to physically or surgically alter the patient's body to fit normal standards. Pott implements such tenets of the medical model by prescribing immobilizing apparatuses. He recommends, "steel-stays, the swing, the screw chair, and other pieces of machinery meant to restore the spine to its true and natural figure" (15). These apparatuses share similarities with ancient techniques such as the Hippocratic board; yet, rather than extreme force, these newer treatments used gradual physical manipulation to treat curvature overtime. These apparatuses were meant to give patients a normalized appearance and they illuminate how Pott's imperative to cure was really the imperative to normalize and return bodies to their "nature figure."

In an attempt to normalize bodies, Pott advocates strongly for any treatment to straighten spinal curvature: "*any* attempts, however hazardous, provided they were rational, would be justifiable" (Pott 6, my emphasis). Pott's assertion illuminates how medicine is so entangled with standards of normalcy, that he is willing to risk dangerous treatments if they offer a chance for a normalized appearance. Disregarding patients' discomfort and the dangerous risks associated with immobilizing apparatuses and early spinal surgeries, Pott positions medicine as a necessary intervention. Pott argues that medicine normalizes bodies because "without even the hope of being able to do anything which shall be really serviceable, is, of all tasks, most unpleasant" (5). According to Pott, medicine offers the hope of eliminating disability and restoring standards of normalcy.

The supposed remedy that doctors offer signals a cultural narrative embedded within the practice. As the field of medicine grew, doctors began to embody the role of heroes that saved patients by helping them overcome their disability and live a normal existence. Rosemarie Garland-Thomson describes this as the “heroic redemption narrative” that “presents disability as a problem for the rescuer to solve, an obstacle to be eliminated, a challenge to be met” (355). Pott positions himself as a hero that risks even the most dangerous approach because medicine is the best solution to the problem of spinal tuberculosis as it offers the hope of normalcy.

Pott’s ostensibly heroic attempts to normalize patients with orthopedic disability were precursors to the Progressive Era rehabilitative medical approaches. The modern period witnessed a shift in medical approaches because of an emerging reform ethos that was often directed at people with orthopedic disabilities. Following the Civil War, a number of disabled beggars were found on the streets of major cities in the northeast. Many of them had migrated from impoverished and war torn southern regions and a surprising number of these disabled beggars were children with orthopedic disabilities. The influx of disabled beggars to the northeast fueled unease concerning pauperism and how to deal with disabled people that were unable to work. This also coincided with a variety of other cultural events including the rise of industrialism, an increase in workplace accidents, and a new emphasis on women’s participation within the public economy, all of which made disability and dependency more prominent social issues.

To combat the issues of disabled dependents, hospital-schools were developed during the Progressive Era to help disabled children and adults become working members

of society. Institutions like hospital-schools emphasized productivity and were meant to resolve the cultural anxiety over the inability of disabled people to find jobs. In these settings, doctors combined their medical approaches with moral reformers like socialists and philanthropists. So popular were sociomedical approaches to orthopedic disability that “the vast majority of the institutions created during the rehabilitation era supplied the basic ingredients of a hospital-school – institutions that included both education and medicine” (Byrom 146). Under this approach, disabled people received education and vocational training along with orthopedic devices and surgery. Dr. Newton M. Shaffer, a late nineteenth century professor of orthopedic surgery at Cornell University, explains the prominence of sociomedical approaches: “the medical and surgical treatment of the physical ills of the body should *always* be supplemented by a similar effort to educate the mind of the cripple” (qtd. in Byrom, my emphasis, 145). Statements like Shaffer’s reveal how reform ethos permeated Progressive Era medical approaches and shifted the treatment of orthopedic disabilities to include a combination of medical approaches and social reform. These views contrast sharply with earlier nineteenth century medical treatments such as rest cures that emphasized inactivity. Instead, these newer approaches reveal the modernist imperative to rehabilitate disabled people into productive, working members of society.

The main goals of these hospital-schools were to reform the patient-students physically and mentally in order to prepare them to be working citizens. The medical approaches offered at hospital-schools did not differ much from those of Pott. Minor improvements had been made in surgical techniques and orthopedic devices, but a

majority of people treated for orthopedic disabilities were not cured, and many died or suffered worsening debilitation following rudimentary and risky surgeries. The addition of education and moral reform, however, was different from earlier medical approaches. Under the umbrella of education, disabled children and adults were given basic instruction in reading and writing, and they were prepared for vocational duties such as factory work or domestic labor. Brad Byrom explains that progressive era reformers turned their attention to people with orthopedic disabilities because their impairments often prevented them from laboring and therefore they were often viewed as socioeconomic burdens. Byrom expounds, “the reformers who led this movement identified what they called ‘crippledom’ as a serious social and economic problem. The term *cripple* referred to individuals with mobility impairments such as amputees and paraplegics. But more than a physical description, in common usage the term also indicated economic dependency” (133). The Progressive Era reform movements equated orthopedic disability with dependency. Thus, their treatments were a combination of moral education and medical approaches meant to eliminate the burden of disabled dependents by rehabilitating them to be working and productive citizens.

Under this logic, the solution to disability was ultimately conceived of as work, and this conception even led to some reformers to describe these programs as “work cures.” Programs that focused on reforming individuals and preparing them for the market economy attempted to provide the solution to problems of economic and social dependency. These treatments were bound up in notions of liberal individualism and independence as they were meant to produce viable citizens. Byrom explains, “through

work, men contributed to the economic well-being of the nation, set an example for younger generations, and symbolized the most prized American character-independence” (136). In order for disabled men to embody the tenets of liberal individualism, they must be self-reliant, industrious men that earned a living and supported their families, rather than dependents that lived off of social systems.

While Byrom importantly addresses how orthopedic reform affected men, he does not give much detail to how such reform was directed at females with orthopedic disability. He mentions a letter written by a female student, Delphina, in 1919, where she thanks her doctors and teachers for “the educational and physical improvements she had made in sixteen months at the institution” (Byrom 150). From experiences like Delphina’s it is clear that women attended orthopedic hospital-schools and received vocational training. However, it is not certain from Byrom’s assessment what kinds of training the disabled women received. Given the emergence of the role of the New Woman during the Progressive Era, it can be surmised that traditional female work roles were likely prescribed to women with orthopedic disabilities. Alison Pingree defines the term “New Woman” to refer to ““a specific sociological and educational cohort of women born between the late 1850s and 1900’ who in ‘rejecting conventional female roles and asserting their right to a career, to a public voice, to visible power, laid claim to the rights and privileges customarily accorded to bourgeois men’”(175). New Woman roles provided an important challenge to earlier female roles that denied women equal educational and career opportunities. In the wake of the New Woman movement, “feminists founded schools for girls, women’s vocational schools, and training classes for

female servants...[and] at the same time through the increase in educational facilities for women the number of qualified jobs for women in education and training expanded” (Sylvia Paletschek 319). Because the role of New Woman influenced larger cultural ideologies and institutions on the need to educate women, it can be surmised that the newer emphasis on training women for jobs such as teaching were also influential in the hospital-schools reform measures for disabled women.

On the surface, the values of New Woman seem to contradict the value of domesticity, however, these new roles actually stood to strengthen the importance of traditional gender roles. For one, jobs such as teaching, nursing, and servitude were traditionally classified as “women’s work” and were merely extensions of women’s domestic roles within families. Moreover, as cultural shifts gave women more independence, the institution of marriage served to rein women back into their proper place within the home. Even as women gained more equality, “marriage...came to be seen as much more ‘normal,’ ‘natural,’ and socially necessary” and “women’s economic place still was within the home” (Pingree 176). Therefore, it can also be surmised that the reform measures for women with orthopedic disabilities like spinal tuberculosis also prepared them for traditional domestic roles as wives and mothers that were intended to support men’s economic roles, rather than to be active agents within the market. The New Woman’s place remained within the home and aside from acting as supportive wives, their primary responsibility was reproducing responsible and independent citizens. However, as my following analysis of Katherine Butler Hathaway’s *The Little Locksmith* and *The Journals and Letters of the Little Locksmith* reveals, the application of such

ideologies to disabled women's experiences was not so straightforward.

The Little Locksmith and The Journals: Interdependency and Reciprocity

Biography of Katherine Butler Hathaway

Katherine Butler Hathaway was born in October of 1890 to a white, upper-class family in Baltimore, Maryland. In 1885, her family moved to Salem Massachusetts, where she spent her adolescent years. At five years old, Katherine contracted tuberculosis spondylitis or tuberculosis of the spine, a disease caused by bacteria found in unpasteurized cow's milk. The disease especially affects the bones and joints and can cause deformity kyphosis or curvature of the spine. In an attempt to prevent spinal curvature, doctors ordered Katherine to be strapped to a stretcher. Stretchers were the most advanced spinal tuberculosis treatment of the time and they consisted of a hard, straight surface to which patients were strapped and their heads held in place with a halter on a pulley system. For ten years, Katherine was immobilized within the stretcher having only the ability to move her head from side-to-side. Strapped down and bedridden, Katherine was on prolonged rest cure, isolated within her bedroom and dependent upon her family for all care and interaction.

When she was sixteen years old, Katherine was removed from the stretcher. Although doctors intended the medical device to eliminate her back's curvature and allow Katherine to "escape that uncanny shape," her spinal column was nonetheless permanently changed and her stature was shortened (Hathaway 15). Freed from the device, Katherine quickly learned others viewed her disabled body as "deformed," "hideous," and far from the ideals of feminine beauty. Growing up amidst the New

Woman movement and the cultural shift towards educating white women, Katherine went to college at Radcliffe for literature and writing where she excelled academically and gained literary notoriety in the field of poetry. Katherine also became friends with a group of young college women that defied gendered expectations because they pursued public artistic careers and were not interested in the conventional domestic roles of wife and mother.

After graduating from Radcliffe, Katherine bought her first house as a single woman and pursued a writing career. She defied gendered and ablest assumptions buying a large two-story house in Castine, Maine without a husband or children. Although Katherine bought the house with inheritance from her father after his death, her family did not condone her purchase because she was unmarried and disabled. Her family considered the house to be too difficult for Katherine to care for and too large for her to navigate. However, Katherine considered the home a beloved space and it was a primary topic of her autobiography, *The Little Locksmith*. After living in Castine, Katherine moved about with some frequency. First, she moved to New York City where she began a lifelong doctor-patient relationship with psychoanalyst, Dr. Izette de Forest. She also lived intermittently in Paris, France where she furthered her writing career and took up drawing. While in France, she also spent time in Haute Savoie, where she visited her good friend Grace Thompson at the Alpine Tuberculosis Sanatorium.

During the early years of the depression, Katherine returned from abroad because her mother was sick. Once home, she met Daniel Rugg Hathaway and they married in 1932. The couple returned to Paris for a brief stint, but eventually Katherine's poor health brought them back to the United States. They purchased another home in Blue

Hill, Maine and it was there that she composed *The Little Locksmith*. Before writing *The Little Locksmith*, Katherine had already achieved some literary success with several published poems and a children's book, "Mr. Muffet's Cat and her Trip to Paris," published by Harper and based loosely on the adventures of her cat that accompanied her to Paris. *The Little Locksmith* was her most prominent literary accomplishment and the autobiography recounts her early adolescence and young womanhood. It was first "published in serialized installments in the 'Atlantic Monthly' in 1942 and went on to become a bestseller and the selection for the 'Book-of-the-Month Club' in 1943" (Shulman vii). Katherine had planned a companion volume to *The Little Locksmith*, which would detail her later years, but she died before its completion at the age of 52 years old from chronic inflammation of the heart that was caused by her spinal disability. Her last printed work, *The Letters and Journals of the Little Locksmith*, contains her diary entries and private correspondence and was published posthumously by Coward-McCann in 1946.

Autobiography & Interdependency

Early in her autobiography, Katherine creates a metaphorical fairy tale that is interlaced with her childhood medical treatments. Introducing the fairy tale, she notes a common plot saying, "this trick of changing one thing into another thing is very well-known to us in fairy tales. We are almost born knowing about it, as if it were an instinctive part of us" (Hathaway 13). In line with stock fairy tale characters, Katherine's tale includes a "hero" a "princess," and a "wicked stepmother" (13). The hero is central to Katherine's fairy tale because he possesses "the talisman which was given to be used in need" (Hathaway 13). This talisman allows the hero to rescue the princess from the

wicked stepmother and their “cruel imprisonment...in an ugly shape” (Hathaway 13).

Afterwards, the hero uses the talisman to transform the prince or princess into their “true shape, flawless and serene” (Hathaway 13). Katherine highlights this transformation as the “dearest of all these changes because...the most intimate of them all is the change from physical ugliness to beauty” (Hathaway 13). The metaphorical fairy tale does not end with transformation, and instead, it is invoked again upon release from her frame. Once she comes to understand the permanence of her disability, she allegorizes, “a hideous disguise had been cast over me, as if by a wicked stepmother” (Hathaway 42).

Bookending Katherine’s fairy tale is the description of her medical treatments for tuberculosis. She is treated with an immobilizing apparatus that was known as a stretcher. Katherine describes the frame with great detail and it is important for the analysis that follows to quote it at length:

For the doctor’s treatment consisted in my being strapped down very tight on a stretcher, on a very hard sloping bed, with my shoulders pressed against a hard pad. My head was kept from sinking down on my chest like the little locksmith’s by means of a leather halter attached to a rope which went through a pulley at the head of the bed. On the end of the rope hung a five-pound iron weight. This mechanism held me a prisoner for twenty-four hours a day, without the freedom to turn or twist my body or let my chin move out of its untitled position in the leather halter except to go side to side. My back was supposed to be kept absolutely still. (16)

As a young child, Katherine was confined to her sickroom at all times and completely immobile within the frame. She details how the immobility of the treatment impacted her both physically and mentally. The halter made it so that she was unable to turn anything but her head from side-to-side, which produced a “bald spot as big as a quarter on the back side of [her] head” (Hathaway 16). Limited mobility also causes Katherine distress

since she is “without the freedom” to engage with other people outside her sickroom and feels like a “prisoner” in her harness (Hathaway 16, 12). The treatment Katherine receives is consistent with medical approaches common in the period. Immobilizing devices differed somewhat in terms of set up from Katherine’s, but their function to eliminate curvature through prolonged immobilization and weighted pressure was similar.

Although Katherine’s fairy tale is short, taking up just one page of her narrative, it is laden with significance, especially when it is comparatively examined with her medical treatments. Firstly, Katherine reveals how gender and disability are central to fairy tale narratives through stock characterizations. Wicked stepmothers are often figures that impose their will on young female characters and thus their narrative role replaces the natural biological relationship reserved for father and child. As such, wicked stepmothers often exemplify masculine traits and fulfill typical male roles¹¹. The figure of the wicked stepmother is also often portrayed as disabled. Beth Franks notes that fairy tales rely on disability to describe wicked stepmothers and witches using characterizations such as “wart-ridden, humpbacked and dependent on a walking stick” (250). These bodily differences are most visible today in Disney remakes such as the witch in *Snow White*; however, these depictions of disabled wicked witches date back to 18th and 19th century fairy tales. Such portrayals equate disability with villainy and illuminate how literary depictions of disability are often representative of a character’s inner corruption or immorality.

¹¹ Thanks and credit to Michael Davidson for the suggestion of the ways that wicked stepmothers impose their non-biological will.

Importantly, Katherine also depicts central characters with disability. Garland-Thomson argues “disabled literary characters usually remain on the margins of fiction [and] indeed main characters almost never have a physical disability” (9). Katherine complicates Garland-Thomson’s claim by including central characters of the prince and princess with a disability. It is particularly fitting that she does so through a fairy tale because disability factors prominently within the genre. Franks uncovers the prominent role that disability plays in fairy tales through her extensive cataloguing of over forty different narratives. Of the total texts within her study, twenty contained a central character with disability (Franks 256). Although disability figures prominently within fairy tales and thus seems to complicate claims such as those made by Garland-Thomson, Frank notes, it is, in fact, a fleeting representation. This is because disability often acts “as a test, trial, or temporary punishment” from which the character must be rescued (Franks 251).

Katherine’s focus on the transformation of the disabled prince or princess illuminates how fairy tales rely upon temporary disability as a central narrative feature. Particularly, it is the narrative moment when “the despised creature suddenly arises in his true shape” that furthers Katherine’s fairy tale plot (Hathaway 13). This narrative movement in which the deviant character is rescued through normalization operates according to the logic of David Mitchell and Sharon Snyder’s narrative prosthesis. According to Mitchell and Snyder, narrative prosthesis is the “perpetual discursive dependency upon disability” whereby disability acts as the narrative impetus (274). Within narrative, the deviant character is often the only disabled figure whose

abnormality exemplifies and reinforces the normalcy of other characters. Although able-bodied figures are often the main characters they “fail to mobilize the storytelling effort because they fall short of the litmus test of exceptionality” (Mitchell & Snyder 280). Therefore, narrative form depends upon deviant bodies in order to move the story forward and this plot movement is predicated upon the removal of disability. Mitchell and Snyder argue “the options for dealing with the difference that drives the story’s plot forward is twofold: a disability is either left behind or punished for its lack of conformity” (280).

The prince and princess in Katherine’s tale are the deviant characters “locked in hideous shapes” and their abnormality shores up normalcy in other characters such as the hero thereby proving them capable of removing the deviance. Katherine’s focus on transformation and “the change from physical ugliness to beauty” illuminates how the narrative movement from disabled to able-bodied furthers the fairy tale plot (Hathaway 13). Of the two narrative movements that Mitchell and Snyder argue are possible, Katherine presents the possibility of leaving the disability of the princess behind rather than punishing her. This type of narrative resolution is similar to what Simi Linton describes as the “overcoming rhetoric...of personal triumph over a personal condition” (228). Linton goes on to clarify “the idea that someone can *overcome* disability has not been generated within the community; it is a wish fulfillment generated from the outside” (228). In Katherine’s fairy tale this outside influence is generated by the hero who possesses the talisman to eliminate the princess’ bodily imperfections.

The discursive dependency upon disability and the use of overcoming rhetoric

through the hero figure have important implications when the fairy tale is examined comparatively with Katherine's early medical treatment. Within the details of her treatment Katherine includes a description of the little locksmith, the namesake for her autobiography. The little locksmith is a neighborhood serviceman that has visible curvature and dwarfing from spinal tuberculosis. Katherine compares herself to the locksmith remarking, "without the treatment I was having, I would have had to grow up...like the little locksmith" (Hathaway 15). She is careful to indicate it is medical intervention, in particular, that will allow her to escape the disability had by the little locksmith. Katherine anticipates, "because I was being taking care of by a famous doctor no one would ever guess, when I grew up, that I might have been just like the little locksmith" (Hathaway 15). Juxtaposing the fairy tale and medical passages reveals that the medical imperative to cure rests upon a similar rhetoric of overcoming disability that Katherine uses to describe the princess' transformation.

Like the disabled princess, Katherine shows that her disability is a problem for which medicine promises the hope of overcoming. In this way, Katherine fills a role similar to the princess in that during medical treatment she is awaiting rescue from her disability. The outside influence that Linton says is the impetus for the overcoming rhetoric is fulfilled by medical intervention; therefore, the "famous doctor" fulfills the role of the hero that possesses the talisman of orthopedic medicine that will rid Katherine of bodily deviance. The doctor thus fulfills what Garland-Thomson identifies as the "narrative of heroic redemption" in which the overcoming rhetoric and the role of rescuer coalesce and "disability becomes an occasion when the viewers' own narrative of

progress, improvement, or heroic deliverance can be enacted” (355). Garland-Thomson argues that viewers responded to mid-century March of Dimes posters of disabled children through charitable donations that promised overcoming and heroic deliverance from disability. Similar to the role of the intervening sympathetic reader of sentimental fiction presented in chapter one, the disabled bodies in March of Dimes posters presents outsiders with the opportunity to play out heroic rescue narratives. Although Garland-Thomson’s analysis deals with the mid-century charity and its visual texts, similar logic can be understood when we compare Katherine’s fairy tale with her tuberculosis treatment. Reading the fairy tale and medical treatments back-to-back shows the similar goals of fairy tales and medicine. The heroic medical narrative reveals how Katherine’s spinal tuberculosis provides the basis for doctors to enact the progressive era notions of scientific progress and human perfectibility. Much like the fairy tale’s discursive dependency upon disability and its erasure, Katherine shows that heroic medical narratives also depend on the disabled body and the elimination of difference.

Katherine is thus able to illuminate how normalization is not simply a narrative goal, but is an ideology that has social consequences for people with disabilities. Mitchell and Snyder point out, “stories rely upon the potency of disability as symbolic, but rarely take up disability as experiences of social or political dimensions” (274). Katherine not only responds to the Mitchell and Snyder’s call for the inclusion of disabled sociopolitical experiences by detailing her medical treatment, but she shows exactly how the symbolic normalization of disability affects how others interpret her embodiment in the real world. Lennard Davis argues that the novel form helps to enforce

normalcy and his argument is useful to extend in my analysis of Katherine's fairy tale. Davis explains, "the novel's goal is to reproduce, on some level, the semiologically normative signs surrounding the reader, that paradoxically help the reader to read those signs in the world as well as the text" (13). Similarly, Katherine uses the fairy tale to reproduce the cultural desires to eliminate disability and thus make visible these normalizing tendencies within real world applications of medicine.

In fact, Katherine is careful to show how the symbolism of disability within fairy tales and the social experience of medicine are linked not simply with normalization, but also with an idealized form of embodiment. In the fairy tale, the idealization of embodiment is perhaps most visible in the characterization of princesses as beautiful. Lori Baker-Sperry, argues that beautiful female characters are pervasive in fairy tales and the potency of their symbolism relies upon the "feminine beauty ideal," which is "the socially constructed notion that physical attractiveness is one of women's most important assets and something all women should strive to achieve and maintain" (711). Baker-Sperry suggests fairy tales replicate ideals of femininity similar to how Davis argues that novels reproduce normativity.

Except in the case of fairy tales, feminine normalization functions closer to an ideal form of embodiment. Feminist scholars have argued that fairy tales are one way that children assimilate culture and having narrative focus on feminine beauty helps to reinforce cultural values of domesticity and patriarchy. As such, female characters are often rooted in patriarchal beliefs about gender and heterosexuality and they help reveal the social pressure women feel to conform to standards of beauty. Baker-Sperry notes this

is particularly true with “fairy tales written during the 18th and 19th century [which] were intended to teach girls to be domesticated and attractive to marriage partners” (713).

Katherine illuminates these cultural demands first through the fairy tale. The princess is not simply cured from a hideous shape; instead, she is transformed into a beautiful and idealized form of embodiment. The princess is saved by the hero and this rescue makes her attractive and deserving of the love and adoration of male characters, thus resonating in the so-called “happy ending” often found in fairy tales.

Having made clear how the idealization of femininity is replicated in fairy tales, Katherine is then able to reveal that medicine has similar goals of the perfectibility of female bodies. When describing her medical treatment, Katherine notes that the orthopedic frame promises her a body so unlike the Locksmith’s “enormous sort of peak” and shortened stature that no one would ever know she was disabled (14). The frame was not only meant to straighten her spine, but to eliminate all signs of disability and restore it to a normalized shape. Therefore, orthopedic medicine tries to regulate Katherine’s body according to what Davis calls the “hegemony of normalcy” (4). In the nineteenth century, the concept of normalcy arose from cultural notions of a norm or average that was powered by the rise of social sciences that stressed inventions such as statistics and fingerprinting. By its very construction, the notion of a norm necessitates deviations from the average. Katherine’s attempt to distance herself from the little locksmith shows, in a culture where normalcy is operative, bodies that do not conform to such standards are seen as deviant and undesirable.

From the definition of a norm it might appear that most bodies would conform to

such standards; however, the Progressive Era and the rise of eugenics created a new conception of normalcy that was closer to an ideal. Davis explains, “the new ideal of ranked order is powered by the imperative of the norm and then is supplemented by the notion of progress, human perfectibility, and the elimination of deviance, to create a dominating, hegemonic vision of what the human body should be” (9). Progressive Era medicine participated in the construction of bodies by positing able bodies as the hegemonic ideal, while disability and illness were its deviant corollary. Like the princess that can overcome disability and obtain beauty, the medical focus on the perfectibility of human bodies is precisely what allows Katherine to distance herself from the little locksmith in her hopes for an idealized body. Katherine’s emphasis on an aesthetic transformation suggests the disciplinary powers of medicine. Susan Wendell argues, “idealizing the body and wanting to control it go hand-in-hand... a physical ideal gives us the goal of our efforts to control the body and the myth that total control is possible deceives us into striving for that ideal” (343). Like the mythical plots of fairy tales, the regulatory powers of medicine are grounded in the falsehood that complete control of the body is possible. As such, medicine is able to promise Katherine not simply a cure from tuberculosis, but the goal of an idealized beautiful body.

Katherine’s emphasis on a change to bodily perfection and beauty shows how the orthopedic frame promises to craft her body into an idealized feminine shape. Garland-Thomson provides a useful comparison to understand the idealized femininity that orthopedic devices offer. She explains, “the body braces developed in the 1930s to ‘correct’ scoliosis, discipline the body to conform to the dictates of both gender and the

ability systems by enforcing standardized female form similar to the nineteenth-century corset” (360). The corset is a women’s fashion garment that was popular in the nineteenth century and was used to manipulate women’s bodies into an idealized feminine shape. As described above, the corset was also linked with the cult of consumptive glamor that associated the wasted-look of pulmonary tuberculosis with feminine beauty standards. Garland-Thomson’s comparison is helpful for assessing Katherine’s treatment because much like nineteenth century corsets and later scoliosis braces, the medical goal of her orthopedic frame was to straighten her spine and conform her body to an idealized feminine aesthetic. The corset was meant to bring beauty and a feminine shape to its wearer and this is the same promise of Katherine’s medical treatment. Katherine’s emphasis on idealized femininity, in particular, reveals how “the twin ideologies of normalcy and beauty posit female and disabled bodies...as pliable bodies to be shaped infinitely so as to conform to a set of standards called ‘normal’ and ‘beautiful’ (Garland-Thomson 360). Juxtaposing her treatment with the fairy tale, Katherine is able to show how fairy tale narratives and heroic medical narratives attempt to regulate women’s bodies according to cultural standards of feminine ideals, thus preparing women for traditional roles of wife and mother.

Similar to the happy ending promised in fairy tales, medicine promises Katherine an idealized body that has no trace of spinal tuberculosis. However, much like the fantasy of fairy tales, the promise of a cure is not realized for Katherine. Following the traditional fairy tale narrative, the idealization of the princess’ embodiment should provide the narrative closure, or the so-called “happy ending” frequently found in fairy

tales. However, Katherine does not provide narrative closure, and, instead, the fairy tale is invoked again upon release from her body brace. Once she comes to understand the permanence of her disability, she allegorizes, “a hideous disguise had been cast over me, as if by a wicked stepmother” (Hathaway 42). It is significant that Katherine closes the tale with the wicked stepmother. As described earlier, the wicked witch is often a disabled character that is associated with undesirable forms of embodiment. The wicked stepmother thus contrasts with another stock figure, the fairy godmother. Karen Rowe argues, “the fairy godmother acts as a guardian...who blesses the heroine with beauty and virtue” (211).

The wicked stepmother and fairy godmother have opposite narrative functions. The wicked stepmother’s role is to provide the narrative problem of disability, while the fairy godmother fulfills the heroic role by saving the heroine and bestowing the idealized form of embodiment that allows for narrative closure. Yet in Katherine’s narrative, it is the wicked stepmother that prevents closure of the fairy tale and leaves her with the “hideous disguise” of ongoing disability. At the same time, Katherine’s permanent disability also forecloses the possibility of narrative resolution of the heroic medical narrative. Thus the disruptive role of the wicked stepmother and the spell of disability within fairy tales helps illuminate the trouble ongoing disability presents for heroic medical narratives. Garland-Thomson argues that ongoing disability undermines heroic narratives because the “permanently disabled body testifies to the impotence of its failed rescuer, a reminder that the body is not fully under the control of human will” (355). Katherine’s permanent disability exposes the fallacy of heroic medical narratives and

positions doctors as failed rescuers. As such, her body testifies to the limitations of orthopedic medicine in regulating and normalizing bodies.

By refusing to close the fairy tale and medical narratives in traditional ways that erase disability and enforce normalcy, Katherine's autobiography makes room for her story of disability. In other words, closing with the wicked stepmother allows Katherine to move attention away from the heroic rescuer and make a space for disabled narratives such as her autobiography. As a young woman during the early twentieth century, Katherine identified with the sentiments of New Woman movement. She was educated at Radcliffe college where she was immersed within a group of women that were more liberated "because they were potential artists and rebels and therefore in rebellion against any conventional career that might be expected of them by their families" (Hathaway 183). Engaging in a social atmosphere with a group of women, Katherine learns how her disability sets her apart from other women her own age. Because her disability caused her to have a shortened stature, she is often viewed as childlike. Throughout the text Katherine's height is referred to as "not any higher than a ten-year-old child" (Hathaway 89, 153). She also describes how her disability causes others to "treat [her] as if [she] were a sort of interesting curiosity, a strange and intelligent child" (Hathaway 62).

Comparing disability to a childlike state resonates importantly in two instances within Katherine's narrative that both deal with notions of gender, disability, and dependency. Firstly, when Katherine begins searching to buy a house, the neighbors gossip that she "is a young girl of seventeen" despite the fact that she is in her mid-thirties (Hathaway 204). The neighbors go on to suggest "how strange it was that [she] be

allowed to by [her] family (if [she] had a family, which some of them doubted) to buy a house all alone” (Hathaway 204). These attitudes point to the social anxieties around New Woman participating in the market economy. As Alix Kates Shulman explains in the “Foreword” to *The Little Locksmith*, the purchase of Katherine’s house occurred “in an era when it was still an act of defiance for a women...to choose to live alone according to her own conventional rights” (ix). The neighbors question Katherine’s purchase of the home, in part, because she is buying the home alone, outside of the heteronormative familial unit, and thereby defying traditional gender roles.

The neighbor’s reflection upon Katherine’s supposed young age also points to how her disability positions her as childlike, which in turn also renders her dependent upon others such as family. Thus, they illuminate how disability and Butler’s diminutive stature seemed to preclude her from opportunities of independence such as buying a home. Betty Adelson explains the reaction of normates to dwarfs and hunchbacks and her theory is useful in examining Katherine’s neighbors. Adelson argues, “usually, a person meeting a dwarf for the first time is apt to register some astonishment...[because] there is an obvious discrepancy between size and age: the small size suggests a child, but the facial features are those of an adult” (Adelson 88). Normates such as Katherine’s neighbors experience dissonance when trying to identify and classify those with diminutive stature because their bodies seem to defy conventional categorizations of “old” and “young.” Adelson goes on to explain that the dissonance is often resolved when normates draw upon stigmatized and mythical conceptions of disabled people such as “the childlike asexual cheeriness of *Walt Disney’s* seven dwarfs” (88). *Walt Disney’s*

The Snow White and the Seven Dwarfs was released in 1937 and could have influenced Katherine's narrative, especially given her earlier invocation of the fairy tale and her emphasis on the childish perception of her disability; however, she does not directly reference the seven dwarfs to explain how people made sense of her disability. Rather, she utilizes the imagery of a thimble, another component used in fairy tales that is suggestive of both her disability and gender. Katherine explains, "thimble was the word used...by my family to describe the thing that was supposed to be suitable for me, for my size and my needs, and it was understood and approved by everybody that sooner or later I should find and buy myself a thimble" (7). Katherine is careful to indicate the thimble is exactly what people believed a single, disabled woman ought to have.

Katherine's description reveals how the imagery of the thimble helps others to make sense of a disabled woman entering the market economy. In other words, the thimble acts as a metaphor that conveys and contains the domestic space available to single, disabled women, particularly those of Katherine's size. The thimble registers importantly within fairy tales, for example, it appears in Grimm's *Fairy Tales* "The Travels of Tom Thumb." Tom Thumb, like Katherine, is very short and the thimble appears several times in his narrative. In the most telling example, Tom "popped under a thimble" and used it as a dwelling to protect himself from a mistress that was trying to attack him (Grimm 64). In Tom Thumb's narrative, as in Katherine's, the thimble is imagined as the fitting structure for those with diminutive stature.

The thimble is also linked with Katherine's gender, particularly through the imagery of sewing. Rupert Allen explains, "the thimble is related to a whole series of

fertility symbols connected with the creative activities of sewing and spinning (spindle, needle, shuttle, loom, and so forth) (116). The connection between the thimble and female sexuality also relates to how Katherine is often conceived of as living in “spinsterhood” or as a “maiden aunt” because she buys a home as a childless, unmarried woman (Hathaway 86, 160). A thimble as a fitting domestic space calls attention to Katherine’s position as both disabled and a woman because its imagery invokes an asexual “spinster” and a childlike dwarf. The small space is seemingly appropriate for her disability, while the imagery of the thimble also resonates with her single “spinster” status. The imagery of the thimble thus helps normates to make sense of Butler’s independence through stigmatized and limiting conceptions of disability and gender.

Katherine challenges such notions, however, through the purchase of her home. Instead of buying a small structure, she buys “a very large high square house on Penobscot Bay overlooking the Bagaduce River” (7). Katherine notes that her purchase defies the thimble-like expectations that others have for her. She recounts “my sister-in-law laughed scornfully at the idea of an unattached person like me in rather fragile health buying that enormous place. It would have been more suitable for her with her family of children” (Hathaway 7). Yet, it is specifically these attitudes that Katherine aims to counter through the purchase of a larger home. She explains, “the house which I thought of as an expression of my rebellion against cuteness” (Hathaway 133). In her rebellion, Katherine works against the notion of “cuteness” that is often associated with her disability and gender. Katherine’s purchase of the grand home thus illuminates how she works against the childlike qualities associated with her position as a disabled woman.

Scholars argue that Katherine's purchase of her home is reflective of her independence. For example, Shulman suggests, "after a lifetime of being hovered over and protected like a child, Butler took control of her own destiny by using a legacy to purchase a house where, she exults, she could be at last 'alone and free'" (ix). This move to independence also appears to be a logical conclusion given the trajectory I trace above of the challenges that Katherine poses to the childishness associated with her disability. Yet, upon closer reading of *The Little Locksmith* and *The Journals and Letters of the Little Locksmith*, conclusions like Shulman's not only reify the need for claims to traditional values of independence for disabled people, but they also obscure the complex portrayal of interdependence that Katherine describes. For one, "the legacy" Shulman mentions is secured through Katherine's inheritance after the death of her father, thereby revealing her dependency upon familial funds made possible by her position as an upper class white woman.

Rather than reifying roles of independence, Katherine creates important interdependent relationships with other disabled people that help her to care for the home. When Katherine first buys the home, she hires several handymen because the house is older and in need of repair. Like the locksmith that serviced her childhood home, Katherine hires Frank Grindle a fellow disabled man who is a recovering alcoholic and an amputee. Grindle tells Katherine, "he cured himself [from drinking] by going in the Maine woods as a lumberman and how he had hurt his thumb in the woods and amputated it himself because there was no doctor there" (Hathaway 116). Throughout the time that Grindle helps Katherine to repair the home through painting, installing new

appliances, and altering a stairwell, Katherine becomes particularly attached to Grindle and describes him as “now more vivid to me than any of the other men who worked for me at the same time” (Hathaway 118). The two develop an interdependent relationship in which Katherine feels a “warm sense of unspoken friendship and protection surrounding me” when Grindle’s “ladder was always somewhere up against the house and he was slapping thick, white paint onto the clapboards” (Hathaway 118). Grindle develops a close friendship with Katherine, but he does more than that, as he helps accommodate her disability. Although Katherine buys a house that is in need of major repairs, she cannot complete the renovations herself because her “illness although past now – had damaged [her] body too severely to bear any unusual physical strain” (Hathaway 32). Therefore, Katherine’s disability also causes her to be dependent upon the help of Grindle; however, this relationship is not simply one-sided. Instead, Katherine not only provides Grindle with income for his services, but friendship. Grindle exclaims, “how glad he always was to see the lights in [Katherine’s] windows the first night [she] came back in the spring” (117).

The relationship between Katherine and Grindle enacts what Susan Schweik describes as “interzones of disability or cross-race impairment subcultures that were shaped and used by marginalized occupants” (197). Although Schweik refers to the cross-*racial* interactions of blacks and whites in beggar street communities in the nineteenth century, her theory is nonetheless useful to extend in the context of Katherine’s narrative. Although Grindle and Butler are both white, their relationship enacts “interzones of disability” through cross-*gender* and cross-*class* impairment

subcultures that is developed through their interdependent relationship. Aside from his gender, Grindle is described as lower-class with manners that Katherine does “not think he had to learn from the Vanderbilts or the Astors” (Hathaway 116). In another instance, Katherine notes that she “felt guilty towards him because of my own advantages, and because he was a gifted man who lacked advantages” (Hathaway 117). Despite their class and gender differences, Grindle and Katherine develop an interdependent relationship across their various identities. They both rely upon each other for friendship, while Katherine provides Grindle a living in exchange for his service and protection. Thus, their relationships illuminate how Katherine’s decision to buy the house is not so much reclamation of independence for disabled women, but rather highlights the importance of interdependent relationships. As such, Katherine challenges normative conceptions of independence and offers an alternative portrayal of what it means to live as a single woman with a disability.

Katherine not only creates interdependent relationships with other disabled people, but she gives an alternate example of dependency within heterosexual marital relationships. When describing her sexuality and potential for marriage, Katherine first references how others view her disabled body as undesirable. She describes other women’s “slender backs, their narrow waists, and their fascinating, mysterious little bosoms” (Hathaway 62). In contrast, Katherine explains how others react to her embodiment: “as a young feminine human being I was a grotesque, pitiable, failure” (Hathaway 90). Elsewhere, she remarks, “my inability to play the skillful feminine role was so complete that instead of being a negative thing it was like a destructive force of

Nature” (Hathaway 62). In both descriptions, Katherine points to her disability as precluding her from fulfilling the tenants of womanhood and separating her from other normative females. In other words, her spinal curvature prevents her from having the desirable physique that attracts male suitors as her college friends do.

Katherine links her sexuality with her disability and again points to dominant conceptions of her embodiment as childlike. She explains how her deformed stature limited her relationships because “the only social success [she] could possibly hope for among the girls and boys of [her] own age consisted in...being thought cute, and funny, and childish” (Hathaway 65). Katherine goes on to explain how such views precluded her from heteronormative relationships had by other women her age. She claims, “nobody will ever love me or marry me” because society decided that her desires “were not legitimate, because of [her] deformity” (Hathaway 50, 94). Further confirming such views, Katherine laments, “Love laughed at me because my body was shaped like the locksmith’s” (167). Katherine also shows how these views of disabled women were a part of her medical treatment. She explains, “Dr. Bradford who treated [her] had once spoken to her about the possibility of marriage for [Katherine], and he commanded, “If she falls in love do not thwart her;” however, “there never was anybody” (Hathaway 167). Katherine highlights how pejorative conceptions of disabled femininity permeated social and medical discourses and both positioned her outside heteronormative relationships.

Katherine’s description of how others view her embodiment is similar to the larger cultural attitudes towards disabled women during the period. David Serlin,

explains “sexologists, psychiatrists and medical professionals during the early twentieth century were committed to quantifying the social behaviors and sexual characteristics of women” (150). As the social roles of New Woman began to take effect and women gained more economic and political participation, science “began to read female bodies for anatomical evidence of sexual desire and behavior” (Miller qtd in Serlin 150). In the case of disabled women, their “relationship to touch” through means of medical and caregiver interventions “exposed their physical vulnerability and therefore dependence” (Serlin 151). Simultaneously, medical doctors argued that disabled women exhibited “hyosexuality (that is, a subnormal diminished sex drive or the absence of one altogether)” (Serlin 152).

Katherine reveals how dominant sociomedical views, similar to those uncovered by Serlin, posited her as dependent because her disability demanded that she receive medical and caregiving intervention through examinations and accommodations such as physical therapy. As a disabled woman with visible physical difference, she is denied sexuality and precluded from heterosexual relationships. This is all further compounded by the childlike qualities associated with her specific disability that also bring forth notions of dependency and asexuality. These attitudes towards Katherine’s disability, gender, and sexuality illuminate how the relative privileges that are afforded to normate women are often denied to disabled women. Denied access to institutions like marriage, Katherine is “removed from the sphere of true womanhood and feminine beauty” because “cultural stereotypes imagine disabled women as asexual, unfit to reproduce, overly dependent, [and] unattractive” (Garland-Thomson 364). As such, Katherine reveals how

her identity is not simply condensed under monolithic categories such as female, but instead occupies multiple positions across disability, gender, sexuality, and other cultural identities.

Although Katherine explains pejorative cultural views of her embodiment within her narrative, she importantly undercuts such notions too. Firstly, she positions herself as a sexual being. In several different narrative examples in both *The Little Locksmith* and *The Journals and Letters of the Little Locksmith*, Katherine hints at her sexuality. In her autobiography, she follows a description of herself as "an uninitiated outsider in human life," with the experience of watching a mother turtle as she "dropped another egg into the earth" (Hathaway 170, 171). Katherine explains that "she envied the mother turtle," illuminating how she yearned for normative female roles of motherhood (171). In a similar example that bookends her description of the mating turtle, Katherine recreates a fictional account of "a boy and girl suddenly in love at a dance" that go into the woods to be intimate (Hathaway 173). These two instances are formative of Katherine's femininity and sexuality. She explains, "I became the mother turtle busy with the act of creation. I became the boy and girl swept up on their amorous escapade" (Hathaway 175). In a more direct and humorous example in *The Journals and Letters of the Little Locksmith*, Katherine creates a sexual poem in a letter addressed to her close friend Catherine Huntington. She writes to Catherine, "I must enclose a poem, 'Miss Vague and Mr. Penny'...which I suppose might be called pornographic" (Hathaway 266). Within the poem, Katherine refers to a "boarder" that comes to visit an "old maid" and "they had a lovely time, I hear / He stayed with her, off and on, for a year" (Hathaway

266-267).

In each of these examples, Katherine's sexuality is revealed. The tortoise and the young couple examples show Katherine's early sexuality as it developed in more innocuous ways, while the poem exposes that she is an adult capable of a humorous and bawdy sexuality. In the "Afterword" of *The Little Locksmith* Nancy Mairs explains the important contribution of Butler's disabled sexuality. During the Progressive Era, women that wrote about sexuality challenged conventional ideas of women as pure, refined, and possessing the tenants of true womanhood. However, the unconventionality of women scripting their sexual bodies was compounded by Katherine's disability. Mairs argues, Katherine "writes not just any body, not even just any woman's body, but a crippled women's body and anything 'unfitting for a woman to know'...[is] doubly 'unfitting' for her. Nice gimps don't do it – or even think about it" (252). As Mairs postulates, Katherine scripting of her sexuality not only challenges conventional ideas of femininity but it also works against dominant conception of disability. By scripting her sexual and anomalous body, Katherine offers a liberating alternative to the harmful and limiting cultural scripts associated with disabled women's asexuality.

Katherine not only scripts her sexuality, but she positions herself as deserving of heterosexual marriage. In the "Epilogue" to *The Little Locksmith* Katherine casually mentions that she is married to her "husband Dan Hathaway" (230). Although this is the only mention of her husband within her autobiography, their relationship is referenced several times throughout *The Journals and Letters of the Little Locksmith*. Within her more private letters and diary entries, Katherine further develops her relationship with

Dan and describes their time living abroad and the happy domestic home they make together both in Europe and the United States. Katherine also delves briefly into the marital discord that they experience from time to time and even laments on one occasion, “I want to get a divorce from Dan, I can’t stand being married” (302). The full picture that Katherine scripts of her relationship with Dan illuminates how she reclaims normative roles of heterosexuality for disabled women. While Katherine’s sexuality appears to reify heteronormative institutions of family and marriage, it is important to consider how disabled women have been prevented from assuming such roles. Nasa Begum explains, “for those of us who have been constantly denied access to what could be construed as the ‘goals of womanhood’ the attainment of such goals can be a real sense of achievement” (74). Katherine’s taking up of heterosexuality is affirmation that she is indeed a sexual woman despite larger cultural attitudes that denied her access to marriage and precluded her from a sexual identity.

Katherine’s marriage to Dan reclaims heterosexuality for disabled woman; however, she does not describe normative gender roles within their relationship. Instead, much like the connection she develops with Frank Grindle, she also offers an alternative conception of dependency that works across genders. Throughout their marriage, Katherine is frequently required to be on long periods of bed rest because of her disability. As she aged, Katherine’s spine grew progressively more inward and it put extreme pressure on her organs, particularly her heart. As a result, Katherine was frequently required to spend long periods resting. Much like her childhood treatment for tuberculosis, Katherine spent much of her late thirties and early forties bedridden. She

was also doctor-ordered to perform regular small exercises through a pulley system that was installed over her bed. Her frequent bed rest, coupled with the caregiving responsibilities required of her disability, made it so that Katherine was dependent upon others. Throughout *The Journals and Letters of the Little Locksmith*, Katherine gives numerous examples of how Dan provides a majority of her homecare needs and is also responsible for domestic duties. She recounts, “Dan has had the monotonous life of a devoted nurse” as he tends to her daily needs while she is bedridden (Hathaway 233). In another example, Katherine explains that her doctor required that a “head-traction board and pulley” be installed in her bedroom and that “Dan helps me do [the exercises] twice every day” (Hathaway 329). Aside from caregiving responsibilities, Dan is also responsible for the domestic duties around the house including cleaning, shopping, and cooking. Katherine explains how Dan manages all the domestic affairs: “He does all the work in the house, besides cooking very special things for [her] and washing and ironing and waiting on me like a nurse” (Hathaway 269). Dan not only occupies such roles, but he succeeds at them. Katherine boasts in a letter to a friend, “he has discovered something new about breadmaking which has improved his bread very much, so he will make extra loaves when you are here” (Hathaway 331). Typically caregiving and household chores are considered “women’s work,” and thus Dan repositions the meaning of conventional gender roles within heteronormative relationships.

While Dan’s acceptance of traditional domestic roles challenges heteronormative marital relations, it also seems to reify notions of disabled women as dependent. Yet, to dismiss Katherine as a passive recipient of care misses the complex interdependency that

Katherine and Dan develop within their marriage. While she is dependent upon Dan for caregiving, he is financially dependent upon her. Before they were together, Dan worked outside the home. However, once a couple, Dan assumed full caregiving responsibilities for Katherine. As her illness progressed, these responsibilities grew in demand.

Katherine indicates that Dan's caregiving responsibilities are fulltime saying, "I really couldn't possibly get along without him, if he had to go out to some job every day" (Hathaway 263). With Dan working as her in-home nurse, Katherine assumes all financial responsibilities including earning the household income and managing all of their financial affairs.

From the start of their relationship, Katherine assumes financial responsibility for everything, including their wedding. She explains in a letter addressed to her doctor, "getting married depends on the sale of my house" (Hathaway 240). The house Katherine mentions is the Castine home that was central to *The Little Locksmith* and Katherine must sell the property in order to afford a wedding and a new home for the couple in Europe. Aside from the sale of her property, Katherine is also responsible for managing all of the household financial affairs. In a letter to Dan where she describes herself as "the banker" she reminds her husband to be more frugal saying "you don't realize it, but for instance just last week almost four hundred francs went just for pocket money" (252). In another example, the financial costs of moving from France back to the United States weighs heavily upon Katherine. She worries, "I don't know whether we can possibly live in America on the same small amount of money" (Hathaway 265). In these examples, Katherine indicates how she is in charge of earning and managing the

household finances, while Dan is the recipient of her support.

The income that Katherine refers to is a mixture of her family's support and the money she earns from publishing children's books and later from the serial installments of *The Little Locksmith*. She explains that she is "provided by a regular income which is enough to take care of physical needs" from "the family business which gives [her and her siblings their] bread and butter" (Hathaway 318, 332). Although Katherine's primary income is from family stipends, she also earns money from the books she publishes. After sending her children's book, "Mr. Muffet's Cat and her Trip to Paris," to the publisher in New York that was "undertaking selling it for [her]", Katherine exclaims, "it is a most wonderful feeling to me to have become suddenly professional" (257, 263). As a professional author, Katherine indicates that she expects her writing, especially *The Little Locksmith*, to be able to repay her family for the money they have spent supporting her. Katherine hopes, "my family can give me just enough security to safeguard health and nerves until this thing is done. I know it will repay them" (289). "This thing" that Katherine refers to is the publishing of *The Little Locksmith*, and although she is perhaps falsely confident over the financial success of her book, she nonetheless believes her writing to be generative work.

In fact, Katherine configures the act of writing to be her most productive work. She explicitly links writing with work, saying, "For by setting myself to *work* with the aim of translating my wonderful delight and realization of things into words and sentences, I could deliberately cultivate the delight" (my emphasis, Hathaway 191). She uses verbs referring to production such as "translating" and "cultivating" to illuminate the

effort of her creative endeavors. The work of writing is particularly configured to be Katherine's contribution to her family. Along with the above example of Katherine's hopeful repayment of her family from publishing funds, she also positions her writing as something her family can be proud of. Referencing her mother, she declares, "I owed my mother some visible accomplishment that would somehow give me back to her" (Hathaway148). Katherine associates her writing with larger cultural notions of work and positions it as an important contribution to the family economy.

Understanding Katherine's writing as generative is important when considering that the primary topic of her narrative is disability. The argument I propose above concerning Katherine's legible disabled body is extended here through conceptions of productivity. Because Katherine's writing is generative, and her legible body is a product of her writing, her embodiment is also linked with productivity. Thus, Katherine defends against notions of disabled women as passive and frail recipients of care or pitiful asexual beings, both of which preclude disabled women from fulfilling their productive roles within the home economy. Instead, through the work of scripting her legible body, Katherine repositions disability as both a means to provide for her family and a way to enter the market economy. Like Harriet Wilson in chapter one, Katherine uses her legible body to illuminate how disabled women are capable, active social and economic participants. However, rather than the agency that is so important for Wilson to combat dominant nineteenth century representations of disabled blacks, Katherine moves the discussion to the Progressive Era and the anxiety surrounding New Woman and independence.

Specifically, Katherine makes a space for disabled women within roles of New Woman. As the head of the household she not only positions disability as generative, but she also illuminates how disabled women can both fulfill the tenets of New Womanhood as contributing members of the family and defy them through economic participation outside the home. Like the wicked stepmother that ends Katherine's metaphorical fairy tale, Katherine fulfills a typically masculine role as the head of the household. However, unlike traditional fairy tales, disability is not a sign of Katherine's inner corruption, but rather it is the subject of her generative work. It is important to understand, though, that Katherine's reclamation of New Woman does not simply invert stereotypical gender roles. The same can also be said of how Dan fulfills typical female caregiving roles. In other words, Katherine's position as head of the household and Dan's roles as a domestic caregiver do not only work against normative gender roles, but rather, the interdependency of their relationship defends against conceptions of self-reliant and independent individuals that undergird notions of both disability and gender.

As shown above, sociomedical narratives have long associated women with disability and dependency as fragile and inferior beings. The frail and dependent invalid woman of the nineteenth century reveals how these ideas are intensified for disabled women. The labor of caregiving that Dan provides Katherine offers a different approach that contrasts with the values of independence that inform narratives like those of invalid women. Eva Kittay and Ellen Feder argue that caregiving "presents an alternative model to social and political life fixated on interactions of autonomous equal agents" (2). Dan's caregiving suggests that ideologies of independence and self-reliance preclude dependent

relationships often had by disabled people. Much like her relationship with Grindle, that of Katherine and Dan illuminate how their exchanges are not simply one-sided, but rather are generative interdependent exchanges. As such, they offer an important example of what Barbara Hillyer Davis describes as the “model of reciprocity...[that] involves the difficulty of recognizing each other’s needs, relying on the other, asking and receiving help, delegating responsibility, giving and receiving empathy, respecting boundaries” (qtd in Wendell 347). Dan and Katherine present an example of an interdependent reciprocal relationship in which they exchange mutual respect and care. The reciprocity of their marriage points to the ways the cultural emphasis on independence obscures the ubiquity and inevitability of human dependency. As Katherine shows through various forms of dependency throughout her narrative, including her relationships with Dan and Grindle, her financial reliance upon family, and her regular interactions with medical professionals, dependence is an inescapable part of humanity. Her narrative not only offers an alternative conception of dependency for disabled people, but also repositions the importance of interdependent relationships for all humans.

Chapter Three: Back-to-back: Conjoined Twins and the Single Autobiographer

Introduction

Not even freaks have left behind reliable records of what it feels like to be what they are, avoiding publication as if words were an inappropriate medium for what their bodies so eloquently express – Leslie A. Fiedler (qtd in *Conjoined Twins A Historical Encyclopedia* by Christine Quigley)

The epigraph by Leslie Fiedler hints at the misrepresentations that abound about individuals within nineteenth and twentieth century freak shows. His stance suggests that the disabled body cannot be conveyed through unreliable narratives and for that reason representations rely upon the readable freak body. Fiedler misses how the disabled body is a legible site rich for cultural narratives; and, as I argue throughout this chapter, these narratives can often reproduce pejorative and harmful ideologies about people with disabilities. However, Fiedler's quote is important because it also illuminates how disabled bodies can push against the linguistic and generic conventions of the narratives designed to contain their anomaly. In this chapter, I show how the narrative representations of conjoined twins, Daisy and Violet Hilton, produce linguistic uncertainty through their excess embodiment. This linguistic uncertainty challenges the generic conventions of autobiography and denies its totalizing teleology. Because autobiography is grounded in principles of individualism against which the disabled body is defined, this linguistic uncertainty prevents a full reproduction of normative discourse. Instead, the Hilton's narrative exposes and calls into question those very cultural constructions and how they inform embodiment and subjectivity.

History of the Freak Shows

The exhibition of anomalous bodies has a long history dating back to the prehistoric period. Rosemarie Garland Thompson notes “stone age drawings record births of mysterious bodies” and 7th century B.C. tablets at Nineveh imbue disability with religious meanings (2). The Greeks and Romans were also fixated on the human body in art, literature, entertainment, and medicine, and early western cultures show a complex relationship with disability. The ancient societies valued the Greek Classical ideal that emphasized physical perfection. This ideal was often exalted in the bodies of warriors, Olympic athletes, and charioteers. Spectator sports such as the chariot races usually coincided with annual celebrations and festivals and they drew large crowds to watch the athletes perform feats of human excellence and valor. The Greeks and Romans housed these events in large open-air arenas that were known as circuses. As the name suggests, these spectator sport were precursors to later carnivals and sideshows that became popular in Europe and the United States. Many of the charioteers and other entertainers during this period were slaves that could earn their freedom through the rewards bestowed in competitions; however, most of the performers usually died undertaking such risky endeavors. Those that survived were bestowed fame and honor in festivals and literature and they often had their likeness cast in stone statues that displayed their idealized human bodies.

An emphasis on physical perfection also shows up in historical accounts that reveal the Greco-Roman practice of infanticide of babies born with visible disabilities. Nicole Kelly documents “a fifth-century B.C.E. Roman law, recorded in a code known as

the Twelve Tables and referred to in a treatise by Cicero that makes the killing of deformed children a requirement” (38-9). Aside from legal codes, the practice of infanticide was also present in Greek mythical literature. Hephaestus, son of Zeus and Hera, was born with a congenital deformity that produced a limp and he was known as the “crook-footed God” (qtd in Mitchell and Snyder 278). Recorded in multiple mythical accounts including, *Homeric Hymn to Pythian Apollo*, Hera decided to throw Hephaestus from Mount Olympus into the sea because he was born deformed. Hera describes Hephaestus as “weakly among all the blessed gods and shriveled of foot, a shame and a disgrace to me, whom I myself took in my hands and cast out so that he was in the great sea” (qtd in Kelly 37). Although the practice of infanticide existed within Greco-Roman society and even influenced mythical stories, not every child born with disability was murdered.

Instead, people with disabilities often grew into adulthood and fulfilled various roles within Greek and Roman societies. For example, disabled people often became performers and entertained audiences. The *Iliad I* describes Hephaestus performing at an Olympic feast while the other gods mocked and laughed at his limping walk and slowed gait (Kelly 39). These experiences were not simply left in the realm of myth, instead actual people with disabilities also performed for audiences. These performances were often showcased in the private homes of wealthy and elite families and those with visible abnormalities such as dwarfism, spinal curvature, or missing limbs were most commonly chosen to perform. Very often, these performances also included entertainment in the form of singing and dancing. These shows were most commonly for the amusement of able-bodied audiences and they reveal that the mockery of disability was an accepted

cultural practice and central component of entertainment for Greek and Roman people (Kelly 39-40).

Taken together, the Greek Classical ideal, infanticide, and the mockery of people with disabilities suggests that early Western societies looked down upon anomalous bodies and displayed them in ways that resemble the nineteenth and twentieth century freak shows. While there is certainly evidence that points to this conclusion, the Greco-Roman attitude towards disability was not that straightforward. Martha Rose illuminates how disability was quite common in the ancient world; however, Greco-Roman attitudes towards disability were not completely analogous to modern understandings of disability that have been imparted by contemporary historians. Paying close attention to the etiology of terms the ancient societies assigned to physical impairments such as “maimed” and “lameness,” she concludes that the understandings of disability varied in different contexts and such complexities are “a corrective to the image of the perfect Greek human body that has been left to us in Greek statuary and fortified by erroneous artistic depictions of everyday Greek life” (Rose 11). The prominence given by historians to depictions of able bodies eclipses the ubiquity of disability and therefore complicates modern understandings of the display of anomalous bodies within ancient societies.

In fact, the treatment of ancient disabled entertainers was not limited to mockery and derision. Similar to the freak show performers of the nineteenth and twentieth centuries, some ancient disabled performers were able to earn their living from their performances. Although their disability amused audiences, many performers used their exceptional bodies as capital that afforded them certain economic and social status that

were not available to all people with or without disabilities. Disabled people were able to capitalize on their exceptional embodiment, in part, because Greco-Romans viewed disability as prodigious acts of the gods. Because exceptional bodies were imbued with religious connotations, certain ancient disabled people were coveted. Jan Bondeson documents conjoined Armenian twins that were brought to Constantinople where they were displayed for money. The twins lived a long life within the city and “were admired by many” (Bondeson 157). In his autobiographical history, Leo the Deacon describes the twins as a “novel wonder” and “indescribably sweet and good” (207 Deacon). Upon the death of one twin, early doctors attempted to save the remaining twin through rudimentary surgery, but he only survived for three days. This surgery is the first known account of conjoined twins in history and it is hailed in modern surgical literature.

Other performers were so revered they became close personal companions to members of elite families. Dwarfs, or those today medically diagnosed with proportionate or disproportionate achondroplasia, were of particular prominence within the Roman Empire. The first Roman emperor, Augustus, housed many dwarfs within his royal court and upon their deaths their remains were kept in early museum-like vaults alongside other novelties such as exotic animals. Augustus also gave dwarfs as gifts and illuminates the economic and social value accorded to certain disabled bodies during the period. For example, the ancient philosopher Pliny records Augustus’ gift of a dwarf named Conopas to his granddaughter Julia (Kelly 40). Conopas lived alongside Julia in the royal palace and married a fellow dwarf, Andromedeia, who was the companion of Empress Livia. In *Natural Histories*, Pliny describes Conopas as “remarkable” and a “great pet with Julia” (2156). As Pliny indicates, people with disabilities were less like

extended family members and were more akin to household pets. However, the status accorded to Conopas, Andromeda, and others with diminutive stature within the royal court gave them certain privileges that were not bestowed on all disabled people of the period.

The religious justifications for disabled bodies and the popularity of their display continued throughout the middle ages and into the enlightenment. These exhibitions transgressed the earlier staged public performances and became traveling shows that exhibited human oddities such as strong men alongside disabled people such as dwarfs and conjoined twins. Traveling around Europe, showmen would give embellished accounts of disabled peoples' lives while selling healing ointments and other potions. Smaller and more private exhibits of anomalous bodies were also popular and they were often housed in taverns and barrooms where patrons were charged a fee to view people described as "human curiosities." These backroom exhibits typically displayed other elements from the natural world such as animal skeletons and human and animal fetuses floating in jars.

The practice of keeping disabled people as entertainment for royalty also continued. Janet Ravenscroft uncovers the prominent role of dwarfs in the Spanish Hapsburg dynasty. Like the Greco-Romans, the Hapsburgs celebrated dwarfs because their anomalous bodies were regarded as prodigious acts of god and this rarity earned them prominent roles within the court. Ravenscroft explains, "the dwarfs played key roles at court as long-term companions and close personal servants to members of the Hapsburg family. They had their own servants, were housed and fed by the monarch, and regularly received gifts and clothes" (*History Today*). Aside from royal companions,

dwarfs often appeared in court as entertainment. Similar to the Greco-Romans, the Hapsburgs regarded diminutive bodies as marvelous, and yet their extraordinary qualities also made them comical entertainers. For instance, dwarfs were often paraded around the Hapsburg court and made to perform various acts such as juggling to incite laughter and awe from guests.

Conjoined twins were also figures in royal court settings, yet the historical archive is less extensive than the history on dwarfs. In a 15th century example, a pair of conjoined twins is documented as “raised in the court of King James IV” in Scotland (Quigley 4). They were born with two bodies and a pair of shared legs, and they “made their living” through their relationship with the King (Quigley 4). In 1670, conjoined twins, Lazarus and Joannes Baptista Colloredo, were born in Italy. Lazarus grew to have a fully developed body, while Joannes Baptista was described by early medicine men as a “monstrum novissimum – this novel species of monster” that had a “malformed body, lacked one leg, and did not open his eyes” (Bondeson viii). The twins toured all over Europe including an exhibit for the British King Charles I. The London poet, Martin Parker celebrated the exhibition in the ballad “Two Inseparable Brothers” and he describes the twins as “prodigies” that “the world admires” (qtd in Bondeson vii). From the Greco-Romans to early Europeans, these examples show a long history of the fascination and desire to contain anomalous bodies.

This is not to suggest that all people with disabilities received such privileged treatment or that some utopian vision can be deduced from these different scenarios. Nor does this approach ignore that such practices reduced the disabled body to an object that was sold or gifted. However, this view takes a broadened historical perspective that heeds

Martha Rose's advice to not let "modern assumptions that disabled people are inherently flawed, less capable, and unfortunate distort any reading of ancient historical material" (2). These early displays of disabled people were, in many ways, precursors to the later 19th and 20th century freak shows, but they operated within complex parameters that both celebrated and objectified the disabled body. Uncovering the religious justifications and prominence assigned to some early disabled people is important because these accounts differ from later views of disability during the nineteenth and twentieth centuries when freak shows gained prominence. From antiquity to the enlightenment period, people certainly recognized disability, but their attitudes towards disability were not analogous to those held during the period of freak shows.

This difference can be attributed to a shift in the discourse of disability that occurred as modern science and medicine gained prominence in western societies. Central to this shift were changes in the field of teratology. Garland-Thomson defines "teratology as the study, classification, and manipulation of monstrous bodies" (2). Ancient classifications of monsters were less about disabled people and more about humans born with animal properties. Greeks and Romans, for example, conceptualized monsters as half-human, half-animal, creatures similar to mythical centurions. Because a monster connoted a "creature born outside the range of normal human parameters", this view differed from those of common disabilities that were often steeped in religious connotations such as dwarfism and conjoined twins (Rose 7). However, the rise of the sciences and the cultural changes brought about with industrialization changed the discourse of teratology. As I explain in chapters one and two, in the 19th and early 20th centuries science, and particularly the field of medicine, became a dominant mediator that

asserted control over the meaning of disabled bodies. Science, coupled with the rise in industrialism and a new focus on systematic processes and standardized bodies, changed the understanding of monstrous bodies from prodigious to pathological. Garland-Thomson names this historical transition the “freak discourse genealogy” or “the movement from the narrative of the marvelous to a narrative of the deviant” (3). Bodies that were previously regarded as wondrous were remade in the discourse of science and objectivity as irregular and abnormal.

Teratology was popular among the many burgeoning branches of the sciences. Zoologists practiced teratology to classify different specimens according to the proximity to *lusus naturea*, or freaks of nature. Naturalists employed its logic on imperialist excursions where they categorized different racial groups such as Africans and Native Americans as lower beings with monstrous, savage qualities. Medicine and early genetics also utilized teratology, particularly in the study of deformed babies, which were thought to be the result of maternal impressions. Although studied by early geneticists, maternal impressions are different from our present understanding of heredity genes. Rather, 19th century science was concerned with the inheritability of social experiences such as trauma. Any trauma the mother might experience was thought to disturb the baby, thus resulting in an abnormal birth. The birth of conjoined twins, for example, was sometimes thought to be a cause of maternal teratology. Robert Bogdan notes, “the explanation provided for one woman’s giving birth to Siamese twins was that she had become upset during pregnancy at seeing dogs unable to disconnect while copulating” (110). Maternal impressions and Bogdan’s example of the causation of Siamese twins illuminate how early medicine relied upon the study and classification of monstrous

bodies to legitimize their respective fields. As the different fields of science gained prominence, they used the classification and study of exceptional bodies to gain cultural credibility. Simultaneously, statistical averages and the objective language of science became the authority over the meaning of abnormal bodies. Rather than wondrous prodigious beings, disabled people were now seen as objects of curiosity to be examined and classified by scientists.

Objective scientific language not only became the authority over disability, it also helped shape the language of “freak” used to describe disabled people. Co-emergent with the rise in science was the change in the meaning of freak. Michael Chemer explains the term switched from earlier understandings of “sudden jumps and gestures” or a “fancy or a whim” to “reference to a particular type of performance of human abnormality in the late eighteenth and early nineteenth century” (6). As mentioned above, this switch was influenced by the natural sciences terminology of *lusus naturea*. Chemer explains that such a rationale was applied to any natural specimen that “failed to match a perceived average [and] was labeled *lusus naturate*, a ‘sport’ or ‘freak’” (Chemer 6, emphasis original). Some scientists traveled around the United States and Europe charging a fee for visitors to view such defective specimen, including disabled humans. It is from these traveling shows that “a variety of different performances genres developed – collectively known as the *freak show*” (Chemer 6, emphasis original). The rise of science and the development of the freak show were parallel cultural developments that greatly influenced each other and helped to sediment each institution within popular culture.

The freak shows capitalized on the objective truths science purported about monstrous bodies. During the 19th century the shows became an established institution

that provided the public access to medical curiosities and their scientific explanations. The freak shows consisted of a wide array of different bodies that were exhibited, from people of color to congenitally disabled people. Garland-Thomson provides a useful list of the variety of embodiments: “In the museums’ curio halls and lecture rooms as well as on the sideshows’ stages and platforms gathered an astonishing array of corporeal wonders, from wild men of Borneo to fat ladies, living skeletons, Fiji princes, albinos, bearded women, Siamese twins, tattooed Circassians, armless and legless wonders, Chinese giants, cannibals, midget triplets, hermaphrodites, spotted boys, and much more” (5). As Garland-Thomson shows, freak shows exhibited a wide variety of bodies and were located in different cultural locations such as “lecture rooms” and “museums” (5). In each of the cultural locations, science was used to authorize embodiment in a variety of different ways. Doctors gave lectures on different embodiments in institutional-like settings, for example, and their testimony was often used in the advertising narratives freak shows used to attract audiences.

Siamese twins were of interest within sideshows because they attracted medical and public attention as two individuals within one body. Numerous conjoined twins were displayed in sideshows including, black slaves Christine and Millie McKoy and Italian brothers Giacomo and Giovanni Tocci. Perhaps best known today are Chang and Eng Bunker for whom the term, *Siamese twins*, emerged. Ironically the twins were not actually Siamese, but instead were born to Chinese parents in Siam in 1811. In the 1820’s Robert Hunter discovered the twins and brought them to the United States and Europe for exhibition. Elizabeth Grosz explains that before the twins could be shown to the general public, “they were first exhibited before doctors (at Harvard University in

1829)” in order to medically legitimize their connection (62). Chang and Eng were conjoined in the chest area, and their anomalous embodiment often drew large audiences to carnivals, dime-museums, and the Barnum Circus. With some of the earnings from their shows, Chang and Eng purchased adjoining slave plantations in North Carolina. They also married American sisters, Sarah Ann and Adelaide Yates, and fathered numerous children.

The public was especially interested in how Chang and Eng managed dual embodiment, especially their private sexual and medical encounters. For example, it was commonly documented in Chang and Eng’s narratives that the twins split their time evenly between the two plantations in order to satisfy their wives (Frost 3). Throughout their lives, Chang and Eng were also adamant that they would not be surgically separated. They were determined to stay conjoined despite the medical advice of many doctors that assured them that the surgery would be successful. This was true even upon the death of Chang in 1874 after he developed pneumonia. Eng refused surgery and he died a few hours after Chang. Because the twins were some of the most popular conjoined twins put on display, they helped to provide the common language used to describe conjoined twins and “our current conception of the public and exceptional nature of Siamese twins was born with them” (Frost 3).

Freak Show Autobiographies

The freak shows capitalized on the pathological view of disability through variety of narratives that were produced to sell and decode the unusual bodies on display. Teratology imposed objective truths as the reasoning for exceptional bodies and freak shows utilized the scientific discourse to authenticate monstrous bodies in a variety of

narratives. Garland-Thomson notes there are four narrative types that typically characterized the freak show:

The four entwined narrative forms that produced freaks were, first, the oral spiel – often called the “lecture” – that was delivered by the showman or “professor” who usually managed the exhibited person; second, the often fabricated or fantastic textual accounts – both long pamphlets and broadside or newspaper advertisements – of the freak’s always extraordinary life and identity; third the staging, which included costuming, choreography, performance, and the spatial relation to the audience; fourth, drawings or photographs that disseminated an iterable, fixed, collectible visual image of staged freakishness. (7)

Of particular importance to this study is the second narrative form that Garland-Thomson notes is often found in pamphlets and advertisements. Although erring closer to modern day advertisements, this second type of freak narrative is closely linked with conventions of autobiography. In fact, many narratives were explicitly labeled as autobiographies, including all three of the written sources concerning the Hilton sisters. Like public exhibits, autobiographies were meant to display and explain unusual bodies.

However, many autobiographies used in freak show displays were often fabricated¹². For example, they included embellished life accounts that exaggerated unusual bodily qualities to intrigue audiences. Extra weight was given to Fat Ladies, while inches were subtracted or added to dwarfs or giant’s heights, respectively. Life histories were often embellished too. Exotic homelands and uncivilized living conditions

¹² Autobiographies were not the only embellished narratives; in fact, an “overall scheme of deception characterized the shows” (Bogdan 197). All four of the narratives Rosemarie Garland-Thomson describes were often fabricated. Showman used oral narratives to exaggerate abnormal qualities that were also purported in autobiographical advertisements, while staged photographs of freaks in elaborate costumes, such as the native attire often worn by exotic others, helped to confirm the accuracy of such embellished tales.

were often the backstory of racial minorities that were actually born in the United States or Europe. More genteel genealogies were also given, for example, the Hilton's father, although unknown was listed in two different texts as an upstanding English Army officer. This type of fabrication occurred for many performers within the sideshows, with some lineages even traced back to fictitious royal families.

For many performers, embellishments often inflated their actual physical anomalies. Yet, the shows also contained able-bodied people that were passed off as freaks. Robert Bogdan explains, imposter freaks were known by showmen as "gaffs," which were "out-and-out frauds" (197). Gaffs were quite common in public exhibitions and they included every kind of deceit from "Westerners wearing makeup to darken their complexion" to "conjoined twins who were actually two people strapped together by a girdle" (Bogdan 197). Autobiographies on gaffs are perhaps the most obvious sites for embellishment, but like other freak narratives, these accounts were meant to exaggerate the strangeness of bodies to generate audience interest and earn higher profits.

In addition to embellishment, many autobiographies were not actually written by the freaks themselves. Stage managers and other promotional salesman authored many of the autobiographical accounts and passed them off as authentic texts. Many of the autobiographies claimed the freaks themselves authored the texts, such as the Hilton's first autobiography that was actually written by their manager Myer Myers. Other narratives stressed their authenticity through titles such as the McKoy conjoined twins autobiography, *The History and Medical Description of the Two-Headed Girls, Told in "Their Own Peculiar War" by "One of Them."* Still others were written in the first-person "I" pronoun and gave no indication that outsiders were mediating the narrative. In

authoring the texts, managers and other showmen silenced freaks and maintained control over the representation of their embodiment. This lack of narrative control also demonstrates ableist norms that position disabled people as dependent and incapable of caring for themselves.

Despite these fictive elements, autobiographies helped to authenticate unusual bodies and warrant their display. For one, they often contained testimonials from reputable doctors that purported scientific facts meant to solidify the view of exceptional bodies as pathological freaks of nature. Although doctors appeared at public exhibitions, autobiographies memorialized scientific testimonies and widened the audience beyond the doctor's lecture. Sometimes scientific testimonies were included directly in the narrative, while others appeared as supplemental bookends. In both cases, doctors shrouded the freak body in scientific jargon that was meant to classify, explain, and contain the anomalous. In the case of conjoined twins, in particular, much attention was given to their physical place of connection. Medical doctors revealed the science of the twin's connectivity (or, lack thereof) through the physiology of blood streams, skeletal growth, and nervous systems, among others. Much like other narrative details, these scientific claims were often exaggerated or outright fabricated. Yet to modern audiences, these scientific "truth claims abutted the credulous" and helped to lend authority and believability to freak show narratives (Garland-Thomson 7).

Autobiography is also important because its very generic rules intimate a certain authenticity. Autobiography is grounded upon certain assumptions, namely, that the genre conveys the author's self to the audience. In relation to other freak show narratives, autobiography is different because it often utilizes the singular "I" pronoun,

which lends a certain authenticity to the narrative. As opposed to fiction, autobiography is understood as nonfiction meant to align the singular subject with actual historical facts and events. G. Thomas Couser explains “autobiography has a kind of ‘authority’ lacking in most forms of literary discourse – the authority of its grounding in a verifiable relationship between the text and an extratextual referent” (15). The narrative’s authenticity is confirmed because life stories can be verified through “extratextual referents” such as recorded historical facts or the subject themselves. It is important to note, the authority of this writing does not only stem from privileged standpoints such as white, male public figures, though it sometimes does. Rather, this authority is imbued with authenticity because the subject of the narrative is assumed to be verifiable, either because they’re living or their life corresponds to actual dates, places, and events.

Importantly, the late eighteenth century rise in popularity of autobiographies coincided with the move from sacramental to scientific explanations of unusual bodies. The generic conventions have a long history dating back to ancient societies like the Greeks who documented the lives of historical figures such as Socrates. However, the literary form did not gain prominence in Europe and the United States until the late eighteenth century. In fact, it was during this period that the literary form flourished. Robert Folkenflik explains the genre gained such prominence from the “eighteenth century to the twentieth [that it] marks a coming of age of autobiographical literature” (8). Late eighteenth century autobiographies often took the form of conversion narratives like those popular within the early American republic and the Puritan Church. However, as science and the values of individualism gained cultural credence, the genre experienced a movement away from sacred narratives to those concerning more secular

matters. For example, it was during this period that autobiographies by public figures such as Benjamin Franklin became popular. As the work in chapters one and two shows, lesser-known authors, like indentured servant, Harriet Wilson, and writer Katharine Butler Hathaway, also utilized the genre to advance different social causes such as abolitionism, institutional reform, and women's suffrage. It was also during this period that values of individualism surfaced as America attempted to set the nation and its citizens apart from Europe and the rest of the world. The ideology of an independent, free willed, self-reliant and self-determined individual gained cultural credence throughout the nineteenth and twentieth centuries. The cultural influence of science, individualism, and the rise of the autobiography created favorable conditions for the development of freak show autobiographies that purported to classify and decode the unusual body through scientific discourse. It is within the parameters of these intersecting cultural discourses that I position my discussion of disability in the Hilton's autobiography.

Daisy and Violet Hilton's Biography¹³

Daisy and Violet were born to barmaid, Kate Skinner, in England in 1908. Kate worked as a barmaid for Mary Hilton in exchange for midwife services. Upon seeing that the twins were conjoined at the base of their spinal column near their hips, Kate turned

¹³ Most of the biographical details here are treated cautiously and somewhat speculatively. For example, Linda Frost and Susan Kerns cite Dean Jenson's biography of the twins, *The Lives and Loves of Daisy and Violet Hilton*, which both Frost and Kerns admit contains sensationalized and secondhand accounts of the Hiltons. As the early misrepresentations suggest, it is hard to discern fact from fiction in freak show narratives, and the Hilton's text is no exception. I will further develop the problems of misrepresentation within the Hilton's text later in my analysis of Linda Frost's argument specifically.

guardianship over to Mary Hilton who immediately put them on display to the public. Susan Kerns notes, “the girls were exhibited in the pub, and an article appeared in the *Brighton Herald* by the time they were six-weeks old” (73). Once Daisy and Violet were three years old, they were traveling around Europe with Mary and her daughter Edith appearing in fairs and carnival shows. Under Mary’s custody, the girls were subjected to physical and emotional abuse that is described in the *Intimate Loves and Lives of the Hilton Sisters*: “Auntie would often whip us with the belt and call us ungrateful brats” (135). Although abusive, Mary also educated the girls in the fine arts to add to their performances and demonstrate that the twins were not just human oddities, but were talented young ladies. Daisy and Violet took classes learning how to sing, dance, and play musical instruments like the piano and violin, and these talents were an integral part of their performances throughout their lives. In 1912, they began touring under Ike Rose’s management and in 1916 Rose decided to move the twins to the United States to escape the political climate of Europe during WWI (Kerns 74). Kerns documents the twins’ entry into the United States and explains they were initially barred from entry because their disability would preclude them from gaining employment (75). However, “Mary went straight to the *San Francisco Chronicle* and told their story, and when news of the twins appeared in the newspaper the next day, their hearing was expedited and the Hiltons were cleared to enter California” (Kerns 75).

Once in the United States, Daisy and Violet became vaudeville stars and toured with famous entertainers such as Harry Houdini and Bob Hope. When the twins were eleven years old, Mary Hilton died and the twins were told their guardianship of Daisy and Violet was passed to Edith Hilton and her husband Myer Myers. Myers immediately

assumed management of the twins and began booking them in new venues such as radio shows. These new bookings gained the twins more public notoriety, but privately the twin's life was subjected to the continued abuse of Edith and Myers. Myers not only physically abused the twins, but he was very controlling over Daisy and Violet. For example, in *Intimate Loves and Lives of the Hilton Sisters* it is recorded: "Our new owners slept in the same room with us. We were never out of their sight" (140). Myers also did not permit the twins to go out without him and they were not allowed to have friends their own age. Myers not only physically abused and secluded the twins, but he threatened them with deportation or institutionalization if the twins misbehaved or attempted to run away. Myers' control over the twins continued well into their teenage years, and once the twins were of legal age, Myers sued for guardianship based on their disability. Kerns documents,

In 1927, when the girls were nineteen, Myers was granted full legal control over Daisy and Violet without their knowledge. He petitioned a court in San Antonio, the family's home base since the 1910s, to grant him legal guardianship of the twins, claiming their 'disability' made them unable to care for themselves. The court ruled in his favor, giving Myers full custody over the twins and allowing him to retain all income from their performances (77).

Although not slaves in the sense that conjoined twins Millie and Christine McKoy were, the Hilton's nevertheless illuminate how the legal status of disability practically enslaved the twins in an at-home form of institutionalization that subjected them to continued abuse.

It was during this period that *Souvenir and Life Story of San Antonio's Siamese Twins, Daisy and Violet Hilton*¹⁴ was written and released. Myers wrote the supposed autobiography in 1925 when he was Daisy and Violet's manager and had assumed control over their lives. The narrative is written in the third person and it was sold as a souvenir for attending the Hilton's early shows. The narrative is divided into multiple subsections, each with a title that promises a detailed account of what living as a conjoined twin is like; such as, "Is it Possible to Separate the 'Siamese Twins' by Surgery?" and "What is the Connection between the 'Siamese Twins?'". Despite these titles, the narrative abounds with misrepresentations such as claiming that the twin's father was an officer in the English Army.

Further stretching the truth, Myers positions himself as a loving father figure, which Frost notes infantilizes the twins and portrays them "as disabled and somewhat pathetic children" (26). Concurrent with other popular sideshow narratives, *Souvenir and Life Story of San Antonio's Siamese Twins*, is also supplemented with articles that attempt to legitimize the twin's embodiment. These materials vary widely in genre, everything from an Evening Globe newspaper article that mentions that twin's visit with Massachusetts's Governor Alvan Tufts Fuller, to a telegraph from a hotel that mistakenly took the twins to be individuals and had to apologize for selling them single beds. Like Myers' text, these accompanying documents were meant to legitimize the embodiment of Daisy and Violet and give readers an intimate view of their lives.

As the twins grew older and continued to be successful in the vaudeville and freak show venues, they began to more stringently oppose Myers. In 1931 when Daisy and

¹⁴ Hereafter referred to only as *Souvenir and Life Story of San Antonio's Siamese Twins*

Violet were twenty-three years old, they hired lawyer Martin Arnold and sued Myers for their freedom and back wages from years of performing. Given that Daisy and Violet were the subjects of the lawsuit, the case quickly became a media sensation. Myers testified that the twins were disabled dependents that needed his guardianship in order to manage their affairs (Kerns 79). The twins also testified at the trial and revealed Myer's abuse. The courts ruled in favor of Daisy and Violet and the twins were granted their independence and were "awarded \$80,000 cash and securities and \$20,000 worth of personal items like clothes and jewelry" (Kerns 79). Although this court settlement was only a fraction of the millions made by the twins, they used their winnings to continue their vaudeville careers.

On their own, the Hilton's continued touring and performing throughout the United States. They also developed a social life and began attending parties and having romantic relationships. Because the public was fascinated with the private affairs of the Hiltons, particularly their sexual relationships, much of the published materials on the Hiltons following their freedom from Myers documented their various romantic involvements. Both Daisy and Violet were married at different times throughout their lives. One of the most frequently documented relationships is Violet's engagement to Maurice Lambert. In 1934 the two tried to marry but were denied by the courts in twenty-one different states. Allison Pingree cites the various reasons the courts gave for denying the marriage license, such as "'on moral grounds'; 'on ground that bride is a Siamese twin'; on 'the question of morality and decency'; as 'a matter of public policy'" (181). Essentially these legal reasons boil down to heteronormative concerns of autonomy and bigamy, and they prevented Lambert and Violet from ever marrying.

Violet did eventually get married in 1936 to Jim Moore in what was later revealed as a publicity stunt. Their marriage was performed in Dallas, Texas before 100,000 people, and it was annulled shortly thereafter. Daisy also married in 1941 to performer Harold Estep, whose stage name was Buddy Sawyer. They married in a private ceremony in Buffalo, New York. Although Daisy and Estep's relationship was not staged, their marriage only lasted two weeks. Both twins continued to date throughout their lives, but neither married or had long-term partners after their divorces.

In their return to show business, the twins also ventured into movies. In 1932, they starred in the cult-classic *Freaks* by Tod Browning. The twins played side characters in a love story between trapeze artist Cleopatra and circus dwarf Hans. The film was unnerving for audiences of the 1930s and it was "removed from distribution by Metro-Goldwyn-Mayer (MGM) shortly after its release and banned outright in Britain" (Hawkins 265). Although the film was not well-received¹⁵, the twins attracted Hollywood's attention and were later picked up to star in *Chained for Life*. This movie featured the twins as leads, but again the film was not successful. The twins had largely financed the film, and therefore, the film's failure was financially devastating for the twins. It did not help that post-WWII audiences were not as interested in freakish displays and throughout the 1950s the twins career continued to plummet. After several failed tours, the twins gave up show business and opened a snack bar in Florida. The snack bar went bankrupt too and the twin's last known employment was in North

¹⁵ *Freaks* was eventually re-released by 1962 and became a cult classic that was shown in drive-ins and movie theaters (see Hawkins 266).

Carolina as grocery clerks. The twins passed away in 1968; first Violet died, and Daisy followed two days later.

Chained for Life and the Extraordinary Twins

The novella *Chained for Life* is based on the nineteenth century short story *Extraordinary Twins* by Mark Twain. Within the Hiltons' narrative, textual reproductions of *Extraordinary Twins* run throughout the plot. We can begin by examining Twain's *Extraordinary Twins* to better understand its narrative significance within *Intimate Loves and Lives of the Hilton Sisters*. Twain began writing the short story in 1892 as a farce about conjoined twins, Angelo and Luigi; however side characters Pudd'nhead Wilson, Tom Driscoll, and Roxy soon overtook the narrative. Twain decided to separate the two plots into two separate texts: *Puddn'head Wilson* and *Extraordinary Twins*. In the beginning of *Extraordinary Twins*, Twain describes the division of the texts as a "literary Caesarean operation" (119).

The plot of *Pudd'nhead Wilson* centers on the antebellum racial switching of Tom Driscoll. Tom, born to the light-skinned slave Roxy, is switched at birth with a white baby named Chambers. Chambers grows up a slave, while Tom grows up within a privileged white family. The narrative plot culminates in the trial of Tom for murdering his uncle, Judge Driscoll. Angelo and Luigi appear as side characters in *Puddnhead Wilson*, but they are no longer conjoined. The separation of the twins in *Puddn'head Wilson* lends a different connotation to Twain's surgical description of dividing the texts. However, "ghostly remnants" of the twins original conjoinment remain in the novel: the twins speak at one point of having been exhibited in a circus, and later are referred to derogatorily as 'side-show riff raff' and 'dime-museum freaks' (Samuels 101). Although

Pudd'nhead Wilson and *Extraordinary Twins* are separate texts, Twain later published the two narratives together. Emily Russell explains, "Twain followed his serial publication of *Pudd'nhead Wilson* with an 1894 volume that included both series. Bracketed asides in the twins' text offer instructions for how the action of that story weaves into the plot of *Puddnhead Wilson*" (24). In other words, Twain's instructions indicate how the two texts are to be read together as two overlapping tales.

Some of the narrative overlap in *Extraordinary Twins* can be found in Twain's decision to include characters from *Pudd'nhead Wilson* such as Tom and Wilson. In the twins' text, however, Tom and Wilson are minor characters and instead the narrative plot centers on the actions of Angelo and Luigi and the town peoples' fascination and horror evoked by their bodily configuration. Twain based *The Extraordinary Twins* off of Italian conjoined twins, Giacomo and Giovanni Tocci, who appeared in various freak shows in the nineteenth century. The twins were born in Italy in 1875 and by the time they were sixteen, they were touring throughout the United States and Europe. Twain remarks that he saw a souvenir photograph of the twins and decided to "write an extravagantly fantastic little tale with this freak of nature as a hero – or heroes" (Twain 119).

Modern medicine would classify Giacomo and Giovanni as dicephalus twins because their embodiment consisted of two heads, two arms, two legs, and a single torso. In the narrative Twain renames the twins Angelo and Luigi and he embellishes their appearance. For instance, Luigi is described as the "dark-skinned one" with Brunette hair, while Angelo is "the blonde one" with "such kind blue eyes and copper hair" (Ch 1). Scholars have shown how Twain's portrayal of the Tocci twins as light and dark hints at

the national division over slavery and cultural fears of miscegenation. Samuels argues, Twain “chose the merged bodies of the Tocci brothers to explore the dilemma of a postbellum nation attempting to reimagine itself as a unified, individual whole entering a new century” (107). These ideals of bodily and national unity play themselves out through the twin’s disability. In fact, Twain exaggerates the twins’ embodiment. Samuels notes, Twain “made his twins even more ‘freakish’ in configuration than the Toccis by placing two arms on each of their outside shoulders, a configuration not only inaccurate but physiologically impossible” (107). The twins’ freakish body is at the center of the narrative plot as other characters attempt to make sense of the twins’ blurring of the boundaries of self and body.

The twins’ eating habits, for example, evoke fascination and confusion from the other characters. Aunt Patsy remarks to the twins, “he got the coffee I was expecting to see you drink, and you got a potato that I thought he was going to get. So I thought it might be a mistake all around, and everybody getting what wasn’t intended for him ” (Ch 2). Aunt Patsy is bewildered because she cannot make sense of the twin’s two hands feeding two different heads simultaneously. Adding to the confusion, the twins also quarrel amongst themselves on everything from Luigi’s smoking and drinking habits to Angelo’s religious views. This discord between the twin’s is negotiated somewhat through an exchange of bodily control that occurs each week. Angelo describes this trade, “the week ends every Saturday at midnight to the minute, to the second...and in that instant the one brother’s power over the body vanishes and the other brother takes possession, asleep or awake” (Ch 4).

The narrative hinges on the twin's exchange of bodily control as the townspeople attempt to make sense of the twins' bodily configuration. For example, this bodily switch is a central component in the twin's court trial for Luigi's assault and battery of Tom Driscoll. The trial concentrates on which twin kicked Driscoll and witnesses try to discern between the twin's subjectivities. At the trial, Aunt Patsy testifies to twins' bodily exchange, yet even this much anticipated testimony does not resolve the twins' ambiguous bodily configuration. Because the court cannot discern between the twin's embodiment, the trial is dismissed. The confusion surrounding the twins illuminates the failure to make sense of their subjectivity and embodiment within values of individualism. Investigating *The Extraordinary Twins* Susan Gilman explains, "the crucial distinction is the shared body, which heightens the dilemma of whether the twins should be accorded individual or collective status" (qtd in Samuels 106). Because the court cannot discern between the twin's embodiments, vigilante townspeople hang both of the twins and provide the narrative denouement. This narrative resolution of lynching the twins' monstrous bodies parallels the lynching of black bodies that haunt Twain's story. As chapter one shows, it is difficult to represent notions of the black body without referencing disability. For these reasons, understanding how the twins' narrative is resolved through conceptions of disability is important.

Like Katherine Butler Hathaway's fairy tale in chapter two, *The Extraordinary Twins* instantiates Mitchell and Snyder's "narrative prosthesis," whereby the twin's disabled body propels the action of the plot and the narrative closure is found through the resolution of the disabled body. The narrative is advanced as different characters attempt to make sense of the twins' disability. The twins' bodies also provides the narrative

closure. As I demonstrate through Katherine Butler's reproduction of heroic medical narratives in chapter two, resolution sometimes occurs through disabled characters that are able to overcome a disability through surgery or other normalization techniques. However, the lynching of Angelo and Luigi illuminates how narrative closure is also represented through the death of disabled figures. Because the twins' bodily configuration cannot be made sense of within values of individualism, the twin's body remains ambiguous and unresolved. However, their death provides the narrative closure that resolves the confusion and uncertainty generated by their disability. In fact, Twain suggests this discursive dependency upon disability in the "Final Remarks": "It is not practical or rational to try to tell two stories at the same time, so I dug out the farce and left the tragedy" (Twain). Although Twain seemingly refers to the separation of *Puddin'head Wilson* from *The Extraordinary Twins*, his remark hints at the twin's blurring of bodily boundaries and the narrative resolution of the twin's disability through tragic means. This tragic ending upholds the values of individualism as it removes the uncertain disabled body.

Christine Quigley notes *Chained for Life* is based on Twain's *The Extraordinary Twins* (173). Although the accuracy of Quigley's statement is not certain, there are definite narrative overlaps between the two texts that are important to an investigation of the discursive dependency on disability. In 1951, the Hilton twins appeared in, *Chained for Life*, a movie that was later published as a novella. The movie was directed by Harry Fraser and written by Ross Frisco and Nat Tanchuck. Daisy and Violet played Dorothy and Vivian Hamilton, respectively, and the narrative sensationalizes Dorothy's staged romantic relationship with vaudeville star Andre Pariseau. The novella then culminates

in Vivian's murder trial for the death of Andre. Twain and the Hilton's texts are similar in a variety of important ways. To begin, the novella form of *Chained for Life* was a double publication with *Intimate Loves and Lives of the Hilton Sisters*. Much like *Pudd'nhead Wilson* and *The Extraordinary Twins*, the dual publications are represented as a series. The opening caption in *Chained for Life* explains a photo still from the movie as "although borrowed from scenes of the motion picture entitled 'Chained for Life' in which the Hilton Sisters play the leading role, nevertheless depicts actual events in their life" (128). The novella's claim to autobiography leads Linda Frost to conclude that this caption is evidence of "the memoir instruct[ing] readers to read *Intimate Loves and Lives of the Hilton Sisters* and the novelization of *Chained for Life* as two versions of the same story" (25). Similar to *Pudd'nhead Wilson* and *The Extraordinary Twins*, the two texts on the Hiltons are to be read together with intentional narrative overlap. Interestingly, these dual publications by both Twain and the Hiltons also match the embodiment of their narrative subjects. Although *Chained for Life* and *The Loves and Lives of the Hilton Sisters* were not originally two narratives that were later disconnected as Twain's were, the Hiltons' texts still only contain trace details of overlapping life experiences. For instance, *Chained for Life* does not mention the twins' early years with Mary Hilton or Myers that were captured in *The Loves and Lives of the Hilton Sisters*. Instead, the novella focuses almost exclusively on Dorothy's publicity stunt marriage and the later court trial of Vivian.

Like Angelo and Luigi, Dorothy and Vivian are also depicted as two individuals struggling within the same embodiment. A theme of individualism runs throughout *Chained for Life* and is found in minute details such as Dorothy's blonde hair and

Vivian's darker mane, which also coincidentally hark back to Angelo and Luigi's contrasting appearances. More prominently, Dorothy's romantic involvement with Andre acts as the impetus for bodily separation. As soon as Dorothy's engagement becomes public she begins to develop genuine feelings for him that made her feel "detached as if she were someone else" (192). Dorothy also has a separation dream where she leaves Vivian's side and dances romantically with Andre alone. Susan Kerns explains this dream is an example of how "the film unquestionably privileges the singleton spectator through its moralizing about the difficulty of being conjoined, [and] its visual attempts to separate the twins' bodies" (117). Within the screenplay, different film angles gave the illusion of the twins as separate; for example, pillars were used to cover their conjoinment and, in the dream specifically, film-formatting techniques were employed to visually separate the twins by obscuring Vivian/Violet. In the narrative form of *Chained for Life* the separation dream also privileges individualistic values, for upon waking Dorothy pleads, "now I know the only way I can be happy is to be alone with the man I love! I want to be free!" (210).

Yet, similar to *The Extraordinary Twins*, the values of individualism create narrative confusion that is not easily resolved. Vivian's court trial is perhaps the most obvious narrative reproduction of *The Extraordinary Twins*, and it invokes a similar unresolved confusion in the Hilton's narrative. Following the marriage of Dorothy and Andre, Vivian suspects that Andre is involved in another relationship. She eventually confirms that his intentions for Dorothy are false and he is engaged to his stage assistant, Renee. In retaliation, Vivian shoots and kills Andre while he is on stage performing. Vivian's court trial, much like Luigi's, is rife with confusion on how to make sense of the

conjoined twins embodiment within singular parameters of the law. Different from Twain's narrative, there is no confusion as to who committed the crime because Vivian declares, "Yes!...By her own admission" (229).

However, the narrative confusion surfaces specifically concerning the legality of charging one conjoined twin with murder. For example, the twins' lawyer asks of the twins "Are they one and indivisible or are they two entirely separate entities?" (231). The answer to this question has important implications as the lawyer notes, "should you find the defendant [Vivian] is guilty as charged...the state becomes a murderer of an innocent person – Dorothy Hamilton" (230). Much like Twain's narrative, the ability to discern between the twins' embodiment prevents the court from ruling. Instead, the narrative redirects the ruling to the reader, "Had the defense chosen trial by jury, anyone of you could have been selected to share the burden...And if you were the jury, I wonder, what would your verdict be?" (231).

The unresolved confusion and lack of narrative resolution appears on the surface to rewrite the death of the disabled figures that Twain uses to close his short story. However, the lingering question and the audience's determinism in the Hiltons' final solution hint eerily at the vigilante justice that was enacted to resolve Angelo and Luigi's uncertain embodiment. This is further emphasized with the closing lines of the Hilton's narrative that imply the twins represent "the ultimate meaning of life, to which death must add the somber magnificence of the last adventure" (232). This ending to *Chained for Life* suggests that because the Hilton's disabled body cannot be deciphered within the logics of individualism, they are left to the same fate as Angelo and Luigi.

Taken together, Twain and the Hilton's texts illuminate how narratives of individualism are played out upon disabled bodies and pose dilemmas for ideologies of self-control and singular subjectivity. *The Extraordinary Twins* and *Chained for Life* illuminate a discursive dependency upon disability that moves the narrative plot forward through the confusion generated by conjoined embodiment. However, when disability cannot be made sense of, as in the cases of Angelo and Luigi, and Daisy and Violet, death provides the narrative resolution. Therefore, *Chained for Life*, like *The Extraordinary Twins* continues to reproduce the logics of individualism and human perfectibility that suggest disabled bodies must be normalized or eliminated. Together, both texts show a history of narrative representations that eliminate disabled bodies that cannot conform to ablest positions. Because *Chained for Life* reproduces such logic, it is important to turn to the Hilton's earlier narrative, *Intimate Loves and Lives of the Hilton Sisters*, for a different understanding of disability. This text takes up the values of individualism in a variety of ways, including passing the text off as autobiography and utilizing the singular "I" pronoun, both of which have important consequences for an alternative understanding of the discursive dependency on disability within life writing.

Intimate Loves and Lives of the Hilton Sisters

The term "autobiography" implies a singular self in its etymology. "Auto," stemming from the Greek term "autos," means "self" or "of oneself." Combined with "biography," or life writing, autobiography denotes "life writing by the self." Although the tradition of autobiography precedes the term and the generic conventions, the practice of life writing in Western societies has almost exclusively prioritized the individual.

With the personal as the narrative subject, many autobiographers, past and present, employ the singular first-persona pronoun “I” to narrate their life experiences. This linguistic pattern is so common that Couser describes it as part of the generic conventions. He argues, “autobiography...has norms but not rules...it is usually, but not exclusively, in the first person” (13). The qualification Couser notes here makes room for narrators to employ the third person¹⁶, similar to what I chart in chapter one through Harriet Wilson’s narrative movement between “she” and “I” in *Our Nig*. Yet, as Couser explains, the first person pronoun is so common within autobiography that it is considered a norm of the genre.

Within disabled life writing, in particular, singular subjectivity is prioritized. David Mitchell describes such life writing as “self-reliant, first-person literature of disability” and explains that “autobiographical tales of physical hardship and public ostracism appeal to the singularity of experience that appeases the reader’s desire for the intimacy of confession and the narrative demand for individual exclusivity” (312). Mitchell urges scholars to pick up the inquiry of singular subjectivity within life writing because “the singular pose of the autobiographer of disability derives from literary conventions that need to be queried more vigorously” (312). It is within Mitchell’s call that I position my investigation of the *Intimate Loves and Lives of the Hilton Sisters*. As conjoined twins, the Hilton’s embodiment, and the linguistic strategies used to convey it, illuminates how disability challenges the conventions of autobiography as it attempts to assimilate the anomalous body.

¹⁶ Couser explains the use of the third person pronoun through an example from canonical autobiographies. He says, “Henry Adam’s *The Education of Henry Adams* (an autobiography despite his contention that it is not one), are in the third person” (13).

Intimate Loves and Lives of the Hilton Sisters, World Famous Siamese Twins,¹⁷

was released in 1943. Although written in prose format, the narrative is actually an interview conducted by Ethelda Bedford with the Hilton sisters. The narrative was originally serialized in six installments that appeared in the Sunday issue of the *American Weekly*. The plot charts the twin's life from their early years with Mary Hilton into their mid-thirties and it primarily focuses on the private and quotidian experiences of the twins. As the title promises, the narrative begins with an intimate account of how the twins negotiated dual embodiment through the act of crawling: "we propelled each other...[but] we discovered to our dismay that we could not pass when the leg of the bed, or table, was between us" (133). Following the girls throughout their youth, the text documents different life experiences than those that Myers captured. For example, it reveals the abuse and seclusion the girls experienced under the care of Mary Hilton and Myers.

Intimate Loves and Lives of the Hilton Sisters primarily focuses on the Hilton's private medical and sexual encounters. Medical accounts are included that explain in scientific terms how the twins were conjoined and emphasize the medical imperative to surgically separate the twins. The twin's disdain for doctors is also included, "How we loathed the sight of a hospital...we were punched and pinched and probed until we were almost crazy... 'Siamese Twins' ... 'cut apart' ...and 'doctor' are the first words we seemed to remember" (135). Aside from medical encounters, Daisy and Violet's love lives are also a central topic of the narrative. Although Violet's unsuccessful marriage to Lambert is recorded, as is Daisy's relationship with Estep, much of the narrative space is

¹⁷ Hereafter referred to only as *Intimate Loves and Lives of the Hilton Sisters*

given to Daisy's first romantic relationship with Don Galvan. Galvan wishes to marry Daisy and take her to his home in Mexico, but Daisy does not wish to separate Violet from her then beau, Blue Steele. Galvan proposes a solution in which Daisy "will be [his] wife for six months of the year" and for the remainder of the year they "may go where Violet wants to go"¹⁸ (153). Daisy turns Galvan's proposal down; however, the text documents their first kiss and gives readers an inside look at what romantic life of a conjoined twin looks like.

Within the narrative, first-person phrases such as "I, Daisy" or "I, Violet" are employed to demonstrate when Violet is speaking or when Daisy is speaking. These first-person phrases are accompanied by plural pronouns such as "we" and "us." Analysis of this movement between the singular and plural has assumed that they are choices made by the Hilton sisters and are representative of a multiplicity of voices within the narrative. For example, Linda Frost documents this dual narration and argues it results in three voices, "one for Violet, another for Daisy, and a third that indicates when the two speak as one" (30). According to Frost, the multiple narrative voices allow the Hiltons to "multiply their [subjectivity], granting themselves the license to move back and forth between these positions at will" (Frost 30). While I agree with Frost's assessment of the movement from singular to plural and the potentiality for multiple narrative voices, I do not agree with her conclusion of the Hilton's "*granting themselves* the license to move back and forth between these positions *at will*" (my emphasis, Frost 30). It is particularly the agency that Frost assigns the Hiltons that I cannot accept.

¹⁸ It isn't certain if Galvan actually proposed living 6 months apart, but this solution hints at the solution that Chang and Eng settled up with their wives that I mention above in *History of Freak Show*.

Because my following analysis concerns the autobiographical subject, it is important to first investigate the supposed agency of the twins to illuminate how I will be concerned with the narrative subject, not the narrators' will.

Ellen Samuels provides a useful reassessment of Frost and other scholars' acceptance of the truthfulness of freak show autobiographies by examining *The History and Medical Description of the Two-Headed Girls, Told in "Their Own Peculiar War"* by "One of Them" about conjoined twins Millie and Christine McKoy. Millie and Christine were black female conjoined twins that were first exhibited as slaves and later toured on their own throughout the nineteenth century. Through careful archival work and comparative research with modern scholarship, Samuels determines that there is "very little historical or textual evidence to support treating the *History* as a piece authored by the McKoy twins rather than by their managers and former owners" (60). It is important to note that the same anthology that is the basis for Samuels' questioning of Frost, *Conjoined Twins in Black and White*, is the same text that also contains the Hilton's autobiographies and Frost's assumption of their narrative agency. Similar to how Frost assumes the fabricated narratives of McKoy twins are narrated by the McKoys, she also assumes such a posture when arguing that the Hiltons are able to grant themselves narrative movement at will.

On the surface, *Intimate Loves and Lives of the Hilton Sisters* does give some indication that it is an autobiography written by the twins. For example, it is written in prose rather than in a question and answer format consistent with an interview. The narrative is also the only one concerning the twins that uses "I" phrases to describe Daisy and Violet. In the text written by Myers and in *Chained For Life* the twins are described

in the third person. Yet, heeding Samuel's example and the work done on the fabrication and hyperbole within freak show narratives by scholars such as Garland-Thomson and Bogdan, I cannot accept Frost's conclusion of the Hiltons' agency.

Perhaps most obviously, Frost misses that an outside narrative voice exists, yet whose textual referent is virtually absent, that of *American Weekly* writer Ethleda Bedford¹⁹. In fact, the only hint of Bedford's voice comes in the preface that ironically claims narrative authenticity: "Daisy and Violet Hilton reveal in the pages that follow, the intimate and never-before-told story of their struggle for love and happiness. The autobiography is true in every detail" (130). Frost also sidesteps that the twins were under management that might have influenced narrative production. Although this newer management would not have had the complete control Myers exercised, nonetheless the twins retained outside management that certainly influenced their career. In overlooking these outside influences of Bedford and the twins' manager, Frost misses how others mediated and filtered the twins' narrative and thereby foreclosed the potential for autobiographical agency.

Rosaura Sanchez provides a useful understanding of the narrative production by outsiders that helps reveals the complex overlay of narrative voices within *The Intimate Loves and Lives of the Hilton Sisters*. Examining the narrative exchanges between Californios and white interviewers in nineteenth century testimonios, Sanchez

¹⁹ Frost does qualify her analysis slightly when she suggests, "The three documents included here that pertain to Daisy and Violet Hilton stretch the generic limits of conventional autobiography and biography; nevertheless, all three are treated by a range of interested parties as viable representations of the lives of Daisy and Violet Hilton" (24). However, Frost's above reading of the twins can be included within the "range of interested parties" when she grants the Hilton's narrative agency.

distinguishes testimonials from self-generated autobiographies precisely because of outside narrative intervention. Sanchez argues that testimonials are “mediated narratives by a subaltern person interviewed by an outsider (generally a professional who subsequently organizes, edits, and revises the interview to produce a full-length manuscript)” (7). As interviewer and writer Bedford had ample opportunity for the kind of narrative influence that Sanchez points to. Sanchez explains that this kind of narrative production “introduces a disjuncture, a doubling, a split voice, an overlay of hegemonic and subaltern narrative spaces” (8). This doubling of narrative voices is important to consider in texts on conjoined twins within American freak shows. As Frost points out, the twins speak as both singular and collective voices to relay their experiences. Adding to Frost’s conclusion, the outside narrative influence of Bedford and the twins’ managers creates a multiplicity of narrative voices. However, instead of presenting the opportunity for the twins’ narrative agency as Frost postulates, these multiple voices complicate the control that the twins have over their narrative production. Coupling this outside narrative influence with the misrepresentations that abound within freak show autobiographies, it is clear that the narrative agency of the twins is limited and may have even been over-ridden by hegemonic normative discourses purported by Bedford.²⁰ It is for these reasons that I can only accept the first part of Frost’s assessment, namely that the twins employ both the singular and plural and create a multiplicity of identities. My

²⁰ This is not to suggest that the Hiltons had no agency within their later career choices including *Intimate Loves and Lives of the Hilton Sisters*. Rather, I am hesitant to ascribe full narrative agency to the twins given the vexed and complicated history of freak show narratives and outside control.

analysis that follows will not be concerned with who is speaking or narrative agency, but rather with how the twins are being described through linguistic and generic conventions.

In place of Frost's above conclusion on the Hiltons' narrative agency, I propose applying a strategy similar to that used by Emily Russell in her reading of *The Extraordinary Twins*. At the start of the narrative, Twain explains the inspiration of the Tocci twins, "I had seen a picture of a youthful Italian 'freak' – or 'freaks' – which was – or which were – on exhibit in our cities (Ch 1). There is an uncertainty in Twain's choice of singular and plural identifiers (*freak* – or *freaks* – which *was* - or which *were*). Russell explains, "this linguistic ambivalence between the singular and the plural demonstrates language's role in making sense of or holding in suspense assimilation of the anomalous" (25). Twain's linguistic movement between "freak" and "freaks" illuminates how language attempts to make sense of conjoined embodiment. Twain uses two different designations in an attempt to make sense of their conjoined embodiment; however, he does not settle on an identifier, and thereby prevents an easy decoding or assimilation of the twins' anomalous body within common English language patterns. As I argue above, this uncertainty is resolved through the lynching of the twins, which reproduces the values of individualism that undergird the ability/disability system.

Within the Hiltons' narrative, there is a similar linguistic movement akin to Twain's description of Angelo and Luigi; however it results in a much different conclusion. In *Intimate Loves and Lives of the Hilton Sisters* the designations "our," "us," and "we" are interlaced with singular pronouncements of "I, Daisy" and "I, Violet." For instance, this occurs when the girls describe their early years touring in Europe:

“It was amazing how much training was crammed into *our* early lives. In preparation for *our* debut in Berlin, our first appearance in a theatre *we* had endurance tests. *I, Violet*, played ‘The Princess Waltz’ two and half hours without a mistake. *I, Daisy*, played my violin and directed an orchestra of 14” (my emphasis, 138). The language moves from “our” and “we” to “I” statements within two sentences. Although engrained within common English language patterns, the usage of singular and plural subjects are worth explaining in order to lay bare the normalization of their meaning within linguistic structures. Phrases that invoke the singular “I” are used within the English language to make sense of individuals. While, “us” and “we” are plural designations that are meant to describe and decode more than one subject. Language, with its singular and plural grammatical norms, attempts to make sense of embodiment and identity most commonly through singular constructions alone. Multiple designations are used to describe the twins, yet these do not reveal the Hiltons’ narrative agency as Frost postulates. Instead, this multiplicity points to the ways that language attempts to make sense of embodiment, but fails to conform the Hiltons’ conjoined embodiment to normative linguistic patterns. The dual textual referents illuminate how language attempts to decode and explain the twins; however their embodiment precludes an easy assimilation within linguistic structures and instead results in uncertainty and ambivalence.

This linguistic uncertainty continues throughout the narrative and, significantly, it is used when explaining how the twins navigate conjoined embodiment: “I, Violet, often weep over something which makes my sister chuckle. I had whooping cough a year and a half before Daisy. We did not even catch measles from each other! Yet – every breath, every second of the day and night, we are never parted. We will never in – in life,

although the scientists often tried to persuade us to allow them to experiment in cutting us apart” (131). The text promises a legible body upon which the readers can make sense of Daisy and Violet’s connectivity and subjectivity. Yet, the movement between plural and singular subjects results in linguistic uncertainty that precludes an easy distinction between the twins’ embodiment, and this occurs despite any direct narrative statements that attempt to describe the twins as separate subjectivities. The uncertainty that results from the use of both the singular and plural prevents clear boundaries of subjectivity or embodiment between the twins. This linguistic uncertainty also leaves key questions within the Hiltons’ narrative unanswered. Several questions are posed concerning the twins embodiment, for example, “Who makes the decisions? Who determines your joint activities?” (133). These questions are based upon singular ablest assumptions of individual autonomy and they are representative of the fascination audiences have with conjoined embodiment. In fact, these questions have a long history with conjoined twins as they have been asked of many performers within the freak shows, including the original “Siamese Twins” Cheng and Eng.²¹ These questions have resulted in expository narratives similar in topic to the Hiltons that focus on the twins’ intimate encounters and attempt to describe how conjoined twins are able to perform seemingly autonomous and private activities together. However, the linguistic uncertainty that results from the interplay of plural and singular subjects in the Hiltons’ narrative suspends an easy answer to these questions.

²¹ For more discussion on the questions commonly inquired of conjoined twins see, Elizabeth Grosz’s “Intolerable Ambiguity” and Emily Russell’s “Reading Embodied Citizenship.”

The extra textual referents in *Intimate Lives and Loves* also call into question the conventions of autobiography. Autobiography in its focus on the self assumes “I” will be the subject of the narrative and thus privileges the self-reliant autonomous individual. Autobiography thus operates according to what Lennard Davis calls a “hegemony of normalcy” whereby able-bodied norms permeate cultural discourses such as linguistic and generic conventions (3). In this way, autobiographical discourse might be understood as reproducing the normative cultural signs of singular identity and individual embodiment. However, the Hiltons’ autobiography challenges those conventions through their very evocation. While this is perhaps most obviously shown in the use of “we” and “our,” it also occurs in less apparent phrases such as, “I Daisy” and “I, Violet.” On the surface, these phrases attempt to portray the twins as individuals and it can be presumed that such statements are made to help resolve some of the linguistic uncertainty by attempting to give the reader a clear singular subject to identify.

Yet, even when the singular is emphasized, dual referents are nonetheless used. The addition of the twins’ names to the “I” phrases demonstrates a linguistic doubling even when the singular is highlighted. In other words, despite utilizing the singular descriptor of “I,” an extra textual referent of “Daisy” or “Violet” is employed to make sense of the twins’ embodiment. In fact, the extra textual referent is necessary precisely because Daisy and Violet are not singular. Singletons do not commonly add an extra signifier to “I” phrases and this linguistic addition is required because of their conjoined embodiment. This extra textual identifier creates a doubling of the autobiographical subject that cannot be easily assimilated within the singular role of the autobiographer. The genre’s failure to assimilate the Hiltons lays bare the singularity that is demanded of

the autobiographer. Moreover, the inability to assimilate the Hiltons' embodiment within the singular role of autobiographer points to some of the larger cultural demands placed upon disabled people. For example, as I show in detail in chapter two, independence and self-reliance are intrinsically bound with meanings of disability in American culture. People with disabilities are often conceived of as dependent and incapable of caring for themselves. In the Hilton's case, their disability is particularly conceived of as dependence through their excess embodiment. As conjoined twins their every move is considered dependent, which evokes pity from a culture that values individualism and self-reliance. The twin's inability to fit within the singular representations of autobiography exposes these cultural values and reveals what Mitchell calls "the lie of age-old masculine fantasy of singularity" (314).

The extra textual referent also hints at the Hilton's excess embodiment. Disabled bodies are often conceived of as a lack or excess, and in the case of the twins, their disability is quite literally excess – four arms, four legs, two torsos, and two heads. In the case of the "I, Daisy" and "I, Violet" phrases, the language used to describe the twins', much like their disabled bodies, is overdetermined and exceeds normative boundaries. The excess and uncertainty generated by the terms used to describe the twins prevents an easy reproduction of the normative cultural discourse of individualism. This is particularly important to consider in light of the ending of *Intimate Loves and Lives of the Hilton Sisters*. Unlike *Chained for Life* or *The Extraordinary Twins*, the narrative ending of *Intimate Loves and Lives of the Hilton Sisters* does not attempt to resolve the ambiguity of their embodiment through death. Instead, the narrative leaves the Hilton sisters as they enter a new chapter of their lives working for the nightclub scene. The

close of the narrative offers promises for the future, where the twins “dream of having homes and families” (158). Certainly these dreams are heteronormative desires for the future, but they have important implications for disability.

Firstly, they illuminate their continued sexuality, which is something often denied to disabled women as I explain in chapter two through Katherine Butler Hatahaway’s narrative. Moreover, this ending does not follow the same logic of human perfectability and progress that informed *The Extraordinary Twins* and *Chained for Life*. The promise of futurity for the Hilton sisters disrupts the cure or kill logic that is upheld in earlier narratives on conjoined twins. Instead, while the narrative plot leaves the twins looking towards the future, the linguistic uncertainty generated by their embodiment and their inability to conform to the conventions of autobiography prevents an easy reproduction of normative discourse and leaves the anomalous body unresolved, uncontained, and unexplained. Thus, *Intimate Loves and Lives of the Hilton Sisters*, presents different possibilities for freak show narratives, and disabled life writing in general, by illuminating narrative’s inability to contain and decode the anomalous body.

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