Unpacking intoxication, racialising disability

Mel Y Chen

Correspondence to
Mel Y Chen, Department of Gender and Women's Studies, University of California, Berkeley, California, USA; melychen@berkeley.edu

Received 23 November 2014
Revised 19 April 2015
Accepted 28 April 2015

ABSTRACT

This article examines concepts whose strictly medical applications have only partly informed their widespread use and suggests that demonstrably shared logics motivate our thinking across domains in the interest of a politically just engagement. It considers exchanges between the culturally complex concepts of 'toxicity' and 'intoxication', assessing the racialised conditions of their animation in several geopolitically—and quite radically—distinct scenarios. First, the article sets the framework through considering the racial implications of impairment and disability language of 'non-toxic' finance capital in the contemporary US financial crisis. Shifting material foci from 'illiquid financial bodies' to opiates while insisting that neither is 'more' metaphorically toxic than the other, the article turns to address the role of opium and temporality in the interanimations of race and disability in two sites of 19th-century British empire: Langdon Down's clinic for idiocy, and China's retort on opium to Queen Victoria. The article concludes with a provocation that suggests yet another crossing of borders, that between researcher and researched: 'intoxicated method' is a hypothetical mode of approach that refuses idealised research positions by 'critically disabling' the idealised cognitive and conceptual lens of analysis.

NON-TOXIC FINANCE

My starting point for a meditation on the strange interanimations of temporality, disability and race occurs in a place far from medical humanities' storied clinic: recent crises in finance capital. For all the abstraction of contemporary economics, the early 21st-century US financial crisis put into relief finance capital's reliance on imputations of 'health' and 'toxicity', and this seemingly metaphorical overlay and the dynamics it afforded were more than fanciful, for it had ramifications that were obviously materially consequential. Within this crisis, it is striking that the term 'toxic assets' was commonly used to apply to deregulated and dehistoricised mortgage products that, in their unmanageable volumes, insecurely guaranteed massive amounts of debt and were hence afforded primary blame for the crash. As a registration of the dominance of abstract-free trade entities over the geography of national borders, this crisis bore significantly global effects.

Historically, the 'toxic asset' began as financial terminology referring to an asset with a market value far below its book value, making it unable to be sold. In practice, such assets needed to be written off the books as soon as possible, as their values declined so precipitously that a corporation's 'health' might be irrecoverable. Capitalism's ironies, the opposing interests of its parties, enflesh a seeming conflict within the term; specifically, how does the toxic asset, this contradictory blend of positivity (asset) and negativity (toxic), come to flag the means for a local *recapacitation* of a financial 'body' whose concomitant *debilitation* of other 'bodies' is erased by the naturalisation of finance capital? I will address this dynamic in the pages to follow. By the intentional use of 'body' and 'capacity,' I mean to generously expand the stage for a medical humanities approach that will link actual and figural connections among individual human bodies (the common stage actor of medical scenarios, the 'patient') and larger, often corporatised, abstract bodies whose effective materiality ironises even the word 'corporatise' as well as the idea that literal bodies must be medically central. The use of language such as 'health' was remarkably present in discussions of the economic crash; this will also be explored below. This article strives to delineate what it suggests is an integral fabric of racialisation within dominant disability and illness narrations and representations, even within scenes seemingly remote from the clinic. As is true of racialisation in general, effects are never merely figurative, but materially consequential.

Along the lines of the naturalising work that the imputation of 'health' does, and its concomitant systems models, we note as well the importance of homeostasis within finance capital. Indeed, nation states like the USA and corporate entities seated in the global North have grandly benefitted from a trusted homeostasis of an international financial body within which the USA understands itself as fundamentally active. This is a seeming homeostasis built upon the naturalisation of the free movement of capital and, correspondingly, the invisibilising tricks of World Trade Organization and North American Free Trade Agreement policies and rationalising frameworks. These meta-corporate, meta-national organisations incur their own swaths of debility through combinations of juridical challenges to environmental, labour and public health protections; the assembly of transnational industrial dependencies under corporate direction; and the usual accumulation of profit/impoverishment. This accumulation can be understood as a capacity/debility dyad that is linked dynamically. Here I am using Jasbir K. Puar's development of 'debility', which she uses to oppose 'disability'—a more atomisable list of conditions viewed as specific to the individual body, most compatible with Euro American identity-based rights formulations. Instead, debility points to a broader, biopolitical mapping of both actual and fictionalised capacities and debilities lent to statistics and that can be shared by populations, and it functions as a way to begin to understand the grave transnational consequences of actions that can ironically be wedded, for Puar, to neoliberalised nationalisms going by the name of gay or disability rights.[1]

Linked

▶ http://dx.doi.org/10.1136/medhum-2015-010696

CrossMark

To cite: Chen MY. *Med Humanit* 2015;**41**:25–29.

Whereas finance capital has long been naturalised as a core system not only transnationally but also within the US body, it has come increasingly to seem remarkably 'unnatural', particularly under the cold light of recent representations by Occupy visionaries, but also by certain figures within government. Under this destabilisation, its proper affects as well as its implicit investments begin to come into relief. And here it is useful to note that part of this imbalance—the USA's extended economic event of 2007–2012—has been blamed on a flush, like a bad algae bloom, of 'toxic assets' linked to the real estate market. From the point of view of the system, toxic assets—besides their identity as disconnected in actual value from their book value and thus unsellable—are financial entities that are products of uncertain and untraceable genealogy, thus in some sense queer, and racially unmoored. Perhaps in part because of this ranging queerness, and certainly because they function contagiously by being resolutely negating—you have to get it out of your system or you might die—the vital logics of finance capital demand that they must be sequestered if at all possible. From the point of view of individuals, the loans were rickety by-products of a multiadministration effort to encourage broad-spectrum home-ownership while delivering unequal costs of this implementation: a racialised and classed distribution of safer to less secure loans was administered such that, once packaged and once collectively failing, the less secure loans became macrotoxins in the larger system.

The language of disability is explicit, including the idea that balance sheets can become 'impaired', banks can pass stress tests and then be deemed 'healthy', even the toxic assets themselves are alternatively called 'impaired assets' and, being illiquid, they are deemed mobility-impaired, against which we should meaningfully juxtapose the willed free movement of capital. Already we have a concern about contradictions between the imagined neoliberal national body, against which toxic financial products threaten ill health, and the metonymic subpopulation of the toxic that must be alienated from the accepted flow of capital for that nation's own security; it is remarkable, for instance, that the poor and working class seemed unmentionable, or discursively toxic, within President Obama's invocations of the health of the economy. They become the background spectators of a system that resolutely wishes to overlook them while assuming the windfall of their expropriated assets. At the same time, under the rubric of crisis, corporations retreat and retool, creating new classes of unemployed and unemployable. Given the already disproportionate ableism of an economy in which disabled people are labelled non-productive, the reach of debility here alone is quite astounding; disability and poverty increasingly touch one another, and biopolitically they have been rendered proximate. In the financial world, the classed/raced people exposed to the bad loans disproportionately then come to represent, stand in for, the toxic asset. They are glossed by Laura Kang's invocation of the "racialized figure of undeserving and undisciplined 'subprime' borrowers in the US housing market".[2] And yet the importance of their 'health', financial or otherwise, was negligible in relation to that of the institutions, which were restored, with 'stress tests' and redoing the books.

In 2013, it was reasoned that Spain should get European help to quarantine toxic assets by bringing them off of banks' balance sheets. Note the language used by Spanish Budget Minister Cristobal Montoro: "A first very important policy is to clean up the banking system… we need to segregate from those balance sheets the assets that are damaged by the crisis."[3] If the language repeatedly invoked to define the fearful attitude towards these toxic assets is that of 'dirt' and 'contagion', we might also consider the semantics of laundering, in this case the rewhitening of property as finance capital.[4] The European Union's governing logic of how to handle its trouble countries mirrors US decisions about its own banks, and reminds us that 'countries' have long been fantastically produced as independent even when the system of international capital defies this fantasy. Transnational capital is a debility/capacity machine at work.

A framework of toxicity, understood in its capacious, expanded sense, allows the exploration of repulsive political affects and dynamics wrought through a fantasy of chemical exchange. In this framework, substances, even nonmaterial but deeply consequential entities such as the bodies of finance capital, are carriers of political meaning and, in their effectivity and rationalisation—and their shared occupation of medicalised discourse—lend themselves to embodied logics, sharing more with what are understood as 'actual' toxins rather than less. Furthermore, distinctions between 'intoxication' and 'toxicity' reveal themselves to be non-neutral differences that articulate through affects and temporalities, and that structure privilege.

The above example considered the material, racialised and classed, as well as disability/debility implications of what at first glance seemed a mere metaphor for finance: the toxic asset. The ensuing example is set chronologically more than a century earlier, at a time when disability and race more baldly (if arguably no more substantively than today) traded in colonial imagination, but the section shares the same goal of expanding a lens beyond a local scene to consider the mutual imbrications of larger phenomena. I consider one particular substance often, but not always, considered a toxin, while it is (unlike the toxic asset) afforded status as a real thing in the world: opium, in two sites of its situated usage in the 19th century, and selected effectivities of the drug. Tracing its involvement in clinical usage and governmental response permits us to further unpack the meanings of toxicity and intoxication as having situated substances that appear inside and outside of human bodies, as well as a set of political dynamics that involve such divergent phenomena as medical or healing practices, race, temporality and trade.

DOWN SYNDROME AND THE LOGIC OF DEVELOPMENT

Opium enters this story a bit later: I came to it through a research project that pursues the legacies, and the fascinating series of logics, by which an English clinician named Langdon Down came to understand the phenomena he observed in his young patients as 'mongoloidism' or 'mongoloid idiocy'. Down's influential approach to developmental disabilities has persisted, if perhaps only in a ghostly nominal lay remainder (medical practice stopped usage of this term after repeated objection in the mid-20th century); but it also partakes of racialised and temporalised developmental logics that remain robust today. In the years prior to 1866, a number of English children with identifiable and yet unmapped disabilities presented Down, who understood these descriptively as 'congenital mental lesions', with an explanatory opportunity for his studies of idiocy that were popular at the time. Influenced by Friedrich Blumenbach's division of the world's human races into five essential groups,[5] including the Mongol, the Malay, the Ethiopian, the Caucasian and the Native American, and also by contemporary ideas of racial temporalisation, Down devised a theory that his young white research subjects—distinguished by not only cognitive, but phenotypical characteristics such as an epicanthic fold—must have reverted, atavistically, to an earlier racial stage, which he described as Mongolian, or alternatively as Mongoloid idiot or imbecile. 'Mongoloid' thus became a term to describe people with 'Down syndrome', which survives

to this day in significant numbers despite no longer being accepted as a clinical term. I note here that Down syndrome is today often referred to as Trisomy 21, referring to the particularising characteristic of three copies of chromosome 21 in every cell for most but not all people with Down syndrome, signalling a shift towards genetic accounts of disabilities.

Down believed he could identify atavistic eruptions of earlier racial (Mongoloid) characteristics in the otherwise European descended child. He wrote straightforwardly and yet swept over exception: "A very large number of congenital idiots are typical Mongols. So marked is this, that when placed side by side, it is difficult to believe that the specimens compared are not children of the same parents. The hair is not black, as in the real Mongol, but of a brownish colour, straight and scanty. The face is flat and broad, and destitute of prominence. The cheeks are roundish, and extended laterally."[6] I note here that Down almost viewed the down phenotype as *more* selective than race: that all these children's images are such that they must be 'of the same parents' rather than 'of the same race.' With this brief aside, Down suggests something of a queer reproduction of this congenital condition in such a way that it might be inadequate to simply label Down's description as 'racialised'. Alternatively, we could say that he imagined non-white parentage as having itself a queer density.

The normativity being expressed here is the use of a non-white 'race' as a zone of deferral and marking, which accounts for the other kind of difference (as they interarticulate). To follow my interest in not only intoxication and its effects, but also its governmentality, I learned a further detail: Down used opium to sedate some of his patients in his English clinic. I intend to research in what ways this sedation could have been induced for one or many reasons: in the schema of 'standard treatment' of a condition, the controlled synchronising of an institutionalised population, or a temporal calibration of developmentally delayed patients understood to be in some sense outside of time.

Rife contemporary examples of racist labelling of non-disabled East Asian individuals as 'mongoloid' not only mark the potent legacy of Down, but also speak to the sticking power and attraction of the embodied metaphor as well as of the collapsing of developmental time. One of the correlates of the racial description of disability, such as mongoloidism, is precisely that disability resides in the description of races, and may well reside in the defining theme of race itself as a colonial trope of incapacity. Such exposition can be found in sheer terms, for example, in Jonathan Metzl's work *Protest Psychosis* on the racialisation of a new variety of schizophrenia by white psychiatrists for black men in Civil Rights-era USA who were by any account *appropriately* imbued with political agitation and protest feeling in the deepest sense.[7] Thus, the racist enjoyment of certain kinds of onstage gawky or lumbrous 'Asian' failure may obliquely have to do with a double presentation of social disability in the form of nerdiness, as well as a hardly suppressed image of Down syndrome.

The white supremacist racial fictions about cognitive disability, morality and pace of living that frame some racial groups as 'slower' than others, suggest a compact expression of temporality, race and chemistry: *constitutionally deserving of (or suited to) the same*. Within and away from the USA, the temporalised characterisations of delay have been variously applied to indigenous people and to racialized inheritors of histories of labor and enslavement—a broad swath that includes anyone less securely anchored to the leading edges of modernity. With a non-atomised approach to either disability or race, I am inclined to think their intertwining is more the usual case than exceptional, and not only because of the vast continued reach of eugenics history and thinking in contemporary technologies of enhancement and reproduction. For instance, the association of certain racial characteristics with cognitive deficiency continues insidiously in the USA and elsewhere both below and above the surface.

Following opium around its enactments in the British Empire yields important counterpoints to the expected narrativisation of poisons and governance. We also know that opium was exported by way of the East India Company's Indian sites to China under Queen Victoria's rule. Less than 30 years before Down's publication, Commissioner Lin Tse-Hsu, who set off the series of Opium Wars, wrote a famous "Letter of Advice to Queen Victoria" in 1839, in exasperation at the ruin the opium had laid in China. Lin wrote:

> We find your country is sixty or seventy thousand li from China. Yet there are barbarian ships that strive to come here for trade for the purpose of making a great profit. The wealth of China is used to profit the barbarians. That is to say, the great profit made by barbarians is all taken from the rightful share of China. By what right do they then in return use the poisonous drug to injure the Chinese people? Even though the barbarians may not necessarily intend to do us harm, yet in coveting profit to an extreme, they have no regard for injuring others. Let us ask, where is your conscience? I have heard that the smoking of opium is very strictly forbidden by your country; that is because the harm caused by opium is clearly understood. Since it is not permitted to do harm to your own country, then even less should you let it be passed on to the harm of other countries -- how much less to China! Of all that China exports to foreign countries, there is not a single thing which is not beneficial to people: they are of benefit when eaten, or of benefit when used, or of benefit when resold: all are beneficial. Is there a single article from China which has done any harm to foreign countries? …
>
> Now we have set up regulations governing the Chinese people. He who sells opium shall receive the death penalty and he who smokes it also the death penalty. Now consider this: if the barbarians do not bring opium, then how can the Chinese people resell it, and how can they smoke it? The fact is that the wicked barbarians beguile the Chinese people into a death trap. How then can we grant life only to these barbarians? He who takes the life of even one person still has to atone for it with his own life; yet is the harm done by opium limited to the taking of one life only? Therefore in the new regulations, in regard to those barbarians who bring opium to China, the penalty is fixed at decapitation or strangulation. This is what is called getting rid of a harmful thing on behalf of mankind.[8]

Lin called opium a 'poison' in a letter that explicitly connected barbarism (and its developmentally 'retarded' implications) to England. By noting England's barbaric interest in both profit and poisoning, Lin drew attention to England's interest in the doing of harm onto other places and bodies than those it called its own. The opium addiction, Lin seems to suggest, pulls English barbarians' 'beguiling' of the Chinese into an intoxicating alliance with the addictive effects of the drug itself to drag Chinese people towards 'a death trap'. Lin accentuated the divides between national and transnational policy, partly as a way to dramatise what he saw as the relative spiritual generosity of China's beneficial commodities and its trade practices. Also of note is Lin's rational economy of opium-delivered harm and the right to death or life.

While Lin Tse-Hsu believed opium was illegal in England, at this time it was not yet used recreationally in England, but we recall that it *was* conventionally used for the medical sedation

or treatment of Down's institutionally housed clinical patients—a kind of 'chronicity'. and here I refer to Elizabeth Freeman's term citing agnosis rather than prognosis, what she describes as a phasal, iterative existence leading neither to cure nor death, and not based upon a building up of wholeness in some ways the preferred biopolitical subject. While Freeman is interested in chronicity as a way of occupying time,[9] I would like to think about it primarily as simultaneously an occasion for thinking about the temporalities of disability and debility imposed from without. In the case of opium, chronicity becomes the global and local reach of a 'toxin' used to effect a kind of chronic suppression in two places at once, in two populations that are deemed radically geographically separate but also, perhaps, constitutionally deserving of the same.

RACIAL AND OTHER TUNING

If we a priori concur that opium is a categorically 'bad' substance and that all research judgments of human actions should follow from it, we may lose something in the analysis. I am less advocating for value neutrality within research than for analytically breaking up a terrain in which toxins, particularly within biomedical perspectives, would seem templatically and exclusively to cause damage. The full range of contemporary opium derivatives—opiates—straddles the biopolitical divide between legitimised medical management and criminalised use, a divide that reflects in significant part the competing interests of major stakeholders in healthcare industries, prison industrial complexes and welfare states, to take just a few; furthermore, the very history of opium use is diverse. Finally, I wonder what it would mean to also say that opium has its own *inhuman* temporality when acting biochemically within human bodies. Inhuman, certainly, being the condition of biochemically at work 'in' a human; but also involuting human temporalities and percepts and other indexical orientations, and decentering a normative embodied temporality. Considering the affectivity of various substances, in and through the bodies of their hosts, while applying a critically disabled perspective on the demand to satisfy health and performance norms, opens some new possibilities of thinking about governance, welfare, medicine and self-determination.

What I hope to have shown above—necessarily briefly—is the range of hidden potentials that continue to reside in medicalised concepts due to colonial logics of development, time, sexuality and race that reach substantively into the contemporary period. A discursive and medical history of toxicity is beyond the scope of this paper; rather, its goal is to exemplify the rich interanimations of 'toxins' and 'toxicities,' the repulsive dynamics of racism, and temporalised modes of control (chronicities), whether in the clinic or in the traffic of contentious transnationality. In all examples, it is a *production* of the toxic, whether or not specific chemicals are invoked, that bears imagining in the whole; to only manage toxins as biochemical processes might be to unwittingly collude with the dynamics that produced them.

I suggest that the line between toxicity and intoxication not only should be addressed and rethought; in particular, I suggest that intoxication—rather than toxicity's absence in the form of 'non-toxic'—be considered the 'unmarked' (as in, the ambient or default) variety of the living, in a way that aligns however oddly with what is called neurodiversity in contemporary revisions of disability.[10] To presume intoxication, rather than non-toxicity, is to adopt an environmentalist presumption that not all can be known about the more or less universally shared condition of living with 'contaminants'; to reject clear divisions between body and mind; and to forego the tempting categorisation of purity for subjects deemed 'healthful' or exempt from the classification of severity. This revision has consequences for the body norm of, on the one hand, classed and racialised bodily purity (which comes in opportunistically, for instance, to supplement or haunt Western depictions of West African communities affected by Ebola); and pharmaceutical tuning in the interest of capitalistic productivity, which works as a kind of companion to intoxication within zones of privilege. In a general sense, we might see at play in the scenes above an assemblage of racial notions, temporalities and biochemical constituents that I understand together as 'racial tuning'.

This is to reiterate that toxins, or poisons, have a rich and mixed history; they are curative, as in vaccines; they are injurious to the 'health'-desiring or health-exemplifying individual; they are biopolitically brought to bear on certain populations considered constitutionally deserving of them. It is relevant here to consider temporal resonances between certain bodies and the 'medicalised' or pre-medicalised coercions upon those bodies: for instance, the queered reproductivity of disabled women or women of colour or indigenous women who are sterilised in the name of eugenic betterment (of obviously another population); the containment of alcoholisms and other substance attachments as part of impoverished lifeworlds whose source is governmental, racist and settler-colonialist rather than merely explainable by a 'constitutionally deserving gene' understood in terms of, say, alcoholic proclivity among Native Americans. The possibility of a genetic explanation yielded decades of disproportionate genetic research on American Indian groups in ignorance of other critically important factors that ultimately rejected genetic dominance; popular understanding continues to support this belief.[11] The complicated dynamics of the increasing dominance of genetic models for medicine as well as for issues such as indigenous sovereignty continue to be explored by a number of scholars in science studies including Kim Tallbear.[12]

Advocates of prenatal testing will often privilege the fantasy of a nondisabled future by implicitly or explicitly positioning disability as the sloughed-off dredges of a perfect non-disabled future world, as Alison Kafer and other disability theorists of 'futures' have argued.[13] Advances in technology are often explicitly tied to the elimination of a bodily or intellectual difference that is templatically understood as undesirable. Recently, news of a new *more reliable* test for Down syndrome has emerged.[14] Its politics of life and death and comparative value, understood through the language of 'risk', were contradictory at first glance, then easily mappable from the point of view of critical disability studies. For this new test, the possibility to abort an undesired fetus due to a reliable positive test result for Down syndrome for 'high-risk mothers' was an advantage over other inferior tests that had greater 'risk' of miscarriage—that is, one would not want to abort a fetus that might have been 'healthy'. That futurity also bears the weight of postraciality, one that we can identify in visions of the technophilic future that have been critiqued in afrofuturist scholarship as being implicitly about the 'cleansing' of marked raciality. Along with the burgeoning of sensing methods, as the detection of toxicity (as aerial pollution, as bodily intruder) becomes distributed in a number of senses: across a populace and government (through neoliberalisation), and through time and space, what narratives of danger, expulsion, fatalism are built and what desires are they connected to? Ultimately, what kinds of racialised, sexualised, temporalised acting citizens do these make, and what are or will be their

investments in a fantasied future populace that looks and acts a specific way and not others?

INTOXICATED METHOD

In closing, I wonder whether one lesson may be about allowing ourselves to become, say, 'intoxicated' by the opium—temporally ingesting and thinking with its inter-human temporalities, its urgent demands, its soothings, its very pace. In practice, this means to approach not only the critical boundaries of the toxic versus the non-toxic, but to explore the affects and other categorical blurrings in that *production* of the toxic. For toxic assets as well as for opium, this means to examine not only the toxic–non-toxic axis, but others of equal importance, such as disability–debility, incident–chronicity, human–inhuman, constitution–interconstitution, quickening–slowing. In every move from a first to a second term, a sharply defined exceptional state shifts towards something much more complex, inviting estrangement from privileged values.

What, above, seems potentially an indulgence becomes more justified in the context of a critically disabled provocation to ask about the workings of our own memory and, more generally, intellectual apparatus.[15] If critical medical humanities calls for examining the knowledge forms of notions of health, illness and disability, one might be led to reflect on the methods of medical humanities research, particularly given medical humanities's early ethical motivation to humanise the scene of treatment in the clinic. In the case of toxicity, what might it mean to design our own embodied *approach*, whether we call it *witnessing, approximation, occupation*, to the living or dead subjects of our study? What if we were to consider, for instance, the iterativity of cognitive and perceptual effort that accompanies some forms of intoxication? This is not an attempt to advocate for a kind of sensory cosmopolitanism as a way of 'understanding' the lives of interest, but rather approximating a method that may converse with other people's methods of survival and/or thriving, to recognise, for instance, the trade in alternative temporalities and perceptions that may already be present. This provocation is of course tentative, but inflected by a deeper reflection fostered by disability studies: that even while it is absolutely problematic to attribute a priori intellectual 'deficiency', it is equally problematic to assume that none involved have been thinking in difference; both are the products of the radical segregation of the observer.

And further: What does it mean to elect or enact a kind of cognitive idealism in the work we do if or when we know this is not always our thinking home, not always a reliable capacity? And is this kind of struggle to perform cognitive idealism different from the 'hard work' required of any specialty? I would wager that it is. As a scholar with an illness that produces variable cognitive impairment, whose occupation is temporally stringent enough to require my working *during* these variances of capacity, I have been led by necessity to meditate on reigning presumptions of research method, in particular on the ways that idealities of scholarship value cognitive elaboration, purity and clear thought. Disability theory urges the unravelling of ableist methodologies; and besides the corporeal experimentation that we could describe as the practice of allopathic medicine, a decolonial approach avoids the positing of hierarchies of 'medicating' systems (for instance, the prioritising of allopathy over other entrenched systems). A decolonial disability theory may ultimately avoid the positing of a particular, idealised, uniquely temporalised cognition as one of its methodological givens and relax into the dual modes of intoxication and intellectual difference.

Acknowledgements I thank the guest editors William Viney and Angela Woods, and two anonymous reviewers, for truly cogent and generous comments, and audiences at many locations in the past years (particularly two remarkable gatherings: the Critical Medical Humanities symposium in Durham, 2013, and the Cripping Development, Decolonising Disability conference in Prague, 2013) for feedback on much of the thinking that went into this essay. Julia Bryan-Wilson is my cherished daily interlocutor. Any errors are my responsibility alone.

Competing interests None declared.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

1 Puar K. Prognosis time: towards a geopolitics of affect, debility and capacity. *Women Perform*2009;9:161–72.
2 Kang LHY. The uses of Asianization: figuring crises, 1997–98 and 2007-? *American Q* 2012;64(3):411–36.
3 Sills B, Ross-Thomas E. Spain Should Take Bad Assets Off Banks' Books, Montoro Says. *Bloomberg Business*, 9 Jul 2012. http://www.bloomberg.com/news/2012-07-09/spain-should-take-toxic-assets-off-banks-books-montoro-says.html (accessed 22 Nov 2014).
4 Harris CL. Whiteness as Property, 106 Harvard Law Review 1709–1791, 1724–1737. 1993.
5 Blumenbach JF. *The anthropological treatises of Johann Friedrich Blumenbach*. London: Longman, Roberts, & Green, 1865.
6 Down J, Langdon H. Observations on an ethnic classification of idiots. *London Hosp Rep* 1866;3:259–62.
7 Metzl J. *Protest psychosis: how schizophrenia became a black disease*. Boston, MA: Beacon Press, 2009.
8 Lin T-h. "Letter to Queen Victoria." Lin Wen-chung kung cheng-shu, vol. 2, roll 3. Letter dated 27 Aug 1839.
9 Freeman E. Response. *Social Text*, 10 Jul 2014. http://socialtextjournal.org/periscope_article/response-2/
10 Chen MY. *Animacies: biopolitics, racial mattering, and queer affect*. Durham; London: Duke University Press, 2012.
11 Long JC, Joseph GL. Genetic polymorphism and American Indian health. *West J Med* 2002;176:203–5.
12 Tallbear K. *Native American DNA: tribal belonging and the false promise of genetic science*. Minneapolis; London: University of Minnesota, 2013.
13 Kafer A. *Feminist, queer, crip*. Bloomington, Indiana: Indiana University Press, 2013.
14 Stein R. Blood Test Provides More Accurate Prenatal Testing For Down Syndrome. *NPR News*, 26 Feb 2014. http://www.npr.org/blogs/health/2014/02/26/282095202/blood-test-provides-more-accurate-prenatal-testing-for-down-syndrome
15 Chen MY. Brain fog: the race for cripistemology. *J Literary Cultur Disabil Stud* 2014;8:171–84.