

Promiscuous Signification: Leprosy Suspects in a Photographic Archive of Skin

IN 1903, A PHOTOGRAPH OF A HAWAIIAN leprosy patient appeared in the lead article of the *Journal of the American Medical Association*, “Leprosy in the Hawaiian Islands” (fig. 1). The author, a Philadelphia physician named Judson Daland, identified the male subject only by his clinical symptoms: “Leprosy, showing the characteristic plantar ulceration and changes in the fingers.” The image, along with those of seven other patients from Hawai‘i, dominated the text and drew the viewer’s eye to the open sores on his feet and fingers. Offering intimate optic encounters with the somatic alterities of leprous bodies, this photograph and its companions merged the horrors of leprosy with specific Hawaiian pathological cases. Daland linked racial difference to this disease, confidently declaring that Hawaiians were subject to a “peculiar susceptibility” to leprosy, while whites were not.¹

A decade later, another American physician repurposed the very same clinical image of this leprosy patient for a different purpose. This time, the photograph was used to promote a putatively successful surgical cure for leprosy. The caption in the 1913 *New York Medical Journal* read: “Illustrating surgical treatment of hand and foot,” although no surgery had been performed on this patient.² The appearances of this clinical photograph ten years apart suggest how photographs of leprosy patients performed much

ABSTRACT This essay assesses clinical photographs of leprosy patients created by the Hawai‘i Board of Health in the late nineteenth and early twentieth centuries, or what may be the most extensive visual cataloging of indigenous, Asian, and immigrant bodies in America’s Pacific empire. Building on theoretical and methodological approaches to archives as a process rather than a source, I follow the trail of these clinical images through time and space, from their emergence within a photographic practice of medical management and segregation in Hawai‘i to their prolific circulation in transnational political and medical arenas. Offering spectacular evidence of the racialized and sexualized pathology of colonial peoples, these photographs were tightly regulated but increasingly viewed as clinical erotica after the United States incorporated Hawai‘i as a territory in 1900. The essay further suggests the “affective excess” that can disrupt the photograph’s medical surveillance, as social intimacies and care between Hawaiian patients bloom within the frame. REPRESENTATIONS 138. Spring 2017 © The Regents of the University of California. ISSN 0734-6018, electronic ISSN 1533-855X, pages 1–36. All rights reserved. Direct requests for permission to photocopy or reproduce article content to the University of California Press at <http://www.ucpress.edu/journals.php?p=reprints>. DOI: <https://doi.org/10.1525/rep.2017.138.1.1>.

cultural work. Western scientists relied on images of raced bodies with radically altered skin and body parts to draw attention to their clinical and public health narratives. At the same time, these images firmly attached this dreaded disease to people and bodies from the Pacific.

But what was the specific origin and history of this photograph? How did it come to travel from Hawai'i to American medical journals and generate such flexible meanings? Why was it taken and whom did it represent? These answers can be partially found by tracing this photograph back to its original entry in the Hawai'i Board of Health (BOH) archive in 1902 (fig. 2). The patient was a nineteen-year-old Hawaiian man named John Kapuahi, also known as Keoni Kapuahi.³ He was one of at least eight thousand leprosy suspects apprehended in Hawai'i under its leprosy segregation law between



Fig. 1.—Leprosy, showing the characteristic plantar ulceration and changes in the fingers.

FIGURE 1. Photograph published in Judson Daland, "Leprosy in the Hawaiian Islands," *Journal of the American Medical Association* 41 (November 7, 1903).

FIGURE 2. Clinical photograph of John Kapuahi, Case 148, March 12, 1902. Hawai'i State Archives.



1866 and 1969.⁴ Kapuahi's file was created when he entered the leprosy detention hospital, known also as the Kalihi receiving station in the port city of Honolulu, on February 3, 1902. A few weeks later, his photograph was taken there. Determined to have leprosy, John Kapuahi was sent to the remote northern peninsula of the island of Molokai that had been set aside as a leprosy settlement.⁵ He died there at the age of twenty-six in 1910.

Kapuahi's photograph resides among approximately 1,400 other images of people suspected of having leprosy in what is now the Hawai'i State Archives. The images are organized not by name, but as serial cases: one number per individual suspect, a clinical dossier created by date of examination. Kapuahi's photograph represents the medical and juridical process of examining, diagnosing, and archiving leprosy suspects on the borders of the US insular empire. Hawai'i became an incorporated territory of the United States in 1900, following the US-backed overthrow of its sovereign and subsequent illegal annexation.⁶ Carrying out a strict leprosy isolation and segregation policy that criminalized leprosy beginning in 1866, white Western physicians posted at all island districts reported suspicious cases of leprosy to the Board of Health. Ordinary people were also required to self-report symptoms and surrender themselves to medical authorities. The vast majority of the men, women, and children exiled to the Molokai settlement were Native Hawaiian, with a smaller number of immigrants from Portugal, Japan, China, Korea, and the Philippines.⁷

Today scientists understand leprosy to be communicable through slow-growing bacteria in respiratory droplets. Now known as Hansen's disease, leprosy is not highly infectious and contracting it requires long-term exposure to untreated patients.⁸ It became curable in the mid-twentieth century with antibiotics, but in the nineteenth century no cure existed and there were few effective treatments. The disease can cause nerve damage in the hands, feet, skin, and eyes with disfiguring effects. Although leprosy had been endemic in parts of Western Europe and reappeared in England in the 1840s, it caused great panic in the West during the high age of empire as an "imperial danger" allegedly spread by racialized populations from colonies.⁹ By the late nineteenth century, Western scientists concurred that leprosy was caused by a bacterial infection, but they did not know its etiology or transmission. Was it a hereditary condition, or was it communicable through food, soil, or skin contact? Lacking clear answers and cures, physicians who gathered in Berlin at the first international leprosy conference in 1897 could only recommend the isolation of patients to halt its spread.

During this period, Hawai'i became famous worldwide for its numerous leprosy cases and compulsory medical segregation law; the Molokai leprosy settlement incarcerated far more patients than did settler colonies in South Africa, Australia, and New Zealand.¹⁰ The Hawaiian archipelago in the

North Pacific Ocean enabled scientists and public health officials to investigate leprosy as it developed and was experienced among different racial groups. Native Hawaiians were especially vulnerable to the disease, but recent immigrant laborers from Portugal, Japan, and China, as well as white settlers of all economic classes, were among confirmed sufferers.

Not only did Hawai'i isolate and exile thousands of these patients, but its health bureau had also begun to photograph and archive individual cases beginning in the 1870s. This imaging became more systematic by the 1890s. More than any other colonial or tropical location, Hawai'i produced spectacular images of leprosy patients that were collected, archived, and selectively published for transnational observers in political and medical venues.¹¹ Yet despite this broad circulation, we know remarkably little about the production and institutional contexts of this visual archive and even less of its meanings.

In this essay I trace the production and archival force of these leprosy photographs. I discuss the construction of the archive of leprosy and the promiscuous signification of its contents, drawing upon approaches to "archiving-as-process rather than archives-as-things" proposed by Ann L. Stoler and Warwick Anderson in their respective studies of colonial archives and biomedicine.¹² With few exceptions, studies of leprosy and tropical medicine pay only passing attention to photographic technologies and visual culture beyond illustrations of medical and social categories.¹³ Yet these leprosy photographs were critical, not incidental, foundations of an archival system of medico-juridical segregation and racialized biomedical knowledge. Internally they established evidence for the legal and medical category of leprosy that consigned a person to lifelong exile. The photographs also remained indefinitely in the archive, taking on a life of their own even after the people they indexed had died. Far outside the Hawaiian Islands, they circulated prolifically, generating political capital and advancing claims of racial-sexual pathology in medical literature. Photographs were valuable resources girding epistemologies of biomedicine, racial-sexual pathology, and alterity. As elaborate ways of knowing, they both produced and reveal settler and imperial Western anxieties about racial-sexual intimacies in Hawai'i.

Historically leprosy has been one of the most visually represented of skin diseases. Illustrations of sufferers date back to the Middle Ages, and the first colored lithographs of leprosy patients were published in Norway in 1847.¹⁴ This more generic iconography did not tie leprous bodies strongly to race, nationality, place, or cultural practices, however, while the Hawai'i photographs linked unclean sexuality and domesticity with racial difference and infection.

Colonial biomedicine and public health institutions fixed an intense eroticized gaze on indigenous and immigrant leprosy suspects, who were sometimes captured wholly or partially nude in order to expose deformities and somatic differences. In this essay, I include selected photographs from

the leprosy archive that enable critical analysis of this history of patient exposure, while conceding that they may risk re-inscription of that epistemic violence. However, the most spectacularized forms of visual stigmata and nude patient photographs are not reproduced here in full, as a deliberate methodological and ethical consideration informed by ongoing discussions with Hansen's disease patient advocates and caregivers in Hawai'i.¹⁵ The people represented within the archive were more than biomedical subjects; indeed, they persist as *kūpuna* (elders) whose *'iwi* (bones) and memory are treasured by descendants.¹⁶ The conclusion of the essay attempts to balance the scopophilic clinical gaze with photographs featuring subjects who perform not just as leprosy patients but also as people who wove a complex social and cultural community of care.

The Medico-Juridical Archive: Photographing Suspects

The archive that remains of a century of leprosy management by the Hawai'i Board of Health is both detailed and incomplete.¹⁷ During a sixteen-year period between 1895 and 1910, the board archived approximately 900 individual patient files and 1,400 clinical photographs of patients. These images represent only part of a much longer process of photographing leprosy patients. Known in Hawaiian as Papa Ola, the BOH began photographing patients as early as 1878 and continued to take photographs at least until the 1950s.¹⁸ Collectively, then, these extant images represent an archival practice and investment in photography that spanned more than half a century.¹⁹

This archive of skin is distinct as a genre of medical photography, for it was not a collection of images of pathology by individual physicians, but a visual practice instituted and financed by the colonial state. It may constitute the most extensive visual and biopolitical cataloging of indigenous and Asian bodies within America's Pacific empire. While American physicians advocated the use of photography to document unusual or spectacular clinical cases in the 1880s, and some were even photographing their own patients for purposes of diagnosis and documentation decades earlier, the Hawai'i archive represents a broader scale and functional organization of colonial medical photography.²⁰

The leprosy suspects who entered the Kalihi detention center—known as the “Receiving Station” or “Government Hospital for Lepers”—were treated as inmates and lost the liberty to come and go. The hospital was enclosed by an eight-foot-high double fence and an eight-foot-long border.²¹ Detained in this carceral environment, patients were deprived of access to family members who were nonpatients. With few exceptions,

the suspects remained at the receiving station until they were exiled to the Molokai colony for life. It was here that photographs were shot after the suspect's first medical intake examination. Photographing each leprosy suspect was likely a costly and time-consuming endeavor. The hospital did not have its own photographer, so this labor was outsourced to a studio photographer in Honolulu on a noncontract basis.²²

The clinical photograph was a medical and juridical piece of evidence. The Board of Health relied on photographs to confirm a clinical diagnosis of leprosy and to document the suspect's somatic condition upon capture. Though the earliest intake photographs in the archive date back to 1895, the BOH made photography an explicit part of medical diagnosis in 1898: "It was ordered that all persons pronounced by the Board of Medical Examiners to be lepers shall be photographed and a record preserved of the name of the patient, number of the case, date of examination, and a description of the symptoms upon which the diagnosis was based."²³

The 1865 Act to Prevent the Spread of Leprosy gave health agents the "full power" to isolate and exile all those it deemed leprosy in Hawai'i.²⁴ As authorized by the 1865 leprosy act, the Board of Health's medical and juridical functions merged. The Hawai'i Supreme Court further confirmed the legality of the BOH's carceral practices when it ruled in 1884 that the board's exercise of "police power"—the segregation of some to protect the majority—was constitutional.²⁵ Medical determinations of contagion and infection thus became entangled with imprisonment and sentencing. By the 1890s, photographs were incorporated into the board's visual inspections, constituting evidence for three medical and juridical categories: "not a leper," "suspect," and "leper." A "leper" was someone who was "incurable or capable of spreading the disease of leprosy." Those in this category were exiled to the Molokai settlement for the rest of their lives.²⁶ A "suspect" was someone who was a "doubtful" case or "not in sufficiently advanced stages" to spread the disease. These suspects were released to their own communities, but required to report once a month to physicians in their district. Of those inspected, the largest number was sentenced as "lepers," followed by "suspects," and a much smaller set of nonleprosy subjects.²⁷

Above all, the photograph dominated the clinical record. In Hawai'i, the photograph was the central part of the leprosy case file, traveling with a patient's clinical file, sometimes for decades. Unlike other contemporaneous identification systems that relied on textual descriptions, the case files were not so much "commitments to paper" as commitments to *images*.²⁸ The photographs, measuring about eight by ten inches, were printed on albumen paper and mounted on thick cardboard. They are heavy, bored through with insect holes and occasionally dusted with droppings, as is the photograph, shot in 1901, of twenty-two-year-old Maria Alexander (fig. 3).



FIGURE 3. Clinical photograph of Maria Alexander, Case 79, September 23, 1901. Hawai'i State Archives.

The Board of Health published its procedures and publicized legible outcomes that lent the appearance of scientific objectivity, juridical fairness, and impartiality to their operation.²⁹ Since a positive diagnosis of leprosy led to lifelong detention and separation from one's natal community, the board sought to document rational and incontrovertible proof of infection. How would the camera assist with such evidence?

Scholars of nineteenth-century medical photography have argued that Western physicians readily adopted photographic technologies because they believed the camera extended, and even improved, the objective medical gaze and diagnostic abilities.³⁰ In Hawai'i, the medical camera came into use for leprosy diagnosis only after a government physician, during an initial physical examination of an individual, had already suspected infection. Optimally, the camera would render visible the pathologies on the surface of the skin, which would serve as medical and legal proof of infection. Ideally, the pathological symptoms first notated by the physician would be visible in the photograph that was shot several days or weeks after the initial examination. The photograph was especially relied upon to confirm clinical diagnoses in Hawai'i leprosy cases at the turn of the century, where the photograph exposed skin and parts of the body most often affected—the hands, arms, feet, ears, and face—that the doctor had already notated as showing advanced symptoms of infection.

The 1903 case of a fourteen-year-old Hawaiian girl named Meleana Pookalani reveals the connection between the physician's eye and the truth claims of the medical photograph. In three consecutive sections printed on Meleana's intake record—"hands: atrophied," "contracted," and "fingers"—the physician filled in the corresponding answers: "yes, left," "yes, left," and "left re[tracted] and contracted" at her physical examination on April 2,

1903. The link between leprosy and her affected hand was affirmed with the photograph taken more than a week later, on April 11, 1903 (fig. 4). In it, Meleana spread the fingers of her left hand and held them against her chest; she was likely instructed to do so in order to expose the hand that the physician had indicated earlier as affected. As with Meleana, the medical camera worked best for indexing advanced signs of leprosy once they had manifested on the surface of the skin.



FIGURE 4. Clinical photograph of Meleana Pookalani, Case 263, April 11, 1903. Hawai'i State Archives.

Despite this apparent confidence in the camera, findings or diagnosis of leprosy could be contradicted by the image itself. Unlike smallpox, plague, and measles, where somatic changes and death took only days, leprosy could take years to surface on the skin. Some symptoms of leprosy like erythema (superficial red patches) were difficult for the camera to capture, highlighting the discrepancy between the doctor's expectations and the camera's ambiguous output.

As in these cases from 1895, the medical camera could not and did not consistently provide visual evidence or support the positive diagnosis of the physician. Two Hawaiian boys, ages sixteen and eighteen, each were photographed holding similar poses on June 11, 1895. Ponapake Lapalio and Joe Kauhane stood wearing only a *malo* (loincloth), each one with an arm bent and held up against his side.³¹ The physician handwrote below Lapalio's photograph: "Note: arm and forearm not contracted as shown in photo. But hand and fingers shrunken and contracted." He scrawled a nearly identical phrase under Kauhane's photograph.

Here, the medical camera could not produce what the doctor desired. The shrunken hands are not visible in the image, nor is the arm contracted as it appears in the image. In other words, the arm that appears crooked in the photograph was not actually crooked. The government physician needed to intervene narratively and explain these discrepancies between the photograph and his own medical observation.³² Rather than bestowing self-evident knowledge, the camera revealed itself a “subjective apparatus.”³³

Intimate Relations and Skin

Leprosy affected people of all ages, nationalities, classes, and ethnicities in the United States, Europe, and their possessions, including native-born and settler whites. Yet by far the largest group imaged in this archive of skin was Native Hawaiian, followed by Chinese and Japanese immigrants. While white Europeans and Americans may have experienced lower rates of infection, they were not ensnared in the carceral net with the same intensity, nor were they readily entered into the visual archive. Why? The Board of Health, which itself was composed largely of wealthy white settlers, only reluctantly detained and exiled whites for having leprosy. These cases seem to have been unreported, underreported, or kept secret by the board to avoid embarrassment to Hawai‘i and the individuals’ home countries.³⁴ Some Europeans and Americans who had the means to do so left Hawai‘i upon learning that they had contracted the disease. They were known to escape exile by going to the United States, Japan, or Germany for treatment. Board physician Dr. George Trousseau encouraged white foreigners to repatriate and even paid the return fare for those lacking the means in the 1880s.³⁵

Western scientists and physicians debated whether leprosy was a hereditary condition. Despite this lack of consensus, many treated it as a racial disease.³⁶ Physicians practicing in Hawai‘i believed that Hawaiians, and to a lesser degree, Asians, were prone to infection due to purported biological susceptibility and cultural habits. American medical journals characterized what they viewed as Hawaiians’ domestic disorder, promiscuity, communal eating, sleeping arrangements, and lack of cleanliness as links to leprosy.

American physician and former Molokai settlement physician George Fitch, writing about the etiology of leprosy in 1892, relied on florid prose to capture Hawaiians engaging in illicit relations with one another and with white foreigners: “Before the advent of the whites in Hawaii, marriage, as we understand the word, one male and one female consecrating themselves to each other only, was practically unknown.”³⁷ Besides promiscuous intercourse, Fitch alludes to Hawaiian improvidence, drunkenness, and incest as causes for moral and physical degeneration. By contrast, Caucasian settlers

lived in legible hetero-normative domestic households; these subjects were thought to possess a naturally “high degree of immunity.”³⁸ Hawaiians were explicitly and implicitly blamed as the cause of Caucasian cases.

This habit of discursively scrutinizing the intimate spaces of Hawaiian bodily practices underwrote the ethos and visual practices of the colonial medical inspection, intake form, and clinical photograph. The BOH physician queried each suspect about a family history of leprosy that corresponded to specific lines on the preprinted form for the condition of the patient’s father, mother, brother, and sister. The question “Any relative or intimate associate past or present leprosy?” demanded either a confession or a disavowal from the patient: it required a suspect to confess to any association with kin and friends who had been caught, or to disavow those very same social relations.

When fifty-five year-old Kaulili Kuula was examined as case 382 in March 1904, her response was recorded as: “Had a cousin sent to M. [Molokai] as a leper but have never lived in the same house with a leper and have never associated with lepers” (fig. 5). To defend her uninfected status, Kuula was required to assert her domestic space as clean and to keep herself distinct from certain kin. Twenty-one-year-old Makanui Kanehe had to report more relations, including her husband. Kanehe said in December 1902, “I have had 5 cousins sent to Molokai as lepers and more at home under suspicion who have never been before the board. My husband is here with me for examination.”³⁹ Kinship—a sustaining set of genealogical, social, and political relations for Hawaiian communities—became cause for suspicion and indictment for the adjudicating medical panel.

If the medical form made visible a patient’s social relations, the clinical photograph offered doctors intimate encounters with a patient’s skin. Suspects entering medical detention were required to submit to narrative interrogation about their closest relations and were also made to expose their bodies and afflicted skin for the medical camera. Non-Western men, women, and children were occasionally imaged nude or partially nude. We see this erotic convention structuring two particular images of young Hawaiian women in 1903, though I have reproduced only the upper portions of these photographs. Twenty-one-year-old Makanui Kanehe covered her breasts with crossed arms, while her shoulders were bared in the shot (fig. 6).⁴⁰ Eighteen-year-old Oliwaliilii was captured in a three-quarter-length pose that same year, unclothed from the waist up and back turned to the camera, in order to reveal erupted skin on her back (fig. 7). Similar to pornographic images of women from this period, Oliwaliilii’s clinical pose in the uncropped original suggestively revealed the outline of one of her breasts. These two images represent a more extensive erotic repertoire in which unclothed patients were posed cupping their genitals and breasts with their hands. Male patients, young and

FIGURE 5. Clinical photograph of Kaulili Kuula, Case 382, April 15, 1904. Hawai'i State Archives.



FIGURE 6. Clinical photograph of Makanui Kanehe, Case 241, February 5, 1903, cropped from original. Hawai'i State Archives.

FIGURE 7. Clinical photograph of Oliwaliilii, Case 329, September 11, 1903, cropped from original. Hawai'i State Archives.



old, were also captured nude or in loincloths in several angles that called attention to their genitals and buttocks.⁴¹ Ari Larissa Heinrich has usefully shown how the medical gaze was conjoined with the erotic gaze in Western doctors' clinical photographs of Chinese patients during a contemporaneous period in China.⁴² Health agents in Hawai'i similarly exhibited a voyeuristic fascination with skin altered by leprosy and the racial-sexual alterity of their subjects in these photographic portraits.

The *mise-en-scène* of the leprosy photograph hewed to a particular choreography of poses and exposures, such as arms crossed, fingers spread, or feet flexed to allow the physician to correlate earlier findings. Depending on the affected areas of the body, these poses could be accomplished via full-length nudes, medium shots, or close-up shots of buttocks, thighs, or ulcerated feet. Capturing skin through photography did not necessarily require removal of clothing, but it subjected patients to vulnerable positions before the camera nonetheless. The suspects were posed to reveal skin on their cheeks, backs, chins, hands, or feet, even if their bodies were fully or partially "dressed" with clothing. Hands and feet suffering nerve damage and skin lesions from leprosy became favored subjects of the medical camera in Hawai'i.

It was Hawaiians who assumed the greatest visibility in this archive of skin, followed by Chinese and Japanese subjects. The clinical exam and visual files became opportunities for physicians to inspect and probe raced and sexed bodies in the guise of dispassionate clinical observation. With labels indicating gender and national background, doctors learned to map race, sex, and gender onto the bodies of those patients variously described, for instance, as a "Chinese" female, "½" Hawaiian male, or a "½ Jap, ½ Hawaiian" female.

Hundreds of images of Hawaiian, Chinese, Filipino, Japanese, and Portuguese suspects at their most exposed, including those identified as racially mixed, were placed in BOH files. Leprosy became visible as racialized and sexualized pathogens as the board focused on Hawaiians and Asians. In this archive of skin, the leprous body and racially Othered bodies became indistinguishable. As the female hysteric, convincingly theorized by Georges Didi-Huberman, was invented via photographic tableaux of "spectacular evidence" in the Salpêtrière Hospital in Paris, so were the figures of leprous Hawaiian and Asian suspects invented in this visual archive of skin.⁴³

In contrast, the bodies of white settlers, who were a statistical minority of patients overall, were not the principal objects of eroticized medical stares in the archive. In keeping with the *de facto* exemption of whites from medical exile to Molokai, the board visualized white suspects as innocent victims of leprosy rather than its agents. When photographed, white European and

American suspects often were imaged according to representational codes that accorded anonymity, privacy, and gendered discretion.

In 1903, the same year that the Hawaiian women Makaanui Kanehe and Oliwaliliii (figs. 6 and 7) were seized as suspects, another American woman patient was photographed using a different set of visual conventions. Sixty-one-year-old Sarah Sunter was suspected of leprosy because of shrunken digits on her hand and extensive anesthetic patches (areas without feeling and pain) on both feet and legs. These symptoms were duly notated in her 1903 clinical record. Sunter was addressed with the honorific “Mrs. Sarah Sunter” in her clinical file, although she was divorced.⁴⁴ Her hands, with their shrunken and amputated digits, were posed on her chest, in a manner similar to the clinical choreography of contemporaneous Hawaiian and Asian patients (fig. 8). However, another white woman, possibly a nurse or friend, stepped into the frame with a cloth to hide Sunter’s face and shield her identity. With the covering of her face, Sunter’s personhood was uncoupled from her diseased body, allowing her dignity to remain unscathed. Nor did the board photograph her feet, as they did scores of other patients. Thus we view white womanhood through the gendered visual codes of victim; Sunter is figured as the unwitting recipient of disease rather than a culpable source of leprosy. In this settler colonial context, privacy was a deeply racialized privilege available to white women and men of multiple



FIGURE 8. Clinical photograph of Mrs. Sarah Sunter, Case 253, March 20, 1903. Hawai'i State Archives.

classes and ranks; it was withheld from Hawaiian suspects of chiefly and nonchiefly status and from Asian immigrant laboring communities.⁴⁵ In 1,400 extant photographs in the archive, I have seen no attempt to anonymize or shield the identity of a Hawaiian or Asian woman, man, or child.

Clinical Erotica and Political Capital

The Board of Health's confidence in photography as a useful scientific and juridical tool was periodically tempered by anxiety over the promiscuous circulation of images of Hawai'i leprosy patients. It issued occasional missives to ban photography and chastise those who had taken photographs without its permission.⁴⁶ When the board learned that "hideous photographs" of patients were being sold to the general public in 1893, it resolved to prohibit all "photographs of lepers" at both the settlement and receiving station, except by express permission of the president of the board. It even considered confiscating photographic equipment in the settlement, including that of resident patients and physicians.⁴⁷

Why would board officials object to the dispersal of images of leprosy bodies outside the articulated confines of medical venues? If physicians relied on photography for leprosy diagnosis and empirical documentation, Board of Health members had different priorities. They had vested interests in protecting the plantation and tourist economy of Hawai'i. Physicians and bacteriologists were usually investigating leprosy as a disease with the object of preventing its spread, while Board of Health members prioritized the preservation of law and order and the economic investments of the white settler oligarchy. By the 1893 overthrow of the Hawaiian Kingdom, board membership comprised equal numbers of physicians and lay members. It was also increasingly dominated by wealthy white settlers like the attorney general, plantation owners, mercantilists, businessmen, and lawyers.⁴⁸

Leprosy photographs, like the bodies they indexed, associated the danger of leprosy infection with the Hawaiian Islands, threatening Hawai'i's economic development, white settlement, and image culture. Significantly, Hawai'i's developing tourist economy was attached to the visual economy of an "imagined intimacy" between alluring Hawaiian women hosts and white guests.⁴⁹ In 1902, the new territorial government created the Hawaii Promotion Committee to promote tourism; its brochures relied on scenic photographs of white guests enjoying *lu'au* (Hawaiian feasts) and panoramic vistas.⁵⁰ Absent from this tourist media, however, was leprosy, which would have darkened Hawai'i's reputation as a supposed paradise of the Pacific. Leprosy bodies were constantly referred to as repulsive by white

settlers, including physicians. Board physician Fitch called them “rotting festering loathsome persons” unfit to be seen in civil society.⁵¹

Visiting writers and physicians also publicly worried about leprosy in the potential Pacific territory and its spread to the United States. American physician and syphilis expert Prince A. Morrow visited the Molokai settlement in 1889 and cautioned strenuously against Hawai‘i’s annexation by the United States because of leprosy. Morrow wrote, “When it is considered that more than ten per cent of the Hawaiian race are affected with leprosy it becomes a serious question as to what will be the effect of the absorption of this tainted population upon the health interests of this country.”⁵² Another travel writer cast Hawai‘i as a “Garden of Eden,” but a garden with a serpent, a shadow, and a “skeleton” in its closet. He concluded, “Hawai‘i’s skeleton is the leper; its closet grim Molokai.”⁵³

The Board of Health continued to photograph all leprosy suspects at the Kalihi detention hospital, amassing thousands of individual patient images. Yet it maintained tight control over these clinical photographs in order to keep the loathsome bodies of leprosy patients sequestered from the paradisiacal image culture of Hawai‘i. Board restrictions of patient photographs were the most vigorous between the 1893 overthrow of the Hawaiian monarchy and 1898 annexation by the United States, when Hawai‘i’s territorial status was liminal and actively debated.⁵⁴ Yet after Hawai‘i was formally incorporated as territory in 1900, the board relaxed its visual interdictions, and the archive of skin became a valuable and convenient asset for physicians and politicians alike. As it circulated as clinical erotica to select audiences, the archive allowed the viewing pleasure of policy makers and experts and served as a vital political resource.

Patient photographs were made to perform long after they were taken, despite official concerns over their illicit circulation and sale. These photographs elicited fear, shock, and voyeuristic pleasure useful for political arguments. Following US annexation, the Board of Health sought federal funds for the care of its nearly nine hundred leprosy patients kept under medical isolation in the territory. The territory’s best strategy for wringing resources and money out of the federal government was leprosy. As medical historian O. A. Bushnell put it, “What more fearsome thing could they show [Uncle Sam] than a leper?”⁵⁵

In 1904, the president of the Hawai‘i Board of Health, Dr. Charles B. Cooper, brought a large collection of clinical photographs to Washington, DC. These photographs of Hawai‘i leprosy patients showed “disease in various forms and in its different stages.” As Cooper made his rounds in Washington to lobby for leprosy funding, he displayed his photographs in large albums and as single shots.⁵⁶ He took them to a conference of health officers from US Public Health and Marine Hospital Service, the federal

agency responsible for instituting quarantine. There, Cooper exhibited “photographs of lepers” during his presentation on the isolation of patients on Molokai.⁵⁷ He also met with Surgeon General Wyman, the highest-ranking medical officer in the United States, to discuss a research experiment station on Molokai that would investigate a leprosy cure.

The attendees’ responses were revealing: “The entire collection aroused a very lively interest among the physicians present. . . . The physicians and health officers made many demands upon Dr. Cooper for copies of certain of those photographs.” The men’s erotic appetite is suggested by this scene of arousal. The images were not readily available outside of Hawai‘i at the time.⁵⁸ Distributed only to a select number of viewers, the photographs were an erotic resource that Cooper purveyed for political consideration.

Cooper in all likelihood curated his photographic exhibit from the Board of Health archive, a stable and convenient source of images to which he would have had immediate access. While we do not have a record of the exact photographs he exhibited, the photographs were likely similar to, if not the same as, those of four Hawai‘i patients published within a 1902 US Senate report about the prevention of leprosy in the United States.⁵⁹ The four photographs of Hawai‘i leprosy patients in this report were originally taken during their 1898 detention in Honolulu. They were of patients displaying visually arresting leprosy symptoms, including an eighteen-year-old Hawaiian woman, Halauwai (fig. 9); Kaupe, a fifty-year-old Hawaiian woman



FIGURE 9. “No. 2. Anaesthetic Leprosy—Loss of Fingers and Toes,” published in United States Senate Committee on Public Health and National Quarantine report on leprosy in the United States, 1902. Its subject is Halauwai, Case 05172, age 18, whose clinical photograph was taken in Hawai‘i on May 11, 1898.

NO. 2. ANAESTHETIC LEPROSY—LOSS OF FINGERS AND TOES.

whose breasts were exposed; a sixty-three-year-old Portuguese man, Juan de Freitas; and a seventeen-year-old Hawaiian man, Henry K. Apolo. Each photograph was printed on a full page at the back of the report, identified only by their clinical symptoms. Nearly hidden within dry administrative prose about medical quarantine, the photographs offered an intimate, voyeuristic peek at leprosy in racialized bodies: clawed hands, missing toes and fingers, facial lesions, and large breasts with mottled skin. Considering the excited response to Cooper's exhibit—an audience that clamored for copies—one can conclude that Cooper chose to bring similar kinds of photographs with somatic deformities that shocked and titillated his viewers.

Cooper left prints of his photographs with Surgeon General Wyman, the official he most needed in his corner. Wyman backed the territorial request, and in 1905 Congress passed legislation funding the US Leprosy Investigation Station on Molokai.⁶⁰ The congressional appropriation had material effects: it resulted in further biomedical experimentation on Hawaiian patients and their imaging by American physicians at the federal station on Molokai.⁶¹

Ethnographic Medicine and Racial-Sexual Types

As the photographic archive provided rich material for health authorities to draw upon, so too, did medical writers dip into it regularly to highlight clinical cases and the practice of leprosy segregation. When the colonial medical file traveled to transnational medical contexts, the article stripped the patient's specific medical history and resignified the clinical image as a racial-sexual pathological type. The original clinical file embedded the patient in a particular location and time, notating names, dates, family histories, and symptoms. However, the articles represented the clinical image as an ethnographic icon of tropical leprosy and the degraded native. I offer here two examples of medical print culture that merged ethnography with medical illustration.

An occasional American tourist and physician J. Christopher O'Day had difficulty gaining access to the Molokai settlement because the board wished to strictly limit publicity of leprosy. After several years of entreaties, O'Day was allowed to visit Molokai only after operating successfully on the son of a prominent Hawaiian politician. O'Day proceeded to publish accounts of his tour to the Molokai leprosy colony in US medical journals between 1911 and 1919. In these articles and other illustrated lectures delivered to American audiences, O'Day offered narrative and visual portraits of patients in the colony, bridging the ethnographic and the medical.⁶²

He argued that leprosy was “not a contagious nor an infectious disease,” sympathizing with the pathetic experience of these “poor outcasts” whose children were taken from them.⁶³ Nevertheless, his articles sensationalized the disease using copious images of leprous bodies. Equipped with clinical images of patients from the colonial archive, O’Day chose two patients with dramatically altered bodies to represent “typical” leprosy patients (figs. 10 and 11). Nodules on these subjects’ cheeks, brows, and foreheads were highly visible.



Fig. 3.

Inmate of the leper colony. Hawaiian boy, age 17. Typical tubercular leprosy.

FIGURE 10. Clinical photograph of Puaiku Iokepa, Case 760, April 16, 1908, age 15. Published as “Inmate of the leper colony. Hawaiian boy, age 17, Typical tubercular leprosy,” in J. Christopher O’Day, “A Visit to the Leper Colony of Molokai, Hawaii,” *Urologic and Cutaneous Review* 19, no. 5 (May 1915).

FIGURE 11. Clinical photograph of Mari Goto, Case 755, April 16, 1908, published as “Inmate of the leper colony. Half Chinese and Hawaiian woman, Tubercular leprosy,” in O’Day, “A Visit to the Leper Colony of Molokai, Hawaii.”



Fig. 4.

Inmate of the leper colony. Half Chinese and Hawaiian woman. Tubercular leprosy.

Not only was each inmate's photograph captioned with the type of leprosy infection but each patient was also identified by race and gender. The first image was a "Hawaiian boy, age 17, Typical tubercular leprosy," and the second photograph captioned "Half Chinese and Hawaiian woman. Tubercular leprosy." Untethered from the archive, medical photographs like these were implicitly ethnographic and instructional. They staged racial-sexual pathology in the guise of medical illustration. The photographs encouraged viewers to peer at racial and gender difference made spectacular on the surface of the skin: the racialized body imaged as a horrific pathogen.

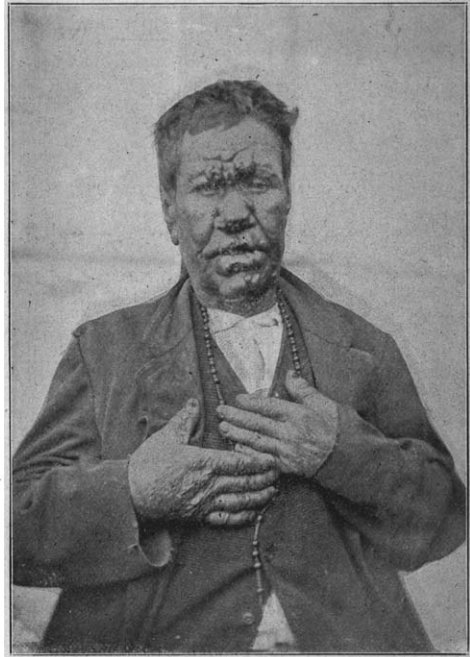
Ironically, despite the author's attempt to offer ethnographic scrutiny and authority, the woman patient identified as "half Chinese and Hawaiian" was, in fact, neither Chinese nor Hawaiian. Her name was Mari Goto, a Japanese immigrant laboring on or near the Wahiawa plantation on O'ahu. When she was seized and exiled in 1908, Goto was thirty years old and married. The "Hawaiian boy" who stood as the visual example of tubercular leprosy was not seventeen, as described, but a fifteen-year-old named Puaike Iokepa. He had been apprehended with his father and older brother in Kawaihae, Hawai'i, in 1908, and he had one sister who had already been exiled to the Molokai colony.⁶⁴ Yet these discrepancies mattered little—Goto and Iokepa's mediated images were still associated with the infectious peril of leprosy emanating from Hawai'i.

Western doctors working in Hawai'i offered even more elaborate cultural ethnographies to explain the physical and moral decay of their patients. Writing as a BOH physician posted on Maui, the American Edward S. Goodhue offered an insider's view of those indigent natives, Chinese, "negroes," and "stray individuals from all countries" affected by social and sexual chaos and terrible diseases in Hawai'i.⁶⁵ In a lushly illustrated 1900 *Journal of American Medicine* piece called "The Physician in Hawaii," Goodhue positioned the white physician as an underpaid savior encountering the immoral choices and unclean habits of his Hawai'i patients. He provided brief ethnographic sketches of the strange and smelly Japanese and Chinese laborers who lived surrounded by refuse and pickled vegetables on sugar plantation tenements. One of his most confounding patients was a young and immodest "Native girl" who became pregnant after a sexual liaison with the scion of a good white family. Goodhue attended the birth of the illegitimate child and provided counsel to the mother, ultimately concluding that his "effort at reforming native girls was rather a failure."⁶⁶

The unruly crossing of racial, sex, and class boundaries in the islands, as suggested by the baby's birth, could produce loathsome bodily decay in the form of contagious disease, it was thought. When the article appeared in this leading medical journal in 1900, Hawai'i was already globally famous for harboring leprosy. Though Goodhue makes but a passing reference to



NERVE LEPROSY.



TUBERCULAR LEPROSY.

FIGURE 12. Clinical photographs of two Hawaiian leprosy patients published in E. S. Goodhue, "The Physician in Hawaii," *Journal of American Medical Association* 34 (January 20, 1900). The original photographs were taken by Henry L. Chase in 1878.

leprosy in the islands, the unnerving images embedded in his piece are those of two Hawaiian leprosy patients (fig. 12). These photographs are the only clinical portraits in the article, appearing among ethnographic scenes of Hawaiians preparing cooked taro root and sitting by their grass houses.

Goodhue relied on two of the earliest images from the Hawai'i leprosy archive to link race, gender, infection, and deformity. The production of these particular photographs was well documented when the Board of Health commissioned them in 1878. A Honolulu-based photographer, Henry L. Chase, had been hired by the board to photograph twelve patients during its inspection visit to the original Kalawao, Molokai, colony. Chase produced twelve wet-plate negatives of advanced leprosy cases during this trip. Per his contract, Chase was not allowed to make additional prints of the negatives without the explicit permission of the board president, and this restrictive agreement was even published in the daily Honolulu newspaper.⁶⁷

Yet twenty-two years after the portraits were first taken, they reappeared side by side in a major medical journal to bolster Goodhue's study of Hawaiians as a doomed and deformed people. The woman is blind and her hands

are missing their fingers; the second patient, a man, holds swollen hands to his chest, and nodules have erupted across his face.⁶⁸ No further textual explanation was necessary, for these leprosy images attached stunning somatic disability and difference to Goodhue's narrative depictions of the improvident and morally suspect behavior of Hawaiians. The racial-sexual pathology of Hawai'i's people thus manifested on the surface of the epidermis and the photographic grain.

After territorial incorporation in 1900, photographs from the Hawai'i leprosy archive surfaced with greater frequency in prominent medical journals and public health reports. Photographs in medical journals were also appearing more regularly by 1900 because of technological developments; they were far less costly to print.⁶⁹ Board of Health officials permitted the publication of some clinical photographs, granting access to physicians, scientists, and health officials in the continental United States. Years after the original clinical photographs were shot at Kalihi Hospital, they were reissued in publications like the *Journal of American Medical Association* (1903), *United States Naval Medical Bulletin* (1912), *American Medicine* (1913), *New York Medical Journal* (1913), and *U.S. Public Health Bulletin* (1924).⁷⁰ These publications were not only seen by readers in the United States but were also read and discussed by scientists in Europe, Japan, and the Philippines.

Doctors also created slide presentations on leprosy and public health using clinical images from Hawai'i. The voyeuristic image of the young Hawaiian woman Oliwaliilii (fig. 7), along with several other clinical patient photographs from Hawai'i, was featured in Dr. George McCoy's lantern-slide collection. McCoy was a director of the federal Leprosy Investigation Station in Hawai'i and later became head of the Hygienic Laboratory of the US Public Health Service, now the National Institutes of Health.⁷¹ These images usually lacked attribution to their origin in the Hawai'i government hospital, but they still identified patients by their race and/or gender (that is, "Part Hawaiian, age 13"; "girl aged 8 years"). Some, like William Eli Hodge, a Hawaiian boy originally captured in 1902, made multiple appearances in print in 1912 and 1913 (fig. 13).⁷²

What was the net effect of detaching photographs from the leprosy archive and displaying them in American medical print culture? Whereas individual patients in Hawai'i had been inspected, photographed, and cataloged for potential incarceration and tracking of suspects, the appearance of clinical cases in national and transnational media resignified individual cases as a broader racial-sexual contagion emerging from the Hawaiian Islands. More than signifying a generic "tropical pathology," these clinical images visually mapped leprosy onto bodies specifically from Hawai'i.⁷³ Individual patients were made highly visible, yet evaporated into racial-

FIGURE 13. Clinical photograph of “Tubercular Leprosy,” published in E. S. Goodhue, “The Cure of Leprosy an Established Fact,” *American Medicine* 8, no. 3 (March 1913). Its subject is William Eli Hodge, Case 211, who was photographed in Hawai‘i on September 29, 1902.



Fig. 1. Anesthetic Leprosy.

gendered types from Hawai‘i who were darker skinned and often deformed and disabled. In the guise of a clinically neutral gaze, photographs instructed clinicians to “see” race and sexual difference as attached to disease and bodily decay. Thus, I suggest, the leprous body and the racialized body melted into one. In the 1940s, sulfone antibiotics were established as a cure for leprosy, but medical atlases and textbooks continued to utilize leprosy photographs taken in Hawai‘i to illustrate the “presulfone era.” At least until 1976, one canonical tropical disease atlas relied on clinical photographs originally taken in 1931 of a “13 year old Hawaiian” boy with advanced lepromatous leprosy and extreme deformities.⁷⁴ For nearly a century, images of leprosy had been sealed to nonnormative Hawaiian corporeality.

Conclusion: Affective Excess

As the Board of Health organized its archive of native and immigrant populations into knowable and manageable collectives and dispersed them to new audiences, the photographs within these files also unwittingly unsettled this process with what I call *affective excess*. The process of visual identification and prediction was more aspirational than actualized by the Board of Health, not only because of epistemological and methodological

weaknesses internal to the archival process. What was it like to sit on the other side of the medical lens and be captured? Patient performances in front of the medical camera disrupted the exposure of surveillance and suggest meanings and relationships that exceed the frame. Medical photographs, despite their archival authority, did not uniformly support the interpretation of its subjects as loathsome, threatening suspects. Patients appropriated clinical photographic settings and poses for their own discrepant authorizing systems.

British and German anthropologists attempted to visually capture and measure races of men beginning in the 1870s. They recommended rigid anthropometric systems for photographing native subjects in the nineteenth century, including photographing them nude against a measuring grid in full-length frontal and side views.⁷⁵ In his criminological practice of imaging somatic difference, Alphonse Bertillon recommended consistent camera focal length, even lighting, and a fixed distance for criminal identification portraits in Paris.⁷⁶ Photographers at the leprosy receiving station, however, were not trained in physical anthropology, criminology, or medical photography; they did not consistently conform to uniform settings. In fact, the professionals hired by the Board of Health were local studio photographers; each could have been one of about sixty working in Hawai'i at the turn of the century.⁷⁷ Even so, the photographers incorporated some visual anthropological conventions, such as positioning the body for maximum exposure, in the documentary works made for the BOH.

Yet other clinical images resemble commercial studio portraits available to working-class and more affluent people in Hawai'i. Subjects without obvious markings were allowed to keep their clothes on and pose with a range of significant adornments. For many Hawaiians and immigrant workers, this would be their first experience of being photographed. The sitting was not always an abject experience. Some patients offered oblique looks. Others look straight at the camera; others off to the side. Some smiled, while others seemed to flirt with the camera.⁷⁸ Though expected to reveal their bodies and diseased parts for the camera, suspects also insisted on adorning their bodies in discrepant ways. Men and women of all classes and birthrights often dressed their finest for the camera: men wore suits and women their best dresses and jewelry, even if they were required to remove some clothing for the photograph.

A Hawaiian patient exiled to Molokai around 1920 elaborated on the relationship between being photographed and being declared a "leper": "Even though we were poor, my father said he wanted me to be dressed nicely when I was taken to Kalihi to be declared a leper. They took my picture for the official record of the Board of Health wearing that new suit of clothes. When the picture was taken, my father broke down again and cried. So, I became

a leper.”⁷⁹ From the perspective of this patient, the memory of the photographic moment merged both the pain of being rendered socially dead *and* the loving care of his father to have him look his best in the photograph.

Photographs in the leprosy archive reveal the emergence of such affective care within visual economies of abjection and objectification. More than a repressive site of knowledge production or thanatopolitics, they also perform as “affective archives,” or archives animated by desires, attachments, and feelings that may be ephemeral and prone to forgetting.⁸⁰ Not simply pieces of scientific evidence, these photographs represented a chance for patients to maintain their personhood apart from the signification of bodily distress.⁸¹

Within the leprosy archive are examples of patients socializing the alienating experiences of disease and the clinic. These six images of leprosy suspects were taken on the same intake day, September 11, 1903 (figs. 14–19).⁸² Inmates who had completed their medical examinations were usually photographed in succession on a single day. They had arrived from districts on several islands and were admitted to the receiving station on different days. They are not related to each other, nor do they appear to have known each other prior to their encounters. On that day, however, they all dressed themselves for the camera and perhaps even helped each other prepare for their medical portraits.

In them, the patients wear *lei po’o* (head lei) or *lei ‘awapuhi*, strands of fresh ginger blossoms (*Hedychium coronarium*) around their necks. Although they are made to reveal afflicted parts, such as the ulcerated hands and feet of Herman Kuhilani, for the camera (fig. 14), the flowers radiate within the frame. The *lei* disrupts the encounter between patient and omniscient physician by inserting other affective relationships. Though suspects were not allowed to see or touch their family members while under medical arrest, family or friends may have brought them to the station, or they may have woven *lei* from flowers cultivated on the hospital grounds.⁸³

Lei are a Hawaiian adornment for the head and the body, but they are not simply ornamental. They are placed on heads and over the shoulders, parts of the body that contain *mana* or sacred power. Giving *lei*, then, bestows respect and honor upon the adorned body. Acts of giving and wearing *lei* are further suggestive of affective labor, care, and touch. The *lei ‘awapuhi* (figs. 14, 16, 17, 18) were strung together by hand from fresh blossoms that must also be handpicked, usually in the evening hours when the buds are just beginning to open. Crafting these heavy garlands would have taken hundreds of blossoms and many hours of careful work.

Furthermore, *lei* must be given and received through close contact, often with an embrace or *honi* (nose to nose contact)—acts verboten between “clean” and “leprous” bodies because of potential contagion and social

FIGURE 14. Clinical photograph of Herman Kuhilani, Case 320, September 11, 1903, age 20. Hawai'i State Archives.



FIGURE 15. Clinical photograph of Kauluhinano, Case 321, September 11, 1903, age 38. Hawai'i State Archives.

prohibitions. The Hawaiian saying, “E lei no au i ko aloha” (I will wear your love as a wreath), communicates the *aloha*, or love, associated with giving and receiving *lei*. Variations of this refrain are woven through hula repertoire and numerous *mele* (songs) in the twentieth century.⁸⁴ The abundant draping of

FIGURE 16. Clinical photograph of Hattie Kekai, alias Kamakanui, Case 322, September 11, 1903, age 24. Hawai'i State Archives.



FIGURE 17. Clinical photograph of Kealaaea (Nalau), Case 323, September 11, 1903, age 18. Hawai'i State Archives.

lei on leprous bodies suggests that Hawaiians were more than willing to care for and touch afflicted bodies, and in contradistinction to Western medicine and law, to view them as beautiful. Unlike Westerners, they did not view leprosy as disfiguring, loathsome, or repulsive.

Hawaiians continually demonstrated that the body was worthy of respect and affection after a diagnosis of leprosy. Among its several names, Hawaiians



FIGURE 18. Clinical photograph of Cecelia Kalili Naea, Case 327, September 11, 1903, age 13. Hawai'i State Archives.



FIGURE 19. Clinical photograph of Kalema Kaaikai, Case 331, September 11, 1903, age 30. Hawai'i State Archives.

called leprosy “*ma'i ho'oka'awale 'ohana*,” or the disease that separated families, because it removed the sick from their communities. Yet, if it was a “separating disease,” Hawaiians did everything they could to restore social intimacies. They continued to provide intimate care and to live with each other against the specific admonishments of government agents. Some hid their kin from

authorities or refused to report symptoms, while others chose to accompany their loved ones to the leprosy colony as unpaid *kokua* (caregivers).⁸⁵

Perhaps this leprosy archive is not so different from other colonial archives in betraying its anxieties and indexing its own failures.⁸⁶ The affective and sensory excess of the photographs disrupts the criminality of these visual profiles. The *lei* in the photographs are not Barthesian punctum; while they may mobilize and arouse the viewer, they do not offer a masculinist “prick” of the image, nor do they wound.⁸⁷ Rather, they offer affective excess, suffusing the image with ephemeral scents. The photograph could not capture the fragrance of these flowers and the bountiful affection shared between the inmates that day. Anyone who has ever worn such *lei* knows that *lei ‘awapuhi* are fragile and ephemeral, lasting at most a day before their blossoms wither. But to those who gifted them and those who wore them, this transient nature likely mattered little; the *lei* would have been treasured for their *onaona* (sweet fragrance) and the enduring love they signified.⁸⁸

These strands of ginger blossoms would have filled the clinic with perfume, offering a sensory experience of the wet valleys that produce them. For thirteen-year-old Cecelia Kalili Naea (fig. 18), who hailed from such a lush locale, Kapena in Nu‘uanu Valley, the scent would have recalled her own home and her kin, just a few miles away from the clinic.⁸⁹ Because of the apparent similarity of the *lei* in this series of photographs, the six may have shared the garlands, perhaps passing them on to one another before each was photographed separately. Their portraits, then, documented each individual patient’s imminent emergence as a criminal suspect, as well as the growing bonds with one another—a new collectivity born out of violent dislocation. These gestures within and just outside the frame were acts of love, connection, and farewell prior to exile. The photographs anticipate the affective possibilities of touch and physical proximity that patients would experience and recreate in communities at the leprosy settlement.

Notes

Note on terminology: “Hansen’s disease” became the term preferred by patients and their advocates in the 1960s; they also repudiated the stigmatizing pejorative “leper.” I choose to use “leprosy” when situating Hansen’s disease in any historical period prior to this shift and limit the use of “leper” to references in historical sources or a specific historical context.

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1. Judson Daland, "Leprosy in the Hawaiian Islands," *Journal of the American Medical Association* 41 (November 7, 1903): 1128–29.
2. E. S. Goodhue, "The Surgical Cure of Leprosy Based on a New Theory of Infection," *New York Medical Journal* 98, no. 6 (August 9, 1913): 267.
3. Case 148, Box 14 (Medical Examination Records, 1901), Series 260, Records Relating to Hansen's Disease, 1866–1981, Hawai'i State Archives, Honolulu (hereafter Series 260, HSA).
4. The total number apprehended is not known, but between seven and eight thousand patients were sentenced and removed to an isolated settlement on the island of Molokai between 1866 and 1969, the formal period of leprosy segregation. The number of suspects apprehended was likely much larger.
5. The leprosy segregation law was lifted in 1969, but an elderly patient community continues to reside by choice at the Kalaupapa settlement, which is now managed by the State of Hawai'i Department of Health and the US National Park Service. Hansen's disease patient-residents organized and lobbied to establish Kalaupapa as a National Historical Park in 1980. Patients who were exiled pre-1969 are entitled by state law to receive medical care at Kalaupapa for the rest of their natural lives.
6. Although Hawai'i was not a formal colony of the United States until 1900, its subordination to the United States had begun decades earlier through settler colonization, trade, and economic policies that led to the 1887 Bayonet Constitution, the 1893 overthrow of the Hawaiian kingdom, and illegal annexation by the United States in 1898.
7. In this essay, I use the term "Hawaiian" to refer to Kanaka Maoli, or the indigenous people of the Hawaiian archipelago. Signifying indigeneity, "Hawaiian" does not reference Hawai'i as a place of residence, but signals a genealogical relationship to the *'āina* (land). The first patients exiled to the Molokai settlement in 1866 all were Hawaiian. However, the number of exiled foreigners increased as more arrived in the islands. Between 1901 and 1920, for example, between 79 and 94 percent of those exiled were Hawaiians, with the largest foreign populations usually represented by Portuguese, Chinese, Japanese, Koreans, and Filipinos. Those categorized "English" and "American" or from Western European countries (e.g., "Belgian," "German") constituted the smallest groups. With increased racial mixing in Hawai'i in the early twentieth century, the Board of Health disaggregated "Hawaiians" and "Part Hawaiians," but I include both in the category of "Hawaiian," as was the preferred practice of Kanaka Maoli. For a sample of these racialized national statistics, see *Report of the President of the Board of Health of the Territory of Hawaii for the Eighteen Months Ending December 31, 1902* (Honolulu, 1903), 268; *Report of the President of the Board of Health of the Territory of Hawaii for the Twelve Months Ended June 30, 1915* (Honolulu, 1915), 42; and *Report of the Governor of Hawaii to the Secretary of the Interior* (Washington, DC, 1920), 633.
8. Although there is recent research suggesting that some individuals may have a genetic susceptibility to infection, about 95 percent of people exposed to the bacteria will not develop the disease because their immune system will fight the infection.

9. The field of tropical medicine that studied infection emanating from “tropical” people and places was prompted by Western fears of the corporeal and moral corruption of colonial populations. Michael Worboys, “Tropical Diseases,” in *Companion Encyclopedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter (New York, 1993), 512–26; Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (New York, 2004), 81, 83–89. The term “imperial danger” comes from Henry Press Wright, *Leprosy: An Imperial Danger* (London, 1889). See also Rod Edmond, *Leprosy and Empire: A Medical and Cultural History* (Cambridge, 2006), 7–8, 44–45, 96, on the rediscovery of leprosy in Norway in the 1840s and the hysteria prompted by leprosy cases in England in the 1880s.
10. There is considerable debate about the correct spelling and pronunciation of Molokai, but I have chosen to spell it without the ‘okina, or glottal stop. The authoritative Hawaiian work *Place Names of Hawaii* by Pukui and Elbert spells the island as “Moloka‘i” with an ‘okina or glottal stop, but Molokai elder Harriet Ne pronounced and spelled it without an ‘okina. Edward Halealoha Ayau, Ne’s grandson, was told by Ne that the name shifted to “Moloka‘i” in the 1930s because musicians began pronouncing it this way. Mary Kawena Pukui called Ne to correct the island’s spelling to Molokai; Pukui also determined that Molokai means “the gathering of the ocean waters.” Mary Kawena Pukui and Samuel H. Elbert, *Place Names of Hawaii and Supplement to the Third Edition of the Hawaiian-English Dictionary* (Honolulu, 1966), 20. Harriet Ne, *Tales of Molokai: The Voice of Harriet Ne* (Lā‘ie, HI, 1992), vi.
11. While photographs may have been incorporated into leprosy segregation practices in other global sites by the mid-twentieth century, patient photographs in Hawai‘i appear to form the largest and earliest visual archive of leprosy created and managed by a colonial government. A class-action lawsuit filed in 2016 by Hansen’s disease patients against the Japanese government notes that photographs were part of some patient documentation and incarceration after World War II. Justin McCurry, “‘Like Entering a Prison’: Japan’s Leprosy Sufferers Reflect on Decades of Pain,” *Guardian*, April 13, 2016.
12. Ann L. Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton, 2010), 20; Warwick Anderson, “The Case of the Archive,” *Critical Inquiry* 39 (Spring 2013): 532–47. See also Ariella Azoulay, “Archive,” *Political Concepts: A Critical Lexicon* 1 (Winter 2011), <http://www.politicalconcepts.org/issue1/archive/>.
13. See, for example, Michele T. Moran, *Colonizing Leprosy: Imperialism and the Politics of Public Health in the United States* (Chapel Hill, 2007); Kerri A. Inglis, *Ma‘i Lepera: Disease and Displacement in Nineteenth-Century Hawai‘i* (Honolulu, 2013); and Bashford, *Imperial Hygiene*. One notable exception is Nancy Leys Stepan, *Picturing Tropical Nature* (Ithaca, 2001), which analyzes the terrifying optics of tropical diseases like elephantiasis for Western viewers as the field of tropical medicine became institutionalized. Sander A. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca, 1988), remains a pioneering model for making visual culture central to histories of medicine. Most recently, the forum of the *Bulletin of the History of Medicine* 89, no. 2 (2015), “Beyond Illustrations: Doing Anatomy with Images and Objects,” guest edited by Carin Berkowitz and Eva Åhrén, centers the visualization of anatomy and disease in historical analysis of medical science.
14. Daniel Cornelius Danielssen and C. W. Boeck, *Om spedalskhed* (Bergen, 1847). William B. Ober, “Can the Leper Change His Spots? The Iconography of Leprosy, Part I,” *American Journal of Dermatopathology* 5, no. 1 (February 1983): 49.

15. At the Kalaupapa settlement, National Park Service cultural anthropologist and patient descendant Ka'ohulani McGuire and University of Hawai'i-Mānoa Department of Native Hawaiian Health physician Kalani Brady have been generous and sensitive interlocutors about the visual culture of Hansen's disease. With their ongoing input and extensive consultations with historian Noelani Arista, I have avoided republishing images that patient descendants may find offensive. These decisions are further shaped by recent works in the history of medicine that refrain from the refiguration of human subjects. Julie Livingston, in *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, NC, 2012), does not use or publish photographs of Batswana cancer patients, but deliberates narratively on the visual nature of cancer and its treatment. Lisa O'Sullivan and Ross L. Jones, discussing Aboriginal Australian fetuses that were utilized as anatomical specimens, do not reproduce the image of the fetus in their article, acknowledging the ethics and politics of biomedical knowledge production, including Australian museological protocols about the display of Indigenous remains. "Two Australian Fetuses: Frederic Wood Jones and the Work of an Anatomical Specimen," *Bulletin of the History of Medicine* 89, no. 2 (2015): 245.
16. The placing of *lei* on every grave marker at Kalaupapa at an annual commemoration is one recent example of community members honoring those who lived and died at the settlement.
17. Much of the Board of Health's collection of patient clinical records is either missing or was never transferred to the State of Hawai'i archives.
18. Photographs of leprosy patients were taken at Board of Health centers possibly as early as 1881, when the American physician George Fitch became head of the Kaka'ako Branch Hospital. Clinical intake photographs of leprosy patients at Kaka'ako were produced as trial evidence in a libel trial initiated by Dr. Fitch in 1883, suggesting that the photographic practice began as early as 1881 or 1882.
19. In the 1880s, approximately 10 percent of Hawaiian government revenue went to the Board of Health, and more than 50 percent of the board's budget was allocated to leprosy care and treatment. Inglis, *Ma'i Lepera*, 67, citing Gavan Daws, *Holy Man: Father Damien of Molokai* (Honolulu, 1989), 126.
20. Stanley Burns observes that photographs were used for patient consultation in the United States in the late 1850s. American doctors made and used daguerreotypes for clinical purposes beginning in the late 1840s. Stanley Burns, "The Daguerrean Era," in *Early Medical Photography in America, 1839-1883* (New York, 1983), 1263, 1267. While not specifying its application for the study of leprosy, the physician Boardman Reed advocated the optic truth of the camera in 1889. He wrote that photographs provided the "best of all records" for medical cases, such as facial paralysis, spinal curvature, hip-joint disease, and marked skin disease. They would be useful for "future reference" and diagnosis. Boardman Reed, "Why Physicians Should Cultivate Photography," *Medical Record* 36 (1889): 514-15.
21. *Biennial Report of the President of the Board of Health to the Legislature of the Hawaiian Kingdom, Session of 1890* (Honolulu, 1890), 9. The hospital to which I refer in the essay is Kalihi Hospital and Detention Station, which operated between 1865-1875 and 1889-1949. A separate facility in Kaka'ako, the Branch Hospital and Receiving Station, opened in 1881 and closed in 1888.
22. "Report of Insane Asylum Affairs," *Hawaiian Gazette*, January 15, 1901.
23. Volume 7 (Minutes of the Board of Health, 1853-1983), 186, Series 259, HSA.
24. Section 4 of the 1865 Act to Prevent the Spread of Leprosy reads: "The Board of Health is authorized to make such arrangements for the establishment of

- a Hospital, where leprous patients in the incipient stages may be treated in order to attempt a cure, and the said Board and its agents shall have full power to discharge all such patients as it shall deem cured, and to send to a place of isolation contemplated in Sections one and two of this Act, all such patients as shall be considered incurable or capable of spreading the disease of leprosy"; *Supplement, Leprosy In Hawaii, Extracts from Reports of Presidents of The Board of Health, Government Physicians and Others, and from Official Records: In Regard To Leprosy Before and After The Passage of The Act to Prevent the Spread of Leprosy, Approved January 3rd, 1865: The Laws and Regulations In Regard to Leprosy in The Hawaiian Kingdom* (Honolulu, 1886), 8–10.
25. *Decisions Rendered by the Supreme Court of the Hawaiian Islands: Admiralty, Criminal, Divorce, Equity, Law and Probate. July Term, 1883, to October Term, 1886, Inclusive. Hawaiian Reports* (Honolulu, 1887), 5:162–67.
 26. *Biennial Report of the President of the Board of Health to the Legislature of the Hawaiian Kingdom, Session of 1892* (Honolulu, 1892), 29; *The Molokai Settlement* (Honolulu, 1907), 13. The leprosy settlement was first located at Kalawao, on the eastern side of a peninsula in north Molokai. It moved in the early 1900s to Kalaupapa on the western side of the peninsula. As this essay spans a period when one or both locations were operative, my term "Molokai settlement" is inclusive of Kalawao and Kalaupapa sites.
 27. According to Board of Health reports and the statistical snapshot provided by officials, anyone rounded up for these health examinations was far likelier to be declared a "leper" than to be released as a "suspect" or "not a leper." *Biennial Report of the President of the Board of Health to the Legislature of the Hawaiian Kingdom, Session of 1888* (Honolulu, 1888), 9. For example, 368 people were examined in 1888, and of these, 304 were declared "lepers," 42 were "suspects," and 22 were not lepers. It is unclear whether 368 was the total number examined in 1888 or within a shorter period. As of 1907, a suspect who later showed negative bacteriological readings had his or her photograph stamped "not a leper" and was discharged.
 28. Stoler has called archives "commitments to paper" in *Along the Archival Grain*, 1. The US Army inserted bodies in its archive in the 1890s, using an abbreviated version of Alphonse Bertillon's criminal identification system from the 1880s. The Army medical officer filled out a card notating the color of the soldier's hair and eyes, as well as any scars. However, it was too complicated and time-consuming for the army to include photographs. Anderson, "The Case of the Archive," 542. Bertillon's system used photographs but preferred a narrativized physical description. Simon A. Cole, *Suspect Identities: A History of Fingerprinting and Criminal Identification* (Cambridge, MA, 2001), 43, 47–48. Anna Pegler-Gordon has analyzed the US federal government's utilization of photographs to regulate Chinese immigration from 1875 to the 1920s in her book *In Sight of America: Photography and the Development of U.S. Immigration Policy* (Berkeley, 2009).
 29. See for instance, *Biennial Report 1888*, 9. For example, the BOH passed a resolution in 1887 requiring the judgment of at least three competent physicians for someone to be sent to the leprosy settlement. In 1888, the board's official physicians consisted of two physicians in active practice in Honolulu. These men had the authority to pronounce someone leprous and to dispatch him/her to the settlement. By 1892, the medical group responsible for examining suspects increased to five men (*Biennial Report 1892*, 29). By 1907, the Board of Health had adopted the language of rights and asserted that its examination rules protected the rights of the suspected patient. *The Molokai Settlement*, 12.

30. Chris Amirault, "Posing the Subject of Early Medical Photography," *Discourse* 16, no. 2 (Winter 1993–94): 51–76; Andreas-Holger Maehle, "The Search for Objective Communication: Medical Photography in the Nineteenth Century," in *Non-Verbal Communication in Science Prior to 1900*, ed. Renato G. Mazzolini (Florence, 1993), 572.
31. Volume 5, Box 3 (Clinical Records, 1896–1897), Series 260, HSA.
32. Dr. Luis Alvarez, the highest-ranking physician below the Board of Health president, provided this narrative intervention. At the time, the Spanish-born Alvarez was superintendent for the Leprosy Hospital (i.e., Kalihi Hospital) and BOH bacteriologist.
33. Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* (Cambridge, MA, 2003), 63.
34. J. Ashburton Thompson, "Leprosy in Hawaii: A Critical Enquiry," in *Mittheilungen und Verhandlungen der Internationalen Wissenschaftlichen Lepra-Conferenz zu Berlin im October 1897*, 3 vols. (Berlin, 1898), 3:289.
35. Pennie Moblo, "Institutionalising the Leper: Partisan Politics and the Evolution of Stigma in Post-Monarchy Hawai'i," *Journal of the Polynesian Society* 107, no. 3 (1998): 242–43. Japan repatriated some of its nationals before they could be exiled, but I have found that Japanese immigrant laborers were photographed and their images archived.
36. Theories of Hawaiian predisposition were discussed at the 1897 Berlin International Leprosy Congress, *Mittheilungen und Verhandlungen der Internationalen Wissenschaftlichen Lepra-Conferenz zu Berlin im October 1897*, 1:119. Physicians also speculated Chinese immigrants to the islands were the original source of leprosy, citing one of leprosy's names in Hawaiian, "ma'i Pākē" (Chinese disease).
37. George L. Fitch, "The Etiology of Leprosy," *Medical Record: A Weekly Journal of Medicine and Surgery* 42, no. 11 (September 10, 1892): 301.
38. Daland, "Leprosy in the Hawaiian Islands," 1129.
39. Kaulili Kauula, Case 382, Box 19 (Medical Examination Records, 1903–1904), and Makanui Kanehe, Case 241, Box 16 (Medical Examination Records, 1902–1903), Series 260, HSA.
40. I have cropped nude photographs that drew or may draw scopophilic attention to these bodies, following the example of feminist disability scholar Ellen Samuels in "Examining Millie and Christine McKoy: Where Enslavement and Enfreakment Meet," *Signs* 37, no. 1 (September 2011): 70–71, 74–75.
41. A series of undated medical examination photographs in a separate box (Series 260, HSA) feature predominately nude patients, suggesting that images were culled from different files to form a separate erotic archive.
42. Ari Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body Between China and the West* (Durham, NC, 2008), 100–107.
43. Didi-Huberman, *Invention of Hysteria*, 59.
44. Case 253, Box 17 (Medical Examination Records, 1903), Series 260, HSA.
45. Birth determined *maka'ainana* (commoner) or *ali'i* (chiefly) rank for Hawaiians.
46. In 1889, the Board of Health rebuked one of its physicians, William Brigham, for taking pathological photographs of patients for a visiting American researcher, Dr. Prince A. Morrow. Letter from William Brigham, November 14, 1889, Box 334-14, Series 334 (Incoming Letters of the Board of Health, 1850–1904), HSA.
47. "Board of Health," *Hawaiian Gazette*, August 8, 1893; R. W. Meyer, Letter, *Hawaiian Gazette*, August 22, 1893.
48. Kauikeaouli (King Kamehameha III) first organized the Board of Health in 1850, and it was a political appointment under the kingdom. After the 1893

- overthrow, only occasionally did the ranks of the board include a Hawaiian man. Shortly after the 1893 overthrow, the members of the board were three American doctors and three laymen (i.e., nonphysicians), and the attorney general ex officio. The three lay members were influential merchants. Only one member, John Ena, was Hawaiian, and he was a wealthy investor in a shipping line affiliated with plantations. Several board members in the 1890s participated in pro-US annexationist groups, including Lorrin A. Thurston and Theodore F. Lansing.
49. Adria L. Imada, *Aloha America: Hula Circuits through the U.S. Empire* (Durham, NC, 2012), 11, 154–57, 180; Adria L. Imada, “Aloha ‘Oe: Settler Colonial Nostalgia and the Genealogy of a Love Song,” *American Indian Culture and Research Journal* 37 (2013): 41.
 50. Lew Andrews, “‘Fine Island Views’: The Photography of Alonzo Gartley,” *History of Photography* 25, no. 3 (Autumn 2001): 230–32.
 51. George L. Fitch, “Appendix E. Report of Dr. G. L. Fitch, 1884,” in *Appendix to the Report on Leprosy of the President of the Board of Health to the Legislative Assembly of 1886* (Honolulu, 1886), xxxiv.
 52. Prince A. Morrow, “Leprosy and Hawaiian Annexation,” *North American Review* 165, no. 492 (November 1897): 582–90.
 53. G. Waldo Browne, *The Paradise of the Pacific: The Hawaiian Islands* (Boston, 1900), 196.
 54. The BOH’s formal interdiction of photography in August 1893 was issued seven months after the US-backed overthrow of the Hawaiian kingdom.
 55. O. A. Bushnell, “The United States Leprosy Investigation Station at Kalawao,” *Hawaiian Journal of History* 2 (1968): 76.
 56. The earliest extant clinical images of patients taken by the BOH in 1878 at Molokai were part of Dr. Charles B. Cooper’s own collection when the territorial archives acquired them in 1930. This suggests that Cooper created and curated a personal collection of official clinical images.
 57. *Transactions of the Second Annual Conference of State and Territorial Health Officers with the United States Public Health and Marine-Hospital Service, Washington, D.C., June 3, 1904* (Washington, DC, 1904).
 58. No photographs were printed in the dry, eight-page pamphlet on leprosy that Cooper brought to the US continent. “Leprosy in the Hawaiian Islands: Its Humanitarian and Financial Burden, An Unparalleled Instance of Public Philanthropy,” in *Report of the President of the Board of Health for the Territory of Hawaii for the Year ending June 30, 1904* (Honolulu, 1904), 11–19.
 59. “Dr. Cooper at Capital,” *Hawaiian Gazette*, June 21, 1904. United States, Congress, Senate, *Letter from the Secretary of the Treasury, Transmitting a Letter from the Surgeon-General of the Marine-Hospital Service Presenting a Report Relating to the Origin and Prevalence of Leprosy in the United States, 57th Congress, 1st session, Senate Document 269* (Washington, DC, 1902).
 60. Jerrold M. Michael, “The Public Health Service Leprosy Investigation Station on Molokai, Hawaii, 1909–1913—an Opportunity Lost,” *Public Health Reports* 95, no. 3 (May–June 1980): 204. There were two separate congressional bills for leprosy funding in 1905; the one funding the investigation station passed, while the other for national leprosarium appropriation did not. Moran, *Colonizing Leprosy*, 33–34.
 61. Before, during, and after treatment shots of Hawaiian patients were an integral part of experiments conducted at the federal leprosy investigation station on Molokai. See, for example, Dr. Brinkerhoff’s 1909 experiments with nastine,

- a bacterial fat. Walter R. Brinckerhoff and James T. Wayson, "A Report Upon the Treatment of Six Cases of Leprosy with Nastine (Deycke)," in *Studies Upon Leprosy* (Washington, DC, 1909), 3–11 and plates 1–10.
62. J. Christopher O'Day delivered an illustrated lecture on leprosy in 1913, as reported in *Medical Century: The National Journal of Homoeopathic Medicine and Surgery* 20 (1913): 349. O'Day's articles on Hawai'i include "Hawaii and Her Leprosy," *Medical Sentinel* 19, no. 8 (August 1911): 478–85, and "A Visit to the Leper Colony of Molokai, Hawaii," *Urologic and Cutaneous Review* 19, no. 5 (May 1915): 247–52. O'Day may have received permission to use the photographs because he wrote favorably of the BOH's care of inmates and claimed that leprosy was not contagious in his writings.
 63. O'Day, "A Visit to the Leper Colony of Molokai, Hawaii," 248.
 64. Cases 755 and 760, Box 27 (Medical Examination Records, 1909–1910), Series 260, HSA. Mari Goto and Puaiku Iokepa's dates of death are unknown.
 65. Edward Goodhue was the brother of William J. Goodhue, who served as medical superintendent of Molokai leprosy settlement from 1902 to 1925. E. S. Goodhue, "The Physician in Hawaii," *Journal of American Medical Association* 34 (January 20, 1900): 141.
 66. Goodhue, "The Physician in Hawaii," 143.
 67. "Expenses of Special Sanitary Committee in Visiting Kalawao," *Pacific Commercial Advertiser Supplement*, June 8, 1878.
 68. The patient labeled "nerve leprosy" was a woman named Kalamau, fifty years old, from Honolulu, who had been at Kalawao five years. The patient labeled "tubercular leprosy" was a man named Naluai, fifty-six years old, from Kalihi, O'ahu, who had also been at Kalawao five years. "Report of the Special Sanitary Committee on the State of the Leper Settlement at Kalawao," *Pacific Commercial Advertiser Supplement*, June 8, 1878.
 69. For example, albumen prints were replaced in the 1880s when better photographic papers became available, including silver-print gelatin papers and non-silver papers. Burns, *Early Medical Photography in America*, 1251.
 70. Daland, "Leprosy in the Hawaiian Islands"; Goodhue, "The Surgical Cure of Leprosy Based on a New Theory of Infection"; E. S. Goodhue, "The Cure of Leprosy an Established Fact," *American Medicine* 8, no. 3 (March 1913): 187–90; G. F. Cottle, "Photographs of Lepers," *United States Naval Medical Bulletin* (July 1912): 342–44; H. E. Hasseltine, "The Treatment of Leprosy with Derivatives of Chaulmoogra Oil," *Public Health Bulletin*, no. 141, *Studies Upon Leprosy* (July 1924).
 71. Otis Historical Archives (OHA) 225, McCoy Collection/Lantern Slide Set, National Museum of Health and Medicine, Silver Spring, MD.
 72. Case 211, Box 16 (Medical Examination Records, 1902), Series 260, HSA.
 73. Stepan has ably analyzed how photographic "tropical-disease portraits" in medical atlases conflated tropical disease with colonial bodies; *Picturing Tropical Nature*, 171–72.
 74. *Pathology of Tropical and Extraordinary Diseases*, ed. Chapman H. Binford and Daniel H. Connor (Washington, DC, 1976), 207.
 75. Elizabeth Edwards, "Photographic 'Types': The Pursuit of Method," *Visual Anthropology* 3 (1990): 235–58, offers important analyses of these early visual anthropological projects, including those by John Lamprey and T. H. Huxley, which systematically photographed "races" of men for the British Empire with grids and measuring rods, respectively. Despite attempts to produce uniform visual data, Edwards points out that Huxley's photographic methods were

- applied only to those over whom control was total (e.g., prisoners, Indians, Sri Lankans, and Malays at a penal colony; Bushmen at Breakwater Prison in South Africa; and select Aboriginal peoples from South Australia).
76. Allan Sekula, "The Body and the Archive," *October* 39 (Winter 1986): 360.
 77. "Report of Insane Asylum Affairs," *Hawaiian Gazette*, January 15, 1901. Lynn Davis, *Na Pa'i Ki'i: The Photographers in the Hawaiian Islands, 1845–1900* (Honolulu, 1980), 35.
 78. Barbara Brookes, in her readings of nineteenth-century asylum-patient photographs, argues that the individuality of patients can be "released" years after their original institutional uses. Barbara Brookes, "Pictures of People, Pictures of Places: Photography and the Asylum," in *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display*, ed. Catherine Coleborne and Dolly MacKinnon (New York, 2011), 31. There is a growing body of scholarship on indigenous peoples looking back at the camera or subverting imperial optics, even as they were imaged under conditions of duress. See, for instance, Jane Lydon, *Eye Contact: Photographing Indigenous Australians* (Durham, NC, 2005); Glen M. Mimura, "A Dying West? Reimagining the Frontier in Frank Matsura's Photography, 1903–1913," *American Quarterly* 62, no. 3 (2010): 687–716; Danika Medak-Saltzman, "Transnational Indigenous Exchange: Rethinking Global Interactions of Indigenous Peoples at the 1904 St. Louis Exposition," *American Quarterly* 62, no. 3 (2010): 591–615; and Imada, *Aloha America*.
 79. Ted Guglyk and Milton Bloombaum, *Ma'i Ho'oka'awale: The Separating Sickness* (Honolulu, 1979), 80. This seventy-year-old anonymous interviewee, a "part-Hawaiian" man, was thirteen when he was sentenced. By my estimate, he was photographed by the BOH around 1920.
 80. *Feeling Photography*, ed. Elspeth H. Brown and Thy Phu (Durham, NC, 2014), 19–20. This collection amplifies the "affective turn" in photography studies.
 81. Within the contemporary setting of a Botswana cancer ward, Julie Livingston has considered how and why Botswana cancer patients readily agreed to pose for clinical photographs. Julie Livingston, "Figuring the Tumor in Botswana," *Raritan: A Quarterly Review* 34, no. 1 (Summer 2014): 20, 24.
 82. Cases 319, 320, 321, 322, 323, and 327, Box 18 (Medical Examination Records, 1903), Series 260, HSA.
 83. The "flowering plants" on the hospital grounds are described in *Biennial Report 1890*, 9.
 84. Mary Kawena Pukui, *Ōlelo No'eau: Hawaiian Proverbs and Poetical Sayings* (Honolulu, 1983), 41.
 85. Inglis has referred to these individual and collective efforts by Kanaka Maoli as struggles to remain "socially alive" in the face of civil death. They submitted petitions to the BOH asking for treatment, improvements at the settlements, the right to marry and serve as *kokua*, and teachers and supplies to better nurture their children. Inglis, *Ma'i Lepera*, 61. For more on Kanaka Maoli resistance to leprosy policies and community formation, see Anwei Skinses Law, *Kalau'apa: A Collective Memory* (Honolulu, 2012).
 86. Stoler, *Along the Archival Grain*, 21, 106.
 87. Roland Barthes, *Camera Lucida: Reflections on Photography* (New York, 1980), 43, 47.
 88. Marie A. McDonald, *Ka Lei: The Lei of Hawaii* (Honolulu, 1989), 125.
 89. Case 327, Box 18 (Medical Examination Records, 1903), Series 260, HSA.