DISABLING SEX EDUCATION:

SCIENCE, NARRATIVE, AND THE FEMALE BODY

IN FEMINIST MEDICAL FICTION, 1874-1916

by

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ABSTRACT

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This dissertation offers a feminist disability theory approach to women's medical fiction during the Comstock Law Era. I argue that, in responding to Comstockian censorship, women authors of medical fiction resisted sexed and gendered narratives in late nineteenth- and early twentieth-century sex education discourses, but in so doing, they recast the female body within disability rhetoric. Using feminist body theorists such as Judith Butler, Anne Fausto-Sterling, Emily Martin, and Elizabeth Grosz, I frame each work of feminist medical fiction within a specific historical nexus before discussing how the authors–Rebecca Harding Davis, Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman–rescript the scientific vocabulary at their disposal to shift the concept of disability from one female body to another. I find that although their coding techniques were successful, many authors of feminist medical fiction imitated the very rhetoric of disability they resisted in paternal scientific narratives, and which we have inherited in twenty-first century reproductive health and sex education discourses.

Since nineteenth-century women authors of medical fiction anticipate contemporary feminist theorists *and* disability theorists, studying a genealogy of disability rhetoric in reproductive health and sex education discourses at the *fin de siècle* opens up a space for imagining how we might rescript scientific narratives in present-day sex education. I call this theoretical move "dismodern feminism," following Lennard J. Davis' concept of "dismodernism" which argues for placing disability at the center of postmodern theoretical discourse. Instead of simply using disability as the vector or lens through which postmodernity examines and defines subjects, I suggest using the disabled female body as a starting point for theorizing an intersectional approach to reproductive health and sex education. Authors of feminist medical fiction initiate this conversation not only because they engage disability rhetoric in their literary works by displacing disability from scientific definitions of the female body, but also because this very displacement has cultural implications for actual impaired bodies then and now. Moreover, many of these women authors of feminist medical fiction are well-known figures from nineteenth-century social reform and the American literary canon: Rebecca Harding Davis, Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman. Yet, their medical fiction texts remain largely unknown and understudied among scholars and students. My project seeks to recover these texts which offer a more nuanced approach to early feminist activism and theory, and further, theorize a dismodern feminist sex education approach which draws from historical and contemporary fiction and nonfiction.

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INTRODUCTION

DISABLING SEX AT THE *FIN DE SIECLE*:

RESCRIPTING[1] DISABLITY DURING COMSTOCKIAN CENSORSHIP

In her July 2016 TedTalk, Deaf lawyer, artist, and human rights advocate Elise Roy described a challenge she faced–woodworking with a tool–which created space for greater innovation for people with and without disabilities alike. Woodworking tools, Elise explained, make a particular sound when they "kickback," but Elise could not hear that sound, since she is Deaf. Thus, she seized an opportunity for innovation, and created "a pair of safety glasses that were engineered to visually alert the user to pitch changes in the tool before the human ear could pick it up."[2] The glasses were a success among the Deaf community, but the very situation itself raised questions: "Why hadn't tool designers thought of this before?" Perhaps one of the most compelling reason for this oversight is that many designers are not themselves people with disabilities, and therefore, did not have Elise Roy's unique personal experience which could inform her situation and her need. Elise follows up, probing, "What [would happen] if we started designing for disability first, not the norm?" Significantly, many innovations were created for people with disabilities including text messaging, yet these innovations have been "picked up, made, and loved by the mainstream, disability or not."[3]

In her proposal for "design thinking," which suggests we "design for disability first," Elise Roy echoes disability theorist Leonard J. Davis's concept of "dismodernism" which argues for placing disability at the center of postmodern theory. *Post*modernism, Davis explains, is still haunted by a humanistic model that relies upon dualisms: man/woman, human/nonhuman, sex/gender, and even impairment/disability. In challenging this model, Davis asserts, we must

"*begin* with disability rather than *end* with" disability," for all bodies are nonstandard bodies that are "disabled by injustice and oppression of various kinds."[4] Davis finds dismodernism allows for such productive thought experiments like Elise Roy's "design thinking" in which disability takes center stage in finding innovative solutions for people with and without disabilities alike. But what if we extended "dismodernism" beyond technological development? What if, as Davis suggests, we apply "dismodernism" to bodies themselves? How would our discourse toward bodies and body politics shift? I find it particularly revealing that a woman–a lesbian–was among the first disability rights activists to publicly defend a "dismodernist" approach to scientific research. Dismodernism is–and must be–feminist, I will argue throughout this dissertation, specifically because female bodies were among the first subjects marginalized by scientific research when science began professionalizing during the nineteenth century.

This study places "design thinking," or "dismodernism," within sex education discourses in order to explore how disabled bodies were marginalized–even erased–from twenty-first century public secondary sex education by a tradition inherited from *fin de siècle* feminist medical fiction authors who distanced disability from various iterations of the female body–the female physician, the lesbian, the prostitute, and the unfit mother–for fear of losing power in increasingly feminist spaces such as hydropathic, domestic, and gynecologic discourses. Throughout the nineteenth century, women gained a significant presence in public discourses via social reform activism. In fact, Lisa Tetrault reveals that one of several origins for the nineteenth-century women's rights movement was antebellum abolitionist circles.[5] Feminists engaged in several social reform movements for greater gender and sex equality in the public sphere including, but not limited to, the water-cure movement, the dress reform movement, physiological reform (or "reform physiology"), and the voluntary motherhood and birth control movements.[6] Since the female body

was largely defined by her sexual organs,[7] feminists were repeatedly forced to confront sexual questions, leading many to "f[i]ght a relatively hidden campaign to alter sexual relations" during Comstock Law Era censorship.[8]

One of these "hidden campaigns" appears in feminist medical fiction from the period 1874-1916. Authors of feminist medical fiction–and specifically, Rebecca Harding Davis, Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman–draw upon narrative techniques to resist biologically-determinist definitions of the female body which cast their bodies as "disabled." Such narrative techniques are alternatively called "strategies of coding," or simply "coding," among feminist literary scholars, a phenomenon which involves unconscious or self-conscious "covert expressions of ideas, beliefs, experiences, feelings and attitudes that the dominant culture–and perhaps even the oppressed group itself–would find disturbing or threatening if expressed in overt forms."[9] Unfortunately, even self-conscious coding such as that found in feminist medical fiction "risks reinforcing the very ideology it is designed to critique."[10] In the case of feminist medical fiction, *fin de siècle* women authors purposefully distance the female body from the concept of disability, but in so doing, they marginalize bodies other female subjects such as the female physician, the lesbian, the prostitute, and the unfit mother in their efforts at differentiating between "normative" female bodies and "deviant" female bodies. This move not only patterns patriarchal discourses that originally determined male bodies as "normative" and female bodies as "deviant," but also perpetuates the concept of disability in sex education discourses, since authors of feminist medical fiction construct their narratives as didactic sex education texts which seek to (re)educate audiences about sex and gender from both a personal and scientific perspective. In a sense, then, Davis, Alcott, Meyer, and Gilman use fiction during a time of sex education censorship to reveal how "scientists create truths about sexuality," "how our bodies incorporate or confirm

these truths; and how these truths, sculpted by the social milieu in which biologists practice their trade, in turn refashion our cultural environment."[11] Before contemporary feminist theorist Anne Fausto-Sterling called for troubling scientific knowledge construction, authors of feminist medical fiction troubled scientific knowledge construction themselves, but only as it pertains to the female body.

In the remainder of this chapter, I place several fields into conversation with one another from historical to cultural, and theoretical to fictional. In section one, I outline the historical and contemporary cultural contexts surrounding public sex education programs. Feminist medical fiction emerges from early sex education discourses, but it did so specifically during a period of censorship in American culture. Subsequently, women authors used a variety of coding strategies which I briefly explicate in discussing the risks they faced and their possible rationales for confronting such risks using fictional genres. My research has found, however, that contemporary public sex education still contends with a "conspiracy of silence," as sex education historians and theorists reveal, since, like our *fin de siècle* forbearers, we fear corrupting our "innocent" youth. Contemporary American culture also inherited disability rhetoric in reproductive health and sex education discourses, a move which indicates that although feminist medical fiction may have transformed how we teach and talk about the female body, it ultimately led to our adopting cultural values that marginalize nonstandard bodies.

In section two, I discuss my methodology for this project, which adopts a cultural studies approach to feminist medical fiction during the Comstock Law Era. I specifically place feminist theory and disability theory in conversation with one another to investigate early critiques of biologically-deterministic definitions of the feminist body. The feminist critiques emerging from feminist medical fiction authors raise questions and critiques for feminist and disability theorists

like myself concerning the socially-constructed body. It is here that I locate and define my own theory of dismodern feminism in sex education and offer an image of the dismodern feminist subject from feminist medical fiction. Finally, in section three, I sketch an organizational approach to this study and a justification for its chapter organization. As a feminist scholar who might have been disabled by two poor sex education courses during her secondary education, like Elise Roy, I feel my unique personal experience offers a standpoint from which to critique disabling rhetoric in sex education tradition. This dissertation does not seek to offer my personal experience, nor does it offer concrete solutions for sex education reform. Instead, like the authors of feminist medical fiction I study in this project, I seek to open up channels for discussing disability and the concept of disability in sex education both then–during the *fin de siècle*–and now in which our political climate may very well veer, once again, toward censorship.

Historical Context: Comstock, Censorship, and Sex Education

Sex education has always existed within the context of censorship. Prior to the Comstock Law, individuals such as parents or authors of seduction novels would scare unmarried young women away from engaging in sexual intercourse. Not only would sex taint one's social status, they argued, but also result in unwanted pregnancies or even death.[12] Post-Comstock Law Era, informal forms of censorship, or the "conspiracy of silence," surround sex education, influencing texts and subjects taught within the classroom. Since its formal institutionalization in the 1910s, sex educators and theorists have walked a thin line, Jeffrey P. Moran explains in *Teaching Sex: The Shaping of Adolescence in the Twentieth Century*, "between teaching young people proper information about sex before their minds were thoroughly debauched" by outside influences "and avoiding the possibility that this education would itself arouse precocious interest in sexual matters."[13] Authors

of feminist medical fiction also walked a thin line, but this time, between providing sufficient information concerning sexual hygiene and the female body and concealing that information within a fictional medium that would circumvent an author's possible incarceration or fine for having provided said information. In many ways, authors of feminist medical fiction reveal one point of resistance against Comstockian censorship, one local power relation at work in deploying sexuality against sexual repression, as Michel Foucault might say.[14] Yet, authors of feminist medical fiction deploy their own techniques of power for redefining the social order, one in which certain kinds of female bodies gain parity with male bodies while other kinds of female bodies are marginalized.

In 1873, Anthony Comstock successfully lobbied for a federal censorship law which would prevent "obscene" literature from being written, produced, distributed, or read. Congress passed the "Suppression of Trade in, and Circulation of, Obscene Literature and Article of Use" (Ch. 258, § 2, 17 Stat. 599) on March 3, 1873, and appointed Anthony Comstock as a "special agent" of the United States Post Office. Called the "Comstock Law," for short, this piece of legislation may have begun as a direct act against Victoria Woodhull and her free lovers.[15] However, the law adopted a life all its own, since it gave the U.S. Postal Service–and Comstock himself as "special agent"–"broad and vague powers" to "search, seize, and arrest" potential violators.[16] The Comstock Law was comprehensive. It not only outlawed the publication or distribution of "any obscene book, pamphlet, paper, writing, advertisement, circular, print, picture, drawing or other representation, figure, or image on or of paper or other material."[17] The federal law also prohibited "any drug or medicine, or any article whatever, for the prevention of conception, or for causing unlawful abortion," and the "advertisement" of any drug, medicine, or abortifacients whether via print or word-of-mouth.[18] Helen Lefkowitz Horowitz claims that, in writing his federal law,

Comstock targeted erotica, contraception, and abortion. Comstock had already successfully lobbied for a similar law in New York State in 1868.[19] Yet, he learned from this experience that his state law was not well-articulated. It did not provide enough specificity for enforcement, nor did judiciaries take the law seriously, and thus, it had little impact.[20]

Comstock had determined that his federal law would be different from his state law, so as to ensnare his liberal enemies and prevent them from corrupting impressionable American youth: "He was defending the youth of the country against forces of evil that worked in secret to carry into homes obscene books and pictures inciting lust and leading to masturbation and prostitution," Horowitz summarizes.[21] Young adults, however, were not among those individuals who suffered consequences in the immediate aftermath of the law's ratification. The law first impacted professional physicians, writers, and publishers, since print was the primary medium by which their services and information was disseminated.[22] Comstock censored the scientific community for fear sexual knowledge and reproductive health information would fall into the "wrong hands," namely children and young adults. Once physicians could no longer distribute diaphragms or condoms, or provide brochures on how to use the rhythm method, middle-to-upper-class white women were among the next communities adversely affected by Comstockian censorship. As Horowitz explains, they experienced a sense of female vulnerability to male exploitation, since they "believed that their personal access to contraception and abortion (and that of their daughters) was protected by a private and privileged relation to physicians," a relationship that was now exploited by Comstockian censorship.[23]

Feminist medical fiction was simply one form of resistance adopted by women authors who sensed a vulnerability and lack of power during Comstockian censorship, and it was itself a risky form of resistance. Comstock not only went after erotica in the literary marketplace. He also

censored fiction, and especially, children's literature, that "literary poison," which spouts "romantic tales, narratives of love, lust, hate, revenge, and murder," and incites "[c]orrupt thoughts, desires, and aims" which "supplant native innocence" in youthful minds and bodies.[24] Thus, authors such as Charlotte Perkins Gilman who not only covertly supported birth control in *Herland* (1915), but also publicly advocated for birth control in non-fiction essays, lectures, and later, in court of law, risked being "imprisoned at hard labor in the penitentiary for not less than six months nor more than five years for each offense, or fined not less than one hundred dollars nor more than two thousand dollars, with costs of court."[25] Two of Gilman's colleagues–Edward Bliss Foote and Margaret Sanger–would eventually be convicted under Comstock Law for their transgressions.[26] Gilman and her fellow feminist authors managed to remain below Comstock's radar for several reasons, perhaps including the fact that their works of medical fiction were not literary successes. Their works nevertheless demand recovery not only because they represent yet another previously undiscovered feminist mode of resistance against legal censorship, but also because they offer a specific genealogy in sex education theory and praxis concerning body politics.

Gilman and her contemporaries–Davis, Alcott, and Meyer–may have successfully avoided detection–and conviction or penalty–under Comstock Law for a variety of reasons specific to their social circumstances including, but not limited to, geographic location; financial or class status; year of publication, or timeliness; kind and volume of readership; and degree of author renown. One significant argument for my project insists, however, that *coding strategies* played a role in each author's text and its successful subversion during Comstockian censorship. Coding is, by definition, ambiguous, for it relies upon "a system of signals–words, forms, signifiers of some kind" which are agreed upon by author and reader, yet "protects the creator from dangers

consequences" such as fine or incarceration while "directly stating particular messages" understood among her readers.[27] Joan N. Radner and Susan S. Lanser identify five coding strategies which form the foundation of their analysis and a later co-edited book project on women's folk culture.[28] In feminist medical fiction, I primarily find appropriation at play, for–in Irigarayan fashion–all four feminist authors transgress the masculine discourses of professional medicine and early sex education theory specifically to highlight the inadequacy of their "scientific" narratives about the female body. In some cases, as with Gilman's *Herland,* appropriation as a form of feminist coding directly invokes parody or satire.[29] Whether she writes in the form of realism (Davis), juvenile fiction (Alcott), "stories with a purpose," or political reform fiction (Meyer), or satire (Gilman), each author of feminist medical fiction ties her own fictional text with other contemporaneous, non-fictional, patriarchal texts from reproductive health or sex education discourse as a way of directly critiquing upon a tradition of authorities that either excludes or oppresses their female voices–and bodies.

Their coding strategies, however, were not deployed simply for critiquing patriarchal tradition in medical discourse, but also in correcting and *teaching against* scientific "facts" about female sexual behavior. Like feminist authors, teachers appear particularly vulnerable during the Comstock Law Era, since they introduced children and young adults to "vile" books under the guise of education, including, potentially, those works or authors of feminist medical fiction discussed in this project.[30] Comstock's law didn't just enter the bedroom; it also entered the classroom and remained there long after his death. Comstock died in 1915, yet his laws were not repealed, nor did federal and state executives and judiciaries become lax in their censorship of sexual knowledge after his death. Little Comstock laws popped up in several states after Anthony Comstock's death, and the last "little Comstock law" was not repealed until 1968, after which the

federal Comstock Law was declared unconstitutional.[31] The "conspiracy of silence" resulting from Comstockian censorship did not protect America's "impressionable" youth as Comstock intended. On the contrary, Moran finds that the federal Comstock Law actually *created* the conditions for public sex education programs to emerge during the early twentieth century. The secrecy surrounding sexuality "kindled a great curiosity in young people, who then sought sex information from their 'more enlightened companions,'" namely their older friends.[32] Moreover, these conversations were occurring among young adults at much younger ages than Comstock expected. According to surveys conducted among 985 college men, about 91.5 percent had received their first "permanent" impressions about sex at 9.6 years old, and from "unwholesome sources" such as their friends.[33] These reports are surely limited, for they only represent the perspectives and experiences of college men, most of whom were likely white middle-to-upper class individuals.

Nevertheless, in adopting a teaching persona for their works of feminist medical fiction, all four women authors doubly risked themselves and their livelihoods, since they were not only critiquing representations of the female body, but also teaching against "scientific" definitions of the female body in medical discourses. This covert approach in which we shame–if not, punish–writers and teachers for promoting candid conversations about sexuality extends well into twenty-first century abstinence-only and abstinence-plus education. Moran finds a "conspiracy of silence" surrounds contemporary sex education discourses, creating the very conditions for young adults to seek information for themselves through external sources (likely their friends). Comstockian censorship created a similar culture in which young adults must find alternative sources for sexual information, however, misguided those sources are or were. And they certainly were misguided then, and–potentially–now. As Moran concludes, "[i]n the absence of responsible adult guidance through this confusing landscape, young people were cobbling together a sex education for

themselves" that appears "partial, inaccurate, and freighted with vulgar and degrading suggestions."[34] This situation was compounded by the 1910s syphilis scare. Armed with urban myths rather than condoms, young soldiers went abroad during World War I and returned home with syphilis and gonorrhea neither of which were wholly treatable during this period.[35] Thus, sex education historians largely identify two primary incentives propelling the development of modern sex education programs in public institutions such as the military and public school: (1) misinformation circulating in male youth "sporting" culture and (2) a syphilis outbreak exacerbated by the proliferation of sexual misinformation.

In chapter three, I discuss the first successful American public sex education program implemented in 1917 in the United States armed forces to contextualize Charlotte Perkins Gilman's anti-venereal disease narrative, *The Crux* (1911). Although Gilman recognized a need for sexuality education earlier than her contemporaries, legislators would not heed her warning. It was (white, male, heterosexual, middle-to-upper class) sex education theorists such as Dr. Prince Morrow and Maurice Bigelow who would successfully argue for public school sex education, and Bigelow would literally write the (text)book on sexuality education pedagogy, promoting a "scientific" sex education method that not only circumvented Comstockian censorship, but also rationalized and moralized it. As a physician and *the* foremost *fin de siècle* venereologist, Prince Morrow helped straddle the divide between medicine and sex education. Many sex education critics–and Anthony Comstock perhaps chief among them–feared that the unambiguous nature of human anatomy and physiology would sully young adult minds. In fact, the Chicago experiment of 1913-1914, which attempted the first sexuality education program in public secondary schools, failed precisely because conservative community leaders and parents were openly hostile to a medical-centered approach taught by physicians rather than trained educators.[36] Later that decade,

when public school administrators finally revisited the idea of reinstituting a sex education program in public secondary schools, they adopted an approach that would "avoid the pitfalls of medical pathology" by teaching "primarily through regular courses on biology and nature study."[37]

Maurice Bigelow's influential textbook, *Sex Education* (1936), became the centerpiece of "scientific" sex education programs which adopted a comparative anatomy approach in which human sexual behaviors were taught via nonhuman sexual behaviors. From the ages of twelve to sixteen, students were taught mammalian reproduction through the study of nonhuman subjects, and teachers would only occasionally make explicit connections among human and nonhuman mammals. Most often, "students would be left on their own to determine the connection between, say, reproduction in gophers and their own human endowments," Moran explains, but this inference was precisely the point of early scientific sex education.[38] Educators were teaching human sexuality without referencing human bodies themselves. Moreover, Moran finds, they were doing so "in Comstock's own language," one that was inherently ableist.[39] A traditional scientific sex education program would teach comparative anatomy among twelve-year-old students, followed by "abnormal sexual habits" such as the dangers of masturbation which was explicitly compared with the effects of castration on male bodies, or eunuchs, as an example of physical impairment. By age sixteen, students would have learned the dangers of venereal diseases and sexual "ethics" (or abstinence). The program often concluded in a eugenic fashion, emphasizing heredity and eugenic marriage by examining "dysgenic" families such as "Kallikaks" and "Jukes."[40]

Arguably, disability was central to sex education since its inception, though not as a way of understanding difference, but as a way of hierarchically organizing bodies based on eugenic rationale. In chapter four, I discuss eugenics and the eugenic movement in contextualizing

Charlotte Perkins Gilman's *Herland* as a medical fiction text that not only advocates birth control, but also sex education. Although Anthony Comstock may not have been a eugenicist, many of his supporters and his adversaries were, among them sex education theorists such as Prince Morrow and Maurice Bigelow, and feminists such as Margaret Sanger and Charlotte Perkins Gilman. Eugenics is dismissed a pseudo-science now, but in *fin de siècle* America, it was considered a cutting-edge field for scientific research. Along with biology, eugenics provided a scientific rationale for early sex education, since many believed "race health" was dependent upon medically-based hygiene. Eugenics literally meant "good in stock," and derived many of its principles from evolutionary biology, specifically, Charles Darwin's *Origin of the Species* (1859).[41] In fact, Darwin's cousin Francis Galton coined the term "eugenics" in 1883, and during the late nineteenth and early twentieth century, the professional field of eugenics flourished before Nazism valorized its negative aspects.[42] Ultimately, the fields of biology and eugenics provided a foundation for modern sex education which would influence the development of abstinence-only sex education well into the twenty-first century, particularly in sex educators' emphasis on heterosexual marriage and use of scare rhetoric and fear tactics.

Sex education, alternatively called social hygiene education, largely remained within domestic spheres during the first half of the nineteenth century.[43] After the Civil War, sexuality not only entered public discourses through the development of medical fields such as gynecology,[44] sex education itself became the responsibility of society in general, and not just parents or educators. In chapter one, I discuss how the water-cure movement implemented one of the first public social hygiene classes in their water-cure facilities, a move which would later be adopted by hospitals. As sex education moved from domestic spheres to public spheres, crystallized in institutional sex education programs in the United States military and public

secondary schools, the body itself was slowly removed from discourse. By the 1910s, and specifically the emergence of scientific sex education, human bodies are no longer a primary foci, much less female bodies or disabled bodies. How, then, does one talk about "sex," "gender," or "sexuality" with no referent? Can nonhuman animals and plants serve in our stead? If not, how might we talk about and teach sex differently? Does nature provide a model for sexual behaviors? And what is "nature," anyway? These are questions with which I am currently grappling, ones that I–to some degree–attend to in my conclusion. They are questions raised by feminist medical fiction, and especially Gilman's *Herland*, and which emerge from a legacy of scientific sex education that still haunts our twenty-first century models whether from an abstinence-only, abstinence-plus, or comprehensive curricula.

In arriving at these research questions, however, I began with other research questions that arose from studying medical fiction and recognizing a trend among four feminist authors in their own works of medical fiction: Why do these authors–Rebecca Harding Davis, Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman–reference reproductive health and sex education in a manner that separates them from other contemporaneous works of medical fiction? For instance, Alcott's Dr. Alec Campbell insists upon physical education for his ward, Rose, while William Dean Howells' Dr. Grace Breen insists upon her sex's "natural" weakness. Similarly, Davis's Dr. Maria Haynes Muller teaches a social hygiene education course in a water-cure facility. However, we do not witness Elizabeth Stuart Phelps' Dr. Zay or Sarah Orne Jewett's Dr. Nan Prince educate anyone about their bodies. Medical information and scientific language remains absent from most works of medical fiction during this period, yet certain authors such as Charlotte Perkins Gilman deploy their acquired medical knowledge and scientific terms throughout their works. Given the didactic nature of their texts, were Davis, Alcott, Meyer, and

Gilman using medical fiction as a genre or medium for feminist resistance? Were they rejecting and correcting medical knowledge construction much as Anne Fausto-Sterling calls for troubling scientific knowledge construction in her study, *Sexing the Body*? Were they resisting a "conspiracy of silence" emerging from Comstockian censorship toward sexuality, medicalized bodies, and sex education discourses?

Although I find the federal Comstock law and Comstockian censorship a useful historical framework for understanding feminist medical fiction, I do not advocate thinking of feminist medical fiction in terms of *resistance* to patriarchal discourses since the concept of "resistance" promotes a linear approach to sex education. In other words, we often think of "resistance" as *resistance against* an oppositional subject, or as *progress toward* a specific aim or objective. Most material-discursive discourses simply do not follow Hegelian constructs in a thesis-antithesis-synthesis fashion. Nor are there ever simply two opposing stakeholders in a conversation. As Horowitz reveals, there were at least four primary voices, or "frameworks," "engaged in a complex four-way conversation about sex" during the long nineteenth century.[45] Even if we consider feminist medical fiction as emerging from the fourth framework "that placed sex at the center of life" in a "progressive" move against Comstockian censorship, the question remains: What are we progressing toward?[46] All four authors of feminist medical fiction might have answered this question differently, and as a twenty-first century feminist scholar, I certainly find their concepts of "progress" flawed in their attitudes toward disabled bodies. In the next section, I offer my methodological approach to feminist medical fiction which proposes that we read such texts from a cultural studies perspective that considers what we know–and what we *do not know*–about contemporary sex education to examine what we know–and what we *do not know* – about the past. This kind of presentism, or "perverse presentism" as Judith Halberstam calls it,[47] recognizes

contemporary power relations as inherited from past discourses, albeit transformed for different biopolitical contexts.

I specifically trace a genealogy of disabling rhetoric in feminist medical fiction responding to *fin de siècle* sex education discourses which, in the process of responding, transferred the concept of disability from female bodies to disabled bodies themselves.[48] Contemporary sex education has inherited this disabling rhetoric, a move which applies the concept of disability to sexuality, disease, and even reproductive technologies. In what follows, I define important concepts such as "medical fiction," "presentism," "genealogy," and "dismodernism." I discuss foundational texts by Stacy Alaimo, Michel Foucault, Robert Dale Parker, and Judith Halberstam from which I am drawing such terms, and in so doing, I articulate how I apply these terms in my own study and how their works influence my own theoretical framework. Moreover, I differentiate my own project from similar existing projects in American medical fiction before closing with a benediction-of-sorts for interdisciplinary work in American literature and culture, disability studies, and feminist theory. In part, I am responding to Rosemarie Garland-Thompson's call for integrating feminist theory into disability studies and transforming disability studies through feminist theory by placing these discourses–feminist theory and disability studies–into conversation with one another in the context of sex education.[49] However, I also reveal how literature–and fiction, specifically–might serve sex education discourses in theory or praxis for a more diverse, intersectional approach to bodies and their sexual behaviors.

Theoretical Frameworks: Cultural Studies, Feminist Theory, and Disability Theory

Several cultural studies texts inform my methodological approach in this study of feminist medical fiction and sex education discourses, but I find Stacy Alaimo's *Undomesticated Ground:*

Recasting Nature as Feminist Space perhaps most significant for her integration of historical analysis with contemporary feminist debates surrounding concepts of "nature." In her study, Alaimo calls for recasting nature as feminist space in contemporary theoretical discourses including feminist theory and environmental theory, yet she reflects back upon how North American women writers from the nineteenth and twentieth centuries opened a space for reconsidering the woman-nature paradigm by "negotiat[ing], contest[ing], and transform[ing] the discourses of nature that surround them."[50] Each woman writer–among them Catherine Maria Sedgwick, Mary Austin, Emma Goldman, and Nella Larson–have varying degrees of success. Alaimo draws from their successes and critiques their missteps in imagining how feminist theory and environmental theory might envision concepts of "woman" and "nature" differently so as to circumvent her "a vortex of circular arguments" in which woman is cast as "closer to nature," and therefore, inferior, or "inferior because woman has made her so."[51] Feminist theory's flight from nature "leaves nature dangerously abject," and does not resolve conflicts for our concepts of nature or woman.[52] Instead, Alaimo claims, we must "inhabit nature in order to transform it," a move which she locates in specific texts by North American woman writers, and from which feminist theory might borrow for future arguments.[53]

I adopt a similar approach in this study, for although I do not work primarily within environmental theory or American women's nature writings, I am calling for recasting sex education as a dismodern feminist space *and* I trace a genealogy of disabling sex education from historical works by American women writers, namely feminist medical fiction from the Comstock Law Era. Although I find authors of feminist medical fiction responsible for participating in the very same disabling rhetoric which they themselves challenge, their works of fiction nevertheless open up a space for imagining material-discursive subjects in sex education as dismodern feminist

subjects. Before defining *dismodern*, it is important to denote the significance of *genealogy*. I specifically use the word "genealogy" in articulating the scope of my project, since my work and much of the theoretical texts that I draw upon derive from Michel Foucault. In particular, I frame my project within the context of *The History of Sexuality: An Introduction* in which Foucault offers a genealogy of sexuality that challenges any notion of a "repressive hypothesis" inherited from nineteenth-century culture. This move not only shifts our understanding of Anthony Comstock and his law, but also feminist medical fiction as simply deploying resistance against regulatory powers. Sex was not repressed, rather it moved into the realm of discourse.[54] And authors of feminist medical fiction did not simply resist a "conspiracy of silence" surrounding sex within and without sexuality education discourses. There was "no single locus of great Refusal," rather a "plurality of resistances" from which feminist medical fiction emerged as one form of resistance toward an equality that may or may not have been "progressive."[55]

Genealogies are not linear or progressive toward an objective or aim, which is why Foucault opts for "genealogy" rather than simply "history" in describing this historical process of transforming sexuality into discourse. As Foucault later clarifies, history searches for "origins," but genealogy "operates on a field of entangled and confused parchments, on documents that have been scratched over and recopied many times," and which may not have progressed toward anything, but are simply moving forward with time.[56] In my genealogy, then, I am not suggesting sex education has moved away from disabling rhetoric, rather I suggest that disabling rhetoric has moved from the female body to the disabled body, and still lingers around the queer body as well. One reason for this move is authors of feminist medical fiction who sought to disassociate the concept of disability from the female body, but of course, they did so at the expense of the disabled body itself. Jane Sawicki observes as much in her Foucauldian feminist analysis of mothering

theory, for biopower–or techniques of power used for regulating docile bodies–can be deployed by anyone, even feminists. Many techniques such as birth control or dieting have been used in control nonstandard bodies. Early feminists such as Margaret Sanger promoted birth control as a eugenic technology for preventing "unfit" women from becoming mothers, and individual women themselves use dieting techniques to conform within a normative standard for the female body.[57]

Foucault has remained a productive source for feminist theory and disability theory precisely because theorists find his concept of biopower at work in various social and cultural forces controlling sexed, gendered, and disabled bodies. If, as Foucault imagines, white, heterosexual, middle-to-upper class, able-bodied cis-males serve as the normative standard, then female bodies and disabled bodies fail from multiple standpoints. The point, however, it not simply to identify biopower at work, but also place Foucault, feminism, and disability studies in conversation with one another for developing "a model for nonhierarchical, reciprocal relations that run counter to the hierarchical modes that have dominated Western society."[58] They can serve "mutually corrective" purposes, as Irene Diamond and Lee Quinby claim, since "Foucauldian analysis exposes the effects of normalizing power in the production of human subjects" whether female, disabled, or both.[59] In turn, feminist theory and disability theory locate forms of "normalizing power" and offer models for resisting it.

Lennard J. Davis' concept of "dismodernism" is simply one means of locating and resisting forms of "normalizing power." Simply defined, *dis*modern is a *post*modern theoretical approach that challenges the dualisms underpinning our traditional humanistic model–male/female, sex/gender, impairment/normalcy–by adopting a disability studies perspective to biopolitics. In other words, Davis diffuses the power of normalization upon nonstandard bodies by suggesting that theorists approach all bodies as nonstandard first and foremost. If we begin with rather than

end with variability, and consider all vectors as unstable as disability, then we might arrive closer to an analysis of biopower *not* dependent upon binaries or dualisms. In my own use of "dismodern," I suggest placing disability at the center of reproductive health and sex education discourses for a more inclusive approach to nonstandard bodies. For Foucault, power's relation to knowledge is never separable, and sex education is one powerful form of knowledge deployment for understanding body politics. Dismodern feminism, then, challenges traditional humanistic models by placing disability at the center of a specific discourse from postmodernism, feminist theory, for a more inclusive biopolitics challenges binaries such as sex/gender or disabled/impaired.[60]

Arguably, Judith Butler claims, "any analysis which pretends to be able to encompass every vector or power runs the risk of a certain epistemological imperialism which consists in the presupposition that any given writer might fully stand for and explain the complexities of contemporary power."[61] I think Lennard J. Davis would agree when I hazard the claim that neither Davis nor I are asserting we can disentangle the complexities of biopower through "dismodernism," or "dismodern feminisms," respectively. However, I agree with Davis that disability is in a unique position as perhaps the most unstable of all vectors. In part, it is unstable because it is unpredictable, and can happen in any given time, age, or place, to any given body: "All it takes is the swerve of a car, the impact of a football tackle, or the tick of the clock to make this transformation" from "normative" to "impaired," or even "disabled."[62] Even if one is not disabled through a "quick-change act," disability is unstable because it engages all other vectors through a shared genealogy. Like disability, "these discourses of race, gender and sexuality began in the mid-nineteenth century, and they did so because that is when the scientific study of humans began."[63] Davis specifically identifies eugenics as the scientific field responsible for oppressing

nonstandard bodies, yet even before eugenics, professional medical discourses were defining and categorizing bodies based upon gender, sex, race, class, sexuality, and even, disability, and many of these vectors were cast as "disabled" when they in fact were not impaired.

By claiming all vectors as oppressed by the concept of disability, Davis can feasibly claim disability as central to articulating a "new ethics of the body" in which "*all* humans are seen as wounded" or "disabled by injustice and oppression of various kinds."[64] However, I want to revise–even coopt–Davis's concept of "dismodernism" as a feminist concept which, in responding to Rosemarie Garland-Thompson's call for integrating disability studies into feminist theory, considers the dismodern subject as a *feminist* subject.[65] Haraway's cyborg theory offers a starting point for imagining such a subject. As Garland-Thompson points out, "figures of hybridity and excess such as monsters, grotesques, and cyborgs" do much "to suggest their transgressive potential for a feminist politics."[66] Yet, they often fall short specifically because theorists do not–or will not–"acknowledge that these figures often refer to the actual bodies of people with disabilities."[67] Haraway identifies her cyborg as not only feminist, but also female.[68] In so doing, she–perhaps unwittingly–recalls a historical nexus in which female bodies were cast as disabled by professional medical discourses. Gender and sex were, in fact, among the first vectors disabled by professional medical science, which is why authors of feminist medical fiction seek to redefine the female body apart from disability by drawing upon medical discourses in their texts. Each work of medical fiction itself becomes a sex education text, one in which the female body is not simply redefined for educational purposes, but redeployed for political purposes in much the same way that Haraway's "polychromatic girl" cyborg is a socialist-feminist hybrid creature of social reality and fiction that redefines the female body as flexible, dependent, and relational.[69]

One hundred years before Haraway or Garland-Thompson, Rebecca Harding Davis, Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman began imagining the female body as flexible, dependent, and relational. Alcott, for instance, imagines thirteen-year-old Rose Campbell's body as co-constituted by her environment: "'Nature knows how to mould a woman better than any corset-maker,'" Uncle Alec teaches Rose–and Alcott's young adult female audience.[70] Rose is defined more by her tomboyish behavior than she is by her sexual organs in direct contrast with nineteenth-century medical definitions of the female body that considered her docile based upon a closed biological system. Although feminist theorists find this woman-nature connection dangerous, Alcott specifically draws upon an environmentally-based definition of nature as a way to contradict biological determinism; she looks out toward external influences that co-constitute the female body rather than internal factors that foreclose material relationality. Her contemporary authors of feminist medical fiction make similar moves toward an identity politics that is not based on discrete categorizations. Gilman's Joan, for instance, may identify as female, but performs masculinity in a way that reveals sex as distinct from gender before either vector was defined by feminist theorists.[71] By nineteenth-century medical standards, however, both Rose and Joan would be defined as "disabled" simply because they do not conform within normative gender performances, and further, their sexual organs would be at fault for causing such deviations.

As nonstandard female bodies that derive their ontologies from interactions with human and nonhuman subjects in their environments rather than linguistic constructs in a medical text, Rose and Joan represent two possible articulations of the dismodern feminist subject who is herself a hybrid creature of social reality and fiction like Haraway's cyborg and a nonstandard creature susceptible to the concept of disability. Like Davis, I am not calling for eliminating disability as a category for identity politics,[72] nor do I believe all female bodies require salvation from the concept

of disability. In fact, Alcott and Gilman redeploy the concept of disability upon other nonstandard bodies and/or their identities, specifically lesbians. Like many feminists, and especially suffragists, disability not only figured as an argument *for* the inequality of women, a position against which feminist argued, but also disability figured as an argument *against* those inequalities which feminists distanced themselves from in redefining their own sex. "Their arguments took three forms," Douglas C. Baynton explains: "[O]ne, women were not disabled and therefore deserved the vote; two, women were being erroneously and slanderously classed with disabled people, with those who were legitimately denied suffrage" because of physical or mental impairment, "and three, women were not naturally or inherently disabled but were made disabled by inequality."[73]

Authors of feminist medical fiction often derive their arguments from one of those three positions identified by Baynton, but this has significant consequences for disability, since impaired persons are themselves disabled by such exclusionary rhetoric and practices. Worse, the recently-developed field of feminist disability study reveals disabled female bodies as doubly-stigmatized by narratives that imagine them as alternatively asexual or hypersexualized.[74] Thus, my concept of dismodern feminism integrates the fractured identity politics of feminism and the female body crystallized in Haraway's cyborg into disability studies itself for a more inclusive sex education theory and praxis that considers a range of sexual behaviors among sexed, gendered, and disabled bodies. Identity politics has long been a defining characteristic of feminist theory and disability theory. Since Simone de Beauvoir declared "one is not born, but rather becomes, woman," feminist theory has predominately developed along social constructionist lines.[75] That is, postmodern feminist theorists claim gender is not only distinct from sex, but also that it is not defined by biology rather society. Her "biological, psychic or economic destiny" does not define her, Beauvoir claims, but "civilization as a whole" produces "this intermediary product" called

"woman."[76] But what is encompassed in "civilization"? And why is science not considered one aspect of "civilization" or society? More recent work in feminist science studies finds science, like all other human activities, a social construction. Like gender, feminist science studies theorists conclude, biological sex is created by biologists whose work is framed by the political, social, and cultural environment within which they exist.

Although social constructionism is a useful framework for deconstructing binaries upholding gender and sex such as man/woman or male/female, it has created new binaries for feminist theory such as sex/gender or language/materiality. As Anne Snitow explains, postmodern theorists fear binaries contribute to hierarchical divisions. In other words, they create the conditions for inequality by distinguishing one subject as more significant than another subject.[77] In recent feminist theoretical debates, the language/materiality dichotomy places the primacy of language against the primacy of materiality, a divide which has significant implications for identity politics and concepts of "the body." If language constructs our reality, for instance, then how does the corporeal body signify as a gender or sex itself? Alternatively, if corporeal activities construct our reality, then how do we account for the role of language in regulating or resisting docile bodies? I find that the very act of articulating one's identity–whether sex, gender, sexuality, race, class, or disability–requires a sign, a linguistic construction, for signification. This does not, however, imply individuals should reject one side–materiality–by embracing another. As recent work in material feminisms has pointed out, bodies matter. They do, at times, signify for themselves without language and are co-constituted through interactions, or intra-actions, with the more-than-human world.[78]

Following material feminisms, I agree that we should "explore the interaction of culture, history, discourse, technology, biology, and the 'environment,' without privileging any one of

these elements.[79] Social constructionism cannot approach material-discursive bodies in sex education, or other contexts, simply because it does not understand the body as "*do*[ing] things–often unwelcome or unexpected things" regardless of social or cultural circumstances.[80] In other words, sexual organs do not recognize historical periods, and function[ed] similarly through time and space. How we understand sexual organs as functioning requires social and cultural contexts, since the language, or even metaphors, used in describing said functions shift based on social and cultural contexts. For this project, however, I adopt a corporeal feminisms approach to material-discursive bodies in sex education texts such as feminist medical fiction because I find the Mobius Strip apparatus useful for understanding how authors of feminist medical fiction resisted the mind/body division underpinning concepts of the female body in medical science and sex education discourses. The Mobius Strip image appears in all three of the primary feminist texts through which I discuss various works of feminist medical fiction: Judith Butler's *Bodies That Matter: On the Discursive Limits of "Sex"* (1993), Anne Fausto-Sterling's *Sexing the Body: Gender Politics and the Construction of Sexuality* (2000), and Elizabeth Grosz's *Volatile Bodies: Toward a Corporeal Feminism* (1994). As Fausto-Sterling describes, the Mobius Strip is "a topological puzzle, a flat ribbon twisted once and then attached end to end to form a circular twisted surface."[81] Should one trace or walk across such a surface, s/he would find that the outside surface moves one to the inside surface and out again without ever leaving the plane. Fausto-Sterling uses the Mobius Strip for reimagining scientific knowledge construction, and our knowledge of biological sex, specifically. Similarly, Grosz proposes that we think of the body–sex organs, included–as co-constituted by this inside-outside relationality.

Before Fausto-Sterling or Grosz, however, Butler articulated a more abstract, theoretical version of the Mobius Strip in her concept of the "materiality of language." In spite of feminist

critiques for her "loss" of materiality, I find Butler a significant factor in moving toward a "material turn" in feminist theory. There need not be a necessary tension between the mind and body, or linguistic constructions versus material reality, Butler claims:

> [I]t is not that one cannot get outside of language in order to grasp materiality in and of itself; rather, every effort to refer to materiality takes place through a signifying process which, in its phenomenality, is always already material. In this sense, then language and materiality are not opposed, for language both is and refers to that which is material, and what is material never fully escapes from the process by which it is signified.[82]

Although she does not specifically relate her theory to the Mobius Strip, she conjures its image in her claim that "language both is and refers to that which is material." If we follow the external surface of language inward toward the material body, we wind up tracing our path back outward again toward language in an infinite loop along this "circular twisted surface" which reaches into our very depths as well. I propose understanding disability in a similar manner, for as a postmodern–or dismodern–subject, the dismodern feminist body is not wholly constructed by social or cultural contexts. Her very impairment–whether psychical or physical–signifies for itself in the actual, lived body. Like sex and gender, "ability systems exert tremendous social pressure to shape regulate, and normalize subjugated bodies,"[83] but how might a corporeal feminisms, or even material feminisms, approach to dis/ability reveal impaired bodies as a material-discursive subject co-constituted by the interaction of culture, history, discourse, technology, biology, and the 'environment,' and not just a socially-constructed phenomena?

In his essay, "Disability Experience on Trial," Tobin Siebers offers a first step toward integrating disability theory with material feminisms by arguing for "the sex of architecture" concept. People with disabilities experience discriminatory practices against their sexual behaviors

and reproductive rights simply because we are disgusted by the concept of the erotic disabled body. Thus, we construct narratives designating people with disabilities as asexual, or we construct laws preventing reproduction among people with disabilities for fear their condition will continue into another generation.[84] We justify our behaviors by saying we were only thinking of the mother who might otherwise struggle with her own disability or her child's.[85] Using *Waist-High in the World,* a memoir by Nancy Mairs, Siebers reveals how this "social construction of experience" is shattered by actual lived experiences–corporeal bodies themselves–that disprove such disabling narratives. Moreover, the successful sexual practices of people with disabilities, however "outlandish or kinky" they may seem, expose our "limited expectations about the relationship of bodies to other bodies."[86] Arguably, we need new conceptions of the disabled body. However, we also need new conceptions of disability as an identity politics that does not rely upon social constructionism, but takes into account how various kinds of bodies–disabled or otherwise–signify for themselves through an on-going relationality with human and nonhuman subjects. I find the fractured identity politics of Haraway's cyborg useful for such a move toward a dismodern feminism that places disability central to postmodern discourses that "explore the interaction of culture, history, discourse, technology, biology, and the 'environment'" in material bodies.

Feminist disability theory, a recent field of inquiry that merges feminist theory and disability theory in responding to Garland-Thompson's call, also moves toward a "material turn" in both discourses. Ellen Samuels identifies Judith Butler's theory of performativity as one possible node by which feminist theory and disability theory might engage. Although Butler never uses the words "disabled" or "disability" in *Bodies That Matter,* Samuels claims that mining Butler's notion of performativity "simultaneously reinscribes and calls into question matters of embodied identity such as gender" in a way that is productive for disability.[87] We might, for

instance, use "performativity" in articulating how "nondisabled feminists may actually distance themselves from the disabled body, to prove that the female body is *not* diseased or deformed."[88] This is, in fact, precisely my purpose in reading feminist medical fiction through feminist theories and disability theories of the body. Authors of feminist medical fiction such as Alcott, Meyer, and Gilman "de-pathologize the normative body at the expense of the physically deviant or ill body" by revealing how the female body *does not* perform disability.[89] What does such a move mean for actual disabled bodies? Given that authors of feminist medical fiction make this move within the context of sex education discourses, how does de-pathologizing the normative female body at the expense of actual disabled bodies impact the ways we teach sex education?

Rebecca Harding Davis' *Kitty's Choice: A Story of Berrytown* is the only work of feminist medical fiction from the nineteenth century that actually represents a disabled female body in the text, Dr. Maria Haynes Muller. Moreover, Dr. Muller teaches an early form of sex education, or "social hygiene," at a water-cure facility in "progressive" Berrytown. I do not find this coincidental that such discourses–feminist, disability, sex education–not only contact one another, but also emerge simultaneously in a late nineteenth-century medical fiction text by a woman who was also a feminist. In *Unruly Bodies: Life Writing by Women with Disabilities*, Susannah Mintz offers a feminist disability studies reading of several life writing texts by disabled women. Aside from investigating how women are "disabled" by patriarchal culture, Mintz probes at "the kinds of stereotypes disabled women confront," namely "that they are asexual and unfit for motherhood."[90] She finds that cultural mythologies of disability stigmatize impairment and disability in a manner that is more disabling than the condition itself. Since disabled female bodies during the nineteenth century are doubly-stigmatized by their "disabled" condition as female and their actual impairment(s), I find Davis attempting a similar move as those life writings that Mintz investigates.

Davis recognized the disabled female body as stigmatized by cultural narratives emerging from medical discourses, and she troubles those narratives.

Although Dr. Muller does not marry or have children in keeping with her cultural narrative as an "other," her character *does* raise important questions for how bodies signify in sex education then and now. In a sense, my study finds feminist medical fiction is a form of life writing that confronts cultural mythologies akin to Mintz's study of contemporary life writings by disabled women authors. As a genre, medical fiction does not relay the lived experiences of real women. Admittedly, each author of feminist medical fiction discussed in this project was influenced by the author's lived experience of medicine: Rebecca Harding Davis and Charlotte Perkins Gilman suffered under S. Weir Mitchell's "Rest Cure" treatment; Louisa May Alcott's uncle was active in health reform and wrote several influential works of health advice literature; and Annie Nathan Meyer was married to a pulmonologist and was active in health reform alongside him. Medical fiction also "operate[s] as a cultural shorthand" that represents a series of commonly held assumptions and shared experiences familiar among readers.[91] Characters enact experiences that readers might have lived, or at least, can share in their emotional responses. Jane Tompkins claims that nineteenth-century American fiction is unique precisely because it performs this kind of "cultural work": Texts such as Charles Brockden Brown's *Arthur Mervyn*, James Fenimore Cooper's *The Last of the Mohicans*, and Harriet Beecher Stowe's *Uncle Tom's Cabin* participate in "remaking the social and political order" by diagnosing social and political struggles and "offer[ing] a blueprint for survival under a specific set of political, economic, social, or religious conditions."[92] Although feminist medical fiction does not always operate with stereotyped characters, sensational plots, or trite expressions, the texts in this project do perform a similar kind

of cultural work that seeks to remake the social and political order by redefining the female body in medical discourses including reproductive health and sex education.

As a genre, however, medical fiction remains ambiguous. In most studies, the term "medical fiction" is not used, rather more labored language exists for describing the specific subject of inquiry such as "doctress fictions," "lady-doctor novels," "woman doctor novels," or "medical realism in fiction." Only Frederick Wegener uses the term "medical fiction" in referring to Stephanie Browner's study of physicians in nineteenth-century American fiction, and she herself never actually uses the term.[93] Why, then, do I insist upon using such a term that has not yet gained traction in academic studies? In recent years, several studies have emerged in the field of nineteenth-century literature and culture which focus explicitly on understanding the co-constitutive relationship between medicine and fiction during the period. Both fields–medicine and fiction–were rapidly professionalizing. Browner, in fact, considers "the authority of medicine" "one of the most dramatic developments in the nineteenth century," a development which fiction authors viewed with skepticism.[94] Like contemporary feminist and disability theorists, nineteenth-century fiction authors were "wary of medicine's claim to know the body."[95] This fear propelled a new genre of fiction that alternatively "challenged medicine's somatic knowledge, contested doctors' ability to name and solve the body's mysteries, exposed the violence inherent in medicine's drive to epistemological mastery, and questioned science's equation of rationale disinterest with white, educated masculinity."[96] Ultimately, like Wegener, I find specifically identifying this genre as "medical fiction" provides a context for categorizing, discussing, and analyzing those works of fiction which engage with medical discourse for political purposes.

Although I find such categorizations useful for defining the field of inquiry, like other fictional genres such as utopian fiction, "medical fiction" does not require a fixed definition. I

make no claims to defining the field once and for all, or foreclosing new or revised definitions for "medical fiction." Definitions for any fictional genre are–to some degree–problematic, specifically because "they place limits upon what may properly be regarded as [that genre] and thus upon the field of inquiry itself."[97] For instance, given the primacy she places upon "the doctor," one might conclude that Browner identifies the presence of a doctor character as an essential element for defining medical fiction.[98] I, however, would consider nursing narratives such as Louisa May Alcott's *Hospital Sketches* a form of medical fiction even though doctors are largely absent. Similarly, Charlotte Perkins Gilman's *Herland* does not include doctors or nurses, and is frequently discussed as a work of utopian fiction. Yet, Gilman draws upon contemporary medical assumptions toward the female body, which she dispels in her defense of birth control and in proving that women are capable of performing equal roles in public spheres. Medical fiction, then, does not require the presence of a medical professional for definition, rather medical fiction may simply draws upon and responds to medical- and health-related discourses for political purposes.

Such a broad definition allows for genre-blending not only because "medical fiction" as a term did not exist during the nineteenth-century, but also authors of medical fiction identified their work within other existing genres such as young adult fiction (Alcott's *Eight Cousins*), realism (Davis's *Kitty's Choice*), or utopian fiction (Gilman's *Herland*). Aside from their shared interest in reproductive health and sex education, one significant thread appearing throughout Alcott's, Davis's, Meyer's, and Gilman's works of "medical fiction" is a didactic tenor used alongside various coding strategies such as appropriation to covertly argue for social or political reform. In a letter, Annie Nathan Meyer's editor, Jeannette Gilder, called such didactic works of fiction, "stories with a purpose," for lack of a better term.[99] Contemporary literary scholar Chip Rhodes calls fiction with a purpose, or didactic fiction, "political fiction" or "social reform fiction," since

they use didactic language for presenting an argument, usually with empirical evidence, in an effort to "cur[e] some class-free, focused social ill."[100] Interestingly, Rhodes identifies Gilman's *Herland* as an exemplary work in early social reform and political fiction, even though most scholars consider *Herland* an exemplary work of utopian fiction, and I discuss it in this project as a work of medical fiction. My point is that (1) any one work may be alternatively discussed within different genre categories, (2) such re-contextualization does not foreclose one work's inclusion within another genre, and (3) medical fiction lends itself to such genre-blending simply because, as an emerging genre, it is ambiguously defined.

Although Rhodes finds didactic language characteristic of political fiction or social reform fiction, didacticism is not requisite for medical fiction. It is, however, key to understanding feminist medical fiction from the Comstock Law Era. Each author of feminist medical fiction discussed in this dissertation adopts a didactic voice specifically to argue a position on reproductive health issues from dress reform to birth control access. An underlying supposition for this project maintains feminist medical fiction from 1874-1916 served as fictionalized sex education texts or manuals during a period of censorship in American culture. Although authors of feminist medical fiction are educating their readership, they also seek to convince readers to challenge inherited "facts" from medical discourse. However, the very presence of didacticism in fiction–medical fiction or otherwise–raises questions concerning purpose and quality: If the primary purpose of a text is educational, then how could it also successfully entertain, and vice versa? As Tompkins reveals, literary critics largely consider education and entertainment distinct purposes. "The objection," Tompkins explains, is often phrased "in the form of a question like: but are these works really any *good*? or, what about the *literary* value of *Uncle Tom's Cabin*?"[101] These questions belie the assumption that because a work "engages purely local and temporal

concerns" through argumentation, "the less literary it will be," since "in its attempt to mold public opinion it is closer to propaganda than to art, and hence furnishes material for a historian rather than the literary critic."[102]

Not only is feminist medical fiction guilty of appearing propagandistic, many of these works are largely non-canonical by twenty-first century standards and were not popular during their period. Why, then, bother studying them? Tompkins offers a ready reply which I adopt as my own rationale, but wish to amend:

> I see [these texts] as doing a certain kind of cultural work within a specific historical situation, and value them for that reason. I see their plots and characters as providing society with a means of thinking about itself, defining certain aspects of a social reality which the authors and their readers shared, dramatizing its conflicts, and recommending solutions. It is the notion of literary texts as doing work, expressing and shaping the social context that produced them, that I wish to substitute finally for the critical perspective that sees them as attempts to achieve a timeless, universal ideal of truth and formal coherence.[103]

Feminist medical fiction, however popular or unpopular during its period, fictionalizes actual social conditions for women at the *fin de siècle*, dramatizes those conditions, and opens a space for imagining possible responses or solutions so as to rescript social conditions for greater equality. These works are *not* timeless, nor do they offer universal truths. They, in fact, transfer disabling rhetoric in medical and sex education discourses from female bodies to disabled bodies, a move we would not want to emulate. It is, however, a move we can pinpoint, analyze, and learn from in resisting current disabling rhetoric against queer bodies or disabled bodies. As such, recovering

"unpopular" texts such as feminist medical fiction helps literary critics trace genealogies among various discourses, in this case, reproductive health and sex education.

Such a move raises yet another question for literary critics, one of "presentism," or accusing a literary "critic of distorting literature from the past by relying upon models from the present."[104] Opponents to presentism argue that we cannot impose our twenty-first century sensibilities upon a culture which simply did not hold similar views, or if they did, then they did not have our language to express such positions. The danger for opponents of presentism is in distorting our view of the past and failing to own up to our own interests. Robert Dale Parker finds that "presentism can offer a strategy for doing historicism better" by alerting critics to "how our view of history depends on our position in the present," or "how what happened then speaks to what is happening now," a position which Foucault might agree in his approach to history as a genealogy rather than linear narrative moving toward or away from progress.[105] Tompkins agrees, adding that no reader can approach a text without present biases, for not only can we never know the past itself, neither historical nor present circumstances are any more neutral or disinterested than any other: "The circumstances within which a reader encounters a literary text are always, in this broad sense, political, since they always involve preferences, interests, tastes, and beliefs that are not universal but part of the particular reader's situation."[106]

Like Parker and Tompkins, I acknowledge historical circumstances as significant for shaping a work, yet as a reader, I cannot ignore my own situated knowledges–to use Donna Haraway's term[107]–and apply my knowledge of feminist theory and disability theory for examining how a genealogy of disabling rhetoric from *fin de siècle* medical and sex education discourses was co-opted by authors of feminist medical fiction in a way that is still operative today in contemporary liberal sex education. I prefer applying Alaimo's term "situated theorizing" for

my own approach in this dissertation project, since I find myself suggesting that the didacticism in feminist medical fiction adopts a theoretical approach itself which emerges from a particular discursive landscape in which each text was produced.[108] In probing how *fin de siècle* theory emerges from feminist medical fiction and converses with contemporary feminist theory and disability theory, I first examine the specific "nexus of social issues and political movements" influencing each text before turning toward the theoretical conversation produced by each text and its resonance for contemporary sex education.[109] Fiction does perform a kind of cultural work that perhaps other genres simply cannot probe, yet feminist medical fiction from 1874-1916 adopts an urgent tenor in its cultural work because it was produced during a period of legal censorship in American culture.

Organization of the Dissertation

The subsequent chapters in this dissertation–chapters one through four–are organized in a roughly chronological manner, beginning with a focus on Rebecca Harding Davis's *Kitty's Choice: A Story of Berrytown* (1874) in chapter one and ending with Gilman's *Herland* (1915) in chapter four. The conclusion offers suggestions for future research, specifically by extending this discussion of disability in scientific sex education and its emphasis on "nature" within environmental theory in addition to feminist disability theory. I do not offer a chronological approach to suggest a linear development from 1874 to 1916 which presumably continues into twenty-first century sex education discourses. On the contrary, I discuss Gilman's feminist medical fiction from 1911 to 1916 in almost every chapter, comparing Gilman's approach with her predecessor's approach which is not always "progressive," but continues a similar line of inquiry from a different historical nexus. Gilman appears in every chapter simply because she wrote

medical fiction prolifically, and in fact, this dissertation only *introduces* Gilman's medical fiction, if anything.[110] Further, I conclude each chapter by discussing how the successes and limitations of theoretical debates in feminist medical fiction appear in contemporary sex education theory and praxis. Thus, each chapter follows a roughly similar pattern of historical contextualization, theoretical reading, and cultural application with minor variations on this theme to suit my purpose and argument.

In chapter one, "Disabling the Female Physician: A Dismodern Feminist Proposal for Sex Education," I discuss the historical and cultural conditions that allowed for feminist medical fiction to emerge during the Comstock Law Era from Rebecca Harding Davis' *Kitty's Choice* to Charlotte Perkins Gilman's *Herland* (1915) and "Joan's Defender" (1916). Although *Kitty's Choice* emerged during the same year as Alcott's *Eight Cousins* (1874), I identify *Kitty's Choice* as initiating a turn toward reproductive health and sex education in *fin de siècle* medical fiction primarily because, unlike Alcott, Davis self-consciously and *simultaneously* attends to gender, sex, and disability in medical and sex education discourses. Alcott, in contrast, disables gender and sex only to impose disabling conditions upon nonstandard female bodies such as the "androgyne," or lesbian. Therefore, in this chapter, I also discuss Davis's Dr. Maria Haynes Muller as an early example of the dismodern feminist subject, since Dr. Muller is not only a feminist but also becomes disabled through the course of the text. I begin, however, by contextualizing medical fiction itself, which signals Davis's *Kitty's Choice* as diverging from contemporaneous works of medical fiction both anti-feminist and feminist such as William Dean Howells' *Doctor Breen's Practice* (1881), Henry James' *The Bostonians* (1886), Elizabeth Stuart Phelps' *Dr. Zay* (1882), and Sarah Orne Jewett's *A Country Doctor* (1884). I then discuss Davis' *Kitty's Choice* as unique among medical fiction partly because it proposed a return to the pre-Civil War water-cure movement as a way

forward for egalitarian sex education. Although Davis was ahead of her time in theorizing a disabled female physician who challenges rather than conforms within American cultural standards, Dr. Maria Haynes Muller uses the act of teaching sex education as a cure for her impairment, neuralgia, a move which contemporary disability theorists take issue with since "cure" implies disability as undesirable, and even, a concern for prevention or elimination.

In chapter two, "Disabling the Tomboy: Domestic Sex Education in Alcott's *Eight Cousins* and Gilman's 'Joan's Defender,'" I discuss Alcott's *Eight Cousins* as a form of domestic sex education responding to the public debates produced by Edward H. Clarke's *Sex in Education: or a Fair Chance for Girls* which not only defined female bodies by their sexual organs, but also had a pervasive impact on the fields of American gynecology and education. I also discuss Alcott's *Eight Cousins* and Gilman's "Joan's Defender" (1916) as influenced by feminist advice literature such as Howe's *Sex and Education* and subscription periodicals such as *Search Lights* which were themselves responding to and influenced by Clarke's treatise. After contextualizing Alcott and Gilman within sex education debates, I discuss their works as developing theoretical arguments for dress reform and reform physiology and disseminating those arguments as fictionalized forms of advice literature, or sex education manuals, themselves. I then read both works of feminist medical fiction alongside Judith Butler's *Bodies That Matter: On the Discursive Limits of "Sex"* to demonstrate how each author's protagonist–Rose and Joan, respectively–performs masculinity in ways that challenge *fin de siècle* medical discourses, but which also transfers disabling rhetoric from one nonstandard body to another. More specifically, Rose and Joan serve Alcott's and Gilman's purpose in responding to contemporaneous gynecology and sexology texts that cast female bodies as "disabled." Alcott and Gilman seek to differentiate between heterosexual females and lesbians, of which the former they designate as "standard," and therefore, not disabled, and

the latter, "nonstandard," and therefore, disabled. This rhetorical move, I argue, still appears in sex education theory and praxis, especially in the state of Texas where sex education curricula assume a heterosexual audience in the same way Alcott and Gilman assume a heterosexual audience for their texts, distancing the female body from the queer body to avoid disability imposed upon their characters' normative female bodies.

Continuing in my roughly chronological fashion, in chapter three, "At 'the Crux' of Sex Education: Disabling Venereal Diseases in Meyer's *Helen Brent, M.D.* and Gilman's *The Crux*," I use the popular Anti-VD Campaign film *Damaged Goods* (1914) as a litmus test for analyzing Meyer's *Helen Brent, M.D.* (1892) and Gilman's *The Crux* (1911) and "The Vintage" (1916) within early sex education theory and praxis. The first successful public American sex education program was implemented by the US military for new army recruits during basic combat training in response to the *fin de siècle* syphilis epidemic. Annie Nathan Meyer's *Helen Brent, M.D.* and Charlotte Perkins Gilman's *The Crux* and "The Vintage" were also influenced by the syphilis epidemic which emerged during the last decade of the nineteenth-century, but gained significant momentum during the Progressive Era, and especially, after the US entered World War I. Meyer and Gilman alternatively respond to and deviate from popular seduction narratives which blame women–and especially, prostitutes–for the spread of syphilis and gonorrhea. Meyer, for instance, disassociates the origins of venereal disease from the female body, while Gilman recounts the familiar seduction narrative which blames the body of the prostitute–though not the morally-upright female body–for originating and spreading venereal disease. By reading Meyer's and Gilman's medical fiction alongside Emily Martin's *Flexible Bodies: Tracking Immunity in American Culture–From the Days of Polio to the Age of AIDS* and Anne Fausto-Sterling's *Sexing the Body: Gender Politics and the Construction of Sexuality*, I reveal how Gilman clearly disables

the body of the prostitute by casting "disease" as "disability" and Meyer disables the diseased body by granting it a death sentence in a move that prefigures the 1980s HIV/AIDS scare. Contemporary sex education continues this disabling rhetoric by placing blame upon homosexual bodies for originating and spreading HIV/AIDS in American society.

The fourth chapter, "Disabling Birth Control: Scientific Sex Education and Eugenic Feminism in Gilman's *Herland*," concludes the dissertation proper with a discussion of parthenogenesis in Gilman's *Herland* as a metaphor for eugenic birth control which I compare with contemporary amniocentesis, a new form of eugenics leveled against people with disabilities. Before sex education program permanently re-entered the public-school system, Progressive Era sex education theorists debated how it should be taught in public secondary schools given that the Commission on Training Camp Activities' (CTCA) new-recruit military program was far too explicit. Eugenicist Maurice Bigelow's *Sex-Instruction as a Phase of Social Education* (1913) would set the standard for a biology-based, or "scientific," sex education program, a model which Gilman adopts and revises in her own utopian sex education program outlined in *Herland*. After placing Gilman in conversation with Bigelow, I read Gilman's own sex education theory which advocates for eugenic birth control alongside Elizabeth Grosz's *Volatile Bodies: Toward a Corporeal Feminism*. This reading reveals Gilman's preference for a homogenous female body defined by physical and mental fitness as well as her exclusionary attitude toward female bodies that do not fulfill her normative standards.

The conclusion for this dissertation, entitled "Reproducing Fiction: Science, Narrative, and the Female Body in Women-of-Color Fiction," draws conclusions from this study and seeks to project future directions for research in feminist disability theory and American literature and culture concerning our inherited legacy of scientific sex education. An obvious omission from this

project–which I address in my conclusion–concerns a lack of women-of-color writers of feminist medical fiction. New research questions emerge from this omission in my research: Were women-of-color authors writing medical fiction? If so, how much–if any–addressed reproductive health and/or sex education discourses? Francis Ellen Watkins Harper's *Iola Leroy* (1892) offers a starting point for exploring the extent to which women-of-color writers engaged medical discourses, and specifically, reproductive health issues, in fictional genres. In Harper's and text, reproductive health appears in sub-plots, and largely concerns rape and miscegenation. Although observations may be made from each individual text, a genealogy cannot be traced in only two texts from within a decade of one another. If, however, we extend the period by examining post-Comstockian Era medical fiction, or explore non-professional medical discourses such as midwifery, voodoo, or indigenous healing methods, might women-of-color authors contribute differently toward reproductive health discourses? If so, how does this conversation shift? And what might this shift say about (white) authors of feminist medical fiction versus women-of-color authors and how each approach reproductive health issues differently or similarly? In my conclusion, I also observe a trend in American literature by white women and women-of-color authors, feminist theory, disability theory, and environmental theory. This trend concerns the concept of "nature" and the female body, which remains a tenuous issue for all aforementioned fields. I conclude, then, by proposing that future studies examine the intersection of these discourses and suggest ways they might collaboratively grapple with concepts of "nature," science, and biologically-based narratives about the female body.

Conclusion

Biology is ultimately about storytelling, Donna Haraway claims in her essay, "In the Beginning was the Word." *All* forms of biology tell tales about origins, genesis, and nature, and specifically, the kernel of life, its beginning, its development, and its affect and ending. This storytelling endeavor, however, often has a patriarchal voice, one that developed through a paternal line and has historically excluded women.[111] Feminist medical fiction contributes to this storytelling tradition in biology, since it rescripts an inherited patriarchal voice for presumably feminist purposes. Authors of feminist medical fiction are not wholly excluded from history, or even, the genealogy of sex education. They were read by an audience, however small that audience may have been, and they are, through this recovery-project-of-sorts, gaining a larger voice among present and future audiences. This voice is necessary, I argue, not because it is one we should emulate, rather it is one we should read critically for learning how to circumvent disabling rhetoric and for imagining ways to creatively resist it. In the following chapters, I narrate my own story, a genealogy of disabling sex education which we must recognize and learn from for greater inclusivity in reproductive health at large.

CHAPTER ONE

DISABLING THE FEMALE PHYSICIAN:

A DISMODERN FEMINIST PROPOSAL FOR SEX EDUCATION

> *"[E]very woman physician has a double disadvantage that I hadn't the strength to overcome,–her own inexperience and the distrust of other women."*
> (William Dean Howells, *Doctor Breen's Practice*)

> *"One of [the patients], addressing her as 'Miss Muller,' however, was sharply rebuked: 'I earned my right to the title of physician too hardly to give it up for that which belongs to every simpering schoolgirl,' she said. 'Besides,' with a queer pitiful smile, 'the sooner we doctors sink the fact that we are women, the better for the cause–and for us.'"*
> (Rebecca Harding Davis, *Kitty's Choice*)

In 1874, two very different feminist writers published similar works of feminist medical fiction: Rebecca Harding Davis composed *Kitty's Choice: A Story of Berrytown* while Louisa May Alcott serialized *Eight Cousins, or The Aunt-Hill*. By this period, Davis and Alcott had both established themselves in the marketplace as serious novelists, yet they also actively engaged within social reform circles. Davis and her husband had long-participated in abolitionism and temperance, and Davis briefly dallied in Transcendentalism which she ultimately found too "romantic."[1] She had also gained public acclaim for *Life in the Iron Mills* (1861) which was itself a work of social reform fiction in its critique of working class factory conditions. Jean Pfaelzer considers Davis a "parlor radical" precisely because her writing became her activist work, and although she regularly attended abolitionist and temperance circles, post-Civil War, Davis rarely participated in organizational activism and she never lectured publicly as did her literary descendant Charlotte Perkins Gilman. Alcott, in contrast, grew up among social reformers and was an active member of the New England Woman's Suffrage Association.[2] *Little Women* (1868/1869)

had also firmly established Alcott as a young adult novelist, for which Alcott was credited with creating the genre of young adult fiction itself.[3]

Davis and Alcott officially met one another in 1862 at a transcendentalist meeting held at the house of Ralph Waldo Emerson.[4] Although they certainly knew of one another, and likely read one another's fictional works, there is no record suggesting Davis and Alcott corresponded after their initial meeting. How, then, do we explain their impetus for writing feminist medical fiction within the same year, effectively creating a new genre? How and why did Davis and Alcott merge their feminist politics with fiction writing?[5] In so doing, why did they engage with medical discourses, and specifically, reproductive health and sex education? More importantly, what political discourses developed from this engagement? As a genre, fiction has long-occupied a contentious space in medical discourse. As Helen Lefkowitz Horowitz explains, as early as 1830, health reformers involved in "reform physiology" "singled out books and reading as especially dangerous to youth, inciting them to practice 'the solitary vice,'" or masturbation, even if s/he was not reading erotica.[6] Late nineteenth-century cultural attitudes remained unchanged, inciting one renowned physician to proclaim novel-reading as acerbic as opium: "The reading of works of fiction is one of the most pernicious habits to which a young lady can become devoted," for like opium, fiction damages the mind in its play on the imagination, emotions, and senses.[7] Indeed, when Anthony Comstock proposed his 1873 federal law for censorship, Horowitz claims, he definitely had erotic fiction in mind.[8]

Like his use of "obscene," Comstock was vague in terms of what he considered "erotic," yet Horowitz claims, by 1870, John Cleland's *Fanny Hill* (1748) had become the litmus test for erotic fiction, even in a court of law.[9] Thus, we have some idea of what was and was not considered "erotic" for late nineteenth-century social reformers. This English epistolary novel, originally titled

Memoirs of a Woman of Pleasure, recounts the adventures of a spirited prostitute, Fanny Hill. It was widely available–and popular–among American readers. Since *Fanny Hill* is narrated by the titular protagonist, Cleland describes in graphic detail her sexual adventures with men and women, and even speaks of her sexual arousal and pleasure. It is not surprising, then, that seduction narratives such as Hannah Foster's *The Coquette* (1797) emerge to "correct" Cleland's narrative: Sexual intercourse may offer momentary pleasure, but a lifetime of pain and even death, Foster seems to say. It may seem natural, if not potentially dangerous, for feminist authors Rebecca Harding Davis and Louisa May Alcott to choose fiction as their vehicle for reproductive health reform and sex education advocacy. Fiction had, after all, earned a reputation for dangerous ideas, especially for impressionable youth, and fragile young women, specifically. Medical professionals were certainly "on to something" in their vehement critiques against novel-reading: They recognized the power of fiction not just in *revealing* social and cultural tensions, but also in "*redefin[ing]* the social order."[10] In other words, they recognized the "cultural work" that fiction performs, as Jane Tompkins would say. Davis and Alcott also recognized fiction as performing "cultural work," and they co-opted its potential for resisting Comstockian censorship and developing a "politics of difference" among female bodies.

In this chapter, I discuss the historical and cultural conditions that allowed for feminist medical fiction to emerge during the Comstock Law Era from Rebecca Harding Davis' *Kitty's Choice* to Charlotte Perkins Gilman's *Herland* (1915) and "Joan's Defender" (1916). In the first section, I discuss how medical fiction reflected common nineteenth-century medical attitudes toward female bodies, notably in Howells' *Doctor Breen's Practice* (1881) and James' *The Bostonians* (1886). This prompted a response among woman-authored medical fiction such as Elizabeth Stuart Phelps' *Dr. Zay* (1882) and Sarah Orne Jewett's *A Country Doctor* (1884).

However, these works of woman-authored medical fiction were not necessarily feminist, or even "self-consciously political."[11] Using Davis' *Kitty's Choice*, in the second section, I discuss how feminist medical fiction during the 1870s not only opened up a space for redefining sex and gender within medical discourses, but also introduced sex education as necessary for reimagining sexed and gendered bodies, especially female bodies. I conclude this section and my discussion of *Kitty's Choice* by proposing ways in which the disabled body of Dr. Maria Muller might perform new cultural work in twenty-first century feminist disability theory. As Sharon Harris explains, *Kitty's Choice* is unique because Davis explores "female disability in the era when physical disability was crafted as a masculine badge of survival," post-Civil War, and American society was forced to "learn how to accommodate the living image of the disabled male body," much less the disabled female body.[12]

Interestingly, when Davis's Dr. Maria Muller develops an impairment, neuralgia, she does not simply adjust by finding new conduits for her work in lecturing rather than performing surgeries. Dr. Muller specifically lectures in a water-cure facility on reproductive health, thereby providing her students a sex education. Thus, in *Kitty's Choice*, Davis opens a space for imagining feminist disability theory within a sex education context, raising questions for how disability was and is addressed in contemporary sex education. Subsequent authors of feminist medical fiction–namely Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman–build upon Davis's approach by alternatively recasting sexuality in domestic sex education within disability rhetoric (Alcott); the sexed–and supposedly, diseased–body of the prostitute from social hygiene education within disability rhetoric (Gilman); and the dying and diseased female body within disability rhetoric (Meyer); or reclaiming able-bodied female subjects as not only eugenic mothers, but also models for hygienic sex education (Gilman). Each move reverberates with and against

feminist theories of the body and feminist disability theory, producing diverse implications for disabled bodies themselves and our cultural attitudes toward disability and the female body. By placing a disabled female physician as central protagonist in her novella, Davis fictionalizes Rosemarie Garland Thompson's call for integrating disability into feminist theory in a politicized context.[13] This move facilitates space for theorizing a "dismodernist" approach to sex education.[14]

Repressive Fictions, Or Disabling the Body of the Female Physician

Nineteenth-century medical theory and practice in general may be summarized as "medical materialism," or the prevalent belief among medical practitioners that an individual's social and cultural roles were determined by their sexual organs. In the case of women, Ben Barker-Benfield finds that "gynecologic materialism" defined their social and cultural role, namely that women were defined by their uterus and ovaries, a fact most clearly "symbolized by the removal and modification of women's sexual organs on account of her mental disorder."[15] Gynecology, thus, came of age alongside sexual surgeries, and when female physicians like Davis's Dr. Maria Muller or Meyer's Dr. Helen Brent entered professional gynecology, they must assert their authority in the field by performing sexual surgeries on their own sex no matter how anti-feminist such surgeries appeared.[16] John S. Haller and Robin M. Haller confirm Barker-Benfield's emphasis on materiality in their discussion of the nineteenth-century as the "nervous century" in which neurasthenia defined the industrialized man and hysteria defined the industrialized woman. Of course, America was not alone in its increasing "nervous debility," rather many industrialized nations including England and Germany suffered similar health conditions, largely from an increasingly urbanized, fast-paced, technically-driven world. In the United States, however, medical practitioners repeatedly emphasized "[t]he sexual organs" as "frequently the seat of

nervous exhaustion," and thus, environmental factors were largely ignored in favor of internal biological ones.[17]

Symptoms for "nervous exhaustion," and specifically "hysteria" for women, were almost unlimited: Hysteria became the "pathological dumping ground for moralists within and outside the medical world," Haller and Haller explain.[18] It was a condition largely used by male medical professionals for domesticating women, particularly as women increasingly challenged the boundaries between public and private spheres, and men experienced those challenges as a threat to the status quo. During the nineteenth century, gynecology was a *social medicine*, and biological difference served as a rationale for women's public and private behaviors: She must abstain from excitement, and avoid such physical activities as horseback riding, bicycling, and running, though she is encouraged to get proper amounts of fresh-air; she must not eat rich foods, drink coffee, dance too much, or play bridge or cards excessively; and most importantly, she must not acquire an education beyond high school, for such pursuits were physically and mentally destructive.[19] In sum, women were expected to be passive, and save their physical energies for their reproductive functions, especially after puberty. Most (male) physicians ascribed to a "closed-system" theory which claimed a woman acquired functional energy from her uterus. Should a woman expend her physical energies–including mental capacities–beyond her limits, she would not have sufficient energy to support her reproductive functions

Nineteenth-century medicine was a social science, Thomas Laqueur agrees, yet he emphasizes the *social* more than the science. The nineteenth-century witnessed the advent of what Laqueur calls the "two-sex system." Prior to this period, medical practitioners believed that men and women were not biologically different, rather women were "lesser" versions of men. Scientific discoveries, however, challenged such an approach to sex. The discovery of woman's ovaries in

1844 by French physician, Achille Chereau, for instance, challenged any belief that women's bodies were "inverted" versions of men's bodies: "[O]varies were not [undescended] testes in any cultural or metaphorical sense in the minds of the overwhelming male medical profession.[20] They did not have a clear counterpart, but were unique, and thus, made woman "what she is." For this reason, ovariotomy, commonly called "female castration," was an acceptable treatment for excessive hysteria; the procedure "exorcised the demons of unladylike behavior."[21] The point, however, is that this biological difference arose not only from scientific discoveries, but also from cultural shifts that redistributed power relations between men and women. Nineteenth-century society could no longer accept the possibility of similarities between men and women, biological or otherwise, for fear that women would seek social equality in the public sphere. In defining gender difference *culturally,* men turned toward sex, toward *biology,* and they specifically called on "new" scientific knowledge to support their already-drawn conclusions.[22]

The two-sex model, which twenty-first century critics call "biological determinism," underlies anti-feminist *and* feminist writings during the nineteenth-century. In *Making Sex: Body and Gender from the Greeks to Freud,* Laqueur concludes that language constructed sexual difference during the nineteenth-century, not simply scientific knowledge itself: "The ways in which sexual difference have been imagined in the past are largely unconstrained by what was actually known about this or that bit of anatomy, this or that physiological process, and derive instead from the rhetorical exigencies of the moment."[23] Michel Foucault similarly emphasizes the significance of discourse in *The History of Sexuality: An Introduction* when he claims that sex was transformed into discourse during the long nineteenth century. Although he acknowledges "prohibition, censorship, and denial" as "forms through which power is exercised in a general way," Foucault ultimately finds such paradigms too simple for understanding how "the regime of

power-knowledge-pleasure" functions in repressing human sexuality.[24] The nineteenth century was not repressed, Foucault concludes; they, in fact, discussed sex and sexuality *ad infinitum*.[25] Because sex transformed into discourse, and was thereby exploited as "the secret" which must be confessed, theorists and historians have missed "the multiplicity of force relations" at work in resisting *and reinscribing* biopolitical expression.[26]

Fiction–and medical fiction, specifically–emerges as a Foucauldian battleground for "local power relations at work" during Comstockian censorship, since it played a significant role in constructing biologically-based sexual difference, both scientifically and socially, during the nineteenth century.[27] As medical fiction gained popularity during the 1870s and 1880s, authors drew upon established "facts" from medical discourse, among them the "fact" of biologically-based sexual difference. They fictionalized these "facts" in various social scenarios from establishing women as biologically unfit for professional medicine to proving that the female physician herself was another sex, or even unsexed. Drawing upon Foucault, I must insist that, as scholars, we cannot pinpoint one power relation such as "patriarchy" or "medical discourse" at work in oppressing female bodies or resisting such gendered and sexed oppression in medical fiction. Both male- and female-authors of medical fiction deploy power in various ways. Even in feminist medical fiction, well-intentioned (feminist) authors recast sex and gender within disability rhetoric, shifting biopolitical oppression from female bodies to disabled bodies, and implicating such disabled female bodies in the process. Thus, just as sex transformed into discourse during the long nineteenth century, certain kinds of female bodies were recast as disabled bodies in feminist medical fiction during the Comstock Law Era, and this was deployed in various sites for sex education.

In this section, I discuss two of the most popular writers of medical fiction who, prior to writing medical fiction, were esteemed authors in their own right: Henry James and William Dean Howells. Upon first reading Howells' *Doctor Breen's Practice* (1881) and James' *The Bostonians* (1886), it would appear both authors oppress the body of the doctress, or female physician, and they do. Their female "respondents," most notably Elizabeth Stuart Phelps and Sarah Orne Jewett, resist–and correct–Howells' and James' oppressive narrative in their own medical fiction novels, *Dr. Zay* (1882) and *A Country Doctor* (1884), respectively. If we ended our discussion here, however, we would be reenacting a linear narrative which views power as a "binary and all-encompassing opposition between rulers and ruled," so to speak, or (male) oppressor and (female) oppressed.[28] Power simply does not work that way, as Foucault explains: "Power is everywhere; not because it embraces everything, but because it comes from everywhere."[29] Hence, Phelps and Jewett deploy their own forms of power, assenting to the image of the unsexed female physician, which allows for later feminist medical fiction writers such as Rebecca Harding Davis to recast sex and gender as disability.

Although medical fiction derives from realism, contemporary critics find Howells' *Doctor Breen's Practice* and James' *The Bostonians* anything but realistic. More specifically, scholars find Howells' and James' female physicians, Dr. Grace Breen and Dr. Mary Prance, respectively, represent nineteenth-century medical assumptions toward female physicians and the perceived social repercussions of their entering professional public spheres.[30] Howells' Dr. Grace Breen, for instance, is a weak, passive, and nervous woman who appears ambivalent about her role as a female physician. She, in fact, confesses that she only joined the medical profession after a failed romance, and not for any personal or professional fulfillment. Throughout the novel, Dr. Breen's would-be patients do not trust her, and prefer a male medical professional instead. Even her dearest

friend, Libby, Maynard insists on "a man doctor."[31] Libby ultimately appeals to Grace to renounce her profession: "'You're not fit to be a doctor,'" Libby insists, "'You're too nervous, and you're too conscientious,'" like so many of her sex (208). Grace *does* renounce her career, and marries a mill-worker rather than her former colleague and the man who loves her, Dr. Rufus Mulbridge. Nancy C. Elder and Andrew Schwarzer not only find that Grace Breen "fulfilled what was a stereotype of women" in the nineteenth century, but also that she fulfilled the common assumption held among medical practitioners and William Dean Howells himself: Women "simply were not suited for the task," particularly because of their nervous constitutions.[32]

Howells suggests that most women do not actually desire careers, medical or otherwise, rather they adopt careers until they find their true purpose in life as wives and mothers. Grace herself asserts such a position in conversation with her colleague, Dr. Mulbridge: "'I never liked it,'" she says of practicing medicine, "'I never took it up from any ambitious motive. It seemed a shame for me to be of no use in the world; and I hoped that I might do something in a way that seemed *natural* for women'" (219, my emphasis). In her speech, Grace references her fears of "be[ing] no use in the world," by which she means she is no use as a wife or mother because she failed in her previous relationship, and was left heartbroken. Instead, Grace takes up medicine, and specifically homeopathy, hoping that it would seem "natural" for her to treat her own sex, but even they find her "unnatural" or "unsexed." Homeopaths like Howells' Dr. Grace Breen, Jewett's Dr. Nan Prince, Phelps' Dr. Zay, and even Davis's Dr. Maria Muller did, in fact, emphasize natural methods for healing, and were suspicious of artificially-produced, or synthetic, medications. By tying the female physician with "nature" through homeopathy, Howells questions a woman's fitness for medical practice and whether such an association truly is "natural."

Women first entered medical practice through homeopathy, or sectarianism, not only because allopathic organizations and physicians would not accept them, but also because women physicians viewed a return to homeopathy as a reformist agenda aligned with their own feminist agenda for increased access to the public sphere.[33] In other words, Regina Morantz-Sanchez explains, as women pursued broader access to the public sphere, they turned toward the medical profession precisely because they viewed their sex as possessing a natural gift for healing and nurturing. This was, after all, their role in the domestic sphere: nurturer and healer *of children*.[34] By the late nineteenth century, and specifically during Howells' writing of *Doctor Breen's Practice*, allopathic physicians began challenging the legitimacy of homeopathic medicine, finding homeopathic medicine largely unscientific and inaccurate.[35] This is a point to which I will return shortly in my discussion of Davis' Dr. Maria Muller from *Kitty's Choice*. Howells, however, is not concerned with questioning the legitimacy of homeopathic medicine, for even Dr. Mulbridge practices homeopathy. Instead, Howells questions whether a woman belongs in medical discourse and practice *at all*: Is it *natural* for a woman to engage in healing others beyond her immediate domestic sphere? His emphatic response is *no*.

Howells' emphasis on "natural" reinforces a biologically-based definition of female bodies, since the "natural" female body is one which does not have an innate desire for engaging in public spheres. The female physician is already "unnatural," and thereby impaired, in her desire for a social role outside her traditional domestic roles. As Dr. Mulbridge summarizes this sexed-based impairment, "'[Y]ou fail because you are a woman'" (222). The underlying rationale for Dr. Mulbridge's claim is "inexperience," by which he means a lack of ability due to her sexual organs which require more energy for menstruation and deplete her energy for educational pursuits. In

other words, because of the closed-system theory, women cannot perform equal with men, and thus, her "inexperience" will inevitably lead to "the distrust of other women" and men (221).

In *Doctor Breen's Practice,* Howells fictionalizes this "fact" which medical discourse had already established, namely that female physicians were physically impaired by engaging in public professions. Importantly, impairment emerges repeatedly in disability studies as that which defines disability. *Impairment* refers to a lack, usually of a limb, organ, or mechanism of the body. *Disability*, however, is "a form of disadvantage" "*imposed on top of* one's impairment.[36] Thus, one is not disabled if appropriate accommodations are made for persons with impairments. In the body of the female physician, what is defined as a "lack" is "normal" functionality in her sexual organs. She is not disabled unless she performs in public spheres which highlight her inability, as in the case of Dr. Grace Breen who "fails because she is a woman," and therefore, outside her sphere. Interestingly, Howells points out, Grace does not actually desire professional work in medicine– or at all–but resigns herself to "unnatural" professional work until a suitable marriage partner comes along. She appears disabled by social circumstances rather than her own body or mind, Howells might argue. Of course, female physicians are not actually disabled, rather opponents of women's rights imposed the *concept of disability*, as Douglas C. Baynton would say, upon the body of the female physician.[37] Historical inquiry reveals a different narrative, one in which most female physicians were generally successful during the *fin de siècle*.[38] The dominant masculine rhetoric, however, associated the body of the female physician with impairment, a point Howells reiterates in his narrative.

In *The Bostonians*, James, in contrast with Howells, disables the body of the female physician by representing her as androgynous or asexual, and therefore, "unsexed" and other, fitting into neither female or male binary categories. Basil Ransom, for instance, declares that Dr.

Mary Prance "looked like a boy," and yet simultaneously does not, for "if she had been a boy she would have borne some relation to a girl, whereas Doctor Prance appeared to bear none whatever," either boy or girl.[39] As Valerie Fulton explains, James recognizes Dr. Prance "is a woman, but the very idea of appealing to her as such is ridiculous," since she occupies a role and public space which nineteenth-century medical discourses considered beyond her sex.[40] Unlike Howells' *Doctor Breen's Practice*, James' *The Bostonians* is not focused on critiquing the female physician herself, and Dr. Mary Prance is not a main character. Instead, James critiques all feminists who desire women's engagement in public professions, and further, his rationale for critique appears medically-based. The androgynous Dr. Prance simply represents one embodiment of James' critique. Like Dr. Breen, James' protagonist, Verena Tarrant, is faced with a marriage-or-career dilemma characteristic of lady-doctor novels.[41] She must struggle to decide between a career in the feminist movement or marriage to political conservative Basil Ransom. Meanwhile, Basil attempts to draw Verena away from her feminist mentor, Olive Chancellor, and he eventually succeeds. As Fulton summarizes James' plot, *The Bostonians* is predicated on the assumption that "domesticity exerts a strong pull even over women who have dedicated their lives to taking a public stand against it."[42] Women, James concludes, cannot–and should not–attempt to escape their domestic roles for professional pursuits.

As an anti-suffragist, Dr. Mary Prance supports and problematizes James' claim that women cannot escape their domestic roles. On the one hand, Fulton explains, she appears "the best ally in the novel *against* women's suffrage," though she is a woman in a predominately male profession.[43] Dr. Prance expresses boredom with "great movements," and the feminist movement in particular (42). She does not consider women in need of liberation, nor does she find much difference in the two sexes or their social behaviors: "'Men and women are all the same to me,'

Doctor Prance remarked. 'I don't see any difference. There is room for improvement in both sexes'" (41-42). She is, however, a strong, competent physician and stands in stark contrast with Howells' Dr. Grace Breen.[44] Her position as such emerges from an androgynous, asexual appearance which she likely cultivates for her professional success. Her very appearance, in fact, reflects a popular nineteenth-century attitude that female physicians could only gain success if they remained unmarried, and therefore, supposedly asexual (in a heterosexual worldview).[45] However false such an assumption is or was (and it *was* false), James nevertheless redeploys this "fact" in his narrative in the body of a female physician, Dr. Mary Prance. In so doing, James imposes the "concept of disability" upon her body, since her very choice in profession and her androgynous appearance categorize Dr. Prance as "unnatural," and therefore, impaired.

Although she wrote *A County Doctor* before James published *The Bostonians,* Sarah Orne Jewett reaffirms rather than challenges the "concept of disability" which James employs in his description of Dr. Prance. Arguably, it is no mistake that James' Dr. Prance and Jewett's Dr. Prince differ in name by merely one letter, "a" versus "i," respectively, for James likely wrote his character to "correct" Jewett's own asexual female physician. Like Dr. Mary Prance, Jewett's Dr. Nan Prince is a strong and competent physician. Moreover, she emasculates her patients and her male audience, making them feel "weak and womanish" in contrast to her feminine strength. In one scene, Nan and her lover George Gerry happen upon an injured man and his helpless wife who interrupts the party on their way back from picnicking. "The patient was a strong young fellow," yet managed to dislocate his shoulder, and when Nan swiftly sets it in place, not only does the young man nearly faint, but also George, who stares in helpless amazement, "weak and womanish, and somehow wish[ing] it had been he who could play doctor" rather than Nan.[46] Jewett proves that, unlike Howells' Dr. Grace Breen, female physicians are not "unnatural," performing beyond

their sex, or disabled by such a performance. They are, however, only capable of occupying such a position because female physicians are asexual, though not necessarily androgynous.

Through her spokeswoman, Dr. Nan Prince, Jewett articulates a theory of sexual difference which echoes a similar theory underpinning nineteenth-century medical discourses concerning the biological female body. In the second half of *A Country Doctor*, Nan is pursued by George Gerry in hopes she will abandon her practice for marriage, but she ultimately refuses his proposal for her career instead. As Nan explains her decision to remain celibate, "while a man's life is strengthened by his domestic happiness, a woman's must either surrender itself wholly, or relinquish entirely the claims of such duties, if she would achieve distinction or satisfaction elsewhere. The two cannot be taken together in a woman's life as in a man's. One must be made of lesser consequence" (142). Thus, Jewett reaffirms the closed-system theory, concluding women are biologically different from men, and because of this distinction, women must choose how they will employ their energies. It is not that they cannot participate in professional work, rather they cannot be professionals *and* domestics. Jewett agrees female bodies suffer from impairment because of their closed system which is specific to her sex, yet she allays disability by discouraging female professionals, and specifically, female physicians, from engaging in an environment that would allow for failure. In other words, through her character Dr. Nan Prince, Jewett normalizes the "concept of disability" in the same manner that James and Howells normalize the "concept of disability," namely by suggesting that the body of female physicians like Dr. Mary Prance and Dr. Grace Breen is disabled by adverse social environments. Jewett differs from James and Howells in her refusal to pinpoint professional work itself as the cause of an adverse social environment, and instead implicates work volume and a divided attention among too many social environments as the disabling factor.

Phelps almost draws a similar conclusion in *Dr. Zay*, but reconsiders, ultimately deciding that it is possible for some women to juggle both domestic and professional work. Throughout Phelps' novel, Dr. Zay is romantically pursued by her patient, Waldo Yorke, and receives a marriage proposal which she finally accepts at the end of the novel. Before accepting, Dr. Zay rejects Waldo multiple times, and her rationale echoes Dr. Nan Prince's own reason for celibacy: Should we marry, Dr. Zay explains to Waldo, "'it would seem to you that you were neglected, that you were wronged'" because, as a physician, she would have less time for her husband and family than he might desire.[47] "'You would think of those other men,'" Zay continues, "'whose wives were always punctual at dinner in long dresses, and could play to them evenings, and accept invitations, and always be on hand, like the kitten'" (164). Dr. Zay does not want to be objectified as a "kitten," rather she desires recognition for her sex as equal with all other sexes. Yorke eventually convinces Dr. Zay that he is precisely the "new type of man" to meet her "new kind of woman" (164). Thus, Phelps concludes, women can perform in professional and domestic roles, but only if she marries a feminist New Man who supports his New Woman.[48]

In their works of feminist medical fiction, Jewett and Phelps normalize the body of the female physician rather than disable it, and this normalization relies upon discursive methods that do not problematize representations of sexed, gendered, or disabled bodies. For instance, Jewett and Phelps represent their female physicians as decidedly feminine, taking great pains to demonstrate that they are ladies, and therefore, natural women. Both are described as delicate women with "deft and gentle fingers" or "quick fingers" (Phelps, 27; Jewett, 113). Each attend to her patients in a calm, collected manner. Although Dr. Zay frequently appears overworked, her lover, Waldo Yorke, repeatedly refers to her as a "caryatid," or sculpted female figure used in Greek architecture in lieu of a column or pillar. "[S]he was a beautiful woman," Yorke often asserts

(35), and similar sentiments are expressed toward Nan Prince. Nan also writes "good letter[s]," "very respectful and lady-like" (91), and these qualities are important for Phelps and Jewett in proving that doctresses do not lose their femininity by joining professional medicine.[49] In fact, during one episode in which Dr. Zay emasculates her patient, Waldo Yorke, retorts, "'It is insufferable that any woman should treat any man as you treat me. Because I am a patient, am I not a man?'" (132). Phelps, in response, imagines her novel as an inverse question: Because I am a physician, am I not a woman?

In their efforts at proving female physicians are ladies, and therefore, "natural" or normalized women, Phelps and Jewett offer an essentialist narrative not unlike contemporary feminist theorist Luce Irigaray. In *This Sex Which is Not One,* Irigaray opens and closes her text with numerical puns indicating that contemporary culture conceives of "woman" as without sex, or "not one," but zero, in her function as mirroring man. In other words, her object value or exchange value, is only evident in relationship to the man that "owns" her; she reflects back upon him, allowing for the perpetuation of a culture of narcissism in which all things refer back to man. In a sense, Phelps and Jewett reveal such a "not one," but zero status exists in their feminist portrayals of the female physician. For instance, Dr. Zay only gains her significance as a New Woman by marrying a New Man. In other words, Phelps must end her novel with Dr. Zay's engagement to Waldo Yorke, for if she does not, she cannot wholly normalize the female physician. Phelps fears the female physician will once again appear "unnatural" in her solitary, asexual, and unmarried state, as do Dr. Prance and Dr. Prince from Phelps' vantage point. In other words, unlike Jewett who uses Dr. Prince's celibacy as a normalizing factor, Phelps reveals how marriage can function in normalization as long as she marries the right *kind* of man. Unlike Dr. Breen, Phelps' Dr. Zay cannot marry just any man. For her to remain feminist, Dr. Zay, as a New

Woman, must marry a proven New Man, Waldo Yorke. Like Irigaray, who insists upon dividing woman from man so as to challenge her role as reflecting man, Phelps also insists upon differentiating the female physician from her male counterpart, though they end up reflecting one another in their "New" state.

Jewett, in contrast, does not permit her female physician to marry at the end of her novel, but this decision nevertheless echoes Irigaray in her corollary to her "not one" claim. Woman, Irigaray explains, is either zero or two. For she is biologically divided, since "her genitals are formed of two lips in continuous contact. Thus, within herself, she is already two–but not divisible into one(s)–that caress each other.[50] Jewett similarly divides woman into two categories: The domestic woman and the professional woman. They are seemingly different sexes, Jewett suggests. Phelps, by contrast, does not separate the body of the female physician from other female bodies rather she separates all feminist individuals–female or male, physician or otherwise–from anti-feminist individuals. Jewett's division appears more sex-based on sex, since she specifically locates her division in celibacy, asexuality, or a *lack* of traditional heterosexual practices. This pseudo-third-sex-model upsets the male/female binary underpinning nineteenth-century medical discourses, just as Irigaray's concept of "woman" challenges the one-sex model masquerading as a two-sex model which we inherited from the *fin de siècle*.

However productive such critiques were for their period, Phelps, Jewett, and Irigaray operate within the realm of discourse. Irigaray, in fact, calls for a uniquely female language in resisting patriarchal oppression and asserting sexual difference, for "[i]f we keep on speaking the same language together, we're going to reproduce history…as we have been taught to speak, we'll miss each other."[51] Phelps was specifically motivated by Howells' *Doctor Breen's Practice* in her creating a work of medical fiction. As Stephanie Browner explains, Phelps "seems to rebut"

Howells in her "conservative tale of the doctress" who simply responds to the marriage-and-career question, asserting, "Yes, women can have it all!"[52] Just as Dr. Zay works to change Waldo Yorke's opinion toward her role as a female physician, Phelps wrote to change Howells' and his readers' opinions toward professional women in general.[53] As in Irigaray's seminal text, the main subject in Phelps' *Dr. Zay*, the body of the female physician, remains aloof, mysterious, and at the periphery of the text itself. Dr. Zay and her phaeton "vanished utterly" shortly after her first encounter with Waldo Yorke (14), and as she treats him, she remains an "unseen, unknown being, who stood in the mysterious dawn" until Waldo finally accepts her for who she is, a feminist physician (25). Of course, Irigaray's subject remains aloof and at the periphery precisely because she parodies her subject's marginalized position in society. As Judith Butler explains in *Bodies That Matter: On the Discursive Limits of "Sex,"* Irigaray "mimes philosophy–as well as psychoanalysis," the masculine discourses which have marginalized the female subject and her body for decades.[54] Thus, Butler defends Irigaray, she must "take[] on a language that effectively cannot belong to her, only to call into question the exclusionary rules of proprietariness that govern the use of that discourse."[55]

In coopting medical fiction for feminist purposes, Phelps and Jewett–Phelps, especially, with her mysterious, aloof Dr. Zay–also mime a genre rooted in masculine discourse which does not recognize their voices as women authors. On the contrary, like psychoanalysis, medical fiction such as Howells' *Doctor Breen's Practice* and James' *The Bostonians* disabled the body of the female physician, thereby oppressing her and real-life women like her. But, is this assignation of masculine versus feminine language, or masculine versus feminine literary genre, essentialist? Does not this discursive division reinscribe the very gender and sex binaries–man/woman, male/female–that Phelps and Jewett and Irigaray seek to challenge? According to Butler, Irigaray

is not essentialist, since her practice in miming is *citational*. She neither enslaves nor reiterates the original, "but inhabits–indeed, penetrates, occupies, and redeploys–the paternal language itself."[56] In other words, Irigaray does not divide language into masculine and feminine, Butler claims. By inhabiting it, she transforms language into a material subject itself, and this material-discursive subject performs corporeal work in and on female bodies, redefining them in the process. Butler does critique Irigaray for "fail[ing] to follow through the metonymic link between women and these other Others," by which Butler indicates other vectors such as race, class, sexuality, and I would add, disability.[57]

Similarly, Phelps and Jewett are so concerned with linguistically and narratively redefining sex and gender, and proving that the body of the female physician is not disabled but empowered by her sex, that they fail to attend to race, class, sexuality, and disability. In fact, the female protagonists of most–if not all–medical fiction, feminist or otherwise, are white, educated, middle-to-upper class, heterosexual women. Although texts such as Frances Harper's *Iola Leroy* (1892) and Paulina Hopkins' "Talma Gordon" (1900) include mixed-race women who marry male physicians of color, literary historians and scholars–myself included–have yet to uncover medical fiction by men or women of color. More work must be done in uncovering and recovering such texts, yet feminist medical fiction remains largely understudied in general. Therefore, this project moves toward studying such works of feminist medical fiction that (1) attend to the female body in sex education and (2) serve as fictionalized sex education manuals themselves. Although Phelps and Jewett use feminist medical fiction for transforming the corporeal body of the female physician, neither are concerned with female bodies in general, whether physician or patient, and do not seek to educate their readers as to female reproductive processes, pleasures, or risks.

Dismodern Subjects, Or Disabling the Sex Educator

Modern sex education, and specifically that which is taught in twenty-first century public schools, developed during the Progressive Era when, in 1913, social hygiene reformers convinced the Chicago public school system to implement a sex education program in Chicago secondary schools.[58] The "Chicago experiment," as historians refer to it, was ultimately a failure, but this event looms large in sex education history, since it set in motion a series of events that would eventually manifest as abstinence-only sex education across many states in the United States. But even the Chicago experiment did not emerge from nowhere. Throughout the long nineteenth century, various social reformers debated how reproductive health information should be conveyed to impressionable American youth. Helen Lofkowitz Horowitz identifies four frameworks through which we might understand how nineteenth-century Americans imagined sexuality: Humoral theory, which "carried with it an erotic edge"; Evangelical Christianity, which "held a deep distrust of the flesh"; medical discourses and health reform discourses, ground in "the body, nerves, health, and the relation of mind to body"; and more radical movements "that placed sex at the center of life."[59] These frameworks are not periodic, and did not appear chronologically, rather "Americans engaged in a complex four-way conversation about sex" throughout the long nineteenth century, and sex education emerges a consistent theme in all four frameworks, or discourses.[60]

Because it drew upon and responded to professional medicine and health reform movements, feminist medical fiction largely falls within the third framework. These four women authors–Rebecca Harding Davis, Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman–were active social reformers, but they were not radical feminists ala Victoria Woodhull.[61] Nor were they prudish conservatives, but in fact, resisted *the* Evangelical Christian responsible for censoring sexual discourse and suppressing sex education, Anthony Comstock. In turning feminist

medical fiction toward sex education, however, Rebecca Harding Davis draws upon humoral theory, for even though she wrote and published *Kitty's Choice: A Story of Berrytown* during the 1870s, Davis nostalgically evokes pre-Civil War hydropathy and the water-cure movement as a productive site for sex education. Her protagonist, feminist hydropathist Dr. Maria Haynes Muller, stands in stark contrast against her two supporting characters: Dr. Muller's would be-lover, allopathic physician Dr. John McCall, and anti-feminist Kitty Guinness who Dr. McCall eventually marries instead of Dr. Muller. These two foils–John McCall and Kitty Guinness–and the position each represents allow for debate among humoral theory, allopathic medicine, and conservative evangelicals. This debate eventually leads to Dr. Muller's temporary physical impairment from an emotional breakdown, offering an image of the disabled female physician who thrives regardless of her impairment.

Davis ultimately suggests that water-cure facilities provide a source of physical and emotional healing, since she infers that Dr. Muller will heal from her physical impairment, and therefore, is not disabled by her environment. By embracing the disabled female physician, Davis turns feminist medical fiction on its head. Unlike Phelps and Jewett, who seek to prove female physicians are not disabled by their sex, Davis represents her female physician as impaired regardless of her sex, yet not disabled by her environment. This move fictionalizes Rosemarie Garland-Thompson's call for a feminist disability theory, or integrating disability into feminist theory, and allows for imagining productive ways in which "integrating disability as a category of analysis and a system of representation deepens, expands, and challenges feminist theory" itself.[62] However, Davis' emphasis on curing or healing Dr. Muller's impairment raises red flags for disability studies theorists, particularly since this preference for ablebodiedness belies a cultural

bias for perfect, unmarked bodies which we then not only strive to achieve, but also rank hierarchically in their varied states of perfection.[63]

Although sex education would eventually find a home in public secondary schools, arguably, the first public sex education program emerged from water-cure facilities during the 1830s. As Horowitz explains, allopaths wrested control over female bodies by delegating female anatomy to hospitals and the medical school theatre. They effectively convinced would-be mothers that it was dangerous to give birth outside a hospital, and that knowledge of bodies and reproductive systems was an unseemly topic for young women.[64] Homeopaths altogether rejected such institutional control not only because midwives had been successfully performing births for centuries, but also because allopathic practitioners sought to discredit homeopaths and would not make room in professional medical discourses for their approaches toward healing patients.[65] The water-cure movement revived homeopathy and hydropathy during the 1840s, and in the process, encouraged individual control over one's own health and well-being. At water-cure facilities, women were taught about menstruation, pregnancy, childbirth, and menopause, and unlike allopathic medicine which withheld such information from their female patients, water-cure advocates and hydropathists became sex education teachers, placing knowledge back into the hands of their female patients.[66] Susan Cayleff, in fact, finds the water-cure movement inherently feminist, since it "appealed to women as the primary caretaker of others" and "evinced an ideology (termed 'emancipationist' in the literature) that stressed woman's right to increased choices, opportunities, and rewards."[67]

Dr. Maria Haynes Muller from *Kitty's Choice: A Story of Berrytown* promotes hydropathic over allopathic medicine in her work at a water-cure facility, effectively embodying those feminist roots Cayleff identifies in her study. She, in fact, clashes with her would-be lover, Dr. John McCall,

an allopathic physician who considers her "'phalansteries and women's clubs and sitz-baths…all flummery to me.'"[68] In their argument, Dr. McCall criticizes Dr. Muller's work, its social value, and her feminist activism in one fail swoop. Even the citizens of Berrytown recognize a growing conflict between their resident physicians and respective fields, for "[t]he patients…made their jokes on the battle between the two systems, seeing the allopathist McCall and Doctor Maria Haynes Muller in the summerhouse engaged in such long and earnest converse" (34). The citizens concluded that "[h]omeopathy, they guessed, had the worst of it, for the lady was visibly agitated and McCall apparently unmoved" (34). At one point, Dr. Muller snaps at her patient after a confrontation with Dr. McCall: "'I earned my right to the title of physician too hardly to give it up for that which belongs to every simpering school-girl…the sooner we doctors sink the fact that we are women the better for the cause–and for us'" (34). Unbeknownst to the town, Dr. Muller's reaction from this specific confrontation was not caused by professional tensions, but personal anxieties. Dr. Muller had only just confessed her love to Dr. McCall, and was rejected in return, for Dr. McCall is already married and his spouse recently institutionalized.

Just before their unpleasant–yet, revealing–conversation, Dr. Muller was lecturing at the water-cure, and this pre-conflict scene of feminist productivity is contrasted starkly with another post-conflict scene of impairment, though not necessarily disability. As Davis describes Dr. Muller's work, "[s]he had been lecturing for two hours on cervical, dorsal and lumbar vertebrae, without stopping to take a breath," "fumbling over [her mankin's] bones" in the process (33, 32). This is one of only two scenes in which readers witness Maria in the water-cure, and even in this scene, information remains sparse. However, Dr. Muller's work in the water-cure, lecturing on anatomy, suggests that she adopted a role as early sex educator not unlike her real-life counterpart, Mary Gove Nichols. In *Lectures to Ladies, on Anatomy and Physiology* (1842), Mary Gove

Nichols offers "a straightforward presentation of skeleton and viscera, with extensive consideration of the digestive and nervous systems."[69] Yet, Horowitz claims, her "discussion of the 'nervous system' in the 1856 edition contained her judgements about sexual passion and its expression," which she wrote specifically for female audiences in teaching them how to keep their sexual expressions in balance and within moral contexts.[70] She lectured extensively on the subject, frequently with her female mannequin bought from Paris, and even once argued that the systemic raping of slave women proved a need for feminist arguments defending individual sovereignty over her own body and reproductive functions.[71] Given Rebecca Harding Davis's own role in pre-Civil War abolitionist circles, it is not hard to imagine Dr. Muller as a fictionalized representation of Mary Gove Nichols with whom Davis clearly sympathized in her feminist defense of abolitionism and water-cure practices.[72]

Similar to Mary Gove Nichols, who suffered an unhappy marriage before joining the water-cure movement,[73] Dr. Maria Haynes Muller falls in love with a man who neither respects her work nor values her feminist ideals. Aside from his devaluation of water-cure work as "flummery," Dr. McCall rejects Dr. Muller's reform work with the Woman's Club where she serves as a "Most Honorable Guide," or M.H.G., and is a leader in several political issues such as "social slavery," or marriage rights, suffrage, and even abolitionism (38). Although Dr. Muller convinces Dr. McCall to attend a Woman's Club meeting alongside her, Dr. McCall quickly pulls her aside, "angry and excited," declaring "'This is no place for you, Maria'" (40):

> "Such things oughtn't to be mentioned in a lady's presence. If I had a sister, she should know there was such a thing as bigamy…if women are not pure and spotless, what have we to look up to? And these shallow girls who propose to reform the world, begin by dabbling with the filth of the gutter, if they do no worse?" (40)

Scorned a second time, first at the water-cure and again at the Woman's Club meeting, Maria Muller suffers neuralgia, "an attack of syncope," or what we might simply call a nervous breakdown (41). The impact, however, is significant, for "no pack or sitz proved a remedy" "and it was about that time that the long and painful affection of the ulnar nerve began which almost destroyed her usefulness as a surgeon" (41). Maria suffers impairment, but is not disabled, since she finds solace in her work. At the end of the novella, readers find "Miss Muller was down in St. George's lecturing last fall, and made her mark as she always does" (48), following her muse Mary Gove Nichols who also made an important contribution to women's reproductive health and future work in sex education.

In *Kitty's Choice*, Davis ultimately finds spinsterhood and professional work the answer to the "domestic contract" question, since marriage clearly threatened a woman's capacity for successful work in reform circles.[74] Maria considers marriage and child-bearing "an accident" that "hinder[s] a woman's work," and should only be engaged in as "a spiritual action" (23). Maria's–and Davis's–commitment to feminist reform measures specifically challenges the *concept* of disability by which allopathic practitioners defined the female body. Dr. Muller is never described as "hysterical," rather she appears in stark contrast with the novella's protagonist, Kitty Guinness, who appears an empty shell, "polite and indifferent," fulfilling tasks asked of her, but never thinking for herself, independently, as does Maria. Dr. Muller, in fact, warns her brother, Kitty's initial fiancé, that "'[t]here's nothing in her–nothing. Not an idea…not even a feeling to principle to take hold of'" (16). In Berrytown, "the capital of Progress, where social systems and raspberries grew miraculously together" (4), Dr. Maria Haynes Muller is the normative female and Kitty the deviant. In fact, the Guinness family and their book-house remain "the sole sign of age and

conservatism" in the town, "a blot" on its progressivism to which "Berrytownites looked askance" (4-5).

It is clear that Davis desires her women readers become Maria Mullers rather than Kitty Guinnesses. Dr. Muller looks "down on Catherine," called Kitty, "from the heights of brusque sincerity of the Woman's Rights people" (12). She attempts to engage Kitty in her feminist work, putting her "on trial" as her future sister-in-law and "swe[eping] her off to the water-cure" (15), but to no avail. Thus, Davis places her disabled feminist physician front and center in her novella, imagining such subjects as nonstandard bodies by which society is defined, rather than bodies which deviate from the norm, and are thereby, judged as second-class citizens. This move narrativizes Lennard J. Davis's concept of "dismodernism," which posits disability as the vector or lens through which postmodernity examines and defines subjects. In proposing a new ethics of the body, we must "begin with disability rather than end with it," Davis explains: All "these other discourses of race, gender, and sexuality began in the mid-nineteenth century" and the "key connecting point" was "the development of eugenics."[75] Although Rebecca Harding Davis neither draws upon eugenics nor critiques it, Lennard J. Davis accurately pinpoints the discourse most responsible for creating a separate category of disability and relegating subjects within that category based upon sex, race, or class, or perceived deviations therein. In *Kitty's Choice*, Davis appears most concerned with normalizing not just the feminist physician, but the *disabled* feminist physician who acquires impairment via unfavorable social conditions not unlike Gilman's "hysterical" narrator in "The Yellow Wallpaper." As Sharon Harris explains, "[b]y recasting disability as *not* the final determiner of identity, [Davis] places the emphasis on moral courage in the face of public scrutiny."[76]

In other words, Davis defines Dr. Maria Haynes Muller by her ability to succeed as a public lecturer regardless of her impairment and spinsterhood; she is not disabled by her situation as a person with a physical impairment or as a woman participating in masculine spheres. In fact, Harris claims that Dr. Muller's impairment masculinizes her, since post-Civil War, "physical disability was crafted as a masculine badge of war survival."[77] Exploring female disability during this era was a direct challenge to cultural inscriptions of masculinity that imagined female bodies as inherently able-bodied sites of purity both physically and morally. Dr. Maria Muller can remain morally "pure and spotless," as Dr. McCall expects women (40), and yet still function as a feminist lecturer and reformer within an impaired female body. Like Rosemarie Garland-Thompson, Rebecca Harding Davis finds "gender, race, and ability systems intertwine further in representing subjugated people as being pure body, unredeemed by mind or spirit," when in fact, Davis asserts through her representation of the disabled female physician, physical conditions do not affect moral conditions or gender roles.[78] Integrating disability into feminist discourse reveals both subjects and their bodies equally–or doubly–oppressed by gender and physical ability, a point which Garland-Thompson and Davis seek to correct.

During the nineteenth-century, water-cure facilities specifically emphasized healing or cure, and although the water-cure *movement* had lost distinction by the 1870s, Davis's reverence for the water-cure *facility* in *Kitty's Choice* suggests not only her desire for a cure to Dr. Muller's condition, but also hope in revitalizing the water-cure movement itself to promote such a cure for neuralgia.[79] Both Garland-Thompson and Lennard J. Davis find this emphasis on "cure" problematic in disability discourses. From Garland-Thompson's perspective, the "ideology of cure" in disability discourse "focuses on changing bodies imagined as abnormal or dysfunctional rather than changing exclusionary attitudinal, environmental, and economic barriers."[80] Worse, for

Garland-Thompson, "the ideology of cure" belies *another* essentialist binary, impairment/disability. Although defining impairment as biological and disability as social, or performative, appears productive for highlighting the social construction of disability, this division simply mirrors other binaries in postmodernism, notably sex/gender. Like sex, impairment inherits a biologically-based definition that struggles against cultural conceptions of bodies as fixed.[81] Bodies are not fixed, and impairments are not malleable: "We evolve into disability," Garland-Thompson explains, and a feminist disability theory approach reveals how "identity categories cut across and redefine one another, pressuring both of the terms *woman* and *disabled*."[82] Thus, when Rebecca Harding Davis claims Dr. Maria Haynes Muller's "long and painful affection of the ulnar nerve began," resulting in neuralgia which "almost destroyed her usefulness as a surgeon" (41), we must ask: How is her "usefulness" defined? As able-bodied? As a feminist lecturer and sex educator? Does she require a "cure"? Or might we imagine more creative methods by which Dr. Muller remains productive in feminist political discourse regardless of her physical condition?

Like Garland-Thompson, Lennard J. Davis challenges social constructionist approaches in disability discourse, finding such paradigms limiting for future work in identity politics. Although he finds social constructionism and performativity, ala Judith Butler applied to disability studies, does offer a way out of essentialism, Davis finds this approach limited. Performativity ultimately raises the same question for disability studies that Butler's *Gender Trouble: Feminism and the Subversion of Identity* rose for feminist theory: "If all identities are socially constructed or performative, is there a core identity there? Is there a there?"[83] Davis proposes "dismodernism" as a new ethical model for body politics which accounts for the lived body of subjects, and not simply their linguistic identities as subjects. Admittedly, this "new ethics of the body begin[s] with disability rather than end[s] with it,"[84] yet Davis does not suggest disability is more important than

other vectors. In fact, Davis claims his concept of dismodernism dissolves boundaries among identity categories–race, class, sex, gender, sexuality, and disability. From my perspective, however, this intersectional approach appears corporeal, posthumanist, and even new materialist in its "argu[ment] for a commonality of bodies within the notion of difference."[85]

In fact, whether or not he recognizes such a rhetorical move in his own work, Davis invokes perhaps the quintessential theoretical text entangling these discourses–corporeal feminisms, posthumanism, new materialisms–together: Donna Haraway's "A Manifesto for Cyborgs." For Davis, the dismodern subject is "disabled, only completed by technology and by inventions," and whether the nonhuman subjects upon which s/he depends is linguistic or material, legislation or wheelchair, the identity of the dismodern subject remains fractured and dependent upon nonhuman others not unlike Haraway's posthuman subject entangled in the more-than-human world.[86] Dismodernism is simply another reiteration of posthumanism, and since Haraway's cyborg is socialist-feminist, I propose reconfiguring the dismodern subject as a cyborg, and therefore, a "dismodern feminist," or corporeal feminist. Although Dr. Maria Haynes Muller is *not* a representative dismodern feminist subject, Davis's disabled female physician nevertheless opens up a space for imagining how that dismodern feminist subject might emerge and what kind of sex education program s/he would–and would not–advocate for greater inclusivity.

Conclusion

Like Dr. Muller, none of the female protagonists from feminist medical fiction–such as Alcott's Rose Campbell, Meyer's Dr. Helen Brent, and Gilman's Vivian Lane, Dr. Bellair, or Herlanders–are representative dismodern feminists. Although they serve as feminist spokespersons for their respective authors, they are flawed protagonists who challenge the concept

of disability in medicalized, scientificized female bodies only to deploy disability rhetoric themselves in educating female audiences about puberty and dress reform, venereal diseases, or birth control methods. As Leonard J. Davis explains, "women, people of color, homosexuals, the working classes…were considered to be categories of disability" during the nineteenth century, even though "we do not think of them as connected in this way today."[87] Desperate in their attempts at redefining female ontologies, and providing female audiences with more accurate knowledge about their bodies, feminist authors transferred disability rhetoric from their bodies toward other impaired bodies regardless of the subject's actual circumstances. For Davis, "[t]he key connecting point" in nineteenth-century disability rhetoric is eugenics.[88] Admittedly, whether or not feminist authors aligned themselves with eugenics, an underlying rationale for identity subjects as disabled was to mark their bodies for prevention or elimination.

Although Gilman was an outspoken advocate for the eugenics movement, we witness such eugenic bias in Rebecca Harding Davis's "A Day with Doctor Sarah" (1878). At a ladies' luncheon, where she serves as a representative for women's rights activism, Dr. Sarah Coyt reunites with a former lover, the now-widower Reverend Matthew Niles. Dr. Coyt is upset by the luncheon attendees' lack of empathy toward Winny, the Rev. Niles' daughter, and her condition as a paraplegic. Her outrage, however, does not reflect an inclusive approach toward disability, but an exclusive–even eugenic–approach. "What has paraplegia to do with woman's suffrage?" several luncheon attendees demand.[89] Dr. Sarah refuses a public response, but her conversation with Rev. Niles belies a eugenic rationale: If Winny's mother, Mrs. Niles, had received a proper sex education, she might not have had four children, one of whom is a paraplegic, and she herself might not have died in childbirth. As we shall see in chapter four, just as Gilman defends "limitation," or birth control, to prevent "unfit," or disabled children, Davis supports birth control,

personal hygiene, and sex education for limiting–if not preventing–disabled offspring. Dr. Sarah immediately turns her attention toward curing Winny, impressing upon Rev. Niles, "'I know enough to assure you that the child's disease is curable if taken in time, but that, if neglected much longer, she will be a helpless invalid for life'" (615). Thus, once again, disability rhetoric accompanies a "notion of cure," which reveals disability as not only undesirable, but also unstable and flexible.

The point, however, is that even when feminist authors are not overtly eugenic, their reasons for supporting sex education against Comstockian censorship are eugenic in nature, exposing a desire to eliminate the Winnys of their world. Yet, sex education has not shed its eugenic skin, for sexuality studies and studies in contemporary sex education reveal a bias against persons with disabilities. Our culture cringes when a paraplegic actress poses nude for *Playboy* magazine.[90] American gynecologists discourage procreation among their disabled patients.[91] Even "liberal" sex educators support abortion not for pro-choice politics, but for "eliminating the burden of the disabled," or eliminating the disabled themselves.[92] American sex education needs dismodern feminisms, as feminist medical fiction reveals. At a time when our current president objectifies and oppresses female bodies, implements new methods for censoring progressive voices, and disables free speech itself, I find these authors of feminist medical fiction a welcome reminder of all that is *wrong* with contemporary sex education, and a beacon of *hope* for all we might reform. Thus, this project and its subsequent chapters seek to "disable" disabling rhetoric and create a space for discussing and imagining more inclusive methods of sex education in an era of *Post*-Comstockian censorship.

CHAPTER TWO

DISABLING THE TOMBOY:

DOMESTIC SEX EDUCATION IN

ALCOTT'S *EIGHT COUSINS* AND GILMAN'S "JOAN'S DEFENDER"

"'I couldn't believe my eyes when I asked 'Where is Rose?' and Mac pointed to the little Amazon pelting down the hill at such a rate.'"

"'Nature knows how to mould a woman better than any corset-maker'…and with a sudden gesture he plucked forth the offending corsets from under the sofa cushion, and held them out with the expression one would wear on beholding the thumb-screws or the rack of ancient times."
(Louisa May Alcott, *Eight Cousins*)

"And four of them boys–four! But which four? [The cousins] all were in a row, giggling happily, standing up to be counted, and to be introduced to [Joan]. All had short hair. All had bare feet. All had denim knickerbockers. All had been racing and tumbling and turning somersaults on the cushiony Bermuda grass as Joan and her uncle drove up."
(Charlotte Perkins Gilman, "Joan's Defender")

Although public sex education arguably began in the water-cure facilities, sex education had been privately occurring within domestic spheres for centuries, facilitated by public forums such as print media. In fact, domestic sex education *could not have occurred* without public sex education documents from marriage manuals to medical brochures and subscription presses to feminist advice literature. Louisa May Alcott's *Eight Cousins, or The Aunt-Hill* (1874-75) emerges from these networks, using fiction not only for sex education, but also for exposing how a supposedly "private" subject–sex education–is and was already public. In 1873, American physician Edward H. Clarke published *Sex in Education: or a Fair Chance for Girls*, which offered a controversial argument against co-education in the higher education system. His argument relied upon a collective reasoning among medical professionals that the female biological system could

not function intellectually at the same advanced levels as the male biological system, not because women were incapable, but rather their intellectual capacities would develop at the expense of their physical health. Clarke's book was highly popular among his colleagues, academics and physicians, yet he received significant backlash from feminist authors such as Julia Ward Howe, Eliza Bisbee Duffey, and even Louisa May Alcott. Many critics, in fact, read Alcott's *Eight Cousins* as a fictionalized response to Clarke's *Sex in Education* akin to Howe's *Sex and Education: A Reply to Dr. E. H. Clarke's "Sex in Education"* (1874).

In this chapter, I discuss Alcott's *Eight Cousins* as emerging from the Clarke debate and influenced by feminist advice literature such as Howe's *Sex and Education* and subscription periodicals such as *Search Lights*. Yet, Alcott differs in her approach, since she offers multiple gender performances for female bodies in her sex education text. Although Alcott's protagonist, Rose Campbell, enacts coding by appropriating–and performing–masculinity as a tomboy, her Uncle Alec provides the scientific rationale for her performance. More specifically, Uncle Alec, a homeopathic doctor, appropriates the paternal narrative in professional medical discourse and sex education theory by offering his own authoritative voice on the subject, simultaneously critiquing Clarke and his colleagues and opening up a space for defining the female body based on her environment rather than her biology. Through Uncle Alec, Alcott not only defends sex education, but also provides her readers with a sex education that accounts for environmental influences such as dress and physical exercise. Alcott's approach toward sex education, in turn, influenced one of Charlotte Perkins Gilman's latest works of feminist medical fiction, "Joan's Defender" (1916), which deliberately patterns Alcott's character, plot, and didacticism: Rose is replaced with Joan, and Uncle/Dr. Alec is replaced with Uncle Arthur, yet Rose, Joan, and Alcott's and Gilman's readers are similarly taught that environmental factors play a greater role than biology in defining

the female body and her sexuality. Although Alcott deploys scientific terminology and concepts from *fin de siècle* medical discourses, and specifically, Clarke's *Sex in Education*, more readily than does Gilman, both Alcott and Gilman appropriate biologically-based definitions of the female body by demonstrating how actual female bodies perform masculinity in direct contrast to the paternal narrative.

After contextualizing Alcott's and Gilman's texts in the first section, I then read both works of feminist medical fiction alongside Judith Butler's *Bodies That Matter: On the Discursive Limits of "Sex"* in the second section. In adopting this approach, I argue that Alcott and Gilman reveal female bodies as flexible in gender but not sex or sexuality, rather both authors recast specific forms of sex and sexuality, and specifically, queer bodies, as disabled, reclaiming the tomboy for heterosexual female bodies. Alcott and Gilman may have personally found sex and sexuality flexible, or malleable, vectors. Yet, their public works and selves bowed to external pressures, namely the market and public opinion. Alcott, for instance, corrects her position toward sex in *Rose in Bloom* (1876), the sequel to *Eight Cousins*, by marrying Rose Campbell to her cousin Mac, reinforcing heterosexual normativity in sex education. She does so precisely for public reasons: She must write "moral pap" to sell books and make money. Gilman, in contrast, disables sex and sexuality by recasting her own lesbian relationship as "scandalous," and while we might imagine her protagonist Joan as lesbian, Joan–and Gilman–must remain asexual at best, since public opinion demands it. In other words, should readers imagine Joan as lesbian, they might imagine Gilman as lesbian, and Gilman desperately hid her lesbian relationship for fear it would impact her career. Thus, in Alcott's and Gilman's feminist medical fictions, we are left with the image of the tomboy, a persona who occupies an uncertain space in gender performavity. Nineteenth-century sexologists such as Richard von Krafft-Ebing cast lesbians as disabled, and although

Havelock Ellis makes some attempts at challenging such rhetoric, twenty-first-century sex education nevertheless has inherited a disabling concept of homosexual and queer bodies.

How Private Sex Education Entered Public Discourse, Or The Clarke Debates

Before–and during–the heyday of the water-cure movement, social hygiene education largely occurred within the domestic sphere. Mothers were tasked with teaching moral lessons to their daughters and sons, though for daughters, these "moral lessons" would not occur until after their first menstrual cycle. In pre-Civil War America, most girls, in fact, began their periods without knowing about menstruation and entered marriage without knowing about sexual intercourse.[1] Young men received a more comprehensive sex education in college or university settings, but often this practice only reinforced normative sexual behaviors such as which women one should and should not marry.[2] Young women, in contrast, were given limited access to college or university educations, and therefore, may not have received a sex education beyond their mothers' guidance. Beginning in the 1830s, the reform physiology movement did much in challenging this sexual double standard, and domestic women, in their culturally-ascribed role as the moral arbiters of society, became standard bearers for early sex education. The New York Female Moral Reform Society, for instance, began publishing a twice-monthly paper in which women writers exposed sexual dangers for young men *and* women. "Many of the words in the *Advocate for Moral Reform*," Helen Lefkowtiz Horowitz explains, were nevertheless directed at a female audience. The periodical related "narratives of the road to ruin," "offering advice and warning to young women" against promiscuous behavior that might lead toward prostitution or unwanted pregnancies.[3]

Although these early reform periodicals echoed seduction narratives similar to Hannah Foster's *The Coquette* (1797), they nevertheless provided their young female audience with sexual knowledge beyond that received in the home. Young women, rejecting their mothers' thesis of domestic suffering, sexual repression, and moral hygiene,[4] desired more subscription periodicals that would–inadvertently, perhaps–provide sexual information. Even under Comstockian censorship, finding illicit information was easier than contemporary historians first suggested. As Alicia Puglionesi explains, self-help, advice, and hygiene literature became widely available during the nineteenth century–as early as the 1830s–and continued, covertly, after Comstock passed his censorship law. One of nineteenth-century America's most conservative reformers, clergyman Sylvester Graham, famously defended sex education in a lecture circa 1830:

> Through a fear of contaminating the minds of youth, it has been long considered the wisest measure to keep them in ignorance…I am fully convinced that mankind have erred in judgement and in practice on this point… Anatomy and Physiology must become common branches of education, and fundamental principles in all our systems of instruction and government, and all our domestic and social customs before society reaches its highest good.[5]

Several voices echoed Graham from advocates of reform physiology to feminists, freethinkers, and utopian socialists. "Some of these were sexually explicit, promoting intercourse for nonreproductive purposes and endorsing birth control or abortion," Puglionesi summarizes, "while others attacked these radical trends and insisted on self-mastery, denial, and regimentation."[6] There was no consensus toward sexual behaviors, a point which reaffirms Michel Foucault's critique of the "repressive hypothesis" in nineteenth-century historical narratives.[7]

Notably, Graham highlights "Anatomy and Physiology" as essential in social hygiene education, or sex education, and this emphasis on scientific discourse reverberated throughout long nineteenth-century conversations concerning sex education. By 1913, and American's first-ever sex education program implemented in public secondary schools, sex education theorist Maurice Bigelow proposed a similar scientific approach based on comparative anatomy, which eventually became the foundation for sex education during the first half of the twentieth century. "[T]he best beginning" for sex education, Bigelow asserts in *Sex-Instruction as a Phase of Social Education* (1913), "may be made through courses of biology (including botany, zoology, and physiology) and through nature-study and hygiene taught on a biological basis. No other method of sex-instruction is so natural and so likely to lead to a serious, scientific, and open-minded attitude concerning sex and reproduction.[8] Bigelow inherited the rhetoric of scientific sex education from his predecessors like Sylvester Graham and Edward H. Clarke. In fact, Sue Zsochoche claims that what angered readers most about Clarke's *Sex in Education* was not his argument so much as his delivery. Male authors, and physicians, especially, had long defined women by their sexual organs. Clarke, however, was among the first to draw upon scientific language and professional anecdotes in proving his argument. Clarke "rob[bed]" his female audience, and all non-scientists regardless of sex, "of a ready vocabulary" by which they might challenge him.[9]

During the 1870s, and specifically with the publication of Clarke's treatise in 1873, sex education moved from lay discourses into a narrow professional medical discourse controlled by a community of allopathic medical practitioners. How, then, were non-professionals supposed to talk about sex? Where would sex education occur? Would it, too, move from private to public spheres? Would allopathic practitioners adopt responsibility for providing young adults with a sex education? If so, would mothers lose power in their capacity as moral hygienists? Feminists

responded by publicly asserting their own authority as sex educators, and in so doing, Zsochoche claims, they refused "to reply in the language of biology" since it "seemed to many of them a concession speech" that acknowledged the scientist as *the* expert in women's health.[10] Julia Ward Howe, for instance, discredits Clarke by invoking lived experience. Clarke is not an authority on women's health, she claims, because he is not a woman: "No woman could publish facts and speculations concerning the special physical economy of the other sex, on so free and careless a plane, without incurring the gravest rebuke for insolence and immodesty."[11] Likewise, no man–physician or otherwise–should presume to tell a woman how her body functions, since he has not lived it. Howe then draws from her own anecdotal experiences, carefully unraveling Clarke's argument by mimicking, even parodying his own anecdotal approach.

Although her approach appears essentialist, in mimicking Clarke, Howe prefigures Luce Irigaray's own feminist approach which mimics psychoanalytic theory. Moreover, Howe sanctions lived experience, or what we call "phenomenology," as a viable approach for resisting regulatory powers such as professional medicine. Alcott, however, preferred a quieter approach which drew upon medical authority *and* lived experience. In *Eight Cousins*, newly-orphaned Rose Campbell becomes the ward of her uncle, Dr. Alec Campbell, a homeopathic physician. Throughout the course of the novel, Dr. Alec conducts an "experiment" in which he provides thirteen-year-old Rose with an ungendered education: "'I wish my girl to be as well and strong as Jessie's boys,'" Uncle Alec tells Rose, and so he permits her access to the same activities and opportunities from running races to reading medical texts.[12] The experiment proves successful, and Alcott capitalizes on her fictional experiment by proving–through fictional anecdotes–that young women are defined by external, environmental surroundings rather than internal, biological functions. Thus, like

Rebecca Harding Davis in *Kitty's Choice*, Alcott challenges the "concept of disability" in female bodies rather than the body of the female physician.

Her choice in focusing on female bodies is telling: Like Howe, Alcott still found female bodies–and not simply the body of the female physician–disabled by professional medical discourses. From Alcott's perspective, Rose could scarcely imagine "be[ing] a little medical student with Uncle Doctor for teacher," taking up "his practice when he has to stop" (221), without first addressing female bodies themselves. She clearly locates their biologically-based ontologies as emerging from puberty, for when a woman acquired her first period, she not only became a woman, but also an "other" through the sheer fact that her sexual organs begin to function a particular way. In other words, Alcott finds professional medical discourses begin disabling the female body during puberty. Long before Simone de Beauvoir wrote that "[o]ne is not born a woman, but rather becomes woman," Alcott had already made similar conclusions, [13] and further, recognized that medical professionals had defined *woman* as "physically handicapped," a point feminist disability theorists observe today in their studies of nineteenth-century America.[14] Therefore, Rose's sex education under "Uncle Doctor," Alec Campbell, accomplishes multiple objectives: (1) she locates the medicalized female body as emerging from puberty, and therefore, (2) she concludes sex education must begin at puberty to counter medical narratives of the female body and social constructions of the female body based upon biological sex. Once adolescent girls have full knowledge of their bodies, Alcott suggests, then they may become female physicians like Davis's Dr. Maria Haynes Muller.

There was, of course, a danger in making such bold assertions during the Comstock Law Era, and especially, in print. Some authors may not have taken the laws seriously at first; state and federal judges and juries simply did not exact heavy fines or penalties.[15] However, Puglionesi

claims, "[t]he high-profile convictions of Edward Bliss Foote, Ezra Haywood, and D. M. Bennett in the 1870s set a chilling legal precedent for federal control of 'obscene' print material."[16] As Postmaster General, Comstock exerted greater influence in legal proceedings, and by making an example of Foote, Haywood, Bennett, and others, Comstock successfully curbed public discourse surrounding sex. In response, many publications "adopted a new, highly elusive and euphemistic rhetoric to deflect the serious risks incurred by running afoul of Comstock, who enforced the law with a ferocity and indiscriminacy that made him wildly unpopular."[17] For instance, Puglionesi relates how in one edition of *Search Lights for Health* (1898), a popular subscription periodical that "quietly" provided sexual information, the author uses labored language in describing a remedy for "functional amenorrhea": The remedy "would have been recognizable" among female readers "as an abortifacient," since "by the logic, active in many advice texts…the resumption of absent menses also meant the end of a nascent pregnancy."[18] This kind of labored, subversive language caught on in American vernacular, creating a space for similar fictional iterations and representations which literary scholars call "coding."

Throughout this project, I discuss the "quiet" ways in which authors of feminist medical fiction subverted Comstockian censorship by using fiction as a medium for teaching their audiences, and women especially, about sexual behaviors. In *Herland* (1915), for instance, Charlotte Perkins Gilman employs satirical inversion to teach her audience about birth control and amative sexual intercourse. Moreover, Gilman frequently published her more explicit works of medical fiction in a self-published subscription periodical which only gained 1500 subscribers during its seven-year run.[19] In a sense, then, many of Gilman's works published in *The Forerunner* could be considered "quietly" disseminating sexual information ala *Search Lights for Health*, including "Joan's Defender," *Herland* (1915), *The Crux* (1911), and "The Vintage" (1916).[20]

Louisa May Alcott, in contrast, was a public celebrity after her success with *Little Women*, and she hoped her more political young adult novel, *Eight Cousins*, would achieve similar success. It did not, and we could speculate this was *because* of its political message for dress reform and reform physiology, or early sex education.[21] Although she was aware of her public celebrity, Alcott appears defiant in her rejection of the medicalized female body. I contend Alcott adopts this "new, highly elusive and euphemistic rhetoric," or coding, since she perceived an inherent risk in not only publicly defying Comstockian censorship, but more specifically, as a *celebrated author* defying Comstockian censorship. In so doing, she provides a model for later feminist medical fiction writers, and most notably, Charlotte Perkins Gilman, who wrote feminist medical fiction prolifically and even mined *Eight Cousins* for her own short story, "Joan's Defender."

Alcott walks a fine line between "quietly" revealing sexual knowledge and overtly exposing herself and her politics. She is emphatically, and unapologetically, *not* subtle in her dress reform argument. Dr. Alec Campbell, a homeopathic physician who is also Rose's uncle and guardian, serves as Alcott's spokesperson for her dress reform arguments. He frequently critiques Rose's dress as too restrictive: "'That belt is too tight,'" he advises, "'unfasten it, then you can take a long breath without panting so'" (52). This scene, in which Dr./Uncle Alec condemns any article of clothing–in this case, a belt–which restricts proper breathing, prefigures his more emphatic argument against corsets. Uncle Alec often argues with his sisters and sisters-in-law, the seven "Aunts" denoted in Alcott's subtitle for this novel, *The Aunt-Hill*. Most of Rose's aunts find Uncle Alec an unsuitable guardian for young Rose, yet Alcott defends Uncle Alec as the only rationale adult voice in her novel. In fact, by imagining him as a physician, Alcott grants him more authority on health-related subjects, dress included. "'Nature knows how to mould a woman better than any corset-maker,'" Uncle Alec argues before the aunts (214). Then, addressing Aunt Clara,

specifically, he asks, "'My dear Clara, *have* you lost your senses that you can for a moment dream of putting a growing girl into an instrument of torture like this?'" (214, her emphasis). The question should be rhetorical, Alcott infers. Uncle Alec promptly "plucked forth the offending corsets," "h[o]ld[ing] them out with the expression one would wear on beholding the thumb-screws or the rack of ancient times" (214).

Alcott does indeed find the corset a retrogressive, or "ancient," practice. Her progressive reform agenda calls for literally and symbolically casting off corsets in a manner resonant with removing bras and throwing them into garbage bins during the 1970s Women's Health Movement. In part, Alcott's rationale is health-related: "'[T]here are 600,000,000 air cells in one pair of lungs,'" Rose reports to Aunt Myra after her first physiology lesson (223). "[S]o you see what quantities of air we *must* have," and how corsets simply restrict proper breathing functions (223, her emphasis). But, Alcott's argument is also *sex* related. In direct opposition to Edward H. Clarke's *Sex in Education,* Alcott reveals young women are capable of high intellectual and physical performances, and further, their public performances do not impede upon their private domestic roles as wives or mothers. Uncle Alec encourages–and even contributes–to Rose's educational pursuits. Rose learns "'navigation, geography, grammar, arithmetic, and keeping my temper,'" she tells Aunt Jane, and of course, we see her actively engaged in an anatomy and physiology lesson, learning about the thoracic cavity (94, 223).

Rose's lessons, although seemingly benign, raise significant questions for nineteenth-century sex education, particularly since the medicalized female body was specifically defined by her procreative capacities. In *Sex and Education*, Clarke describes "over-work" in the female body as a type of physiological breakdown, resulting in disability or even death. Using his own patients' cases as anecdotal evidence, Clarke claims that "Miss G– died, not because she had mastered the

wasps of Aristophanes…and ventured to explore the anatomy of flowers and secrets of chemistry, but because, while pursuing these studies, while doing this work, she steadily ignored her woman's make," or reproductive processes.[22] "She was unable to make…a good reproductive system that should serve the race," Clarke concludes.[23] He was not alone in his convictions, rather Clarke represented the majority opinion concerning the "closed" female reproductive system (versus a male "open" system, I presume, in keeping with binaries). Alcott refutes Clarke's anecdote with her own fictional narrative, for when fifteen-year-old Mac temporarily loses his eyesight, Rose assumes the responsibility of reading his school books to him, and in so doing, effectively learns the same material. From that point forward, Mac and Rose do almost everything together. When Mac "developed a geological mania, and went tapping about at rocks and stones, discoursing wisely of 'strata, periods, and fossil remains,'" Rose followed, "pick[ing] up leaves and lichens, and g[i]v[ing] him lessons in botany, in return for his lectures on geology" (151).

Rose proves herself Mac's intellectual equal, and as we later discover in *Rose in Bloom,* Rose marries Mac, suggesting that Rose is capable of performing those "sexual," reproductive duties *because* of her intellectual and physical prowess, not despite them. In one climactic, yet revealing scene, Mac and Rose study a manikin together, learning about their bodies through hands-on experience. Playing with her manikin, thirteen-year-old Rose Campbell "counted vertebrae, and waggled a hip-joint in its socket with an inquiring expression" (223). That "inquiring expression" speaks volumes in a sex education context, since the "hip-joint" is precisely where babies pass through the vaginal canal during birth. Alcott foreshadows Rose's and Mac's marriage, and even a future parenthood. Many nineteenth-century feminists considered education necessary for reproduction.[24] Gilman was among those who advocated for "scientific motherhood," or higher education in scientific fields such as biology or physiology for use in their

roles as mothers.[25] Scientific motherhood, she believed, would teach women what to expect during pregnancy, childbirth, and lactation. Eugenicists like Gilman also believed acquired traits were inherited, and so if mothers were educated, then they believed their children would gain a similar level of intelligence which could be improved upon during the child's life through further education.[26] Alcott was not a eugenicist, and likely did not believe in what eugenicists called "the inheritability of inquired traits," rather Gilman builds upon Alcott's feminist arguments throughout her body of work, including "Joan's Defender."

As in Alcott's *Eight Cousins*, nine-year-old Joan is raised by her uncle over at least a two-year period.[27] Like Uncle Alec, Joan's Uncle Arthur is a doctor who educates Joan in health reform including exercise, diet, and dress. Joan, however, is not an orphan. Her mother allows Uncle Arthur to raise Joan at his own request, sensing his sister is overwhelmed by domestic duties (as most women are in Gilman's fictional works). Similar to Rose's education under Uncle Alec, Joan's education under Uncle Arthur care is "largely physical" (333). Uncle Arthur encourages Joan to dress and exercise in a boyish manner like his own four children. By the close of the short story, Joan has conformed to her cousins, all of whom, whether male or female, "had short hair," "bare feet," wore "denim knickerbockers," and "rac[ed] and tumbl[ed] and turn[ed] somersaults on the cushiony Bermuda grass" (332). Gilman mirrors her own short story very nearly after Alcott's novel with one significant shift: Joan appears androgynous by the end of the novel, while Rose retains her feminine charms, especially in Alcott's sequel, *Rose in Bloom*. Given that Alcott draws upon early sexuality education discourses, and I would argue *is* an early sexuality education text itself, how does miming, or "citing," as Judith Butler would say, shift the conversation for Gilman? How does Gilman's Joan "perform" as Alcott's Rose? How do Joan and Rose "perform" tomboyish-ness, or even masculinity, and in Joan's case, androgyny? What does this performance

reveal about *fin de siècle* attitudes toward gender and sex within feminist medical fiction as a public space for sex education discourse? Do Alcott and Gilman adopt or challenge a heterosexist model for sex education? And finally, what are the implications for their representations of female masculinity in a pubescent female body?

In the next section, I attempt to answer some of these questions by turning to Judith Butler's concept of performativity from *Bodies That Matter: On the Discursive Limits of "Sex"* and tracing "performativity" through Alcott's *Eight Cousins* and Gilman's "Joan's Defender." I specifically use Butler's *Bodies That Matter* rather than *Gender Trouble*, since Butler extends her concept of "performativity" to sex, and not simply gender, revealing the ways in which they are always already entangled with one another, yet not necessarily binary. Moreover, recent feminist disability theory has adopted Butler's extended concept of performativity from *Bodies That Matter* in productive and useful ways which I explore in articulating how feminist medical fiction contributed to moving the concept of disability from female bodies to queer bodies, and later, diseased bodies and disabled bodies themselves. The boyish performances adopted by Rose and Joan, and encouraged by their uncle-doctors, evoke the image of the "tomboy," a subject which Barbara Creed claims has become "[t]he central image used to control representations of the potentially lesbian female body": "The narrative of the tomboy functions as a liminal journey of discovery in which feminine sexuality is put into crisis and finally recuperated into the dominant patriarchal order."[28] In other words, the concept of the "tomboy" allows for performative gender play during a girl's childhood, but by the time she begins her ascent into womanhood–usually, around puberty–she must cease her boyish behavior and return to normative heterosexual female behaviors. Yet, Judith (Jack) Halberstam finds our modern concept of the tomboy did not apply during the late nineteenth century. By definition, the word "tom" simply "connotes boyishness

within women and some disruptive form of unconventional masculinity," which is replaced by femininity during puberty.[29] During the 1880s, and specifically in the years following Alcott's publication of *Eight Cousins*, "tom" and tomboy assumed different meanings from our present-day concept of youthful, though temporal, masculinity: "[I]t referred to a woman 'who does not care for the society of others than those of her own sex.'"[30]

This late nineteenth-century definition suggests that "tomboy" was not simply a form of gender performativity, rather it indicates sexual desire, and even functions as a synonym for lesbian. Halberstam insists that not all forms of female masculinity denote lesbianism. Instead, we must investigate "how women have contributed powerfully and irreversibly to the constitutive terms of contemporary masculinity" apart from and within the term "lesbian," which Halberstam finds has become "an umbrella term for all sexual activities carried out between women."[31] This reductive approach does not take into account a variety of gender-, sex-, and sexuality-related performances including, but not limited to, tomboys, tribades, female husbands, inverts, androgynes, and hermaphrodites. In what follows, I draw from Halberstam's concept of "perverse presentism" in tracing images of the tomboy through Alcott's *Eight Cousins* and Gilman's "Joan's Defender" to determine what Alcott and Gilman considered was the role of the tomboy in sex education. As Halberstam explains, "a perversely presentist model of historical analysis…avoids the trap of simply projecting contemporary understandings back in time."[32] Instead, "perverse presentism" considers what we do *not* know about our present as a means of exploring what we do *not* know about the past. For instance, Halberstam observes that there are "multiple forms of female masculinity within our present culture, only some of which are annexed indisputably to lesbianism."[33] Since we are only beginning to explore these multiple forms of female masculinity, there is still much we do not know about their histories, subjectivities, and ontologies.

Might there have also been multiple forms of female masculinity in the past? If so, I ask, are one or more of those forms of female masculinity evident in early sex education and feminist medical fiction *as* sex education texts? At the very least, tomboys emerge from Alcott's and Gilman's works of feminist medical fiction, and their representation might offer something for contemporary sex education programs in imagining multiple models for dis-abled bodies. Because it is suggested that their tomboy performances may eventually be exchanged for more normative feminine performances, Alcott and Gilman raise questions for whether this exchange reinforces heteronormativity in sex education. Do Alcott and Gilman succumb to cultural pressure to conform? Is this exchange informed by nineteenth-century sexologists' associations of the "tomboy" with the "mannish lesbian"? In exchanging a transgressive performance for a more normative one, do Alcott and Gilman reclaim the female body as heterosexual? If so, does this reclamation signify "lesbian" as nonstandard, and therefore, disabled? Moreover, how does this transference impact our approach to contemporary sex education which, research has shown, still embraces a heteronormative model? Butler concludes *Bodies That Matter* with a call for "queering" discourse itself: "Can the term [queer] overcome its constitutive history of injury?"[34] Further, she asks, "How and where does discourse reiterate injury such that the various efforts to recontextualize and resignify a given term meet their limit in this other, more brutal, and relentless form of repetition?"[35] Before "queer," lesbians were called "mannish," which indicates the concept of deviation from their normative female state, and since deviation was cast as a form of disability, so too was the lesbian considered disabled. In this chapter, then, I propose "disabling" sex education first rather than "queering" it, since from a dismodern feminist perspective, all deviant bodies are disabled by injustice and oppression, including tomboys and "mannish lesbians."

Of Corsets and Copulating…and Tomboys and Lesbians

In her important essay, feminist disability theorist Ellen Samuels recognizes Judith Butler's contribution to body theory and her tenuous role in disability theory. Although she has been critiqued for avoiding material bodies, Butler responds to this critique in *Bodies That Matter* by clarifying her concept of performativity as a material-discursive phenomenon. In a rhetorical move that cites the Mobius Strip, Butler asserts the materiality of language: "[E]very effort to refer to materiality takes place through a signifying process which, in its phenomenality, is always already material. In this sense, then, language and materiality are not opposed, for language both is and refers to that which is material, and what is material never fully escapes from the process by which it is signified."[36] In following the three-dimensional figure-eight motion of the Mobius Strip, we witness the materiality of language: The corporeal exterior of the Mobius Strip transforms–and influences–the corporeal interior, and vice versa. In *fin de siècle* medical fiction, and specifically, Alcott's *Eight Cousins*, this is perhaps most perceptible in the image of the corset: Medical discourses which define woman by her sexual organs produce the disabling conditions that confine her within the domestic sphere; further medical support for corset-wearing physically disables her, reaffirming popular medical hypotheses that women are disabled, thereby, turning discourse into materiality. As we can see, how individuals linguistically construct concepts of the body influences how that body repeatedly performs, or cites, the linguistic construction. How bodies materially function or constitutively perform identities influences how we think, read, and write about them. It makes sense, then that early feminists such as Alcott and contemporary feminist theorists such as Butler locate writing as a primary mode of resistance against dominant patriarchal discourses that materially define "woman" as deviant, and therefore, disabled.[37]

Yet, Samuels asks, what is the impact on disabled bodies when we rescue material-discursive female bodies from the metaphorics of illness? More specifically, when Butler claims we must oppose the "metaphorics of illness that pervade descriptions of sexuality," how does this separation of "woman" or "lesbian" from "illness" impact impairment and disability itself?[38] Are we rescuing female bodies and queer bodies at the expense of disabled bodies? In a way, feminist responses to Edward H. Clarke's *Sex in Education*–Alcott's *Eight Cousins* included–make this precise move. By defining the female body as decidedly not disabled by her sexual organs, Alcott and her contemporaries "distance themselves from the disabled body," as do some contemporary feminist theorists, "to prove that the female body is not diseased or deformed."[39] This distance has a corollary, however, for Alcott distances the female body from the disabled body to distance her also from a lesbian identity, which was defined as "disabled." In *Kitty's Choice*, Rebecca Harding Davis, in contrast, distances the body of the female physician from disability, yet redeploys disability in the body of the female physician to prove that disability does not impair her, rather she is masculinized by it. Alcott imagines masculinity differently, apart from sex, gender, or able-bodiedness, but bound up in sexuality, post-puberty. Since Butler never uses the words *disabled* or *disability*, her approach to disabled bodies remains ambiguous. Nevertheless, her framework, or concept of performativity, offers "the first steps of a new body of thought that will necessarily become more nuanced, comprehensive, and accountable as it grows with time," especially within feminist disability studies.[40] Thus, whether she included disabled bodies in her argument for performativity, Butler opens a space for imagining disabled bodies–and especially, disabled female queer bodies–within this framework including Alcott's tomboyish Rose.

From the very beginning of *Eight Cousins*, Rose is cast as a disabled body not simply because of her sex, but also her class status. She stands in stark contrast with her healthier, albeit

lower-class, counterpart, Phebe, who is not disabled by her sex because she is not held to the same normative standard. Future-heiress Rose must not run, or exercise at all, for in keeping with nineteenth-century definitions of the medicalized female body, her uterus would not function properly from such over-exertion. Her own boarding-school teacher reinforces this principle by casting it within class-based rhetoric: It is simply "not lady-like," Rose recalls (51). Uncle Alec does not seem to care for class-based social conventions. He encourages Rose to run, row boats, and swim (51-2, 75-6), among other physical activities. He also encourages house chores, a move which not only erases sex- and gender-based definitions of the female body, but also class-based divisions among female bodies. "'I want you to grow as fine a girl as Phebe,'" Uncle Alec tells Rose (54). Horrified, Rose asks, "'I suppose you would like to have me sweep and scrub, and wear an old brown dress, and go round with my sleeves rolled up, as Phebe does?'" (54). Uncle Alec responds in the affirmative, for not only would chores improve her health and physicality, but also "blow her little vanities" in keeping with a moral-based domestic education tradition (55).

Uncle Alec encourages masculine behavior for his young female ward in a move that transforms feminine, delicate Rose into a "little Amazon," or tomboy-of-sorts (155). His professed "business" is, after all, "'turn[ing] pale-faced little ghosts into hearty girls'" (28), which requires "a process of reiteration by which both 'subjects'"–Uncle Alec and Rose–"and [their] 'acts' come to appear" as Butlerian performativity.[41] Ruth Dyckfehderau observes that some critics find "Alcott's use of a male mother…an anti-feminist, even misogynistic blunder," especially since her feminized male physician deploys sex education upon an impressionable young woman, simply substituting one misogynistic male physician–Dr. Edward H. Clarke–for another.[42] Yet, the very "acts" that Uncle Alec encourages are not normative acts; the "reiterated acting that is power" itself, and is not a power imposed upon Rose, produces a different effect than expected.[43] Instead

of "boundary, fixity, and surface," Uncle Alec engenders fluidity, variability, and depth in his own performance and his young ward's. Uncle Alec, for instance, sews expertly, having learned from his sister Peace. As Peace explains to Rose, "'he has had to do things for himself, more or less, ever since" "he went to sea" (194), and many of those "things" or "acts" are culturally cast as feminine. Alcott further casts Dr. Alec as feminine in his role as a homeopathic rather than allopathic physician, for by the 1870s, homeopathy as a professional field had largely become a *feminine* medical sphere.[44] Nevertheless, as a physician, Dr. Alec mimes Dr. Clarke, "citing" his authority, "not as enslavement, or simple reiteration of the original, but as an insubordination that appears to take place within the very terms of the original."[45] "As a physician," Dyckfehderau explains, Uncle Alec "has a voice of medical authority that Alcott as a non-medical author and childless spinster does not have; he is as qualified as Doctor Clarke and can respond to Dr. Clarke's thesis on a professional level, *citing* professional experience to refute Dr. Clarke's claims."[46] Although a feminine–and feminist–homeopathic physician, as a member of the male sex, Dr. Alec has more authority than simply "doctor mom" or Alcott herself.

Through Dr. Alec, Alcott not only proves that the female body is defined by environmental conditions rather than her biological functions, but also that female bodies can–and should–perform masculinity. This masculinity appears decidedly tomboyish, but would have been cast by late nineteenth-century sexologists as "lesbian." The term "lesbian," however, did not simply indicate same-sex desire, nor does its appearance suggest the invention of lesbianism. As Halberstam critiques, "the Foucauldian model of sexual constructivism…encourages us to take the invention of sexuality at the end of the nineteenth century as the starting point of modern lesbian identity and to limit the search for 'lesbian' desire to the last one hundred years."[47] Yet, records of same-sex lives prove their existence centuries before *fin de siècle* sexologists crafted their medical

definitions. Further, those very medical definitions extend the term "lesbian" beyond same-sex desire itself and include many forms of female masculinity including what Halberstam considers the "tomboy" or the "androgyne." Richard von Krafft-Ebing, for instance, who was the foremost sexologist during the late nineteenth century, specifically associates "lesbian" with "androgyne," even though these terms bear no relationship to same-sex desire. Using the term "uranism," which Krafft-Ebing derives from Karl Heinrich Ulrichs's *Forschungen über das Räthsel der mannmännlichen Liebe* ("Research into the Riddle of Man-Male Love" [1864-65]),[48] Krafft-Ebing describes the "androgyne" as a form of homosexuality that "may nearly always be suspected in females wearing short hair, or who dresses in the fashion of men, or pursue the sports and pastimes of their male acquaintances."[49] Pathologically, Krafft-Ebing claims androgyny "represents a very high degree of degeneration" in the cerebellum, and is clinically-defined as a "cerebral anomaly."[50]

In his description of the androgyne and androgyny, Krafft-Ebing makes two significant moves, one that defines the androgene as "uranian," "homosexual," or "lesbian," and one that considers her masculine appearance a form of psychological disability. Rose fulfills *part* of Krafft-Ebing's definition, for she "pursue[s] the sports and pastimes of [her] male acquaintances" such as rowing and swimming with Uncle Alec (75-76), racing and camping with her seven male cousins who vary in ages from six- to seventeen-years-old (98, 100-01, 113), and studying medicine with Mac (222-29). She does not "wear[] short hair" or "dress[] in the fashion of men," though her reformed dress does resemble bloomers (213, 218), or at least, a form of pantaloon or "chemiloon," which were bloomer-style pantaloons worn under an ankle-length dress.[51] Our contemporary definition of tomboyism "generally describes an extended childhood period of female masculinity," one in which the prepubescent child desires and participates in "greater freedoms and mobilities enjoyed by boys."[52] Specific fictional characters come to mind as

embodying this modern definition such as Scout Finch from Harper Lee's *To Kill a Mockingbird* (1960). But unlike Scout, and most fictional and non-fictional tomboys, Rose is *not* pre-pubescent. She *is* pubescent, and since Uncle Alec's experiment is deemed a success, her tomboyish upbringing extends into her teenage years. Yet, because she married Mac Campbell in *Rose in Bloom*, it would appear that, like most tomboys, "the full force of gender conformity descends" on Rose, even though this occurs during puberty rather than pre-puberty.[53]

In contrast, Gilman's Joan models tomboyism to such a degree that she perfectly fits Krafft-Ebing's definition of the "androgene," and therefore, offers more space for critiquing its disabling associations. Unlike Rose, Uncle Arthur does cut Joan's hair short with her permission: "'How'd you like to have it cut off?' he asked," referring to her hair which had "caught on his buttons and pulled sharply" (331). Excited, Joan replies, "'I'd like it–but mother won't let me. She says it's my only beauty. And father won't let me either–says I want to be a tomboy'" (331). Her reply offers two significant cultural revelations: First, that a young girl was defined by her appearance, or degree of "beauty," and second, that cutting off one's hair was one signifier of not just tomboyishness, but masculinity. Her hair is, in fact, so boyishly short, Gilman describes Joan as "look[ing] like one of Sir Joshua Reynolds's cherubs" (332). Reynolds, an eighteenth-century British painter, notably painted his cherubs with short "bobs" whose hair was no longer than their earlobes. Joan also dresses in "denim knickerbockers" like her eight male *and* female cousins, all of whom Joan originally mistakes for boys when, in fact, four of the eight cousins are girls (332). Thus, like many tomboy adolescents, Joan mistakes her female cousins for boys, but Halberstam claims, that mistaken identity does not signify androgyny, as Krafft-Ebing assumes; it indicates masculinity: "The androgyne represents some version of gender mixing, but this rarely adds up to total ambiguity; when a woman is mistaken consistently for a man, I think it is safe to say that

what marks her gender presentation is not androgyny, but masculinity."[54] In conforming with her cousins' appearance, then, Joan adopts tomboyism, not androgyny, as a form of masculinity.

Like Alcott's Rose, Gilman suggests that Joan may perform masculinity for a limited period, during her prepubescent years, after which she should conform to "normative" cultural standards for female bodies. At the end of "Joan's Defender," Joan's mother, Mrs. Marsden, panics at the sight of her daughter's short hair: "'Where's your beautiful hair? Arthur–how could you?'" (334). Uncle Arthur defends his decision, claiming, "'It is much better for her health'" (334). Yet, his final remark leaves his sex education reform ambiguous: "'Better keep it short till she's fourteen of fifteen,'" Uncle Arthur advises (334). After which time, what will occur? Does he suggest Joan should grow it out after fifteen, thus conforming to *fin de siècle* gender norms? Does Gilman also advocate such a move through her reformist spokesperson, Uncle Arthur? *Herland* (1915) might offer a clue as to Gilman's utopian vision for gender performativity, since Herlanders also perform masculinity in a manner that cites, "indeed, penetrates, occupies, and redeploys–the paternal language" of nineteenth century medical discourse, a point I will explore more fully in the final chapter of this dissertation.[55] For our purposes, here and now, Herlanders perform a tomboyish masculinity that is not limited to a period of prepubescence. Through Van, our narrator, Gilman describes a race of women, all of whom "wore short hair," like Joan, and are physically active and agile.[56] Herlanders "ran like marathon winners," "leaped like deer," and moved agilely like "a lot of elderly acrobats" (32, 34). They did not appear old, Van clarifies, but many of those Herlanders with whom Van, Jeff, and Terry engage are over forty (22).

Like Rose and Joan, Herlanders are fictional characters whom Gilman uses in challenging medically-based definitions of the female body, yet Herlanders are unique because they are not all–or even, by majority–young women. Consequently, Gilman extends her defense of female

masculinity, and specifically, tomboyism, beyond puberty and into mature womanhood. Like Joan, Herlanders fulfill Krafft-Ebing's definition of the "androgene," for they not only have short hair, but also adopt a masculine dress "of tunics and knee-breeches, met by trim gaiters" (17). Gilman suggests such a dress should be genderless, since even the three male visitors are given similar garments: a "union suit" of varying weights and colors–some blue, others rose or gold-green–consisting of "tunics, knee-length, and some long robes" for colder weather as well as "cotton undergarments" (28). One male visitor, Terry, who never outgrows his sexist presuppositions, finds this genderless dress emasculating: The clothes make men "fee[l] like a lot of neuters," he insists, yet it is precisely these loose-fitting and lightweight clothes that permit a "physical culture" for women rather than a sedentary one (28, 34). Herlanders specialize in forestry, and in fact, when Van, Terry, and Jeff first encounter three Herlander women, they are climbing and swinging in the trees above the men (16).

Through Joan and the Herlanders, Gilman represents her vision of the New Woman, a feminist image she personally aspired for, but may not have wholly met. At the *fin de siècle*, the New Woman referred to a feminist ideal among American women, one who rejected social conventions in favor of increased independence and autonomy, and which specifically adopted the androgene as her model.[57] She was a radical feminist who did, in fact, fulfill Krafft-Ebing's definition of the "androgene," such as wearing short hair and boyish or mannish dress, and participating in masculine activities, including public professions. Historian Carol Smith-Rosenberg claims that, in writing *Psychopathia Sexualis*, Krafft-Ebing was specifically responding to the emergence of the New Woman in *fin de siècle* American culture. Although scholars frequently identify Gilman herself as a New Woman, I find that she primarily embodied this feminist ideal in theory rather than praxis.[58] Gilman never publicly wore bloomers or pantaloons,

as did her Herlanders, nor did Gilman cut her hair short.[59] I agree with Melissa Wrisley that Gilman's "moderate" position towards dress reform and the New Woman was a professional decision: Her success as a lecturer depended upon Gilman's ability to appeal to her (feminine) audience. In her diaries, Gilman expresses a "desire to be admired and accepted," and she frequently comments upon her audience's responses to her dress.[60] Therefore, wholly embodying androgyny, or even Herlander dress, would not produce the desired response, nor would she convincingly influence her audience of her political arguments.[61]

As Butler concludes in *Bodies That Matter*, discursive performativity fails in many ways, since "[t]he normative force of performativity–its power to establish what qualifies as 'being'–works not only through reiteration, but through exclusion as well."[62] Samuels has already convincingly argued for Butlerian limitations, and specifically, how she may or may not exclude disability. Yet, Butler was aware of her own limitations. What, then, are the limitations of discursive performativity in Alcott's and Gilman's feminist medical fiction? Are Alcott and Gilman aware of their limitations? How might certain exclusions, intentional or otherwise, function in oppressive ways? Unlike Butler, who "queers" critical discourse "as a defining moment of performativity" for re-appropriating the term "queer,"[63] Alcott and Gilman do not effectively disable "woman" or "androgyne" through discursive performativity. Rose is decidedly heterosexual. Although Alcott extends tomboyism beyond prepubescence, and into adolescence, her form of female masculinity distances "woman" from Krafft-Ebing's "androgene" by excluding short hair and pantaloons. Alcott defends gender fluidity among young women, eschews biologically-defined sex, and advocates for sex education in achieving the two former goals. Yet, she distances herself from Krafft-Ebing's "androgene," perhaps fearing its association with "uranian," "homosexual," or "lesbian." Gilman, in contrast, extends Alcott's proposed tomboyism,

mirroring Roses's experience in her own character, Joan. Although we can only speculate about her gender performativity and her chosen sexuality as an adult, Herlanders offer some insight into Joan's future: Herlanders *are* androgenes, in direct defiance against Krafft-Ebing, yet they are not lesbians. At best, Herlanders are asexual at the beginning of *Herland*, yet Gilman purposefully introduces Jeff to the all-female utopian society in support of heterosexual reproduction.[64]

Admittedly, androgynes (or "androgenes") and tomboys do not need to be lesbians to perform female masculinity, for as Halberstam observes, "there are many examples of masculinity in women that resonate within a complex of heterosexualities and derive from very different sources."[65] Alcott and Gilman alone offer two different images of the tomboy that are, perhaps, entangled in their specific time periods and contexts. Alcott's tomboy emerges from an 1870s debate with Edward H. Clarke's theory of sex-based education. Gilman's tomboy emerges from a 1910s conversation concerning the New Woman, and specifically, in response to Krafft-Ebing's disabling of the New Woman as "lesbian." Although Halberstam seeks to separate lesbianism apart from masculinity, she does so for a specific purpose: She explores "masculinity" as a form of gender variation separate from sex, and specifically, apart from its normative associations with the white male middle-class body. Alcott and Gilman achieve a similar objective in their novels, for they both demonstrate how the female body performs masculinity in ways that not only permit her parity with her male counterpart, but also reveal her performance as independent from her biological sex. Yet, I find it telling that both distance themselves from Krafft-Ebing's description of the "androgene" in varying ways, confirming Halbsertam's hypothesis that "gender variance is measured through a woman's marital status,"[66] or *future* marital status in the case of Alcott's and Gilman's fictional characters.

Because Alcott and Gilman use the genre of feminist medical fiction as a form of sex education, and specifically in these texts, *domestic* sex education, it is important to attend to what is missing in their sex education programs, namely, a lack of attention to homosexuality and disability. Arguably, Alcott and Gilman fall into a common trap concerning intersectionality, which Butler identifies and Samuels recalls in her Butlerian application to feminist disability studies: "[A]ny analysis which foregrounds one vector over another," Butler critiques, "will doubtless become vulnerable to criticisms that it not only ignores or devalues the others, but that its own constructions depend on the exclusions of the others in order to proceed."[67] Indeed, Samuels critiques Butler for excluding disabled bodies at the expense of female bodies and queer bodies. Similarly, I critique Alcott and Gilman for excluding queer bodies and casting them as disabled bodies, a move which simultaneously excludes queer bodies and disabled bodies at the expense of female bodies. Assuredly, one cannot claim to "encompass every vector of power" in any analysis, fictional or non-fictional, for bodies are simply too complex.[68] One can, however, theorize a model that accounts for flexibility and adaptability, as Butler has with her concept of "discursive performativity." This sense of flexibility and adaptability appears limited in Alcott's and Gilman's images of the tomboy.

For instance, when Mac temporarily loses his eyesight, Rose offers accommodation, "read[ing] and d[oing] the eye part" for him in direct defiance against his doctor's "rest cure" orders (129, 127), yet when Rose is bodily impaired by pneumonia, she happily succumbed to the rest cure and "led the life of a little princess secluded in the Bower, while everyone served, amused, and watched over her in the most delightful manner" (260). Her previous enjoyments–running, rowing, swimming, studying medicine–quickly vanish and no efforts are made at accommodating Rose, nor does she desire accommodation. Her very illness is, in fact, moralized, for she acquired

pneumonia by patiently waiting in the cold for Mac who "had made an appointment to meet her at a certain spot, and have a grand skating bout" (250), but he never showed. Her noble act is reward with suffering, which is a feminized experience in and of itself, for most mothers taught "trial and suffering" as their domestic sex education thesis.[69] Like her real-life contemporaries, Rose–and Alcott–does not wholly reject this thesis,[70] but adapts it into her own experience which finds masculine performances–the tomboy–simply one possible aspect of moral sex education.

Gilman does no better in terms of adaptability, since *Herland* defends female masculinity at the expense of disability for eugenic purposes. Unlike Alcott, impairment and disability are not moral trials one must suffer in maturing toward womanhood, but are abject bodies which must be eliminated for race improvement. As a eugenicist, Gilman believed socially- and environmentally-acquired traits were inheritable.[71] Her emphasis on physical health in *Herland* and "Joan's Defender," among other medical fiction texts, reflects her belief that strength is inheritable from one generation to the next. Her corollary to this claim is that, since physical weakness must also be inheritable, individuals who display physical or intellectual weakness must not procreate. This argument does not appear in "Joan's Defender," though it does appear in *Herland* in Gilman's eugenic argument on behalf of birth control. Beyond her fictional work, Gilman states her position most clearly in her non-fiction text, *Women and Economics*. "[W]e are beginning to murmur something about 'heredity,'" Gilman observes, but for heredity to improve, we must "demand a better system of education":

> But no one presumes to suggest that the mothering of mankind could be improved upon; and yet there is where the responsibility really lies. If our human method of reproduction is defective, let the mother answer. She is the main factor in reproduction. If our human

> method of education is defective, let the mother answer. She is the main factor in education.[72]

Together, "reproduction and education" are how Gilman proposes racial improvement. Sex education must include physical and intellectual health, Gilman concludes, for if young women are not fully equipped to become mothers, they will pass their ignorance and degenerative health to their offspring. Although Gilman does not articulate such a position in "Joan's Defender," as a sex education text modeled after Alcott's *Eight Cousins*, Gilman's emphasis on physical fitness makes sense as a form of early eugenic sex education that seeks to produce fit young women for reproduction.

In challenging nineteenth-century medicine's concept of disability toward female bodies, however, Alcott and Gilman reinforce a heterosexist, ableist model for sex education, one that casts homosexual bodies as disabled, and then, either feminizes disability or advocates its elimination. Such a move does not wholly challenge popular sexologists like Richard von Krafft-Ebing, rather it cites them and redeploys their disabling rhetoric. Moreover, this discursive performativity persists throughout twentieth-century American sex education, and remains to this day. As we shall see in the next chapter, the 1980s HIV/AIDS pandemic in the United States not only closely linked HIV/AIDS and "gayness" "in medical accounts, media representations, and in public school AIDS curricula."[73] Sex education gained significance *because* of HIV/AIDS just as modern public sex education was implemented as a reaction to the 1910s syphilis scare. This move "reinforc[ed] popular ideas about sex, contagion, and fear of difference," all of which were bundled together, creating a fear of homosexuality *and* a fear of sex altogether.[74] Cris Mayo finds this fear rhetoric not only an impetus for sex education, but also within sex education curricula itself, even in seemingly progressive New York City communities. As she follows New York State's 1987

AIDS Instructional Guide: Grades K-12 from draft to final stage, Mayo observes that one of the main reasons the *Guide* "contributes to the creation of a normative heterosexual community" is specifically because the New York State Board of Regents opened curricula drafting to community involvement.[75] Mayo concedes this move "does seem to engender support for sex education's place in the public schools," which is in and of itself a battle, since "opening up the curricula to parental authority potentially limits the range of consensus," especially when "participants on community review boards does not include gay groups or people with HIV."[76]

Like Alcott and Gilman, public sex education curricula exclude homosexual or queer voices specifically because they consider those voices as emerging from "disabled" bodies, whether they are inherently disabled–per Krafft-Ebing's definition–or disabled by disease. Thus, one hundred years later, "queer" has not "overcome its constitutive history of injury," since the term has moved within medical discourses from mental disability, or "cerebral anomaly," to physical disability, or disease.[77] Arguably, instructors could deploy citation of the curricula as a form of insubordination, as Butler suggests.[78] Such a move, however, rests with individual teachers, and as Bonnie Nelson Trudell observes in her anthropological study of a Wisconsin public school sex education course, teachers themselves bring biases into the classroom. Like the New York State's 1987 *AIDS Instructional Guide*, public school educators largely assume a heterosexual audience for their class.[79] As Trudell summarizes, "Based on the extensive amount of time spent on dating, qualities desired in the other sex, advantages/disadvantages of going with one person, and references to Mrs. Warren's personal life, students were offered a perception of heterosexual intercourse as the most legitimate expression of sexuality."[80] In contrast, subjects such as "homosexual activity, masturbation, and oral sex were mentioned only in connection with gays and males and the consequences of AIDS."[81] It's worth noting that Trudell's observation of

Mrs. Warren's class occurred during the early 1990s when HIV/AIDS was still a central impetus for sex education.

Even in twenty-first century public school sex education, homosexuality appears largely absent from curricula. In my home state of Texas, which supports a strict abstinence-only policy, "[s]exual orientation is rarely discussed in most of the materials and curricula used by Texas school districts."[82] The rationale for this omission echoes Mayo's and Trudell's studies: "[V]irtually all curricula, lessons or activities submitted for this study assume that all students are heterosexual."[83] The current Health and Safety Code for the state of Texas takes their rationale one step further, claiming that "homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under Section 21.06, Penal Code."[84] As David Wiley and Kelley Wilson point out in their study, the U.S. Supreme Court ruling *Lawrence v. Texas* (2003) declared this Texas Penal Code unconstitutional; it is nevertheless being taught as fact in Texas public schools.[85] Although in the state of Texas this homophobic argument is largely religious-based, I find distancing "normative" bodies from "queer" or homosexual bodies still retains disability rhetoric from *fin de siècle* medical discourses including sexology and feminist medical fiction. As Wiley and Wilson summarize, state policies such as those in Texas not only "wrongly depict gay and lesbian students as abnormal, diseased," and therefore, disabled, but also use medical discourse in justifying their approach, "tak[ing] their lead from the current Health and Safety Code for the state of Texas."[86]

Fiction, and medical fiction, specifically, has the power to resist or rewrite these disabling narratives, since fiction as a genre "offer[s] powerful examples of the way culture thinks about itself, articulating and proposing solutions for the problems that shape a particular historical moment."[87] Our "particular historical moment" calls for new ways of teaching–or deploying–sex

education information, just as feminist authors recognized under Comstockian censorship. Instead of challenging biologically-based definitions of the female body, we need fiction for the sex education classroom that will challenge disabling representations of nonstandard bodies, and specifically, an understanding of all bodies as nonstandard. As I will argue throughout this dissertation, fiction serves as one powerful and useful medium for teaching sex education subjects, since specific scenes provide an *imaginative stimulus* for readers in their attempts at visualizing potential scenarios, conflicts, and solutions within which they might realistically engage. "Teen sex" novelist Judy Blume is simply one example. Readers frequently comment that she is "realistic" and that she "tells it like it is," thoughts I imagine contemporaneous readers probably had toward Alcott's *Eight Cousins*. For all her progressivism, Judy Blume's *Forever* (1975), *Tiger Eyes* (1981), and *Are You There God? It's Me, Margaret* (1970) frequently end up on "banned books" lists for their explicit content concerning menstruation, masturbation, teenage sexual intercourse, and birth control.[88]

Yet, as Jeffrey P. Moran notes, sex education could benefit from literature if for no other reason than "educating youth for 'emotional intimacy,'" a point I believe Alcott and Gilman understand for all their heterosexist and ableist rhetoric.[89] Alcott was, to some degree, the Judy Blume of her day, and Gilman, following in her footsteps at least with "Joan's Defender," pushed Alcott's ideas beyond even Alcott's comfort zone, imagining how girls might perform tomboyism earlier (at nine-years-old instead of thirteen-years-old), for a longer time period, and in more radical ways. Like Blume, who asserts she "never thought of [her] books as classroom materials,"[90] Alcott and Gilman likely did not–and could not–imagine their works of feminist medical fiction as sex education texts for public school classrooms. Alcott's concept of sex education occurred within the domestic sphere, yet she would likely acknowledge such sex education events, or

programs, could not occur without publicly-produced texts such as *Search Lights* or Howe's *Sex and Education*. Gilman, in contrast, imagined sex education as occurring everywhere at all times, not just in the home, but also outside-in-nature. As Gilman describes in *Herland*, "children grew up…learning through every sense; taught continuously but unconsciously–never knowing that they were being educated" (96). Gilman imagines sex education as also occurring through these "natural" means, "continuously, but unconsciously." Within these contexts, Alcott and Gilman found their works of feminist medical fiction useful for sex education for young women, yet we might also find them useful in public sex education classrooms for offering a history of sex education which teachers and students might critique for their past and present exclusions and discuss for alternative methods of inclusion in the present and future.

Conclusion

In *Eight Cousins*, Rose's aunts represent Alcott's naysayers to her progressive arguments for dress reform, reform physiology, and even sex education. Yet, the voice of Aunt Myra, who specifically rails against Uncle Alec for providing Rose a sex education, still reverberates in twenty-first century sex education discourses. She is, in fact, the abstinence-only advocate in her fear of sexual knowledge: "Women don't need to know much of this sort of knowledge, and are not fit for it…it gives me the creeps to hear about 'organs,'" Aunt Myra decries (224). Aside from imposing her own experience upon Rose, Aunt Myra submits to the dominant cultural narrative both at the *fin de siècle* and today in the twenty-first century which claims women–and especially, young women–do not need to know about their bodies for fear it will either engender sexual dysfunction or sexual immorality. Rose retorts to Aunt Myra, "'I intend to know what kills me if I can'" (224), and while Rose means "kill" in the literal sense such as suffocation from corsets or

death from venereal diseases, her statement is also applicable from a metaphorical standpoint relating to gender-, sex-, or sexuality-based discrimination or oppression. Though we may physically survive discrimination, "we are all disabled by injustice and oppression of various kinds," and we must gain a comprehensive–and inclusive–sex education to avoid present and future impairments.[91]

CHAPTER THREE

AT "THE CRUX" OF SEX EDUCATION: DISABLING VENEREAL DISEASES IN MEYER'S *HELEN BRENT, M.D.* AND GILMAN'S *THE CRUX*

> *"'[W]e bring up girls to think that it is not proper to know anything about the worst danger before them. Proper!–Why my dear child, the young girls are precisely the ones* to *know! It's no use to tell a woman who has buried all her children–or wishes she had!–that it was all owing to her ignorance, and her husband's."*
>
> (Charlotte Perkins Gilman, *The Crux*)

> *"'You may be surprised when I tell you that my chief aim in working [as a gynecologist] is to make all women find themselves…their complete, rounded selves. What we must work for is the recognition of the true dignity of the individual.'"*
>
> (Annie Nathan Meyer, *Helen Brent, M.D.*)

In the 1910s, sex education officially moved from the domestic sphere–the home–into the public sphere. The first successful sex education program was, in fact, implemented in 1917 in United States military training. The program focused predominantly on one aspect of reproductive health: Venereal disease prevention. The growing social hygiene reform movement pinpointed syphilis as *the* primary threat to race health during the late nineteenth and early twentieth centuries. This is perhaps encapsulated best in a popular sex education text, the now-lost film *Damaged Goods* (1914).[1] Although this syphilis scare legitimized sex education, even during a period of censorship in America, it nevertheless held significant implications for how *fin de siècle* culture imagined–and represented–women's bodies, since syphilis was pathologized first in the female body, and later, the body of the prostitute. Feminist authors of medical fiction would not, however, accept this narrative designating woman as responsible for the venereal disease epidemic. Annie Nathan Meyer insisted in her novel *Helen Brent, M.D.* (1892) that diseases were themselves

unsexed, and neither women nor men were responsible for their dissemination. Instead, she finds a lack of comprehensive sex education to blame for this "social evil." Charlotte Perkins Gilman makes a similar argument in *The Crux* (1911) and "The Vintage" (1916). However, unlike Meyer, "the crux" of Gilman's argument is not centered on individual women, their reproductive rights, or their personal access to sex education. Gilman offers a eugenic argument on behalf of sex education for collective womanhood and race health, since she feared venereal diseases were hereditary and would diminish (white) race health over several generations.

In this chapter, I will use *Damaged Goods* as a litmus test for contexualizing Meyer's *Helen Brent, M.D.* and Gilman's *The Crux* and "The Vintage," all of which represent venereal disease as an original concern for implementing public sex education programs. *Damaged Goods* was itself independently produced, yet its co-optation by government departments for institutionalized sex education suggests a public endorsement beyond Comstockian censorship. Meyer's and Gilman's medical fiction, however, represents a reaction to and deviation from this public endorsement and its socially-accepted narrative which blames women–and especially, prostitutes–for the spread of syphilis and gonorrhea. Instead of the military, Meyer opts for hospitals and clinics as her method for deploying sex education. Gilman does not specify a preferred location, at least not in *The Crux* or "The Vintage,"[2] yet she does emphasize open communication in doctor-patient relations as does Meyer. Although both adopt venereal disease as their point-of-departure for sex education, Meyer and Gilman insist that "gender" and "sex" require a material feminist definition for successful programs. In other words, material feminisms, a fairly recent field of study branching from new materialist theories, reveals women's bodies in *Helen Brent, M.D.*, *The Crux*, and "The Vintage" as defined by their interactions with nonhuman material bodies, in this case, diseases, rather than simply their biological organs.

Diseases, however, implicate multiple bodies in the more-than-human world, and they do not differentiate among sex, gender, race, class, sexuality, or disability. Although Meyer and Gilman successfully challenge biologically-determinist definitions of "gender" and "sex," Meyer and Gilman raise questions for readers concerning how class and disability are implicated in sex education. Contemporary sex education inherits this *fin de siècle* tradition of pathologizing diseases. The narrative simply shifts from associating sexually-transmitted diseases with a particular sex or gender to associating sexually-transmitted diseases with a particular community, and then designating that community "disabled." Emily Martin finds this narrative shift most perceptible among persons suffering from HIV and/or AIDS. In *Flexible Bodies: Tracking Immunity in American Culture–From the Days of Polio to the Age of AIDS,* Martin not only traces concepts of "immunity" in our cultural imagination, but also identifies HIV/AIDS as embodying our cultural anxieties concerning infection, (failed) immunity, and "system breakdown." Like the *fin de siècle* syphilis scare, many individuals during the 1980s and 1990s identified HIV as "a singularly lethal agent" "that can leak through orifices or porous borders of one's or someone else's body," threatening their lives and livelihoods.[3] Worse, HIV/AIDS was initially identified with the gay and lesbian community, which was then pathologized as not simply diseased, but disabled: "In our fieldwork," Martin recalls, "it was not uncommon to hear explanations of the AIDS epidemic in terms of system collapse."[4] Words and phrases such as "crippling," "toxic," or "dying from within" reverberated among interviewees outside the HIV/AIDS community.[5]

Those within the HIV/AIDS community–including immunologists, volunteers, and hotline workers–relate a different narrative, one that reveals a need for a more complex approach toward immunology and the immune system itself: "The dominant impression from our fieldwork," Martin concludes, "is that, in widely varying ways, people are able to treat the effects of HIV as a

'blessing and a curse.'"[6] Rather than consider HIV/AIDS a "death sentence," many interviews framed HIV/AIDS as an opportunity for bringing marginalized groups together.[7] More importantly, for Martin's purposes, this counter-narrative reveals that our immune systems–and our bodies–are not fixed, stable entities. Martin pinpoints cultural anxiety concerning "system breakdown" as dependent upon "[t]he notion that the immune system maintains a clear boundary between self and nonself," and further that this "nonself world" is "foreign and hostile."[8] Thus, deviation from normative immune system functions is narrated as an "invasion" from outside, "foreign" forces. Should those forces also emerge from a perceived deviation in normative vectors–sex, gender, class, race, sexuality, or ability–the force itself is thereby pathologized as such: HIV/AIDS is pathologized as an invasion of gays and lesbianism in a heterosexual culture and syphilis is pathologized as an invasion of femininity, or at least, sexual deviance within an otherwise repressive culture. Both involve transmission through sexual activity and are recast as "disability" in *fin de siècle* feminist medical fiction and contemporary sex education rhetoric.

In her call for a more nuanced concept of immune systems, Martin frames health within complex systems theory, which I find reverberates with recent trends in feminist theories of the body, namely feminist science studies and material feminisms. Complex systems theory understands systems–including body systems such as the immune system–as "made up of systems within systems."[9] This entangled network must account for "tiny differences in input can lead to huge differences in output; in other words, complex systems are extremely sensitive to fluctuation and change."[10] Although Martin does not specifically identify complex systems theory as "posthuman," or even new materialist, she cites N. Katherine Hayles in articulating her concept of complex systems theory, and further indicates that this approach must account for all that stuff in the "nonself world," most of which is nonhuman. Thus, Martin concludes, "humans and human

purposes are no longer considered preeminent, as they typically have been in Western humanistic traditions," a rhetorical move prefiguring Cary Wolfe's own definition of posthumanism as "remov[ing] the human" subject from any "privileged position" within biological, mechanical, and communicational systems.[11] Instead of framing *fin de siècle* feminist medical fiction through posthumanism, I adopt a more recent feminist strain stemming from posthumanism, material feminisms, as a means of investigating how nonhuman material bodies, and specifically syphilis, co-constitute sexed and gendered bodies.

In what follows, in this chapter, I first provide a historical context for the Anti-VD Campaign which emerged from the Social Hygiene Movement and propelled institutional sex education in the wake of Comstockian censorship. Second, I offer a corporeal feminist reading of Meyer's *Helen Brent, M.D.* and Gilman's *The Crux* and "The Vintage." Using Anne Fausto-Sterling's *Sexing the Body: Gender Politics and the Construction of Sexuality*, I recast Emily Martin's concept of complex systems theory within developmental systems theory, attending to the ways in which Martin's concept of "looping" is, in fact, a form of the Mobius Strip. This dissolution of the mind/body split allows for a corporeal feminist approach toward diseases, and especially, syphilis, which Gilman and Meyer disentangle from gender and sex, but which raises questions for its associations with disability and class. I conclude by tracing *fin de siècle* cultural attitudes toward syphilis within the rhetoric of fear framing contemporary sex education, and especially, popular abstinence-only and abstinence-plus curricula. Studying–and recovering–Meyer's and Gilman's medical fiction appears particularly timely, since feminists have as much work to do now as they did in 1892 and 1915, respectively, in not only uprooting biological rationales for a woman's "nature," but also challenging fear and disability narratives in institutionalized sex education.

(Dis)Entangling Diseases in Sex Education

During the 1913-1914 academic year, the first public institutionalized sex education program was implemented in Chicago secondary schools. Ella Flagg Young, superintendent of Chicago schools, appointed a Committee on Sex Hygiene which designed a course of three "personal purity" lectures to be conducted by outside male physicians at each of Chicago's twenty-one high schools. Girls and boys were taught in separate classrooms and subjects included physiology, venereal disease prevention, and moral hygiene practices such as "continence, cleanliness, and clean thoughts."[12] The program was shut down due to religious opposition (predominately led by the Catholic community), and published excerpts from physicians' talks were prohibited under Comstock Law.[13] Sex education, however, resurfaced in popular discourse during World War I. Fearing soldiers would return from abroad with untold "foreign" diseases, in 1917, US Secretary of War Newton Baker founded the Commission on Training Camp Activities as a means of combating venereal diseases.[14] This required program was implemented for new army recruits during basic combat training, and like the failed Chicago public school sex education program, it focused extensively on physiology and venereal disease prevention. As Jeffrey P. Moran observes, "the training camps made it clear that the young soldier was not the same as the young civilian," and thus, military sex educators were far more explicit about sexual intercourse and the dangers of venereal disease: CTCA instructors "did not shrink from displaying the most grotesque consequences of syphilis and gonorrhea."[15]

From its formal organization, American sex education programs–not simply "health" and "disease"–have been framed within a military context. However, this framework also strongly relies upon fear rhetoric and scare tactics. Emily Martin finds such rhetorical strategies *still* at work

in contemporary American immunology discourse which indicates that a cultural or political unconscious from early-twentieth century sex education theory informs our concepts of bodies, health, and disease well into the twenty-first century. In her "Historical Overview," Martin does, in fact, attribute military imagery to early-twentieth century bacteriology: "This notion [of defense] was clearly already present in imagery from the early decades of the century," as early as a 1918 medical text, *The Primer of Sanitation and Physiology* by J.W. Ritchie.[16] In this "primer," J.W. Ritchie depicts the body as a "castle of health" in which "[t]he two outer defenses," or curtain walls, "'[k]eep germs from being spread about,' and '[g]uard the gateways by which they enter the body,'" Martin explicates.[17] She compares Ritchie's rhetoric with a 1955 article from *Life*, "Science Moves in on Viruses" by R. Coughlan," which "shows the body as a seamless whole, its surface besieged by germs of all sorts, some drilling away with drill bits, and some slain and marked by the victory flags of effective vaccines."[18] Significantly, in the illustration accompanying Coughlan's article, the physical body of a *woman* replaces the castle itself, but metaphors of "invasion," "defense," and "victory" remain.

If we believe contemporary medicine has moved beyond such metaphors, Martin finds we must reevaluate–and complicate–our rhetorical strategies, for "the metaphor of warfare against an external enemy dominates these accounts" in popular media and allopathic medicine.[19] Martin teases out these metaphors in articles from *Reader's Digest, Time*, and *U.S. News*; two major films productions, *The Fantastic Voyage* (1966) and *The Immortal* (1970-1971); science teaching films for grade school, middle school, high school, and college audiences; articles from academic journals such as *Immunology Today*; and interviews with several scientists and medical professionals currently practicing in the field. Her anthropological work is comprehensive, covering a variety of texts from the 1950s through the 1990s, yet she ultimately finds this dominant

military metaphor limiting, regardless of period: It reinforces a binary model which perceives "the body as sharply bounded along a clear self/nonself line."[20] There must be a non-self "other" in this narrative, and perhaps unsurprisingly, this nonhuman "other," the "invading" disease itself, is frequently recast in terms of gender, race, and class.[21] The macrophages, responsible for "cleaning up dirt and debris, including 'dead bodies,'" are labeled "housekeepers," and are thereby, raced or feminized.[22] In other versions of this narrative, the microphages become "big, primitive garbage collectors," "roving garbage collectors," "a cleanup crew," or "roving scavengers," thereby adopting a lower-class position.[23] There are even heterosexual narratives in which a body's T cells are cast as "a brawny, brutal he-man" and suitable partner for mature, "upper-class female" B cells which, together, must (re)produce antibodies against invading antigens.[24]

Martin insists that our cultural narratives concerning "immunology," health, and disease require more nuanced metaphors that provide "an image of a complex system held together by communication and feedback, not divided by category and hierarchy."[25] Her proposal for a complex systems theory approach to the immune system draws from posthumanists Donna Haraway and N. Katherine Hayles, both of whom emphasize relationality in their own work, i.e. the human body as co-extensive with nonhuman subjects in nature. This "material turn" opens a space for imagining diseases as entangled with/in female bodies rather than originating *from* female bodies, and especially, the body of the female prostitute, as was the dominant cultural narrative in *fin de siècle* fiction and film. Instead of framing my analysis of *fin de siècle* feminist medical fiction within the work of Haraway and Hayles, I draw from feminist science studies theorist Anne Fausto-Sterling, since her use of the Mobius Strip serves in critiquing disability narratives in sex education that rely upon a mind/body or self/nonself division.

In the following two sections, I trace what *appears* to be a gendered and sexed narrative in Anti-Venereal Disease (Anti-VD) Campaign films which were produced for the CTCA, but released for civilian sex education. Although there were multiple films that drew upon this seduction narrative tradition, I specifically reference *Damaged Goods* because it popularized the narrative in American cultural consciousness. Thus, when Charlotte Perkins Gilman appropriates this seduction narrative for *The Crux* and "The Vintage" as a means of countering gendered and sexed representations of syphilis, she *transforms* the traditional Anti-VD Campaign seduction narrative into a disability narrative in her *fin de siècle* feminist medical fiction which links "prostitute" with "disability." Annie Nathan Meyer's *Helen Brent, M.D.*, in contrast, was published *before* the Anti-VD Campaign cemented this seduction narrative in American cultural consciousness. Her seduction narrative also challenges gendered and sexed representations of syphilis, yet she considers syphilis a death sentence much as Martin finds HIV/AIDS was considered a death sentence during the 1980s. Although she does not recast venereal diseases within a disability context, as does Gilman, Meyer nevertheless plays on fear rhetoric and scare tactics, and cannot imagine an opportunity for bringing marginalized groups together as Martin proposes. Like Gilman, Meyer's novel opens up a space for critiquing contemporary sex education approaches that rely upon scare tactics as a means of promoting abstinence or avoiding death or disability in one's own body or one's offspring.

Disabling Syphilis, or Anti-VD Campaign Seduction Narratives in Charlotte Perkins Gilman's "The Vintage" and *The Crux*

In spite of the Comstock Law, or perhaps *because* of it, social hygiene reformers sensed an acute need for implementing public sex education programs beyond military institutions as a

means of preventing the spread of venereal disease. Syphilis and gonorrhea, specifically, were perceived as an epidemic threatening "race health," and prostitutes were considered uniquely responsible for its spread. Young men and women, by contrast, were innocent victims lured into their "social evil." This new spin on the popular seduction narrative appears in multiple sex-hygiene films from the Progressive Era including: *Damaged Goods* (1914), *The Black Stork* (1917), *Open Your Eyes* (1919), *The Solitary Sin* (1919), *Fit to Win* (1919), *Wild Oats* (1919), *End of the Road* (1919), and *The Gift of Life* (1920). Sex-hygiene films replace the Major Peter Sanford-type character from popular seduction narrative Hannah Webster Foster's *The Coquette* (1797) with a prostitute. Eliza Wharton–the innocent, naïve victim-type–appears in multiple characters from married couples to college boys or soldiers. Interestingly, most of these films place *men* in the victim role, *not women*, indicating pathologization of a female body within medical discourse. By the Comstock Law Era, medical authorities had relocated the origins of venereal disease from female bodies, generally, to female prostitutes, specifically.[26] Nevertheless, *a female body*–the prostitute–is implicated in this Anti-VD cultural narrative, a phenomenon Gilman reflects in her own counter-narratives.

The first American sex-hygiene film, *Damaged Goods*, was originally produced for the military, yet became an independent cultural icon during the 1910s.[27] When the Mutual Film Corporation re-released *Damaged Goods* in 1915 for civilian audiences, it became a smash-hit, generating $2 million in box-office revenue. Since the original film was lost, historians speculate that its plot follows that of Eugene Brieux's play, *Damaged Goods*, which opened in New York City in 1913.[28] The play–and the film–relates the story of a young man who contracts syphilis. Given his bourgeois status, he marries to collect a dowry, ignoring his physician's warning against marriage. He subsequently infects his wife and child, and although many reviewers considered the

play a "medical sermon," it is unclear whether the play resolved in the same manner as the film with the young man's suicide.[29] The film does, however, contain specific details that share in the predominant Anti-VD seduction narrative: "George Dupont [the name of the male protagonist used in the film *Damaged Goods*] was described as 'a young man of excellent home,' a lawyer by profession, who is set to marry 'a prominent social belle.' George gets syphilis from a 'street walker,'" or prostitute.[30] Like most Anti-VD Campaign films, Eric Schaefer observes, as does Annette Kuhn, that prostitutes are identified as the principle cause of venereal disease.[31] Further, Schaefer claims, the narrative itself is cast within a gender and class conflict: "[V]enereal disease was seen as a malady of the Other inflicted on the bourgeoisie," the "Other" representing both gender and class.[32] In other words, using dominant military rhetoric, the male body is "invaded" by a diseased female subject, and is thereby, feminized, and his bourgeois status is "invaded" by that same subject's lower-class status, and his class status is thereby threatened.

This traditional Anti-VD narrative reappears in Charlotte Perkins Gilman's "The Vintage" (1916) and *The Crux* (1911) and Annie Nathan Meyer's *Helen Brent, M.D.* (1892), indicating various degrees of challenge to gender and class biases in the dominant cultural narrative. Gilman and Meyer, however, shift their concern from the victimized bourgeoisie male to the victimized upper-class female. In "The Vintage," Howard Faulkner, a young doctor, witnesses his beloved Leslie Vauremont Barrington Montroy marry another man, Rodger Moore, a man Dr. Faulkner knows to be infected with syphilis, since Moore is Faulkner's patient. Gilman describes Leslie as "a girl of good family" from "one of our proudest Southern states" with "a string of family names" indicating her noblesse oblige.[33] Gilman essentially reenacts *Damaged Goods* with minor differences. Rodger Moore becomes George Dupont, a young bourgeoisie who marries "a prominent social belle," Leslie. Like George Dupont, Rodger Moore marries Leslie for her dowry.

He, therefore, becomes responsible for diluting upper-class society by "invading" one of their own, an innocent, "pure" young woman with "blazing health" (297). He also causes his son to be born diseased–which is recast as "disabled," or "crippled"–and later, his wife's death. Like *Damaged Goods*, Gilman also includes the protesting (male) physician, Dr. Howard Faulkner, who maintains doctor-patient confidentiality against his better judgment. Unlike *Damaged Goods*, Gilman does not identify her perceived origins of venereal disease, but one thing is for certain: Leslie is not culpable, rather she is an innocent victim. Instead, Gilman implicates Rodger foremost in Leslie's death and their son's disability, and secondly, critiques doctor-patient confidentiality practices for contributing to this "conspiracy of silence."

Since she does not identify an origin for syphilis in "The Vintage," Gilman also does not follow *Damaged Goods* in implicating prostitutes for the syphilis epidemic. In other words, Gilman deviates from the traditional Anti-VD Campaign seduction narrative which found prostitutes responsible for the spread of venereal diseases at the *fin de siècle*. Thus, the female body does not–and cannot–deploy disease into American society in Gilman's narrative. Female bodies are, in fact, absent from her narrative, since Leslie dies and her body is literally absent from the text. She never even speaks, but remains silent. As a subject, Leslie haunts the text, but remains beyond it. Gilman instead concerns herself with Leslie the son who must suffer as a "cripple" due to his father's poor decision-making. This focus invokes a eugenic narrative stemming from venereologist, social hygiene reformer, and early sex education theorist Prince Morrow who differentiated among venereal diseases based upon their origins and impacts: "syphilis of the innocent," he proclaimed, denotes a condition in which innocent victims, namely women and children, acquire venereal disease through the husband/father's immoral behavior.[34] In "The

Vintage," Gilman fictionalizes Morrow's "syphilis of the innocent" theory, pathologizing the heterosexual male body as responsible for originating venereal disease.

In *The Crux* as in "The Vintage," Gilman victimizes unmarried women, further playing off Morrow's "syphilis of the innocent" theory. In educating Vivian about sexually-transmitted diseases, Grandma Pettigrew draws from Prince Morrow's work in venereology, insisting "'Dr. Prince Morrow in New York, with that society of his–(I can never remember the name–makes me think of tooth-brushes) has done much; and the popular magazines have taken it up. You must have seen some of those articles, Vivian'" (139). The society Grandma Pettigrew cannot recall is the American Society for Sanitary and Moral Prophylaxis (ASSMP), which was an early sex hygiene organization dedicated to eradicating prostitution and venereal diseases.[35] Vivian concedes that she knows of Morrow, but has not read him. Vivian, therefore, embodies Morrow's and Gilman's female innocent, and they locate this innocence in what Michel Foucault calls his "repressive hypothesis":

> "That's it!" responded her grandmother, tartly; "we bring up girls to think it is not proper to know anything about the worst before them. Proper!–Why my dear child, the young girls are precisely the ones *to* know! It's no use to tell a woman who has buried all her children–or wishes she had!–that it was all owing to her ignorance, and her husband's. You have to know beforehand if it's to do you any good." (139, Gilman's emphasis)

Morrow and Gilman assert a need for sex education in response to a "conspiracy of silence" emerging from a perceptibly "repressive" Victorian past. Foucault, however, finds such a silence did not emerge from this "repressive hypothesis," rather we transformed sex into discourse and sanitized it through various methods of biopower. "There is not one but many silences," Foucault claims, and many local power relations at work.[36] In this instance alone, we find national

government (the Comstock Law), medical science (biologically-based definitions of women's bodies), and family dynamics at work in contributing toward Vivian's ignorance.

In spite of their efforts to challenge one perceived "conspiracy of silence," sex education and "syphilis of the innocent," Morrow and Gilman deploy new power dynamics that limit and control female bodies. In *The Crux*, Gilman departs from Morrow in her identifying prostitutes as responsible for originating venereal diseases, but like Morrow, Gilman implicates male bodies in deploying or spreading syphilis.[37] Like George Dupont in *Damaged Goods*, Morton Elder contracts syphilis from a prostitute. Several prostitutes, in fact, for boardinghouse chef Jeanne Jeaune not only "'ha[s] heard of him since, many times, in such company,'" but can also name three of the prostitutes: Coralie, Anastasia, and Estelle (104, 103). Morrow wrote in *Social Diseases and Marriage* that "[t]he prophylaxis of venereal diseases and the prevention of prostitution are indissolubly linked," and Gilman vehemently agreed.[38] She, in fact, advanced his position further, blaming prostitutes for the existence of syphilis. She opposed prostitution, even to the point of supporting national- and state-level eugenic sterilization laws which required compulsory sterilization for "defectives" such as prostitutes.[39] Ironically, Gilman sets *The Crux* in fictional Carston, Colorado, a former mining town not unlike real-life Denver, which could not have survived without brothels![40] In her campaign against prostitution, Gilman not only undermines her long-held argument for financial independence among women, she also suggests we literally disable women's bodies, or at the very least, one *kind* of woman's body, the body of the prostitute. In her baby utopia, *Moving the Mountain*, which many scholars take as a serious manifesto on Gilman's proposed social reform procedures, Gilman not only outlaws prostitution, but also promotes sterilization among prostitutes.[41]

Gilman's rationale for sterilization harkens back to nineteenth-century gynecological discourses linking female mental disorders with normative sexuality. As Ben Barker-Benfield explains, "the psychologic origins of woman's mental disorders" were located in "sexual transgressions" of which "masturbation, contraception, abortion, orgasm," and of course, sexual desire and pleasure, were symptomatic.[42] Deviation from a normative sexual hypothesis designating women as naturally frigid or unarousable signified mental disorder, of which the prostitute appeared uniquely–and irredeemably–mentally-disabled.[43] Gilman articulates this differently in her theory of "over-sexed" bodies. In her essay, "Birth Control," Gilman defends birth control as one method for healing our "over-sexed" nation. More importantly for my purposes, Gilman defines "over-sexed" bodies as "thousands of generations of over-indulgence" which require "reputable physicians or other competent persons to teach proper methods of restriction."[44] She speaks of "over-sexed" bodies as unnatural, for other species, she observes, "only crave this indulgence for a brief annual period" as should humans, but our desires have gone awry, she concludes.[45] In *Moving the Mountain*, she speaks of the "over-sexed" body of the prostitute as a medical condition, or as "pathological–cases for medical treatment" and "perhaps surgical" treatment as well.[46] Gilman effectively rescripts the dominant nineteenth-century gynecological narrative which defined "woman" by her body. Instead of defining woman by her uterus or ovaries, a point which Gilman challenges, Gilman defines woman by her normative sexuality and the prostitute by her deviance from that normative sexuality: Because prostitutes are "oversexed," and find pleasure in sexual intercourse, they must be mentally-disabled.

In *The Crux*, Gilman departs from the traditional Anti-VD Campaign seduction narratives not only because she stops the seduction narrative in its tracks, offering an alternate trajectory for our protagonist and Morton's would-be wife and lover, Vivian. Gilman also transforms the

traditional gendered and sexed narrative into a disability narrative. Gilman imagines that she is able to stop the seduction narrative from playing out in fiction–and hopefully, in cultural reality–by providing Vivian and her readers with a sex education via supporting characters Dr. Jane Bellair and Grandmother Pettigrew. Whereas *Damaged Goods* and "The Vintage" must end with disease, death, or both precisely *because* the characters do not have adequate sex education, *The Crux* deploys sex education as a means of preventing disease or death. Nevertheless, disease–and disability–remains immanent: "They [gonorrhea and syphilis] are two of the most terrible diseases known to us; highly contagious, and in the case of syphilis, hereditary," Dr. Bellair educates her friend, Vivian. "You may have any number of still-born children, year after year. And every little marred dead face would remind you that you allowed it" (128, 130). But still-born children are not the only possible "consequence," as the chapter title invokes, for Dr. Bellair claims Vivian might also bear "crippled children," "idiots," or "children born blind" (129): "Do you want a son like Theophile?" Dr. Bellair asks Vivian during her impassioned sermon-of-sorts (129). Theophile, Jeanne Jeaune's disabled son, serves as an omen for readers. He is initially introduced as "a boy of sixteen," and "not bright, but a willing worker" (67). He is alternately described as a "monkey," "boy," and "person of limited understanding," the latter indicating that Theophile suffers from a mentally-handicapped condition (93, 94, 95). His mother, Jeanne, even identifies syphilis as responsible for Theophile's condition: "I married, and–*that* [syphilis] came to me! It made me a devil–for awhile. Tell her, doctor–if you must; tell her about my boy!" (104). Much like Leslie in "The Vintage," who represents physical rather than intellectual disability, Theophile becomes the posterchild for syphilis-induced disability, and Dr. Bellair *does* use Theophile in the sermon-like speech she gives Vivian against marrying Mortimer.

In rescripting the traditional Anti-VD Campaign seduction narrative, Gilman implicates disability in sex education, using it as an impetus for frightening her readers and Vivian from engaging in marriage or sexual relations with a syphilitic. Although she defends a woman's right to autonomy over her own body, Gilman's eugenic feminist approach emphasizes race health rather than individual rights.[47] Echoing venereologist and sex education theorist Prince Morrow, Grandma Pettigrew insists that "[w]e can religiously rid the world of all these–'undesirable citizens'…by not marrying them," "them" being men diagnosed with syphilis, but also perhaps mentally- and physically-disabled children like Theophile and Leslie.[48] In this particular passage, Gilman draws from rhetorical strategies employed by the voluntary motherhood movement which proclaimed as their primary platform the right of woman to reject her husband's advances.[49] Gilman extends this concept of "voluntary motherhood" to marriage itself, insisting upon voluntary wifedom: A woman, she suggests, should have the right to choose her spouse, and further, she requires his full medical history in order to make a wise (read: eugenic) choice. Thus, like her short story "The Vintage," Gilman challenges current doctor-patient confidentiality laws which prevent medical professionals from disclosing one potential partner's health conditions to the other potential partner.[50] However, her more important "medical sermon" concerns not a woman's right to choose her partner, but a woman's right to sex education as a means of preventing undesirable children. I use the word "undesirable" here rather than "unwanted," for Gilman certainly wants children. She wrote extensively on the significance of motherhood, and in fact, deifies motherhood in *Herland*. She places a stigma, however, upon "undesirable" disabled children, a point to which I will return later in this chapter.

Although Gilman offers a feminist approach toward Anti-VD Campaign seduction narratives, she undermines her feminist approach by reenacting those gendered and sexed

narratives from the iconic film *Damaged Goods* under the guise of disability. She does attend to gender and sex, finding unmarried female bodies an innocent, perhaps even "pure," site ravaged by syphilis. Yet, bodies are never pure, nor can they be reduced to their material selves. In *Sexing the Body*, Anne Fausto-Sterling identifies "genitals" as the subject of her politics: "Surgeons remove body parts and use plastic to create 'appropriate' genitalia for people born with body parts that are not easily identifiable as male or female," Fausto-Sterling explains of intersex babies.[51] In using "plastic to create 'appropriate' genitalia," surgeons are already modifying a perceptibly "pure" and "innocent" subject, the body of the baby. This alone might lead us to conclude, along with Fausto-Sterling, that "the matter of bodies cannot form a neutral, pre-existing ground from which to understand the origins of sexual difference," or ability.[52] Our cultural anxieties with discursively fitting individuals into clear categories–male/female, able-bodied/disabled–drives us to physically alter our external bodies to conform to those cultural stigmas we have internally inhabited. Indeed, just as twenty-first century surgeons alter intersex babies to fit one particular sex, Gilman advocates altering sexually-deviant subjects such as prostitutes so as to prevent their disabled bodies from creating more disabled bodies.

Although surgeons no longer involuntarily sterilize female patients, this development is a recent one, hard-fought and gained during the 1990s Reproductive Justice Movement.[53] Nevertheless, Gilman's rationale for surgically-altering prostitutes belies a long-held cultural stigma toward disabled bodies and sexual access, namely that we cannot imagine them as sexually-active subjects. In "Sex and the Gimpy Girl," Nancy Mairs relates her personal experience as a person with disability in reproductive health care: "When it comes to sexuality in the disabled," Mairs recounts, "dismissal is apt to turn into outright repression…many deny the very possibility by ascribing to them the 'innocence' of the very young."[54] In his material feminist analysis of

Mairs' memoir, Tobin Siebers observes that persons with disabilities are generally denied erotic feelings and considered asexual beings. Their "[d]octors do not want [them] to have sex or children," perhaps believing they will prevent the disabled parent or potentially-disabled offspring from future suffering.[55] In reality, their rationale lies not in humanitarianism, but humanism. That is, these doctors ascribe to a humanistic worldview that relies on normativity and dualisms, especially able-bodied/disabled.

Thus, when Gilman recasts the body of the prostitute as a disabled body, she reinscribes that body as asexual, not just deviant. Since an asexual body should not reproduce or be erotic, for Gilman, it follows that the discursive narrative should play out in material experience, and therefore, the prostitute should be surgically sterilized. Fausto-Sterling finds similar normative attitudes in our historical and cultural rationale for surgically "correcting" intersex babies: Hermaphrodites could feasibly desire an individual of either sex, male or female, and could use their genitalia in sexual intercourse with either sex. Thus, medical professionals have historically, and continually, promoted categorization, sterilization, chastity, or intersex surgeries not only as a means of categorizing one's identity, but also in maintaining heterosexual normativity.[56] The point is, Fausto-Sterling emphasizes, "[a]s we grow and develop, we literally, not just 'discursively' (that is, through language and cultural practices), construct our bodies, incorporating experience into our very flesh," but we must challenge such oppressive practices by "erod[ing] distinctions between the physical and the social body."[57] Siebers makes a similar claim and seeks to challenge humanist dualisms by calling for more narratives like Mairs' that place "disabled people at the center of the modern experience" rather than at the margins.[58] Shifting the narrative, however, is not enough, for as we have seen with Gilman's "The Vintage" and *The Crux*, transformations

within a narrative practice open up a space for further oppression to other vectors across intersectional bodies.

Instead, I find Fausto-Sterling's use of the Mobius Strip from her developmental systems theory and Lennard J. Davis's concept of dismodernism more productive approaches for disentangling disability narratives in sex education. As Siebers argues, "[e]ducation is paramount to understand what disabled bodies can and cannot do and how to overcome the feelings of disgust associated with the erotic body,"[59] but this concept of education must also include institutionalized sex education programs in public schools and clinics. Such a sex education program would take into account how external and internal forces influence one another.[60] In the previous chapter, we encountered Judith Butler's use of the Mobius Strip in *Bodies That Matter: On the Discursive Limis of "Sex"* in which Butler imagines language as itself material; language is "the very condition under which materiality may be said to appear."[61] Fausto-Sterling, in fact, makes the same argument, but builds upon this claim, deriving her use of the Mobius Strip from Elizabeth Grosz's *Volatile Bodies: Toward a Corporeal Feminism*, which I will discuss at length in the next chapter on parthenogenesis as a metaphor for birth control in Gilman's *Herland* (1915). In *Sexing the Body*, Fausto-Sterling describes the Mobius Strip as "a flat ribbon twisted once and then attached end to end to form a circular twisted journey" in which "the inside and outside are continuous and can move from one to the other without ever lifting one's feet off the ground" should one traverse it.[62] Grosz uses this analogy as a means of understanding the individual body, how the brain and hormones, for instance, influence the muscles and sex organs, and vice versa.

Fausto-Sterling, to some degree, does the same, but her concept of developmental systems theory is more interested in how external cultural constructions–and specifically, scientific knowledge construction–influences our perceptions and experiences of the physical, material

body. Our cultural insistence upon a single sexual identity, Fausto-Sterling explains, is inherited from at least the 1930s "Age of Gonads," which witnessed "the surgical and hormonal suppression of intersexuality," if not Enlightenment concerns with maintaining a two-sex system.[63] Contemporary scientists and surgeons inherit rather than challenge this scientific knowledge, resulting in a "medical tradition of rendering intersexual births invisible" that is subsequently taught to parents of intersex children and the intersex children themselves.[64] Similarly, Anti-VD Campaign films and fiction–including Gilman's *The Crux*–inherited the Comstock Law Era's cultural insistence upon pathologizing a female body as diseased. It matters not that late-nineteenth and early-twentieth century medical discourse transferred pathology from female bodies, generally, to one *kind* of female body, specifically, or that Gilman and other eugenicists, social hygiene reforms, and sex education theorists transfer the narrative from sex to disability. In providing readers with a sex education through the writing of *The Crux*, Gilman re(in)scribes an oppressive cultural narrative again and again into material-discursive female bodies.

Scaring Her to Death, or Sex Education in Annie Nathan Meyer's *Helen Brent, M.D.*

Nineteen years before Charlotte Perkins Gilman defended sex education in *The Crux*, Annie Nathan Meyer offered her own defense for public sex education in *Helen Brent, M.D.* which did not replay Anti-VD Campaign seduction narratives, since Meyer's novel was written before the Social Hygiene Movement from which the Anti-VD Campaign emerged. Nevertheless, *Helen Brent, M.D.* does relay a seduction-narrative-of-sorts ala Hannah Foster's *The Coquette*, and with each successful seduction, the seduced female dies a tragic Eliza-Wharton-like death. In *Helen Brent, M.D.*, the titular character–Dr. Helen Brent–witnesses a syphilis pseudo-epidemic within upper-class New York City society, and the origins of the epidemic are none other than New York

City society's most eligible bachelor, Mortimer Stuart Verplank. Syphilis ravages three female bodies including an unnamed patient; Rose Bayley, Mortimer's fiancé and Dr. Brent's patient; and Louise Skidmore, the wife of Harold Skidmore, Dr. Brent's former lover. Mortimer, of course, adopts the role of Major Peter Sanford from Foster's *The Coquette*. Yet, there are three "coquettes," or Eliza Whartons, in this narrative, and Meyer implicates all four individuals in their fates, not simply one or the other, Mortimer or his coquettes. Unlike *The Crux*, prostitutes do not make an appearance in *Helen Brent, M.D.*, and therefore, are not involved in deploying syphilis. Since female bodies are not responsible for originating syphilis, Meyer reverses, and thereby, challenges, the dominant nineteenth-century medical narrative which considered the female body the origin and site of syphilis.

Given the timeliness of Gilman's *The Crux* and "The Vintage," I find reading both texts as Anti-VD Campaign seduction narratives useful for understanding how sex becomes disability through syphilis discourse. But Mortimer Stuart Verplank is not George Dupont, and his victims do not simply suffer from disease rather all three victims die. Meyer never wholly clarifies why she wrote *Helen Brent, M.D*. In her autobiography, *It's Been Fun* (1966), Meyer summarizes *Helen Brent, M.D.* as "the story of a woman who refused to give up her career for marriage" and a book that "handled with great frankness the theme of social evil," by which she means "venereal disease" or "syphilis" for "social evil."[65] Unlike Gilman, who wrote feminist medical fiction prolifically and returns to reproductive health themes in her non-fiction, Meyer never returned to the subject of venereal disease again. In her autobiography, Meyer does confess she had "an unpublished novel written about thirty-five years ago" that dealt with artificial insemination and I, personally, recovered a diary entry which sketches a feminist utopian novel concerned with reproductive technologies such as birth control.[66] However, *Helen Brent, M.D.* is Meyer's only

published work of medical fiction, and she never again returns to the subject of syphilis, or even venereal diseases.

How, then, do we contextualize Meyer's novel, which itself appears an anomaly within a late nineteenth-century historical context and within Meyer's personal canon? Was *Helen Brent, M.D.* "ahead of [its] time," as Meyer suggests in her autobiography? Was "the world…not ready to understand" her message?[67] Perhaps an autobiographical context might help uncover Meyer's purposes, for Annie Nathan Meyer married pulmonologist Alfred Meyer in 1887, and together, the couple was active in New York City social hygiene reform movements. Alfred Meyer was perhaps most passionate about health education, particularly as a means of preventing tuberculosis. He also successfully reformed nurses training at Mount Sinai Hospital where he was employed as a pulmonologist. Meyer often joined her husband in his reform endeavors, and even once lectured at Mount Sinai Hospital's Nurses Training School upon her husband's request.[68] Her scrapbooks contain numerous clippings from articles on nurses' training, advances in medicine, and debates within the medical community. She was well-informed in the field of medicine and developed strong opinions on medical ethics.[69] Although Alfred adopted tuberculosis as his primary advocacy, and Annie likely shared his concerns, *Helen Brent, M.D.* might be read as Annie Nathan Meyer's political manifesto for sex hygiene reform, and specifically syphilis.

Since she was heavily associated with and involved in hospital communities, Meyer certainly knew of J. Marion Sims' Women's Hospital in New York City, the first US hospital to specialize in gynecology.[70] In her scrapbooks, Meyer, in fact, has newspaper clippings on an article about T. Gaillard Thomas, a well-known gynecologist during the nineteenth century and protégé and colleague of "the father of gynecology," J. Marion Sims, at the Women's Hospital.[71] The fact Meyer kept this article does not necessarily indicate support for the work Thomas and Sims were

performing at the Women's Hospital. Gynecology gained legitimacy as a professional field of medicine through surgery, and Sims' Women's Hospital gained credibility by performing surgical procedures.[72] Since these surgical procedures were highly experimental, and lower-class patients were often practiced on as guinea pigs, hospital floors were organized by social class and doctors treated patients based on their assigned social class.[73] Meyer was likely aware of this class-based hierarchical structure, and further, did not approve. In *Helen Brent M.D.*, Brent encounters her first female patient suffering from syphilis while interviewing nurses. Dr. Brent is specifically searching for a wet nurse for one of her patients, a new mother. The woman who enters does not fit Dr. Brent's or her patient's needs: Her baby has died, and her "sunken eyes" "told of present ill-health and misery."[74] Yet, Dr. Brent does not turn the "utterly wrecked" woman away as did medical practitioners at three other hospitals (73). Instead, she takes her interviewee to the Root Memorial Hospital where the unnamed woman becomes Dr. Brent's patient.

It is worth noting that Meyer is not clear about this unnamed woman's class status, though Meyer suggests she was a former member of upper-class New York City society. Upon her out-of-wedlock pregnancy, however, the unnamed patient quickly fell from grace, not unlike Eliza Wharton in Foster's *The Coquette*, and she is no longer received in society–or even in a hospital. Meyer describes her unnamed patient as a "girl" with "fair skin" and "pretty, soft, blond hair that told of former beauty" (71). Her "hollow cheeks" and "sunken eyes" betray her, and Dr. Brent imagines that the absent lover, Mortimer, "would have shrunk in horror and disgust from this poor, ruined woman" (71, 73). Because of "the cruelty of the social structure of morals" which "was brought before her [Dr. Brent] with particular violence" (73), this unnamed woman will not completely recover from her situation: "Here in the hospital," Dr. Brent reflects, "lay a woman whose future was utterly wrecked, whose physical condition was utterly ruined, who, if possibly

spared to life, would have no future, no outlook, who would be shunned and pitied (that would be far too mild a word)" (73).

Dr. Brent offers empathy and provides healthcare where other medical practitioners and hospital personnel would not, indicating that Meyer held similar critical views toward New York City hospitals, and especially, Sims' Woman's Hospital. Earlier in the novel, when Dr. Brent first establishes the Root Memorial Hospital and College for Women, she pointedly contradicts the feminist Woman's Club and their vision for the hospital and college. The Woman's Club imagines the hospital and college as a veritable feminist utopia in which "the very best instruction could be obtained by women" and "not only the students, but all the instructors would be women" (48). Meyer rejects such an essentialist vision, insisting instead that her feminist physician "cared more for the development of humanity than for the development of woman, more for the progress of civilization than for the progress of a certain portion of it" (49). Although she acknowledges "[t]he Root Memorial was really founded to advance the medical education of women," Dr. Brent hires primarily male doctors and male professors, for she "preferred to have the best irrespective of sex" (42). Just as Dr. Brent does not discriminate against class among her patients, she also does not discriminate against gender or sex among her employees or administration (including the board of directors). Thus, Meyer imagines the hospital as a space for initiating social reform within institutions such as professional medicine and higher education, and it was. As Regina Morantz-Sanchez explains, several women's medical colleges were founded in association with women's hospitals much like Dr. Brent's Root Memorial Hospital and Women's College, and they did open a space for women's entrance into professional medicine.[75]

However, hospitals also served as a space for social *hygiene* reform, a point Meyer acknowledges in *Helen Brent, M.D.*, but which she extends beyond the hospital in her insistence

upon sex education for women. Before the Social Hygiene Movement and its Anti-VD Campaign, the conservative Social Purity Movement called for "a single standard of morality for both sexes," namely all sexes should remain celibate before marriage and chaste during marriage.[76] It was a "broad-based national movement" by the 1890s, and included many different stakeholders such as suffragists, temperance workers, and clergymen.[77] Consequently, *fin de siècle* stakeholders articulated various goals, some contradictory, yet one unifying focal-point during the 1890s was sex education. In fact, D'Emilio and Freedman claim that "nineteenth-century reformers issued the first call for sex education in America" during the social purity movement: "Women, they argued, must teach children about sex, lest they learn incorrectly from other sources," yet feminists quickly moved sex education beyond the privacy of the home.[78] As Deborah Kuhn McGregor explains, feminist health reformers found "female adolescents were ignorant of physiology and the biological cycle of reproduction," and in response, they began holding classes in hospitals and other public buildings as well as disseminating information so as to "make knowledge of sexuality and reproduction public and accessible."[79]

In writing *Helen Brent, M.D.*, Meyer publicly joined the social purity movement, articulating her own feminist approach toward sex education,[80] yet her approach focused heavily upon death as a scare tactic for encouraging celibacy or chastity. In 1909, a German chemist, Paul Ehrlich, discovered Salvarsan, or the "magic bullet," a drug which treated (but did not cure) syphilis.[81] Nevertheless, Ehrlich's "magic bullet" was a significant discovery, since during the 1890s, a syphilis diagnosis was considered a death sentence. Thus, for Meyer, the stakes were high for female bodies. Upon discovering Mortimer Stuart Verplank's condition, Dr. Brent immediately visits his future mother-in-law, Mrs. Bayley. She relays her news, but is quickly dismissed by Mrs. Bayley who, Meyer impresses, clearly does not understand the stakes, or simply does not care:

"'Now, my dear doctor,'" Mrs. Bayley retorts, "'you don't really think that I have thought a handsome young fellow with such an enormous fortune could very well have lived the life of a saint?'" (77). She further challenges the source of Dr. Brent's information based upon her social class and her health: "'How do we know that she really came from a respectable family in the country'"? And if that were not enough, she has fallen from stature, a "'wretched girl'" who "'is at this moment delirious with high fever'" (78).

Mrs. Bayley casts off Dr. Brent's warning, concluding that the girl is lying, and her daughter, Rose Bayley, is not at risk. The greater risk for Mrs. Bayley is calling off her daughter's high-society wedding, since such a move would "'make a public scandal which might *kill* her'" (78, my emphasis). This use of the word "kill" opens up a space for Dr. Brent–and Meyer–to emphasize what is really at stake, life and death. Dr. Brent predicts that Mrs. Bayley's decision is "'finding a very much surer way to kill [her] daughter than by breaking off this match,'" and her prediction, of course, proves true (78-79). Rose Bayley dies, never knowing what killed her. Meyer further stresses death by describing both Helen Brent and Mrs. Bayley as murderers. Dr. Brent guilts herself, for "[w]hen Helen stood over Rose's body she felt like a murderer," but then turns toward Mrs. Bayley, stating "[h]ow much more cause had the mother to feel so" as a murderer (84). Mrs. Bayley does blame herself as she "hysterically reiterated that she had killed her only child" (84). Meyer challenges the "conspiracy of silence" surrounding syphilis and sex education, yet interestingly, she places the burden upon physicians and mothers. In other words, in this scenario at least, Dr. Brent confronts Mrs. Bayley, not Rose herself, and expects Mrs. Bayley to educate her daughter. Perhaps Dr. Brent feels guilty because she recognizes that she should have educated Rose herself. Nevertheless, Meyer does not suggest clear pathways for sex education

outside the home, and while the hospital functions as a space for diagnosing syphilis, it does not serve as a space for educating women.

Rose is not the only victim, for in a strange, and very personal twist, Helen Brent's former fiancé, Harold Skidmore, and the now-husband of Louise Skidmore, discovers his wife cheating with none other than Mortimer Stuart Verplank. Like Rose before her, Louise contracts syphilis from Mortimer and it is suggested that Louise will experience the same fate, death. Dr. Brent discovers the lover's tryst while at the opera, as does most of New York City high society, for they are publicly flirting with one another. Helen panics, "drop[ping] her glasses with a little shiver" as she "felt the blood rush from her face" (155). Other opera-goers notice her fit, but they do not recognize why she panics. Most of society finds the scandal entertaining rather than dangerous. Although Dr. Brent keeps her thoughts private, Meyer lets us in her internal turmoil: "God!" Dr. Brent thinks, "Was that man to enter her life again? Was he to cut down another flower? Was he still at large, feeding upon the purity, the innocence of the most beautiful, the most loveable women of society?" (156). It is worth noting that the flower reference is common among nineteenth-century gynecology texts; women are frequently compared with flowers and to "cut down" a flower is to cause her death. Meyer plays on this not only in her word choice, but also in naming her first fated character, Rose.[82]

Unlike Rose, Louise suffers from cycles of illness and recovery that, it is suggested, will eventually result in death. She first gives birth to a stillborn child, and throughout her pregnancy and labor Helen feels haunted by "[t]he details of Rose's death" which "were constantly before Helen" (171). Louise recovers slowly, and Helen, knowing Louise will never fully recover, proposes Harold take Louise on vacation in Europe for at least one year. She does not give a reason for her "prescription." He refuses, insisting he must attend to an important court case, but offers a

compromise: Louise will vacation alone in Europe, and he will join her when his case finishes. Instead, Louise "runs off to Europe with the Heir of the Verplank Millions," a headline reads, for it is in all the major newspapers (186). In the final chapter of *Helen Brent, M.D.*, Helen receives a letter from Harold "postmarked Egypt" (192). He apologizes for not having listened, accepts his "punishment," and vows to return to her, "knocking at your gates, a broken Harold…eyes lowered, kneeling in the dust" in repentance (196).

Following nineteenth-century moral standards, as Meyer does, Harold could only become her lover once again, as he suggests, if his wife has died. Thus, Meyer ends with reconciliation upon Louise's immanent death, which she foreshadows in linking Louise with Rose several times throughout her novel. Moral marriage is a recurring theme throughout *Helen Brent, M.D.*, as it was a recurring theme among social purity reformers who insisted that the syphilis epidemic revealed a need for "marital sexuality." They "emphasized love and reproductive responsibility" in marital relationships, and even encouraged sex education for stronger marriages.[83] Instead of discouraging public sexual discourse, as did Anthony Comstock and his supporters, social purity reformers encouraged it; yet, they wanted to define the parameters for public sexual discourse within a heterosexual marriage context. Through her fictional spokesperson, Dr. Helen Brent, Meyer articulates a similar argument. As Helen educates Harold, "marriage must be a state of higher duties to both man and woman; it is only when both sexes understand the responsibility which rests on each, it is only then that marriage can be truly ideal" (181). Just as Meyer eschews placing the blame on men alone for spreading syphilis, Meyer also eschews implicating men alone in the "sexual double standard" which allows men more sexual liberty than women. Like social purity leaders Elizabeth Blackwell, a female physician, and Eliza Duffy, a marital advice author who also

influenced Louisa May Alcott, *Helen Brent M.D.* indicates Meyer "sought not to oppose all sexuality but rather to control male sexuality and to spiritualize marital relationships."[84]

Meyer's critique implies a social constructionist approach toward gynecology itself and even anticipates Fausto-Sterling's claim that "scientists create truths about sexuality," and those truths, "sculpted by the social milieu in which biologists practice their trade, in turn refashion our cultural environment."[85] Since nineteenth-century medical practitioners first insisted that syphilis originated with women, and later, only female prostitutes, Meyer primarily implicates male bodies, and specifically Mortimer Stuart Verplank, to reveal the falsity in medical discourse. Women are not to blame, Meyer seems to say, and in fact, their bodies suffer most from syphilis. It is noteworthy that two women, Rose and Louise, risk death in contracting syphilis, but Mortimer does not. In fact, he doesn't suffer at all. This seemingly essentialist narrative actually serves gender-minimizing purposes, since Meyer's point is that syphilis doesn't recognize sex or class. As Stacy Alaimo explains, nonhuman subjects such as syphilis "*do* things–often unwelcome or unexpected things," and they cross boundaries regardless of sex, class, or even species.[86] This fact does not, however, indicate humans should not intervene in unwelcome processes. We *should* protect ourselves from such diseases, as Meyer and Gilman indicate. We should not, however, sex diseases, since to do so causes irreparable damage for cultural attitudes toward "sex," "class," and myriad other vectors including disability.

Since she suggests death is the only possible outcome for syphilitic female bodies, Meyer disables the female body itself, playing off our long-held cultural belief that "disease" means "system breakdown," and eventually, system *shut*down. In *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*, Allan M. Brandt claims that 1980s American cultural anxieties concerning the communicability of HIV/AIDS mirrors late Victorian cultural

anxieties concerning the communicability of syphilis, namely that "public perceptions of the epidemic have not always been accurate."[87] Many feared contamination via "casual" interactions such as shared drinking cups, toilet seats, and door knobs. Because a specific outcast social group, the homosexual community, was associated with HIV/AIDS, victims were stigmatized and discriminated against, Brandt explains. The same, however, was true for syphilis, for contraction not only suggested an association with the sex work community–either as a worker or a patron–but also exposed one's (im)moral character as an individual who engages in premarital or extramarital sexual intercourse.

Admittedly, "AIDS is not syphilis," as Brandt concludes, but both diseases suffer from being judged not by their "biological character" but by "our social and cultural understanding of [the] disease and its victims," and this association requires further examination.[88] As Emily Martin explains, HIV/AIDS challenges any notion of the body as "fixed": HIV "can leak through the orifices or porous borders of one's or someone else's body," potentially compromising "the integrity of their own body systems."[89] Further, even during the 1990s when Martin conducted her interviews, HIV/AIDS was considered a death sentence just as one-hundred years earlier, contracting syphilis was considered a death sentence. Both would eventually benefit from advancements in medicine. Yet, Martin questions, why do we associate a potentially deadly disease with system breakdown? Why does society insist upon linguistically and materially quarantining individuals who suffer from a particular disease? Might we approach terminal diseases differently, especially since they may not always *be* terminal? Fear rhetoric only engenders more fear, and not just fear of disease, but also fear of the diseased themselves. Martin suggests we stop using "the immune system as a currency of health" and train individuals in

immune system thinking across disciplines and fields instead.[90] Immune system thinking emphasizes networks and groups rather than solitude or otherness.

Such an approach would alter Gilman's and Meyer's narratives: Morton and Mortimer could not simply be cast as immoral seducers, and Vivian, Rose, and Louise (among others) would not appear mere innocent victims. The narrative is messier than that, and there isn't just one "seduction" narrative. Several factors are at play in each character's experience with disease. One thread *does* remain consistent through each narrative, and this is a point which Gilman and Meyer repeatedly–and rightly–emphasize: American youth need comprehensive sex education. They needed it in the 1890s and 1910s, and they need it now, though for different reasons than Gilman or Meyer imagine. Comprehensive sex education is not necessary for moral marriage or race health. It is necessary for personal health and self-identity. In *Doing Sex Education: Gender Politics and Schooling*, Bonnie Nelson Trudell describes her cultural anthropological work in visiting a sex education classroom. During the unit on sexually-transmitted diseases, the instructor, Mrs. Warren, discussed specifics about transmission for ten different diseases; she only briefly mentioned prevention, and her suggested method for prevention was "refraining from direct contact," i.e. abstinence.[91] Notably, HIV/AIDS was taught entirely within the context of homosexuality.[92] Although this was one class in one state in a nation where sex education varies greatly within and across city and state lines, Trudell nevertheless finds "[v]irtually all sex educators teach abstinence" within a heterosexual context, and they rely upon a noncontroversial banking model.[93]

Trudell does not discuss disability in her study, and based on her observations, Mrs. Warren does not appear to "disable" disease, or cast it within disability rhetoric. Nevertheless, Jeffrey P. Moran claims, just as syphilis was the impetus for establishing public sex education during the

1910s, HIV/AIDS is our current impetus for twenty-first century sex education. Although Moran agrees HIV/AIDS education is important, AIDS has "distorted the shape of sex education in the United States," since it "replaced altogether the broader kinds of sexuality education that would include discussions of sexism, homosexuality, and ethical values."[94] Once again, disease and death appear at the forefront of sexuality education, foreclosing conversations about sexual pleasure rather than pain. "AIDS has restored the fear of disease to a central position in sex education," Moran observes,[95] and the centrality of disease reinscribes a self/other binary inherited from our early twentieth-century predecessors who feared syphilis.

Conclusion

For much of its short history, sex education has functioned as "an instrument for sexual and social reform,"[96] and based upon Trudell's *Doing Sex Education* and Moran's *Teaching Sex,* contemporary sex education still promotes specific ideological behaviors such as abstinence, marriage, and heterosexual relations, all of which were inherited from *fin de siècle* social purity reformers and social hygiene reformers. But might sex education promote multicultural education instead that values diverse bodies performing a variety of sexual behaviors? If so, how might we accomplish such an institutional shift in focus? Trudell claims that "students themselves can create progressive possibilities within the classroom that educators might pursue."[97] Many students approached Trudell herself with "an interest in learning more about such controversial topics as homosexuality and abortion."[98] These topics, however, rarely account for the experiences of "different cultural groups" such as race and class which "are largely missing from school sexual education discourse," and "those who self-identify as gay, lesbian, or bisexual are another group whose experience and needs are not addressed in sex education curricula or anywhere in the school

setting."[99] In regards to disability, sex education curricula follow one of two trajectories, as we have seen in this chapter: Either certain topics such as sexually-transmitted diseases and contraception are taught as a means of preventing disability and disabled bodies, or disability is altogether avoided, since we cannot imagine disabled bodies as sexually active. Thus, studies in contemporary sex education reveal that students require a more multicultural approach to sex education which attends to disability as a serious vector.

Beyond student-centered discussion, Gilman's *The Crux* and "The Vintage" and Meyer's *Helen Brent, M.D.* further open a space for "creat[ing] progressive possibilities" within the sex education classroom, especially since they raise questions concerning sex, class, and disability in sex education discourse. In the final pages of his study, Moran proposes:

> Sexuality education could become a component of the humanities, with history, social studies, and literature courses all consciously exploring the diversity of desire in different ages and places. This sort of sex education would have no reformist goal beyond fostering a deeper understanding of an important facet of human existence.[100]

In my own sophomore-level literature course, Gilman and Meyer served precisely this goal, and opened up a space for discussion among students to explore how gender and sex were implicated in sex education. Some students even felt comfortable sharing their own experience of secondary school sex education, much of which reverberated with Trudell's and Moran's findings, and even relied strongly upon film rather than textbooks for material.

However, what if the discrete sexuality education classroom and curricula mined history, social studies, and literature for its education material? What if we taught Gilman's *The Crux* and Meyer's *Helen Brent, M.D.* in the high school sex education classroom as a means of critiquing traditional sex education practices and creating a space for candid discussion about how diverse

genders, sexes, races, classes, and (dis)able(d) bodies experience sex in scenarios of pleasure and pain? After all, Dr. Brent tells her protégé Lotus, her "chief aim in working" as a gynecologist "is to make all women find themselves…their complete, rounded selves" (104-105). I propose we use feminist medical fiction in sex education as a means of helping this generation of students find "their complete, rounded selves" without stigmatizing them in the process.

CHAPTER FOUR

DISABLING BIRTH CONTROL:

SCIENTIFIC SEX EDUCATION AND EUGENIC FEMINISM

IN GILMAN'S *HERLAND*

> *[Herland] had faced the problems of education and so solved them that their children grew up as naturally as young trees; learning through every sense; taught continuously but unconsciously–never knowing that they were being educated.*
>
> (Charlotte Perkins Gilman, *Herland*)

> *Recognizing the great importance of attitude [towards sex education], how might it be influenced by school instruction? The most widely accepted answer is that the best beginning may be made through courses of biology (including botany, zoology, and physiology) and through nature-study and hygiene taught on a biological basis. No other method of sex-instruction is so natural and so likely to lead to a serious, scientific, and open-minded attitude concerning sex and reproduction.*
>
> (Maurice A. Bigelow, *Sex-Instruction as a Phase of Social Education*)

No sooner had sex education entered *fin de siècle* public discourse was its curriculum contested. It would remain a subject of heated debate well into the twenty-first century. The American Social Hygiene Association's special committee on new methods in sex education, which was led by Prince Morrow and included Maurice Bigelow, had established the need for a scientifically-based approach to sex education in public schools. Yet, their curriculum recommendations focused almost exclusively on puberty and venereal disease prevention. For female students, such a narrow focus meant reproduction processes themselves were not taught, nor were methods for reproductive intervention and control. Instead, sex education for female students consisted of puberty and fear: "[B]rief menstrual advice," "the danger of male lust, the stigma of sexual immorality, and the prevalence of venereal diseases among their future husbands."[1] Late eighteenth- and early nineteenth-century seduction narratives persist in early sex education theory as much as they influence *fin de siècle* feminist medical fiction.

Like her literary mentors, Charlotte Perkins Gilman's contribution to early twentieth-century sex education and the social hygiene movement emphasized venereal disease eradication. Her larger body of work, however, suggests a departure from theoretical consensus, since her theories of sex education include reproductive intervention and control. Historians find Gilman largely ambivalent, even skeptical, of birth control, only later bowing to feminist support in the wake of Margaret Sanger's birth control campaign.[2] Although her "highest priority" was "always focused on increas[ing] the range of women's choices," Linda Gordon concedes, she nevertheless finds Gilman a hesitant supporter of birth control and sexual liberation, since for Gilman, separating sex from its procreative function leads to an "oversexed" nation, one that exploits female sexuality.[3] Gilman does express fears of hyper-sexuality in *fin de siècle* American culture and suspicions toward artificial methods of contraception. She did not, however, eschew all birth control, nor does she support its censorship from American sex education. Gilman's *Herland* (1915) reveals her defense of natural birth control methods, and specifically, the rhythm method, for increased body autonomy among women.

Like contemporary feminist theory, Gilman offers a "material turn" in Comstockian Era sexual discourse. Her materiality draws less from human biology than it does from those "courses of biology" and "nature-study" methods encouraged by Maurice A. Bigelow and his colleagues in ASHA.[4] Sex education was sanctioned in an era of legalized censorship because it underscored a scientific–and therefore, supposedly objective–approach to reproductive health. Gilman, however, inverts this sanctioned scientific approach in *Herland*, since she imagines the female body, her reproductive functions, and sex education itself as having more in common with entomological and botanical processes than mammalian reproductive processes, and especially, human

reproduction. For Gilman, nature is no longer a passive surface awaiting inscription, as Karen Barad and other material feminists would argue, and neither is woman.[5]

In this chapter, I argue that Gilman's feminist utopian fiction performs important cultural work by defending reproductive health and birth control as subjects for a scientific-based sex education. She adopts an inverted definition of "science" and "biology" in the gendered sex education classroom which she finds should not actually occur in a classroom, but outside in nature at-large. I open this chapter with a discussion of Gilman's satiric approach to reproductive health and sex education in *Herland*. Her satiric approach allowed her to successfully subvert Comstockian censorship, since it adopts euphemistic language and humor and draws upon religious rhetoric familiar to her audience. In contrast, *Moving the Mountain*, Gilman's "blueprint utopia," employs a more didactic tenor akin to Bellamy's *Looking Backward* (1888). By reading *Moving the Mountain* alongside *Herland,* and within the context of her self-published periodical, *The Forerunner*, I provide insight into Gilman's actual proposals for social reform, and especially those affecting sex education. I then offer a corporeal feminist critique of Gilman's *Herland* and *Moving the Mountain*. Gilman proposes a radical gender-minimizing sex education curriculum that divorces the female body from her biological functions.[6] Her theories of sex education, however, rely upon a eugenic approach which positions the female body within a new standard, one that discriminates against "unfit" mothers, and especially racially-marked and disabled bodies.

Gilman challenges–even, collapses–binaries implicated in sex, gender, and class constructs underpinning *fin de siècle* patriarchal institutions such as public education and medical science. She also constructs new binaries, and new hierarchies, in her feminist utopian vision. Although twenty-first century feminists might consider Gilman's approach discriminatory, historians John D'Emilio and Estelle B. Freedman find such a trend widespread in *fin de siècle* American sexual

culture.[7] In fact, eugenics–and not just the eugenics movement itself–underpinned many reform-minded discourses including sex education theory, the social hygiene movement, and the birth control movement. Many of Gilman's literary and theoretical influences were themselves eugenicists, among them Maurice Bigelow, Prince Morrow, Edward Bliss Foote, Margaret Sanger, and Lester Ward. D'Emilio and Freedman concede that Michel Foucault offers a way out of this "repressive hypothesis": His theory of "sex as an expression of complex, dynamic power relations in society" reveals Charlotte Perkins Gilman herself as contending with multiple regulatory and disciplinary power relations beyond political, social, and cultural institutions. In other words, Gilman advances a cultural tradition she inherited, using it for what she perceived as liberating, or gender-minimizing ends, yet her utopian fiction cannot be reduced to simply "resisting" or "re-inscribing" power relations for the female body.

As historians, D'Emilio and Freedman do, however, construct a linear narrative of American sexual culture, even if that narrative is not wholly progressive. The historians locate three phases throughout three-and-a-half centuries of American sexual history, and presumably Gilman would fall within the second phase focused on "a romantic, intimate, yet conflicted sexuality in nineteenth-century marriage."[8] *Moving the Mountain* and *Herland* do not fit neatly in such a historical narrative, as a Foucauldian feminist analysis reveals, for while Gilman's eugenic approach does appear "romantic," "intimate," and even "conflicted" or contradictory, her materialist definitions of "sex" and "gender" open a space for imagining the female body as more than the sum of her biological parts, and even more than human.

Gilman recognized the need for troubling scientific knowledge construction, and like her contemporaries Rebecca Harding Davis, Louisa May Alcott, and Annie Nathan Meyer, she found fiction a productive space for imagining ways in which society might better educate young women

about their reproductive functions, potential health risks, and reproductive rights. Throughout this dissertation project, Gilman has remained a central figure, since she wrote medical fiction more prolifically than her contemporaries. As each woman writer alternately imagines productive spaces for sex education–Davis in water-cure facilities, Alcott in domestic spaces, and Meyer in hospitals, physicians' offices, or homes–Gilman advances their ideas in her own medical fiction, culminating in her feminist utopian vision in which sex education ultimately occurs out-of-doors in our natural environment. Her theories have not been without contradiction, particularly in her commitment to eugenics. Nevertheless, she raises questions for feminists as to how we might better theorize a politics of difference in twenty-first century sex education.

Satirizing Sex for Serious Sex Education

In 1915, the year of *Herland*'s publication, Anthony Comstock died, yet his national and state Comstock laws remained in full force, especially in New York City were Charlotte Perkins Gilman lived with her husband from 1900-1922. Comstock exuded significant power in New York City, where one of Gilman's literary and theoretical influences, Dr. Edward Bliss Foote, was arrested and tried for advertising a confidential pamphlet on birth control.[9] Foote did not actually discuss birth control methods in the revised edition of his popular text, *Plain Home Talk* (1873). He did, however, advertise a pamphlet entitled *Words in Pearl*, which readers could purchase via mail for the cost of one dime.[10] Gilman may or may not have read *Plain Home Talk*, yet she was well-versed in the "sexual physiology" debate, since she subscribed to Foote's periodical, *Dr. Foote's Health Monthly* from 1883-1884.[11] In her own work, published in *The Forerunner*, Gilman draws from Foote's theory of sexual magnetism and from his confidence in birth control as a means of curbing sexual magnetism. Echoing Foote, Gilman proclaims in her 1915 essay, simply–and

boldly–titled "Birth Control," that one of "the strongest force[s] urging us toward birth control" is our present "abnormal" state "developed by thousands of generations of over-indulgence" in sexual intercourse.[12]

Like Foote, and Foucault much later, Gilman concludes that nineteenth-century America was obsessed with sex. Women, however, in their close association with "nature" and this "natural process," suffer far greater than men. "[T]he practical and personal problem," she diagnoses, "confronts the individual mother" with the same repeated question: "'I am a wreck and already. If I have another I may die or become a hopeless invalid. Is it not my duty for the sake of those I have, to refuse to have more?'"[13] The hypothetical question was not, in Gilman's experience, simply conjecture. It was not a matter of *if* but *when* woman would suffer from the recurring cycle of pregnancy, nursing, birth-giving, and child-rearing.[14] She had witnessed such fears, and documented her own experiences of post-partum depression in "The Yellow Wallpaper."[15] For Gilman, birth control was first and foremost an economic issue, since women remained financially dependent upon her husband and his wages, and must pay him back in kind through her domestic duties, including but not limited to, childbearing.[16]

Although Gilman brazenly declared birth control necessary, she was never indicted for obscenity under the Comstock laws. How did Gilman evade Comstock, while Foote fought for freedom of speech in court of law? *The Forerunner*, in which Gilman published "Birth Control" and other related publications on the subject, maintained a small following of no more than fifteen hundred subscribers.[17] The periodical, in fact, lived a short life, since it was financially unsustainable. Gilman produced one issue per month from 1909 through 1916, contributing a total of seven volumes and eighty-four issues. Although she was an acclaimed lecturer by 1915, Gilman and her publications were not in Comstock's periphery, since Comstock largely investigated

booksellers, established presses and publishing companies, and medical professionals.[18] *Herland,* Gilman's most inclusive defense of birth control and her most mature vision of sex education, received little public or critical attention during her life. It was serialized in volume six of *The Forerunner* (1915), and did not appear as a stand-alone novel until 1979. In contrast, *The Crux* and *Moving the Mountain*, which predominately support social hygiene rather than birth control, were published by The Charlton Company, a small publishing company owned by Charlotte Perkins Gilman herself and her second husband, Houghton Gilman.

Comstock primarily defined "obscene" literature, whether fiction or non-fiction, as relating to one of three subjects: Erotica, birth control, or abortion, of which the latter two he considered one and the same, not separate.[19] Although *Herland* defends birth control and offers a bold claim for sex education, Gilman wrote her feminist utopian novel as a satire, and therefore, birth control and sex education appear euphemistically rather than literally. Utopian fiction itself was an established genre by the early twentieth century, and perhaps not coincidentally, Chris Ferns notes, *Herland* was serialized almost exactly four hundred years after Thomas More published *Utopia* (1516).[20] Gilman was not alone in her utopian pursuits. As Kenneth Roemer observes, the late nineteenth-century, and especially the last twelve years of the century from 1888 to 1900, witnessed the greatest outpouring of utopian writing, fictional and non-fictional, in American culture.[21] This literary tradition was, however, a male-dominated genre. Thus, in *Herland*, Gilman works to rewrite distinctive male fantasies inherited from utopian tradition, and this includes previously unrecognized attention to reproductive rights and sex education.[22]

Herland tells the story of three men–Van, Terry, and Jeff–who discover a fabled all-female utopian community hidden in the mountains in the southern region of North America. Following utopian literary tradition, residents of the utopian community guide fictional visitors and actual

readers through several aspects of the fictional utopian society as a means of (1) critiquing some aspect of *the author's* contemporary society and (2) offering a proposal for reform. Gilman, however, specifically offers her critique and proposal via satire. In *The Shape of Utopia*, Robert C. Elliott defines satire as the "secular form of ritual mockery, ridicule, [or] invective" of a subject.[23] He further contends that satire has informed the very shape and form of utopian fiction since the genre emerged with Thomas More's *Utopia* (1516): "Satire and utopia are not really inseparable," Elliott argues, "the one a critique of the real world in the name of something better, the other a hopeful construct of a world that might be."[24] Some works of utopian fiction such as Jonathan Swift's *Gulliver's Travels* or Gilman's *Herland* offer a heightened, or exaggerated, sense of satire. Our best–or worst–qualities as a society appear *so ridiculous* or *exaggerated* that it should become painfully obvious to readers what we must do in the real world to reform ourselves.

From the beginning, Gilman satirizes the guided tour model and dialogic model traditional in utopian fiction.[25] There are not one but three visitors in Herland, and each visitor has his own teacher-guide and lover-guide. In other words, each female character in Herland serves as a guide for our visitors, yet the teacher-guide is eventually replaced by a possible romantic interest for each visitor: Somel is replaced by Ellador (for Van), Zava is replaced with Celis (for Jeff), and Moadine is replaced with Alima (for Terry). Instead of one romantic narrative, as in *Looking Backward* when the visitor, Julian West, falls in love with the daughter of his utopian guide, Edith Leete, there are three potential romantic narratives. Those narratives do not, however, conclude with conversion and happily-ever-after for all three men. Jeff serves his purpose in the narrative by reintroducing heterosexual reproduction into a formerly parthenogenic Herland, and Van leaves Herland to serve as a utopian messenger and tour guide for Ellador in Ourland. Terry is expelled from Herland altogether, for he is never convinced of Gilman's socialist-feminist utopian reforms.

Gilman's satirical approach reveals the tour guide model as ridiculous, for some men are simply not savable, Gilman concludes. Not all utopians will–or even should–fall in love with outsiders, since not all visitors will be converted to utopian ways.

Gilman's satirical approach is perhaps most perceptible in her treatment of Herlandian gender roles which she inverts, simultaneously causing estrangement and familiarity for readers. As Shelley Fisher Fishkin explains, Gilman and her use of "inversion," distances readers from familiar experiences in contemporaneous American social conventions such as dress, physical labor, and even reproduction. However, Fishkin clarifies, Gilman retains certain recognizable behaviors, that is, recognizable for the opposite gender. Our male visitors, for instance, wear the same clothes as Herlandian women, including the same one-piece cotton undergarment, pantaloons, and tunics. Initially, this causes the men to "fee[l] like a lot of neuters,[26] but in fact, serves Gilman's purpose in "imagining how men would feel if they found themselves in women's bodies and clothes and roles," and vice versa.[27] Of course, men have been excluded from Herland for hundreds of years, and thus, a standard for male versus female dress simply does not exist. Gilman, however, intends such inversions to be read satirically, even humorously, even though she is, in fact, serious when Jeff states that Herlanders "'don't seem to notice our being men…They treat us–well–just as they do one another. It's as if our being men was a minor incident'" (32). For Herlanders, as for Gilman, gender–and sex–*is* a "minor incident." At least, neither are important in delineating social roles.[28]

Gilman exaggerates these inverted gender roles to expose their ridiculousness, yet she is genuine in her suggestion that gender roles should not exist, and further, should not be determined based upon biological sex. In her use of "inversion," Fishkin overlooks a significant etymological history, since "inversion" is not simply a force of feminist humor, but also feminist theory, queer

theory and sexuality studies. Fishkin imagines "inversion" as a sort of gender play that prefigures Judith Butler's concept of gender performativity, since gender role reversal in *Herland* specifically satirizes or mocks the *idea* of gendered social roles. "Inversion," however, could–and should–account for sex and sexuality, not simply gender, since the term "sexual inversion" was already circulating in medical discourse. Sexologist Havelock Ellis famously coined the term "homosexual" in his co-authored book, *Sexual Inversion* (1897).[29] The term "sexual inversion" literally referred to homosexuality, for Ellis defined "[s]exual attraction between persons of the same sex" as a "sexual instinct turned" inward upon one's own sex.[30] It was not so much defined by biological sex as it was defined by desire, or what we would call "sexuality" in twenty-first century discourse.

Since the publication of Ellis's study, the phrase "sexual inversion" has emerged a key concept in sexuality studies. Michel Foucault locates "sexual inversion" in either–or both–the feminized man or virilized woman. It was not, Foucault claims, associated with sexuality as-we-know-it, rather "sexual inversion" at the *fin de siècle* referred to "a kind of interior androgyny, a hermaphrodism of the soul" characterized by gender inversion.[31] David Halperin discusses "sexual inversion" differently as a "sex-role reversal" emerging primarily in males during the late nineteenth and early twentieth centuries.[32] He finds it associated with sexual desire *and* gender performance, not simply one or the other. Eve Kosofsky Sedgwick finds Foucault's and Halperin's histories are not necessarily in tension with one another, rather they reveal that multiple models for "sexual inversion" existed during this period, and that it alternately referred to sex and sexuality.[33] Sedgwick eschews a coherent, linear history for "sexual inversion," fearing such a "consensus of knowingness about the genuinely *un*known" will lead to "pass[ing] over in silence" situated histories in which different models coexist.[34] Following Sedgwick, I find that multiple

models for "sexual inversion" can–and do–coexist during a historical period, since Gilman satirizes "sexual inversion" for troubling normative conceptions of both gender and sex, but not sexuality, and that we have traditionally privileged one definition of "inversion" over another.

In the case of *Herland*, I find gender inversion–specifically, gender performativity, or "sex-role reversal" ala Halperin–privileged over sexual inversion which appears hermaphroditic rather than lesbian.[35] Based upon Sedwick's genealogy, I concede that multiple definitions for "sexual inversion" appear in medical discourse, sexology, and sex education theory at the *fin de siècle*, yet I find Foucault's "interior androgyny" or "hermaphrodism of the soul" specifically at play in Gilman's use of parthenogenesis. Gilman describes parthenogenesis in competing terms through her tutor-guide Somel and visitor-narrator Van: It as alternately a "miracle," "natural process," and "mental exercise." Parthenogenesis is a common reproductive process among some insects such as ants and bees, Van explains (68, 72). In contrast with Van's (or Gilman's) entomological approach, Alex Shishin compares parthenogenesis with botany: "Herlanders procreate like trees," Shishin explains, because it is utilitarian, communal, and natural.[36] Sexual inversion, however, does not necessarily signify lesbianism in Gilman's feminist-separatist utopia, as Bridget Bennett has suggested.[37] Herlanders do not recognize sexual desire, and parthenogenesis serves solely procreative purposes. Moreover, Gilman specifically introduces heterosexual intercourse in her utopian narrative by having (1) Van provide Ellador a sex education and (2) Jeff impregnate Celis in the novel's close.

The term "virgin" offers a point-of-departure for understanding how sex inversion functions as a form of satire, particularly since Gilman's use and concept of "virgin" appears so ridiculous that readers might question what precisely it means to be virgin after all. Early in Gilman's narrative, Herlanders question this concept of "virgin birth" which their male visitors

apply to the Herlanders in trying to conceptualize parthenogenesis. "'[T]he term *virgin* is applied to the female who has not mated,'" Terry explains (47), to which the Herlander respond, "'And does [this term] apply to the male also?'" (48). Of course it does, yet readers might find this application ridiculous, for our cultural traditions have long applied it only to females, a practice which Gilman specifically seeks to challenge. From a heterosexual standpoint, Herlanders are virgin, for they have never engaged in sexual intercourse: "[T]hey hadn't the faintest idea of love–sex-love, that is," Van explains (89). Herlander mythology, in fact, echoes Christian narrative, for the first parthenogenic mother became "their Goddess of Motherhood" in a manner that mirrors how the Biblical Virgin Mary is nearly deified–or at least, holds special resonance–in Christian tradition for miraculously becoming pregnant with the Christ child (57-58). Like the Virgin Mary, the first parthenogenic pregnancy and birth is considered a "miracle," though such a phenomenon loses its celestial timbre when Gilman suggests parthenogenesis as a scientific rationale for "virgin birth."

In Herland, parthenogenesis literally occurs "scientifically" via a mind-body connection, functioning as a (in-vitro) fertilization method and birth control method, simultaneously: "When a woman chose to be a mother, she allowed the child-longing to grow within her till it worked its natural miracle," producing parthenogenesis (72). However, the converse is also true, for "[w]hen she did not so choose she put the whole thing out of her mind, and fed her heart with the other babies" (72). As a form of birth control, parthenogenesis most clearly mirrors the rhythm method, a common form of contraception in the late-nineteenth and early-twentieth century that focused on tracking one's fertilization period from one menstrual cycle to the next.[38] It requires no external intervention for procreation or prevention. Herlander women, therefore, no longer require male sperm for procreation, nor do they require a husband's opinion as to when she should procreate.

Decision-making processes are left to individual women. Further, parthenogenesis is seasonal, as is the rhythm, a point Gilman reiterates in her essay, "Birth Control." Gilman claims that "thousands of generations of over-indulgence" has produced an "over-sexed" nation in which humans no longer follow a *seasonal model* for sexual intercourse, as do their non-human counterparts.[39] Following an evolutionary approach, Gilman asserts birth control as a necessary regulatory practice–not device–for reversing our "oversexed state": We need "reputable physicians or other competent persons to teach proper methods of restriction," she claims.[40]

In *Herland*, Terry represents this "oversexed" state to which Gilman refers in "Birth Control." After marrying Alima, Terry has no patience for further courtship. He expects Alima to perform her martial duties, and when she does not, he acts upon his frustrations. Terry repeatedly adopts colonialist language, indicating that he will "master" or "conquer" his wife, and in a garden-like environment such as Herland, such language takes on a double valence linking woman with nature.[41] Gilman, in turn, defeminizes nature. It resists penetration, literally and figuratively, and cannot be conquered, just as Alima cannot be conquered. The satirical aspect in Terry and Alima's relationship reveals itself late in the narrative, for Alima was in no real danger, Gilman suggests. Alima not only had parthenogenesis at her disposal as a means of preventing conception, she also was stronger than Terry, and he could not apprehend her. Terry confesses to Van that Alima delivered a swift blow to his crotch when he attempted rape: "'She kicked me,' confided the embittered prisoner," Terry. "'I was doubled up with the pain, of course, and she jumped on me and yelled for this harpy…and they had me trussed up in no time'" (143). In *Herland*, Alima develops physical strength and learns self-defense, enough to protect herself from sexual predators such as Terry whose desire, or "oversexed" state, as Gilman would say, overcomes him.

Since individual Herlanders control their "pollination," or fertilization, from within their minds, it follows that one may choose to not pollinate, even in the most direst of circumstances such as marital rape. Gilman uses Terry and his attempted rape of Alima as proof that women require birth control, since Gilman and Herlanders in general "measure the enormity of the offense"–rape–"by its effect upon a possible fatherhood" (132). On the one hand, Gilman ascribed to a widely-held belief among eugenicists that negative traits were hereditary. In this case, Terry's violent actions, and especially his dominance, could be passed on to his and Alima's child. On the other hand, rape might produce pregnancy and an unwanted child, which robs women not only of voluntary motherhood, but also their physical and psychological health. As Van points out, "[i]n a court in our country," by which he means the United States, Terry "would have been held quite 'within his rights'" (132), but that is precisely the point Gilman makes in including this scene: Rape, marital or otherwise, is and should be "an unpardonable sin" (134), and women need birth control to protect themselves in such situations. This was, in fact, the premise for "voluntary motherhood": Under the slogan "voluntary motherhood," early feminists articulated their first defense of birth control, though not (artificial) contraception as a means of expressing their desire for autonomous control over their own reproductive functions.[42] Woman reserves the right to reject her husband's sexual advances, they argued, a point Gilman reiterates in her representation of Terry and Alima's tumultuous relationship.

Although Gilman excludes men from procreation in Herland, and relies upon solitary parthenogenic processes instead, she does not indicate that women should reproduce asexually, nor does she support prolonged abstinence. After all, Gilman reintroduces men in Herland for the purpose of reintroducing heterosexual procreation. Neither does she wholly indicate that sexual intercourse should solely serve procreative purposes. Van, in fact, provides Ellador with a

comprehensive sex education that considers sexual intercourse itself as serving procreative *and* amative purposes. Following their marriage, Van becomes frustrated with his Herlandian lover, Ellador, since she has "no sex-feeling" (93). As with all Herlandians, "two-thousand years' disuse" of heterosexual intercourse "had left very little of the instinct" for sexual desire. She, in fact, appears horrified by the thought of heterosexual intercourse: "'Do you mean,' she asked quite calmly…'that you, when you marry people, they go right on doing this [sex] in season and out of season, with no thought to children at all?'" (126-27). This is a point Van–and Gilman–seek to correct. He focuses "all [his] energies" "on one wish"–sex–by teaching Ellador about it (127). Van provides a sex education for Ellador, enlightening her as to the pleasurable aspect of sex in which an "exquisite interchange" creates a "climactic expression" that results in "intense happiness" and "stimulat[es] all high creative work" (127).

Separating sex from reproduction seems a radical move for Ellador, and it is just as blasphemous a lesson for early twentieth-century readers during Comstockian censorship. Yet, perhaps the more radical move is the method by which Ellador learns about pleasurable sex. Significantly, Van teaches Ellador as all children are taught in Herland–out-of-doors–further cementing nature as a space for reproductive learning. From birth, Herlanders "grew up in an environment that met their needs, just as young fawns might grow up in dewy forest glades and brook-fed meadow" (101). Education occurs outdoors and includes all manner of sciences: Chemistry, botony, physics, and astronomy (65), and this naturally includes reproduction. Ellador reflects on an entomology lesson, "'I was about eleven years old, and I found a big purple-and-green butterfly on a low flower,'" possibly pollinating that flower (101). She asked her teacher for the name of the species, and immediately, she is praised for catching a moth Herlandians have long "been trying to exterminate" (102). Reproduction enters their conversation and their lesson,

for her teacher states, if Ellador had not caught this obernut moth, "it might have laid eggs enough to raise worms enough to destroy thousands of our nut trees–thousands of bushels of nuts–and make years and years of trouble for all of us" (102).

As this scene reveals, reproductive intervention and control is necessary for all subjects in Herland, human and nonhuman. Gilman does not, however, differentiate among human and nonhuman methods for reproduction, suggesting instead that insects might serve as a model for diversity in imagining reproductive and body autonomy. In other words, Gilman exaggerates a woman's capacity for autonomy over her own reproductive functions by imagining parthenogenesis as a natural form of birth control and fertilization: Just as one uses the rhythm method by tracking her periods of fertility and either engages in or abstains from intercourse to control conception, similarly, though satirically, one may use her carefully cultivated mental faculties to fertilize or contracept. The satirical aspect of parthenogenesis in *Herland* is, of course, in Gilman's applying asexual reproduction to female bodies. Gilman is not suggesting that female bodies can–or should–reproduce asexually,[43] rather she is implying through her exaggerated use of mind-controlled asexual reproduction that women *do not need* a man's *permission* to decide if and when she wishes to reproduce. Thus, in *Herland*, Gilman furthers her argument for voluntary motherhood, yet takes it a step further by suggesting that birth control–or "parthenogenesis"–be taught in the sex education classroom via a scientific, or entomological, approach.

Scientific sex education was a common approach among social hygiene reformers and several utilized biology as a foundation for young adult sex education. In 1914, the American Social Hygiene Association conducted surveys across thirteen social hygiene organizations including religious, medical, educational, and social agencies as a means of gauging which texts stakeholders would recommend for sex education courses or public library shelves. The results

were published by ASHA secretary Dr. William Freeman Snow in "What Shall We Read?" (1914). One author stands out from the "Approved for Open Shelves" list for his potential influence on Gilman and her theories of education espoused in *Herland*: Maurice A. Bigelow, a professor at Columbia University Teachers College who also served as a founding member of ASHA. Bigelow wrote perhaps the most famous sex education textbook of the early twentieth century, *Sex Education* (1936). His earlier works, including *Sex-Instruction as a Phase of Social Education* (1913) and several co-written ASHA pamphlets, draw from biology textbooks rather than anatomy textbooks. Of course, plant and flower metaphors had been used in anatomy textbooks since the eighteenth century. In fact, one of the earliest drawings depicting an anatomical female body with a fetus in utero appears floral (Fig. 1). There are four points that serve as petals (labeled "A" and "C"), an umbilical cord that serves as a stem (labeled "B"), and the head of the fetus that serves as stamen (labeled "G").[44] This also accounts for why young women characters in medical fiction are frequently named after flowers, such as "Rose" in Alcott's *Eight Cousins* (1874) and Meyer's *Helen Brent, M.D.* (1892), and "Lotus," also in Meyer's *Helen Brent, M.D.*

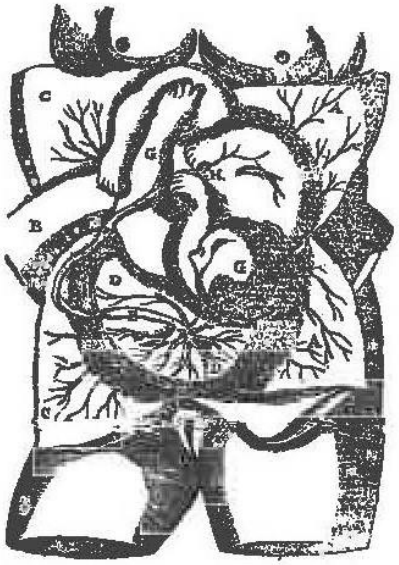

Fig. 1. The female body with fetus in utero. *Aristotle's Compleat Masterpiece (1741)*. From Horowitz, *Rereading Sex*, 21.

However, as an educator himself and an author of sex education textbooks, Bigelow had significant influence on the development of sex education theory and praxis in the United States, and he made radical pronouncements that impacted Gilman. During his tenure at Columbia, Bigelow noticed a familiar attitude among young women students, namely that they believed an "ideal marriage" was based upon platonic friendship rather than romantic love or desire.[45] In his sex education writings, Bigelow sought to correct this attitude, since he did not consider sexuality evil rather it was only "debased…when instincts are uncontrolled."[46] His assessment mirrors Gilman in her pronouncement that modern Americans are "oversexed" and simply need control of their desires for moral sexual relations. In *Sex-Instruction as a Phase of Social Education*, Bigelow asks, "Recognizing the great importance of attitude [towards sex education]," and especially in dismissing marriage as platonic friendship or reproduction as procreative, "how might it be influenced by school instruction?" Bigelow answers his own question:

> The most widely accepted answer is that the best beginning may be made through courses of biology (including botany, zoology, and physiology) and through nature-study and hygiene taught on a biological basis. No other method of sex-instruction is so natural and so likely to lead to a serious, scientific, and open-minded attitude concerning sex and reproduction. [47]

This is precisely the approach Gilman adopts in *Herland*, not only in education itself, but also in how Van educates Ellador about sex. As in her encounter with the obernut moth, Ellador "never know[s] that [she] w[as] being educated" about sex all along in Herland, even before she meets and falls in love with Van (96). Of course, Ellador's childhood sex education in Herland emphasizes procreation rather than pleasure, but this reflects the consensus among sex education theorists during the early twentieth century. Like Bigelow, Gilman challenges this consensus

through her narrator Van who is the only fully-developed male character in *Herland* and who we are meant to take seriously.

Unlike Bigelow, whose focus in *Sex-Instruction* (and his later *Sex Education*) was a young male audience, Gilman was primarily concerned with representations of the female body in sex education. She also maintained a predominately female readership for *The Forerunner*.[48] The female body is not simply a reproducing body, nor is she defined by her female organs. Gilman, in fact, never references female organs in *Herland*, nor does she explicitly compare them with plant or insect anatomy, though the comparison is inferred in her use of parthenogenesis as a metaphor for birth control. Gilman does, however, repeatedly emphasize female physicality. She requires strong, "fit" women for her utopian vision, and repeatedly speaks of the female body as impossibly strong and resilient. Although she seeks to disprove female stereotypes, including the common association of "unsexed" women with Amazonians, she nevertheless reinforces such stereotypes. Herlanders are described as "marathon winners" who "ran like deer" and "wore short hair" (32, 34). Not only are *all* Herlanders stronger than their male visitors, they make a show of proving their strength, "pick[ing] [them] up bodily and carry[ing] [them] back" when they attempt to resist or escape (41). Gilman and her emphasis on physical fitness emerges from a eugenicist position that has serious consequences for the female body, generally, and reproduction and sex education, specifically.

Satire, however, proved a dangerous method for Gilman and her readers, though not because her coded argument could be uncovered by Comstock or his cronies (or even perhaps, her readers). The danger appears in taking her argument too seriously, for such a "scientific" approach to sex education risks moving such a method from one extreme to another, from ignoring our reproductive rights (as did Comstock) to emphasizing them so emphatically that certain bodies are

excluded from the conversation. Inclusion is a serious business. But, what happens when we worry so greatly about including specific bodies in the conversation–or curriculum–that we do so at the expense of other bodies? Ellen Samuels claims that many Progressive Era feminist theorists were guilty of such a move: They would "de-pathologize the normative body at the expense of the physically deviant or ill body" by revealing how the female body *does not* perform disability,[49] hence Gilman's emphasis on physical and intellectual prowess among women. She is differentiating the normative, "nondisabled" female body from the nonstandard, "disabled" female body.

In what follows, I turn to contemporary feminist theories of the body as a means of articulating the ways in which Gilman and her feminist theories of reproduction and sex education in Herland reverberate with and against such theorists including Elizabeth Grosz, Michel Foucault, and Marsha Saxton. Herlanders are of "Aryan stock," all "'white,' but somewhat darker than our northern races because of their constant exposure to sun and air" (55, 56). Environment notwithstanding, whiteness compounded with their physical prowess reinscribes a utopian standard for motherhood *and* womanhood that discriminates against race and disability. In *Herland*, Gilman's use of parthenogenesis indicates reproductive choice, and her sex education methods incorporate birth control and amative sex within a formerly restrictive discourse. Her corporeal feminist approach disassociates gender and sex from reproduction and reproductive processes, allowing women more control over their own bodies. However, she undercuts her radical feminist arguments in her commitment to "feminist eugenics," which not only control raced and disabled female bodies, but also fails in attending to a "politics of difference" for sex education.

(Dis)Embodied Subjectivities in Herlandian Sex Education

Gilman's concept of gender equality reverberates with and against contemporary feminist theory itself, and not just theories of the body. In "As to Feminism," Gilman articulates two opposite poles for feminist theorizing: "Human Feminists," who are gender-minimizing, and "Female Feminists," who are essentialist. In her seminal text, "One is Not Born a Woman," Monique Wittig offers a "materialist feminist approach to woman's oppression" in which "the cause or origin of oppression is in fact only the *mark*" constructed by the cultural conditions in which one lives.[50] Her gender-minimizing position calls for dissolving woman as a "class," or "race," as Gilman might have said, which appears in marked contrast with Luce Irigaray who finds woman's oppression operating at the level of language. Long-criticized for her essentialist position, Irigaray revels in sex differentiation as a means of troubling the one-sex model in which the female sex is "not one," but zero, "a non-sex, or a masculine organ turned back upon itself, self-embracing."[51] Gilman defines "Human Feminists," or humanist feminists, as finding woman's oppression in her "be[ing] debarred from this human development."[52] She is not considered "human," but "woman," a position Gilman seeks to correct in her gender-minimizing utopian vision. The "Female Feminist," by contrast, "holds that woman is pre-eminently and most valuably a female," separate from her male counterpart, "and as such should be indulged, honored, paid, and allowed full and free activity."[53]

In *Herland,* which was serialized in *The Forerunner* in the same volume as "As to Feminism" and "Birth Control," Gilman invokes a gender-minimizing position rather than an essentialist one in her satirical inversion of gender roles. For Gilman, resistance must occur at the level of materiality, not language, though she certainly plays with language as a means of articulating–and obfuscating–her point during the Comstock Law Era. Judith Allen credits Gilman

with an early "attempt to provide a sound biological basis for feminism through a reworking of evolutionary theory."[54] In particular, Allen identifies Social Darwinist theories, and especially Lester Ward, as influencing Gilman's concept of woman as the "race-type" and man the "variant." As "race-type," woman and her reproductive functions take on special significance, since she assumes responsibility for choosing a mate who will contribute toward advancing the race through viable offspring. Although sex differentiation plays a role in her Social Darwinist convictions, Gilman does prefigure feminist social constructionism, since she finds gender difference and sexual difference a product of cultural institutions, specifically medical theory and practice.[55] However, she also collapses gender and sex binaries–masculine/feminine, male/female–in her gender-minimizing position that "'do[es]n't seem to notice…men'" as different from women, but simply "'a minor incident'" (32).

Instead of social constructionism, I find Gilman falls along a more corporeal feminist approach, particularly in her emphasis on entomological and botanical process in *Herland* in which women and their bodies appear synonymous with ungendered female bodies.[56] This ungendered body, however, adopts a neutral or white appearance, which Elizabeth Grosz finds dangerous. In *Volatile Bodies: Toward a Corporeal Feminism*, Grosz imagines the mind-body relationship not as a dualistic model, but as a Mobius strip, the inverted three-dimensional figure eight, in which "through a kind of twisting or inversion, one side becomes another."[57] This Mobius strip represents her theory of embodied subjectivity, or "the ways in which the subject's corporeal exterior is psychically represented and lived by the subject," and vice versa "from the corporeal to the psychical."[58] Anne Fausto-Sterling also draws on the Mobius strip in *Sexing the Body: Gender Politics and the Construction of Sexuality*, articulating a similar inside-outside phenomena grounded by our biological systems. In other words, Fausto-Sterling clarifies, our psychical

interior is "guided by genes, hormones, and brain cells," which in turn, influence and are influenced by our perceptions of "the environment, experience, and learning."[59] Both theorists are productive for unveiling the mind-body relationship inherent in Gilman's use of parthenogenesis as a form of birth control, which then informs her concepts of reproduction and sex education. Grosz, however, provides a better foundation for critiquing Gilman's ungendered female body and her back-to-nature sex education model, both of which draw upon eugenics for disciplinary and regulatory power structures that enforce a racist and able-ist standard.

As we have seen, in *Herland*, Somel describes parthenogenesis as a mind-controlled form of birth control and fertilization in which an individual woman thinks her desire into corporeal reality. As Somel explains, "When a woman chose to be a mother, she allowed the child-longing to grow within her till it worked its natural miracle," producing parthenogenesis (72). She may also prevent fertilization simply by "put[ting] the whole thing out of her mind" (72). Successful fertilization and contraception requires "'amazing psychic growth,'" Jeff observes, which most Herlandians have achieved (79). A woman's psychical interior is just as significant as her corporeal exterior, and the two are not wholly separate entities, but play off one another in a continual social, cultural, and sexual exchange. Grosz finds this interchange central to cultural constructions of subjectivity, yet warns against relying upon biological foundations for articulating sexual difference: "The body has thus far remained colonized through discursive practices of the natural sciences, particularly the discourses of biology and medicine," yet feminist theorizing requires multiple "models and paradigms which conceive of subjectivity," not just biological frameworks.[60]

Gilman, I think, would agree with approaching the female body from multiple models and paradigms, which is why she draws from entomological processes in articulating her own feminist theories, especially those that affect reproduction. Thomas Laqueur claims that, during the late

nineteenth- and early twentieth-century, language rather than scientific knowledge constructed our concept of sexual difference.[61] This point is verified by the fact that Comstock laws restrained freedom of speech pertaining to reproductive health and sex education, institutionalized or not.[62] Nevertheless, as historian Ben Barker-Benfield has emphasized, since the late eighteenth-century, women's social and cultural roles were defined by their reproductive organs, a concept he terms "medical materialism."[63] Fausto-Sterling, however, finds "medical materialism" not simply "a thing of the past," rather biological determinism in general persists into our twenty-first century present, since scientists still "create truths about sexuality," truths which are "sculpted by the social milieu in which biologists practice their trade."[64] Thus, Gilman finds resistance against legal and medical constructions of the female body must occur by adopting a different model, one not grounded in human biology. Herlanders are "taught continuously but unconsciously" in their natural surroundings, to which they are acclimated since birth (96).

As much as this entomological model "extend[s] the frameworks which attempt to contain" the biological female body,[65] namely Comstockian censorship, it also returns the female body back to its culturally-ascribed procreative functions. The ant/bee metaphor informing parthenogenesis removes desire and pleasure from female bodies. A male character must, therefore, rescript desire and pleasure back into her body by providing her with a comprehensive sex education. Gilman concedes with Foucault that "[t]he rallying point for the counterattack against the deployment of sexuality" is "bodies and pleasures," and she, in fact, deploys this by rescripting her sex education theories in *Herland*.[66] However, like Foucault, Gilman errs in deploying pleasure from a male body into a female body, one that almost appears neutral or "blank" from a Groszian perspective. Herlanders are a homogenous, white Aryan race embodying the "neutral screen," or "biological *tabula rosa*" which Grosz repeatedly critiques.[67] In *Herland*, Gilman fictionalizes Grosz's critique

of Foucault, since Foucault fails to identify any origins for sexual difference. "[O]ne must presume," Grosz concludes, "along with the rest of patriarchal culture, that the neutral body" which Foucault describes "can only be unambiguously filled in the male body and men's pleasures."[68] I think Gilman makes a sincere attempt at imagining the female body imbued with potentiality for desire and pleasure in sexual intercourse. Nevertheless, this knowledge is conveyed by a male character rather than a female character who might otherwise empower women.

In Herlandian sex education, before Van introduces pleasure into the "curriculum," so to speak, parthenogenesis as birth control provides a form of resistance against regulatory power relations imposed by Comstockian censorship. Yet, parthenogenesis appears subjected to its own regulatory power structure in Gilman's Herlandian governing body, the Over Mothers. Before critiquing Gilman and her regulatory power structures in *Herland*, I provide a brief history of eugenics in the United States, from which Gilman's Over Mothers arise, and read it alongside parthenogenesis in *Herland* as a means of understanding what eugenic measures Gilman does and does not propose for her utopian vision. Eugenics itself emerged as a professional field of science in the late nineteenth century in Britain and the United States. It derived many of its principles from Charles Darwin's *Origin of the Species* (1859), and in fact, the word "eugenics" was coined by Darwin's first cousin, Frances Galton, in 1883.[69] The word "eugenics" literally meant "good in stock," and in the United States, the eugenics movement considered the best "stock" middle-to-upper-class white men and women with sound mental and physical health.

From its inception, American eugenics was an issue of race and disability, and required birth control methods for successful implementation, since those who did not fit a standard eugenic profile were discouraged from procreating. This non-desirable profile included, but was not limited to, African Americans, immigrants, working class individuals, prostitutes, and people suffering

from so-called hysteria, insanity, alcoholism, criminality, drug use, and feeblemindedness.[70] Jane Carey reveals that the birth control movement was not so much "feminist" in nature as it was eugenicist, and many birth control advocates, including Margaret Sanger herself, were eugenicists.[71] In fact, Sanger devoted a special issue to "Birth Control and Eugenics" in volume one, issue three of her *Birth Control Review*. I prefer to think of the eugenics movement and the birth control movement as growing up alongside one another, since the theories driving each movement played off one another in a complicated discourse during the late nineteenth and early twentieth century. Even the earlier voluntary motherhood movement, with which Gilman sympathizes, derives its approach from eugenics, for as Marie Stopes asserts, "[v]oluntary mothers…would be eugenic mothers," and Sanger echoes this sentiment.[72] As she asserts in her essay "Birth Control and Racial Betterment," birth control is not simply about family limitation for the improvement of women's health and women's rights, but also "seeking to assist the race toward the elimination of the unfit," including those with physical and mental handicaps.[73]

Gilman makes similar pronouncements throughout her body of work, but in her fictional *Herland,* parthenogenesis as a form of birth control plays a vital role in eugenic practices. Yet, it can only function as such when it is regulated by the Over Mothers, indicating that birth control requires regulatory power structures for successful eugenic implementation. In her tutelage of Van, Somel explains why criminals have not existed in Herland for over six hundred years: simply put, they "bred them out." However, it appears Herlanders–and Gilman–extend beyond criminal behavior, for they bred out all undesirable characteristics in Herland women, including "disproportionate egotism," which Herlanders, like Gilman, fear is hereditary. Van asks how it is possible for the Over Mothers to "breed out" undesirable traits. The answer lies in parthenogenesis, or rather the mind-control aspect of parthenogenesis:

> "If the girl showing the bad qualities still had the power to appreciate social duty, we appealed to her, by that, to renounce motherhood. Some of the few worst types were, fortunately, unable to reproduce. But if the fault was in a disproportionate egotism–then the girl was sure she had the right to have children, even that hers would be better than others...she would be likely to rear them in the same spirit." (83)

Somel concludes such a circumstance "'we never allowed,'" since Herlanders believe motherhood–both child-bearing and child-raising, which are perceived as separate functions–"'is our highest art…and is entrusted only to the most fit" (84). By "appeal[ing] to" unfit women "to renounce motherhood," Somel indicates that Over Mothers control reproduction–or parthenogenesis–quantitatively and qualitatively through family limitation, or birth control. Thus, in *Herland*, Gilman concludes that not all women should be mothers, and further, society retains the right over an individual woman's body if her offspring is perceived as burdening society or even the mother herself.

Gilman perhaps states her claim more acutely in "My Mother Right or Wrong" (1915) when she rejects the "commonly expressed" belief that "No matter how bad a mother may be, her child is better with her than with the best care from others." On the contrary, Gilman asserts, such "criminal mothers," "idiot mothers," "ignorant mothers," and "shallow, idle selfish mothers" should never raise a child, though they might bear a child.[74] Eugenic motherhood provides Gilman a rationale for moral reproductive intervention and control whether that appears in the form of parthenogenesis or birth control. Both forms of reproductive intervention, however, are individually controlled. How, then, does it perform eugenic functions if its regulation lies within individual control? Similarly, we might also ask, how are birth control methods implemented as eugenic practices if it is regulated by individuals? Somel's claim that unfit women were "appealed

to" by a governing body, the Over Mothers, indicating systemic forces of power at work. Although Over Mothers cannot control individual female bodies or their minds in parthenogenic functions, they can control cultural stigma toward bodies themselves and reproduction.

Lerita Coleman Brown claims that "stigma" is simply "a response to the dilemma of difference" in which the effects of stigma are felt most poignantly in contexts where difference seems undesirable.[75] In a homogenous society such as Herland, difference *is* undesirable, and therefore, women and girls who do not fit the "normative" standards such as whiteness and physical prowess are–or would be–stigmatized. For many disability rights advocates and theorists, cultural stigma is more damaging than disability itself: "It is the discriminatory attitudes and thoughtless behaviors, and the ensuing ostracism and lack of accommodation, that makes life difficult," Marsha Saxton explains. "*That* oppression is what's most disabling about disability," not the disability itself.[76] Saxton finds stigma at work in reproductive health and sex education via recent support for amniocentesis screening and selective abortion. Saxton describes selective abortion as "the new eugenics," or eugenic abortion, since modern prescreening technologies such as amniocentesis are encouraged by physicians as a means of detecting–and possibly, preventing–disabilities in vitro.[77] The very fact that pregnant women opt for prenatal diagnosis confirms several cultural assumptions toward disabled persons, perhaps most significantly for our purposes "that ultimately we as a society have the means and the right to decide who is better off not being born."[78] Women can–and do–decide against selective abortion, even after prenatal screening, yet our culture looks unfavorably upon such decisions, deeming them "ignorant" or "irresponsible": "Women are increasingly pressured to use prenatal testing under a cultural imperative claiming that this is the 'reasonable thing to do,'" Saxton explains.[79]

Similarly, Herlanders "with disproportionate egotism," meaning those that resist normative standards and desire pregnancy against Over Mother recommendations, are "appealed to…to renounce motherhood" (83), albeit no specific punishment is identified for successful resisters. In other words, Herlanders "with disproportionate egotism" are stigmatized and discouraged from procreation just as potential mothers with a positive amniocentesis test are discouraged by their gynecologists from carrying the fetus to term. Gilman offers a contradictory "eugenic feminist" argument in *Herland*: One the one hand, she advocates natural birth control via parthenogenesis, and thereby, supports a woman's right to autonomous control over her body and her reproductive functions. From a feminist disability studies perspective, however, Over Mother regulation of parthenogenesis operates in a similar manner as selective abortion, since parthenogenesis and selective abortion sacrifice individual choice for collective values.

To be clear, Saxton does not advocate "selective abortion," and neither does Gilman. In fact, Gilman did not advocate abortion at all, which is itself an issue for feminist theorists and disability studies. Herlanders are horrified by the thought of abortion, as is Gilman. When Van asks Somel how Herlanders have managed family limitation, he notes that "'you surely do not destroy the unborn–'" (70), and is immediately interrupted: "The look of ghastly horror she gave me I shall never forget… 'Destroy the unborn!' she said in a hard whisper. 'Do men do that in your country?'" (70). In Gilman's utopian vision, abortion is not only cruel, but unnecessary, since parthenogenesis–or birth control–should be used as a means of preventing undesirable children *before* they are conceived.[80] Saxton explains that, from a feminist disability studies perspective, abortion is a complicated subject, yet the "key difference between the goals off the reproductive rights movement and the disability rights movement" hinges on *context*: "the reproductive rights movement emphasizes the right to have an abortion; the disability rights movement, the right *not*

to have to have an abortion."[81] Feminist disability activists and theorists do not oppose abortion, but *eugenic abortion*, or more specifically, they oppose contexts in which women are encouraged to have an abortion simply because their fetus might be or is impaired. As Saxton explains, this context transforms a "wanted baby" into an "unwanted fetus."[82] Saxton insists we must change our cultural stigma toward disability and disabled persons, and I would add that such a change must begin with a more inclusive sex education in the gynecology office and in the sex education classroom.

Critique against Gilman and her eugenic arguments are not new, and in fact, several literary scholars and historians offer apologist readings of Gilman and several of her texts both fictional and non-fictional. These critiques largely focus on the implications for race in her eugenic proposals and do not consider potential implications for disability, which I find inherent in her argument for reproductive rights and sex education reform. Lynne Evans, for instance, critiques Gilman for her political control over reproduction, which Evans claims, simply mimics already-existing nineteenth-century patriarchal structures.[83] Instead of a male-dominated medical community enforcing normative standards for women's gendered and sexed social roles, Gilman imagines a matriarchal body politic that enforces eugenic standards for determining who may or may not procreate. Similarly, Margaret Smith identifies Gilman's eugenic approach as the most "frightening" aspect of her utopia for its control over reproduction, while Alys Eve Weinbaum claims Gilman's use of eugenics in the novel reveals her most racist convictions.[84] I find these readings too simplistic for diagnosing pathologies in the eugenic female body, and specifically, in this case, the body of Herlanders. Instead, Foucault insists we examine power from a "multiplicity of force relations immanent in the sphere in which they operate and which constitute their organization,"[85] including various institutions and techniques of power operating at the local

level.[86] Herlanders are not repressed, as Evans might imagine, by a matriarchal (or patriarchal model) structure that controls the female body and its reproductive functions. Several institutions–government, education, oral histories, and public health–operate in Herland, and collectively contribute toward one's decision in conceiving or contraception.

Similarly, eugenic practices in the United States, and specifically in Gilman's *Herland*, not only affect race relations, but also our attitudes toward the disabled community, indicating a greater issue concerning a "politics of difference" which remains unattended to in Gilman's body of work. Dana Seitler offers another perspective toward how we might interpret Gilman's use of eugenics. Instead of considering Gilman "racist" or "a product of her period," Seitler claims we should understand her participation in the eugenics movement as one means by which Gilman (and other birth control supporters) exerted feminist influence in the public sphere.[87] Mary Ziegler terms this type of feminist activism at the *fin de siècle* "eugenic feminism," which she claims was not a contradiction of terms during this period. Feminists such as Margaret Sanger, Victoria Woodhull, and Charlotte Perkins Gilman "did not defer to traditional eugenic science," but "redefined" eugenics as a public health concern for women and their children.[88] Eugenic feminism was not simply "a tool for women to strengthen their positions within conventional marriages and families," as Linda Gordon suggests.[89] Instead, Ziegler clarifies, eugenic feminists like Gilman imagined that the formerly "private" sphere of motherhood would become part and parcel of the public sphere itself. Her theory of "social motherhood" exemplifies eugenic feminism, since it relies on a socialist principle of cooperation in which all share in the costs and benefits of production, including reproduction.

In *Herland*, however, social motherhood professionalizes women's individual contributions–child-bearing, child-rearing, and education, a move that disrupts the nuclear family

and individual decision-making, since one woman may be given permission from the Over Mothers to bear a child, but not to raise or educate it. Cooperation occurs in that all women contribute their unique talents toward *making* children, as Herlanders might say, for they consider themselves "Conscious Makers of People" (69). This cooperative ideology extends into their sex education methods, since an entomological approach necessarily incorporates collectivity. As Van reveals, Herlanders' continual use of "'we and 'we' and 'we'" in their speech reflects their parthenogenic reproductive methods, for "'I suppose that is the way ants and bees would talk–do talk–maybe" (126, 76). Biology informs their embodied subjectivity, as Grosz would say. Herlander culture informs their collective attitudes, or psychology, toward reproduction, and their individual mental exercises used in controlling parthenogenesis, thereby impacts her physical functions in producing or preventing parthenogenesis. There are, however, "uncontrollable flows" in this process that Herlanders–and specifically, the Over Mothers–simply cannot control: "[I]deas, things–human, animate, and inanimate," all of which "have the same ontological status" and constitute an assemblage "of elements, fragments, flows, of disparate status and substance."[90] For instance, Jeff impregnates Celis, a "flow" that we know Gilman and her Over Mothers desire in re-establishing a healthy, heterosexual state for Herland, and by extension, the United States (89). However, Van also contributes a flow of information concerning reproduction itself that challenges Herlander cultural assumptions equating reproduction with procreation. Should a Herlander decide she desires child-bearing in spite of Over Mother judgement, she can engage her embodied subjectivity both literally and figuratively, and defy authority, though there might be consequences.

Anthony Comstock could not wholly control the production and dissemination of "obscene" literature or contraceptive devices, though he exerted great influence within particular

regions (New York City and Washington D.C.). Neither could Gilman successfully control reproductive practices, and nor would she truly want to control them, since her ideological position reinscribes the female body as a commodity, which is a relationship she struggled against throughout her life and writings. In fact, Gilman eschews commercialism to such a degree that in her baby utopia, *Moving the Mountain*, advertisements do not exist. As Owen explains in *Moving the Mountain*, women "'were all consumers, you see, not producers'"[91] in 1910 America, and their purchasing power was influenced by advertisements for a range of products deemed necessary for successful marriage, childbearing, and family life. Gilman resists any power that would commodify or objectify women. Ironically, she does not recognize birth control technologies, no matter how "natural," as commodifying the female body. In both *Moving the Mountain* and *Herland*, Gilman imagines birth control as publicly available, and likely for no cost, since it services women and their needs. Cost or no cost, her emphasis on eugenic motherhood contributes to a perception of "women as vessels or producers of quality-controllable products," and even though it is not so much women Gilman seeks to control, their bodies are coopted for "control of the *products of women's bodies*," especially children.[92] Gilman simply cannot have it both ways in promoting reproductive rights and eugenic health not because her politics are racist, which they are in spite of Seitler's and Ziegler's rationale, but because her politics ignore difference among women's bodies and their desires.

Conclusion

In *Herland*, Gilman offers a potential "way out" for Comstockian censorship, namely through a biology-based sex education method which she imagines would be drawn from entomological and botanical texts and would include such subjects as natural methods for birth

control and amative sexual intercourse. Can deinstitutionalizing sex education, or even simply approaching sex education through nature writings, offer a more inclusive approach? Would such a biological or "back to nature" method for sex education in the twenty-first century relocate the female body within an already overdetermined and contested space? In her essay, "Darwin and Feminism," Elizabeth Grosz agrees with feminist theorists Anne Fausto-Sterling and Linda Birke that we must "we *are* our biologies," though perhaps not the sum of its parts, yet "we need a complex and subtle account of that biology if it is to be able to more adequately explain the rich variability of social, cultural, and political life."[93] In fact, Grosz draws from Charles Darwin in theorizing such an "alliance" between feminism and biology, since Darwin's concepts of natural selection and its offshoot, sexual selection, "can be understood as the intensification of difference or variation," a process which "is neither free and unconstrained, nor determined and predictive in advance."[94] Disability must also be considered within this discourse, for "racial and bodily differences are bound up with and complicated by sexual difference" in Darwin's work,[95] a point which Gilman and other Social Darwinists may have understood differently in their attempts at rescripting nature for cultural ends.

Early twentieth-century sex education courses adopted eugenic principles in their teaching methods, "identifying 'feeblemindedness' as a fundamental factor in prostitution, criminality, pauperism, and drunkenness," all of which were considered hereditary and which, it was taught, must be controlled through reproductive intervention, i.e. birth control methods.[96] This was considered an "objective and scientific curriculum," though not necessarily biology-based.[97] Still, biology in the twenty-first century sex education classroom has not improved conditions, Saxton reveals, or at least not in terms of birth control and abortion discourses. "In biology class," Saxton recounts, "their teachers, believing themselves to be liberal, raised abortion issues," but appeared

"less than sensitive to the disabled students when they talked about 'eliminating the burden of the disabled' through technological innovation."[98] Eugenic values persist even into the twenty-first century, and while we might critique Charlotte Perkins Gilman for circulating these values, the truth is *Herland* simply magnifies our own cultural attitudes toward reproduction and sex education, which are not entirely progressive or inclusive. In writing *Herland*, Gilman explores new methods for gaining sexual freedom and sexual knowledge, and resisting the "conspiracy of silence" constraining multiple voices in social hygiene and sex education discourses during the early twentieth century, yet she ultimately raises questions for readers then and now as to which sex education methods are most inclusive and how we might define "inclusive" itself.

CONCLUSION

REPRODUCING FICTION:
SCIENCE, NARRATIVE, AND THE FEMALE BODY
IN WOMEN-OF-COLOR FICTION

Perhaps Charlotte Perkins Gilman was not too far off the mark in her entomological approach to scientific sex education. Maybe there is something worth exploring in comparing insects with human bodies for a more inclusive sexuality education. American evolutionary biologist and behavioral ecologist Marlene Zuk seems to think so. In her TedTalk, "What We Learn from Insects' Sex Lives," Zuk claims "sex in insects is more interesting than sex in people" specifically because a "wide variety" of sexual behaviors exist across tens of thousands of species of insects, much of which "challenge[s] some of our own assumptions about what it means to be male and female."[1] Although Zuk notes that female aphids are parthenogenic, a point Gilman also references in *Women and Economics* (which likely gave her the idea for *Herland*), Zuk finds parthenogenesis simply one example of many diverse sexual behaviors among insects.[2] Katydids, for instance, reverse our normative assumptions concerning "active" males and "passive" females during sexual activity. Female katydids are far more active–and aggressive–during sexual activity as they compete for male attention, and specifically, the "nuptial gift," which male katydids present to female katydids when they mate. In offering her examples, however, Zuk does not claim we should adopt insect sexual behaviors. Unlike Gilman, who would argue that this sex role reversal among katydids suggests women are the "norm" and men the "variant,"[3] Zuk clarifies that she does not advocate "mirroring" or "imitating them." Instead, "insects make us question what's

normal and what's natural" about sex and sexuality because they "break a lot of the rules that we humans have about the sex roles."[4]

These "rules" were largely etched into our American cultural narrative during the past century via a scientific sex education tradition, one which was written by white middle-to-upper class male theorists, scientists, writers, and politicians. Although women authors like Charlotte Perkins Gilman strove to rescript the dominant cultural narrative, they did so from *their own* white middle-to-upper class perspective. This rhetorical move negatively affects various nonstandard bodies including disabled, raced, and classed bodies which then involuntarily assumed the concept of disability as authors of feminist medical fiction applied a "scientific," or biology-based, rationale in their attempts at distancing the female body from the concept of disability itself. Gilman, of course, was not the only author of feminist medical fiction who either purposefully or inadvertently transferred the rhetoric of disability from the (white, heterosexual) female body to other nonstandard female bodies. She had company including, but perhaps not limited to, Rebecca Harding Davis, Louisa May Alcott, and Annie Nathan Meyer. A tension remains in my use of "perhaps," for much of the texts studied in this project are lesser-known, understudied, or recently recovered from archives. There may yet be undiscovered texts or authors of feminist medical fiction.

In fact, in specifically focusing on *fiction*, I inadvertently made an "agential cut," as Karen Barad would say,[5] that limits my purview to white middle-to-upper class women authors, and therefore, limits my critique to their use of the concept of disability in feminist medical fiction. On the one hand, my focus on fiction allowed me to argue for the presence of "coding" in specific woman-authored texts from the Comstock Law Era which covertly disclosed information about sexual hygiene to readers during this period of censorship. Fiction performs valuable cultural work

in American culture and society, yet this focus on fiction inherently limits the *kinds* of voices within a conversation, especially women-of-color writers and their concerns with reproductive health which may or may not have focused on sex education. Additionally, a focus on fiction excludes women authors of non-fiction like Julia Ward Howe who did respond to and resist a biologically-determinist and -reductionist definition of the female body in non-fiction texts, and some of those texts engage reproductive health and sex education discourses *without* coding. Why, then, focus exclusively upon "coded" fiction as a way of understanding a genealogy of scientific sex education during the Comstock Law Era?

As Jane Tompkins reminds scholars, fiction performs a specific kind of "cultural work" that not only dramatizes actual social conditions for women at the *fin de siècle*, but also opens a space for imagining possible responses or solutions to rescript social conditions for greater equality.[6] In other words, these four authors of feminist medical fiction–Davis, Alcott, Meyer, and Gilman–not only appeal to their readers for empathy, but also social activism. For these authors, it's not just about acknowledging a shared experience of oppression, but also articulating possible ways for reform. Yes, women like Leslie Montroy do marry dishonest, syphilitic men like Rodger Moore, and yes, they suffer and die from this lack of sexual knowledge, Gilman might say. Yet, she does not conclude by simply offering empathy, but proposes that a candid conversation about sexual hygiene among doctors and patients might serve as one possible step toward preventing Leslie Montroy's fate among other women. Although feminist writers such as Julia Ward Howe might offer similar suggestions in their non-fiction essays, Gilman does not *tell* women how to act, rather she *shows* them one *possible* action and its productive outcome. In such contexts, suggestion may function more powerfully for some readers than overt argumentation, since suggestion works unconsciously–covertly–on readers to produce a desired response.

Although recent work among behavioral psychologists has explored the relationship between cognition, behavior, and the power of suggestion, that remains beyond the scope of this study, particularly since we cannot know how *fin de siècle* readers actually responded to each work of feminist medical fiction during this period. For the remainder of this concluding chapter, I address ways of improving this project for publication as a book, and I offer various future lines of inquiry and study for women's and gender studies, feminist theory, disability studies, and even environmental studies. For instance, one productive future line of inquiry might further investigate how coding performs feminist cultural work in medical fiction. I address this to some degree in my discussion of Alcott's *Eight Cousins* (1874) and Gilman's *Herland* (1915), especially. However, more work could be done in examining how Alcott's use of euphemisms or Gilman's use of satire appropriates contemporaneous medical texts by closely reading the fictional work alongside one or more popular nonfictional medical texts. In other words, I could pay closer attention to word choice and phrasing, rather than simply historical contextualization, characterization, patterns in plot structure, or thesis refutation.

In preparing my manuscript for publication as a book project, one revisionary approach I hope to pursue extends my research in medical fiction beyond the Comstock Law Era proper. In other words, I am interested in investigating how fictional representations and responses to reproductive health discourses changed after Anthony Comstock's death: Were certain communities enforcing Comstockian censorship more than others? Was coding necessary in fiction post-1916, or might this newly-adopted "scientific" approach to sex education allow for more freedom in fictional discourses? Did women-of-color authors engage reproductive health and sex education discourses at all during Comstockian censorship? If not, did they do so post-Comstock Law Era? Moreover, did women-of-color writers contend with *professional* medical

discourses during Comstockian censorship? If so, is sex education an issue, or do their politics change? If not, what medical discourses influenced their writing about reproductive health and/or sex education? Such an approach might lead toward an investigation into nonstandard medical discourses including, but not limited to, midwifery, voodoo, or indigenous healing rituals.

Historians do, in fact, observe differing reproductive health concerns for women-of-color at the *fin de siècle*. Sander L. Gilman finds that nineteenth-century medical discourse largely defined the black female body as "primitive" both in terms of her "sexual appetite" and "genitalia."[7] Using Hottentot women, and frequently, Sarah Bartmann, as a representative black female body, authors of several nineteenth-century professional medical texts defined "the black female as more primitive, and therefore more sexually intensive."[8] Like the white female body, this consensus was made based upon biological observations and comparative anatomy: "If their sexual parts could be shown to be inherently different," scientists and medical practitioners believed, then "this would be a sufficient sign that blacks were a separate (and needless to say, lower) race, as different from the Europeans as the proverbial orangutan."[9] The black female body was, in fact, frequently compared with apes in nineteenth-century medical studies. The question, for my purposes, is whether American women-of-color writers responded to such an oppressive cultural narrative in works of medical fiction. Moreover, if they did respond, what medical evidence or thesis did they specifically reference or rescript?

Frances Ellen Watkins Harper offers a point-of-departure for investigating fictional responses to professional medical narratives about the black female body. Harper's *Iola Leroy* (1892) repeatedly–and covertly–refers to two primary reproductive health issues faced by women-of-color at the *fin de siècle*, rape and miscegenation. In her Introduction to *Iola Leroy*, Hollis Robbins claims that one major theme in Harper's novel is the sexual exploitation of slaves, and

specifically, against female slaves "being marketed as a sexual object."[10] Iola Leroy, the titular character, risks–and perhaps even suffers–rape several times throughout the first half of the novel before she is freed from slavery. Readers are never wholly certain she was raped, for Harper used her words carefully, even suggestively. When Master Tom Anderson first acquires Iola as his slave, we hear how the other slaves gossip that Iola is a "putty young gal" with "[b]eautiful long hair [that] comes way down her back," and Master Tom "meant to break her in."[11] The expression, "break her in," invokes a comparison of Iola to a horse, not unlike Hottentot Sarah Bartman's comparison with an orangutan. The black female body is not simply degraded by her association with an animal, but specifically by a wild animal which–it is assumed–needs taming.

Harper's response to this comparative biological approach underpinning the medicalized black female body is complicated. On the one hand, Harper challenges such assumptions in her portrayal of Iola Leroy, an octaroon who has received an expensive education as the daughter of a New Orleans plantation owner. Iola is sold into slavery during the Civil War after her father dies and she is tragically separated from her mother. Because of her upbringing, Iola exudes decorum and restraint. However, as one slave gossips, when Master Tom tries to put his arms around her waist in attempted rape, Iola "'jis' frew it off like a chunk ob fire. She looked like a snake had bit her. Her eyes fairly spit fire.'"[12] Iola then spits in Master Tom's face and declares, "I'll die first."[13] Thus, Harper dissociates the black female body from "sexual excess," as nineteenth-century medical professionals called their supposedly heightened sexuality.[14] Iola has no desire for sexual intercourse with anyone, especially Master Tom. Yet, Harper retains the animalistic comparison, for although Iola is no orangutan, she is a "snake" which has its own complicated valences including, but not limited to, temptress.

Iola, however, is no temptress, for Harper takes great pains in presenting her with an upright, moral character. Robbins, in fact, claims that one reason readers are never truly certain Iola is raped is simply because Harper morality and restraint throughout her novel. Iola is not only "the moral center of the novel."[15] She also embodies Harper's belief that "an explicit portrait of sexual predation could distract the reader's attention from more inspirational themes" such as the significance of moral character in resisting the cruelty of slavery.[16] As Iola preaches in the final pages of the novel,

> "[A]fter the war, we were thrown upon the nation a homeless race to be gathered into homes, and a legally unmarried race to be taught the sacredness of the marriage relation. We must instill in our young people that the true strength of a race means purity in women and uprightness in men."[17]

In a sense, "purity" references sexual behavior, and specifically, chastity among unmarried women and fidelity among wives. Harper adopts the same values that her (white) contemporaries adopt, for heterosexual marriage informs all four authors' approaches to sex education–Rebecca Harding Davis, Louisa May Alcott, Annie Nathan Meyer, and Charlotte Perkins Gilman. Iola Leroy, however, does not seek to provide readers a sex education. Although Iola serves as a nurse, teaches Sunday School, and marries a quadroon doctor, Harper does not teach readers about reproductive health from her perspective as a black woman writer. Nor does she argue for sex education as necessity among black women. Harper might, however, be echoing Mary Gove Nichols' and Paulina Wright Davis's early anatomy lectures, for all three women claim that the systematic raping of slave women's bodies served as evidence that women require sovereignty over their own bodies–that they require reproductive rights.[18]

Since *Iola Leroy* was written during Comstockian censorship–and indeed, in the same year as Annie Nathan Meyer's *Helen Brent, M.D.*–, it fits almost squarely within the parameters of my study which focuses on reproductive health and sex education discourses in feminist medical fiction from the Comstock Law Era. However, if I had focused only on Harper's *Iola Leroy* as challenging professional medical narratives about the black female body, Harper's novel would risk becoming the representative work of feminist medical fiction by a woman-of-color author. That is neither a fair, nor accurate assessment. Surely there are other women-of-color authored works of feminist medical fiction, and the future of this project will seek to uncover–and recover–more texts. Moreover, Iola Leroy still needs assessment within the context of disability studies. Sander L. Gilman claims that professional medical narratives cast the black female body within the concept of disability by using terms such as "error" (from the white female body), "malformation," "excesses," and even "disease" or "degeneracy."[19] Is Harper responding to such concepts of disability, and if so, does she displace disability as do her contemporaries? Unlike Charlotte Perkins Gilman's *Herland*, for instance, Harper does not even consider amative sexual intercourse as a possibility for black female bodies in *Iola Leroy*, nor does she wholly consider procreative sexual intercourse either. Iola is drawn to Dr. Frank Latimer primarily because he is a quadroon and a doctor. As a octaroon and a nurse, Iola serves as his counterpart, a social partner rather than a sexual one.

Can–or does–Harper offer another model for reproductive health, as does Gilman in her entomological approach in *Herland*? Further research may determine the extent to which Harper participated in reproductive health and sex education discourse, as well as the significance of her contribution for twenty-first century stakeholders in intersectionality and inclusivity in reproductive health discourses. One possible future methodological approach for studying feminist

medical fiction might focus on the concept of "nature" in representations of the female body. Female bodies, black bodies, and disabled bodies share a common narrative: They were all medicalized during the long nineteenth century by biologically-reductionist definitions which not only taxonomized them within a hierarchical ladder, but also socially oppressed them based on this scientific rationale. The concept of "nature" appears central to these biologically-reductionist definitions, for our concept of "pure," pristine," or "wild" nature and a certain body's perceived distance to or from that "pure," pristine," or "wild" nature determines the degree of our normalization. Female bodies, for instance, are simultaneously closer to nature because of their role in reproduction and distanced from nature when their reproductive processes do not function as expected (in menses, sexual desire, or unmarried state).[20] Black bodies, in contrast, are perhaps too close to nature in their "wild" or "primitive," "untamed," and even "animalistic" state,[21] while disabled bodies are distanced from nature by their very impairment which is perceived as "distortion," "deviation," or simply "unnatural." This is compounded by the disabled body's dependence upon technology and the built environment for survival.[22] How does one reconcile these competing narratives surrounding "nature" and the female body, particularly if you are a black disabled female subject?

As Zuk argues in her TedTalk, we need new models for how we conceptualize and perform sexuality. For too long, we have "take[n] the idea of a model system too far" by "us[ing] males in any species as though they are the model system, the norm, the way things are supposed to be, and females as kind of a variant, something special that you only study after you get things down."[23] Zuk does not suggest, as does Gilman, that we should switch the role of males and females in scientific study by considering females as the norm and males as the variant. Instead, Zuk claims, we require a more nuanced approach to scientific study as a means of correcting this disabling

narrative that we have inherited in medical science, reproductive health, sex education, and individual sexual behaviors. As Zuk observes, scientific models probe beyond a specific, limited field of study. It isn't just about medicine and health; it permeates many other aspects of our lives, but if we begin by understanding where our concepts of sex, gender, and disability evolved from, and how the narrative was constructed, we have some chance at rescripting that narrative for ourselves and for future generations.

NOTES

Introduction: Disabling Sex at the *Fin de Siècle*: Rescripting Disability During Comstockian Censorship

1. I use "rescript" here as a play on words. In the context of print culture, "script" refers to writing itself, usually handwriting, a "particular system of writing," such as cuniform script, or "the text of a play, broadcast, or movie." In the context of law, "script" refers to the "original" version of "a legal instrument, as opposed to a copy." My title implies that feminist medical fiction is "a particular system of writing," handwritten or otherwise, that denies the standard script, or "text of a play" written for women in medical discourses. Authors of medical fiction did not follow the "script," or logic laid out for them by medical professionals, nor did they follow the "script," or prescription written for them to combat their "hysterical" behavior as professional women writers in the public sphere. Instead, they rewrote the medical script in fictionalized form, resisting the legal script, Anthony Comstock's federal law, the "Suppression of Trade in, and Circulation of, Obscene Literature and Article of Use" act, in the process.

2. Elise Roy, "When We Design for Disability, We All Benefit." Filmed July 2016. TedTalk, 13:18. http://www.ted.com/talks/elise_roy_when_we_design_for_disability_we_all_benefit

3. Ibid.

4. Lennard J. Davis, *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions* (New York: New York University Press, 2002), 23, 32, 31. My emphasis.

5. Lisa Tetrault, *The Myth of Seneca Falls: Memory and the Women's Suffrage Movement, 1848-1898* (Chapel Hill: U of North Carolina P, 2014), 11, 19-20; see also Helen Lefkowitz Horowitz, *Rereading Sex; Battles Over Sexual Knowledge and Suppression in Nineteenth Century America* (New York: Random House, 2002), 257-58.

6. Horowitz, *Rereading Sex*, 107-11, 258-260, 264-65; see also Tetrault, 7, 12. For more information on women's rights activism in the voluntary motherhood and birth control movements, see Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: U of Illinois P, 2002).

7. Ben Barker-Benfield, "Sexual Surgery in Late Nineteenth-Century America," *International Journal of Health Services* 5, no. 2 (1975), 279; Ben Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America* (New York: Harper & Row, 1976), 84. One of the most pervading definitions by which female bodies were defined appears in Dr. Edward H. Clarke's *Sex in Education; or a Fair Chance for Girls* (1873), a text which I discuss in detail in chapter two of this dissertation. In his text, Clarke relegates women's physical and intellectual capacities within the domestic sphere based on what we would today designate a "biologically determinist" position: It's not that women *could not* perform at the same intellectual level as men, Clarke explained, but that they *should not* because their closed anatomical system must draw energy from the uterus, and thus, their physical health would deteriorate. Clarke's text reiterates Charles Miegs' 1848 proclamation that the study of the female organs would reveal "an understanding of woman's whole being," and this, in fact, became the foundation upon which nineteenth-century gynecologists would build throughout the late nineteenth and early twentieth centuries, especially during the first official meeting of the American Gynecological Society, which establish gynecology and obstetrics as formal fields of professional medicine. Historian Ben Barker Benfield refers to Clarke, Miegs, and their colleagues' approach to medical theory and practice as "medical materialism," that is the prevalent belief among nineteenth century medical practitioners that a woman's (or man's) social and cultural roles were determined by their sexual organs.

8. Horowitz, *Rereading Sex*, 257.

9. Joan N. Radner and Susan S. Lanser, "The Feminist Voice: Strategies of Coding in Folklore and Literature," *The Journal of American Folklore* 100, no, 398 (1987), 414.

10. Ibid., 423.

11. Anne Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York: Basic Books, 2000), 5. Fausto-Sterling specifically focuses on intersexuals and their sexual identity, which she finds socially-constructed by scientists and medical practitioners.

12. In a sense, feminist medical fiction is not wholly new in its approach which fictionalizes sex education manuals. Eighteenth-century seduction novels such as Hannah Foster's *The Coquette* (1797) had already fictionalized contemporaneous "advice literature" or "conduct literature." The eighteenth-century seduction novel was often formulaic, following a particular trajectory "that mapped out a journey of seduction, abandonment, and death that women travel when they become the passive prey of scheming rakes" (1). Donna R. Bontatibus argues that woman-authored American seduction novels cannot be reduced to this simple plot structure, rather they reflect a more complex social narrative at work which responds to and is influenced by a lack of women's education opportunities during the eighteenth-century, colonial laws and customs, circumscribed gender roles, and the existence of a race culture in which women are frequently victimized (5). Although I find that the seduction narrative underpins multiple works of *fin de siècle* feminist medical fiction, each author transforms the seduction narrative for her sex education purposes. This is not a primary argument for my project, yet I do wish to point out an inherited cultural narrative which led to the emergence of feminist medical fiction. For more on eighteenth-century American seduction novels, see Donna R. Bontatibus' *The Seduction Novel of the Early Nation: A Call for Socio-Political Reform* (East Lansing: Michigan State UP, 1999).

13. Jeffery P. Moran, *Teaching Sex: The Shaping of Adolescence in the Twentieth Century* (Cambridge: Harvard, 2000), 39. Allan Brandt coined the phrase, "the conspiracy of silence," to describe a common practice among male authority figures–and especially physicians–of withholding information from their patients. This "conspiracy of silence" was not limited to the female sex, Brandt explains, rather men were just as much affected by "the conspiracy of silence" due to a sense of prudery characteristic of nineteenth-century society. Scholars apply the phrase "the conspiracy of silence" within and beyond Comstockian censorship. Moran also uses it in describing subjects absent from sex education programs throughout their history. For the origins of the "conspiracy of silence," see Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford UP, 1985).

14. Michel Foucault, *The History of Sexuality: An Introduction*, Volume I, trans. Robert Hurley (New York: Vintage Books, 1990), 95-97.

15. Horowitz, *Rereading Sex*, 358, 376-79, 385.

16. Ibid., 382.

17. Quoted in Linda K. Kerber, Jane Sherron De Hart, Cornelia Hughes Dayton, and Judy Tzu-Chun Wu, eds. *Women's America: Refocusing the Past* (Oxford: Oxford UP, 2015), 212.

18. Ibid.

19. Horowitz, *Rereading Sex*, 362.

20. Ibid., 369, 389.

21. Ibid., 387.

22. Ibid., 404-418. Horowitz focuses on three high-profile court cases that Comstock used as a show of power. All three court cases involve three publishers and writers, one of whom was also a physician: Ezra Heywood, D.M. Bennet, and Edward Bliss Foote. These are simply three examples of a much broader swath from the physician, publisher, and writer sectors impacted by the Comstock Law.

23. Ibid., 442

24. Quoted in Horowitz, *Rereading Sex*, 401-402, 488 n28. Horowitz cites the *Sixth Annual Report* for the New York Society for the Suppression of Advice, published in 1880, and written by Anthony Comstock who served as

secretary of the New York Society for the Suppression of Advice even after his federal appointment as "special agent" to the U.S. Post Office.

25. Quoted in Kerber, et. al., *Women's America*, 212.

26. For information on Edward Bliss Foote's trial and conviction, see Horowitz, *Rereading Sex*, 405-10; for Sanger's trial and conviction, and Gilman's defense of Sanger in court, see Gordon, *Moral Property*, 162.

27. Radner and Lanser, "The Feminist Voice," 414.

28. The five coding strategies are as follows: (1) appropriation, (2) juxtaposition, (3) distraction, (4) indirection, and (5) trivialization. These strategies are discussed further in a revised version of Radner and Lanser's article, "The Feminist Voice: Strategies of Coding in Folklore and Literature," which was later published as the Introduction to *Feminist Messages: Coding in Women's Folk Culture*, ed. Joan Newlon Radner (Urbana and Chicago: U of Illinois P, 1988). In this dissertation project, I primarily focus on appropriation, since I am concerned with how authors of feminist medical fiction rescripted professional medical texts which constructed narratives about the female body for reproductive health and sex education purposes. By definition, appropriation is a form of rescripting: Appropriation not only "tie[s] one's text[] to other texts, to a tradition of authorities" which it simultaneously parodies and critiques, but also "open[s] up the paternal narratives to what it excludes" (416, 415). In this case, authors of feminist medical fiction reveal that what is excluded from the paternal narratives–professional medical discourses–is the female perspective, or experience, of reproductive health and sexuality. In other words, what women actually feel and experience in their bodies does not coincide with the narrative constructed about their bodies.

29. Radner and Lanser, "The Feminist Voice," 416.

30. Horowitz, *Rereading Sex*, 398.

31. John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago: The U of Chicago P, 2012), 284. During the 1950s, obscenity cases began appearing in federal court, most of which overturned Comstockian censorship at the state level. The last obscenity case which I found was the U.S. Supreme Court case *Griswald v. Connecticut* (1968) which struck down prohibited access to contraceptive devices and information in Connecticut and Massachusetts. The federal Comstock law was officially declared unconstitutional in 1983 by which time it had largely ceased being enforced.

32. Moran, *Teaching Sex*, 43.

33. Ibid., 43-44.

34. Ibid., 44-45.

35. Ibid., 45, 68-77.

36. Ibid., 54, 50-55.

37. Ibid., 55.

38. Ibid., 57.

39. Ibid.

40. Ibid. The Kallikak family was the subject of American psychologist and eugenicist Henry H. Goddard's *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness* (1912). Goddard's subject, Emma Wolverton (a.k.a. "Deborah Kallikak"), was a resident at his sanitarium. Goddard's book covers the genealogy of Wolverton's family, concluding that Emma's "feeblemindedness," or mental disability, results from her great-great-great grandfather's affair with a lower-class barmaid. Wolverton sought to prove that psychological disabilities are hereditary, but he explicitly linked "feeblemindedness," a catch-all phrase for psychological disabilities, with class. Similarly, the Juke

family was the subject of American sociologist Richard L. Dugdale's *The Jukes: A Study in Crime, Pauperism, Disease, and Heredity* (1877). The research linked 76 convicted criminals, 18 brothel-keepers, 120 prostitutes, and 2 cases of "feeble-mindedness" to a common ancestor named Max whose poverty and poor-decision-making, Dugdale believed, was hereditarily passed to his descendants.

41. Angelique Richardson, *Love and Eugenics in the Late Nineteenth Century: Rational Reproduction and the New Woman* (Oxford: Oxford UP, 2003), 2. See also Wendy Kline's *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkley: U of California P, 2001), 13.

42. Richardson, *Love and Eugenics*, 2. Richardson differentiates between positive eugenics, which existed in American during the 1910s through 1930s, and negative eugenics, which existed in Nazi Germany from the late 1930s through 1940s. Positive eugenics largely promotes prevention rather than elimination. Eugenic marriage, for instance, is predicated on the belief that partners must choose one another based on their best traits for reproductive purposes as a way of controlling natural selection. Negative eugenics, in contrast, promotes elimination–ala genocide–of specific communities based on evolutionary principles. Although eugenics is highly discriminatory in both forms, Richardson argues that eugenics is not exclusively about race. In the United States, specifically, "race" meant sex not color, or both simultaneously.

43. Nancy M. Theriot, *The Biosocial Construction of Femininity: Mothers and Daughters in Nineteenth-Century America* (New York: Greenwood Press, 1988), 24. Domestic sex education was simply referred to a "moral lessons," and for girls and young women, largely involved teaching about menstrual cycles once they received their first period.

44. On June 3, 1876, James R. Chadwick inaugurated and presided over the first official meeting of the American Gynecological Society, establishing a cohort of thirty-nine leading gynecologists and oncologists in America–all of whom were educated white males. Women were not accepted in the AGS, and they had yet to be accepted within the larger American Medical Association, established in 1848, in spite of much protest. Ironically, the AGS was specifically founded to establish gynecology as a professional field of science within which female bodies themselves would be–and were, for many years–defined. The medicalized female body officially emerged from this move, and sex education was influenced as a result. For information on the first official meeting of the AGS, see Edward Stuart Taylor, American Gynecological Society, and American Association of Obstetrics and Gynecologists, "American Gynecological Society: The Early Years, 1876-1910," *History of the American Gynecological Society, 1876-1981, and American Association of Obstetricians and Gynecologists, 1888-1981* (St. Louis: The C.V. Mosby Company, 1985), 17-26. For more on the development of the medicalized female body, see Barker-Benfield, *The Horrors of the Half-Known Life*.

45. Horowitz, *Rereading Sex*, 4.

46. Ibid., 5.

47. Judith Halberstam, *Female Masculinity* (Durham: Duke UP, 1998), 52, 54.

48. Douglas C. Baynton, "Disability and the Justification of Inequality in American History," *The Disability Studies Reader*, Fourth Edition, ed. Lennard J. Davis (New York: Routledge, 2013), 17-33. Baynton defines the "concept of disability" as "justify[ing] discrimination against other groups by attributing disability to them" (17). In other words, disability is defined by subjects in positions of power for exclusionary purposes and deployed against nonstandard bodies such as African Americans or women.

49. Rosemarie Garland-Thompson, "Integrating Disability, Transforming Theory," *NWSA Journal* 14, no. 3 (2002), 1-32.

50. Stacy Alaimo, *Undomesticated Ground: Recasting Nature as Feminist Space* (Ithaca and London: Cornell UP, 2000), 1.

51. Ibid., 3.

52. Ibid., 13.

53. Ibid.

54. Foucault, *The History of Sexuality*, 10-12, 22, 35.

55. Ibid., 95-96.

56. Michel Foucault, "Nietzsche, Genealogy, History," in *The Foucault Reader*, ed. Paul Rabinow (New York: Pantheon Books, 1984), 76.

57. Jana Sawicki, *Disciplining Foucault: Feminism, Power, and the Body* (New York: Routledge, 1991), 64, 82-94.

58. Irene Diamond and Lee Quinby, Introduction from *Feminism and Foucault: Reflections on Resistance* (Boston: Northeastern UP, 1988), ix.

59. Ibid., x, xvi.

60. Davis, *Bending Over Backwards*, 14, 20, 30.

61. Judith Butler, *Bodies That Matter: On the Discursive Limits of "Sex"* (London and New York: Routledge, 2011), xxvi.

62. Davis, *Bending Over Backwards*, 4.

63. Ibid., 14.

64. Ibid., 23, 30, 31-32, his emphasis.

65. Davis does not specifically identify his theory as feminist, nor does he wholly explore how discourses of disability, race, gender, sex, and sexuality emerge *simultaneously* during the nineteenth century, even though he does claim that they emerged from the same discourse, professional medicine.

66. Garland-Thompson, "Integrating Disability," 9.

67. Ibid.

68. Donna Haraway, interview by Constance Penley and Andrew Ross, "Cyborgs at Large: Interview with Donna Haraway," *Social Text* 25/26 (1990), 23.

69. Ibid.; see also Donna Haraway, "A Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980s, *The Norton Anthology of Criticism*. Ed. Vincent B. Leitch, et al. Norton: New York, 2001. 2269-99.

70. Louisa May Alcott, *Eight Cousins* (New York: Puffins Books, 1995), 214.

71. Ann Snitow, *The Feminism of Uncertainty: A Gender Diary* (Durham: Duke UP, 2015). Although authors of feminist medical fiction did not draw upon–or even have at their disposal–keywords such as "gender-minimizing," "gender-maximizing," "essentialist," or "social constructionist," each author anticipates these developments in feminist theory and describes situations in which such language appears operative. Snitow claims that feminist vocabulary largely developed during the1970s US feminist movement, and was adopted by activists and academics alike. Much of this vocabulary reflects a defining characteristic of American feminism: the divide, or debate, between "minimizers" and "maximizers." Minimizers, Snitow explains, "minimize the meaning of sexual difference," while maximizers "want to keep the category (or feel they can't do otherwise, but they wish to change its meaning, to reclaim and elaborate the social being 'woman,' and to empower her" (27). Although most contemporary theorists align themselves with social constructionism, "the great divide" reflects two movements, or camps, in feminist theory from

the 1970s to the present, essentialism versus social constructionism. Essentialists view gender as rooted in biological sex differences, and asserts an *essential* difference between men and woman, male and female. Essentialists are, in other words, gender maximizers. Social constructionism, by contrast, views gender and sex as an idea constructed by society for political purposes. Social constructionists are, therefore, gender minimizers (28-29).

More recently, postmodern feminists, or what Snitow calls "cultural feminists" have developed "third-way" solutions in their efforts at challenging this divide, or binary (30, 59). Snitow expresses skepticism toward such a move, insisting that third-way thinking does not circumvent binaries, rather it has created more binaries inside each category or sub-field of feminist thought (59, 30), among them social constructionists, eco-feminists, material feminists, and feminist posthumanism. We must confront the divide, Snitow asserts (59), with "loopholes" that move "swiftly" across each binary with "flexible identities" (61, 62). In this project, I find each author of feminist medical fiction confronts divides concerning the female body in ways that resonate with contemporary feminist theorists, many of whom are social constructionists. As a feminist theorist, I do not suggest that social constructionism is the most productive camp for confronting binaries, but I do think it is an important step toward a more corporeal, material feminism. Moreover, feminist disability theory is still grappling with social constructionism in twenty-first century discourse, and has only recently begun to explore corporeal or material lines of inquiry.

72. Davis, *Bending Over Backwards*, 18-19, 25. I do not wholly agree with Davis that identity politics have reached a "dead end" (29), but I do agree that "we can't simply go back to a relatively simple notion of identity" (22), which is why I find Davis's concept of "dismodernism" useful for imagining a more inclusive approach to sex education.

73. Baynton, "Disability and the Justification of Inequality in American History," 24.

74. Susannah B. Mintz, *Unruly Bodies: Life Writing by Women with Disabilities* (Chapel Hill: The University of North Carolina Press, 2007), 5, 10, 67.

75. Simone de Beauvoir, *The Second Sex: Complete and Unabridged for the First Time*, trans. Constance Borde and Sheila Malovany-Chevallier (New York: Alfred A. Knopf, 2010), 283.

76. Ibid.

77. Ann Snitow, *The Feminism of Uncertainty*, 59.

78. The introduction from *Material Feminisms* provides a useful review of recent work in the emerging field of material feminisms. Yet, perhaps the most important work initiating this "material turn" is "Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter," published by Karen Barad in *Signs* 28, no. 3 (2008), 801-31. In her essay, Barad articulates her theory of "agential realism," which finds causality and agency central to understanding material-discursive practices whether human or nonhuman. From a feminist perspective, gender and sex are not defined linguistically, or even biologically through corporeal movements, rather they are defined by relationality between material-discursive subjects that co-constitute one's existence. Barad specifically uses the word "intra-action" to describe this relationality in which objects are not external independently-existing or independently-acting phenomena. All objects are subjects that exist always already interior within other phenomena and which are entangled in on-going relationship.

79. Stacy Alaimo and Susan Hekman, "Introduction: Emerging Models of Materiality in Feminist Theory," in *Material Feminisms*, ed. Stacy Alaimo and Susan Hekman (Bloomington: Indiana UP, 2008), 7.

80. Stacy Alaimo, *Bodily Natures: Science, Environment, and the Material Self* (Bloomington: Indiana UP, 2010), 146.

81. Fausto-Sterling, *Sexing the Body*, 24.

82. Butler, *Bodies That Matter*, 37-38.

83. Garland-Thompson, "Integrating Disability," 10.

84. Tobin Siebers, "Disability Experience on Trial," *Material Feminisms*, eds. Stacy Alaimo and Susan Hekman (Bloomington: Indiana UP, 2008), 302, 298-97.

85. Marsha Saxton, "Disability Rights and Selective Abortion," *The Disability Studies Reader: Fourth Edition*, ed. Lennard J. Davis (New York: Routledge, 2013), 96.

86. Siebers, "Disability Experience on Trial," 302.

87. Ellen Samuels, "Critical Divides: Judith Butler's Body Theory and the Question of Disability," *Feminist Disability Studies*, ed. Kim Q. Hall (Bloomington: Indiana UP, 2011), 49, 57.

88. Ibid., 56, her emphasis.

89. Ibid., 60.

90. Ibid., 5.

91. Jane Tompkins, *Sensational Designs: The Cultural Work of American Fiction, 1790-1860* (Oxford: Oxford UP, 1985), xvi.

92. Ibid., xvii.

93. Frederick Wegener, "The Literary Representation of Women Doctors in the United States, 1860-1920," *Literature Compass* 4, no 3 (2007), 586.

94. Stephanie P. Browner, *Profound Science and Elegant Literature: Imagining Doctors in Nineteenth-Century America* (Philadelphia: U of Pennsylvania P, 2005), 226.

95. Ibid., 4.

96. Ibid.

97. Ruth Levitas, *The Concept of Utopia* (Hertforshire, UK: Syracuse UP, 1990), 7.

98. Browner, *Profound Science*, 13.

99. Jeannette Gilder, Mar. 29, 1892. Letter to Annie Nathan Meyer. Series MS-7, Box 12, Folder 6, The Jacob Rader Marcus Center of the American Jewish Archives, Annie Nathan Meyer Papers.

100. Chip Rhodes, "Social Protest, Reform, and the American Political Novel," *A Companion to the American Novel*, First Edition, ed. Alfred Bendixen (Oxford: Blackwell Publishing Ltd., 2012), 188.

101. Tompkins, *Sensational Designs*, 186-87.

102. Ibid., 186.

103. Ibid., 200.

104. Robert Dale Parker, *How to Interpret Literature: Critical Theory for Literary Studies*, Third Edition (New York: Oxford UP, 2015), 269.

105. Ibid.

106. Tompkins, *Sensational Designs*, 9.

107. Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," in *Simians, Cyborgs, and Women: The Reinvention of Nature* (New York: Routledge, 1991), 183-202.

108. Alaimo, *Undomesticated Ground*, 10, 190-91, n30.

109. Ibid., 21.

110. Among the works of medical fiction by Charlotte Perkins Gilman *not* discussed in this dissertation, they include several stories such as "The Yellow Wallpaper" (1892), "Mr. Peebles' Heart" (1914), "Dr. Clair's Place" (1915); a play, "Something to Vote For" (1911), and a novel, *Mag-Marjorie* (1912). Gilman once claimed in her autobiography that she did not write to entertain rather to educate. Of "The Yellow Wallpaper" specifically, she states that when William Dean Howells requested her short story for inclusion in his collection *Masterpieces of American Fiction*, she obliged, "but assured him that it was no more 'literature' than my other stuff, being definitely written 'with a purpose.' In my judgement," Gilman concludes, "it is a pretty poor thing to write, to talk, *without* a purpose" (*Living*, 121, my emphasis). Her medical fiction, the "other stuff," reveals an acute concern with reproductive health. Gilman repeatedly attends to birth control, tainted milk, and venereal diseases in her fiction, and doctresses frequently appear in her work to voice reform measures concerning (1) access to birth control, (2) food production, and (3) sex education. [Charlotte Perkins Gilman, *The Living of Charlotte Perkins Gilman*, ed. Ann J. Lane (Madison: U of Wisconsin P, 1990).]

111. Donna Haraway, "In the Beginning was the Word," in *Simians, Cyborgs, and Women: The Reinvention of Nature* (New York: Routledge, 1991), 71-80.

Chapter One: Disabling the Female Physician: A Dismodern Proposal for Sex Education

1. Jean Pfaelzer, *Parlor Radical: Rebecca Harding Davis and the Origins of American Social Realism* (Pittsburgh: U of Pittsburgh P, 1996), 12-13.

2. Sarah Elbert, *A Hunger for Home: Louisa May Alcott and Little Women* (Philadelphia: Temple UP, 1984), 149, 150. Elbert claims that, during her writing of *Eight Cousins*, "Alcott travelled the full range of this reformers' network" from women's rights to temperance (208). It is not surprising that Alcott also actively participated in health reform, and especially, in her collaboration with Julia Ward Howe in response to Edward H. Clarke's *Sex in Education: A Fair Chance for Girls*. Activism played a significant role in her paternal grandparents' and parents' lives. Her paternal grandparents, for instance, were actively involved in reform circles for a broad range of social institutions and issues including abolitionism, education reform, prison reform (12). This heavily influenced Bronson Alcott, Louisa's father, who was also involved in social reform circles such as abolitionism, temperance, and even women's rights (36-49, 75). Louisa May Alcott also had an uncle, William Alcott, who was a conservative health reformer and wrote many advice manuals such as *The Young Wife* (1838) (Elbert, 5; Whorton, *Crusaders*, 104). For more on William Alcott's role in reform physiology, see James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton, NJ: Princeton UP, 1982).

3. Elbert claims children's fiction existed prior to Alcott's *Little Women* (1868), but it really was not until after the Civil War that children's fiction or juvenile fiction placed children themselves as the central characters in the narrative (141). Alcott was a significant contributor to developing this genre, which we now call young adult fiction. Similarly, Elizabeth Lennox Keyser observes, scholars largely consider Alcott successful for her role in developing children's literature as a genre (xiv). Keyser, however, focuses on Alcott's domestic fiction, or sentimental fiction, which was written by and for women, is often set in the home, and might offer a political argument on behalf of women for greater control in the domestic sphere (xiii). Ruth Dyckfehderau agrees that Alcott's domestic fiction *is* political, yet finds Alcott was not simply concerned with women's equality in domestic spheres. In fact, Dyckfehderau finds *Eight Cousins* a political text that is interested in women's health reform for private *and* public purposes. Although *Eight Cousins* appears to be a work of juvenile fiction, Dyckfehderau claims it isn't entirely for children, rather Alcott "acknowledged and invited adult readership of her children's novels while continuing to take advantage of the lucrative juvenile literature market" (155). Alcott frequently complained in her journals that she did not enjoy writing "moral pap" for young adults, but did so to make a living (155). [Elizabeth Lennox Keyser, *Whispers in the Dark: The Fiction of Louisa May Alcott* (Knoxville: The U of Tennessee P, 1993); Ruth Dyckfehderau, "Moral Pap

and Male Mothers: The Political Subtexts of Louisa May Alcott's *Eight Cousins or, The Aunt Hill*," *Legacy* 16, no. 2 (1999), 154-167.]

4. Pfaelzer, *Parlor Radical*, 11. At their meeting, Davis and Alcott would have been thirty-one-years-old and thirty-years-old, respectively.

5. Although Davis and Alcott produced their novels in the same year, in this chapter, I focus specifically on Davis in as initiating this "turn" from traditional medical fiction, since unlike Alcott, her proposal for sex education appears retrogressive in its advocacy for water-cure facilities which had their hey-day during the pre-Civil War Era, circa 1830s to 1850s. Alcott, in contrast, responds directly to Edward H. Clarke's *Sex in Education: A Fair Chance for Girls* (1873), and engages with the contemporaneous dress reform movement, a move which Charlotte Perkins Gilman would later adopt and advance for her own feminist purposes. In addition, Davis differentiates herself from Alcott by creating a disabled female physician who, as protagonist, fictionalizes feminist disability theory which allows for further investigation into female bodies and disability rhetoric in Alcott's, Meyer's, and Gilman's work. Although Alcott recasts sex and gender in domestic sex education within disability rhetoric, Alcott does not necessarily invite this engagement in her work, since her protagonist, Rose Campbell, is neither a physician nor disabled.

6. Horowitz, *Rereading Sex*, 86, 121.

7. John H. Kellogg, *The Ladies Guide in Health and Disease: Girlhood, Maidenhood, Wifehood, Motherhood* (Battle Creek, MI: Modern Medicine Publishing Co., 1898), 208-9, accessed July 28, 2016, https://babel.hathitrust.org/cgi/pt?id=wu.89009206269;view=1up;seq=9.

8. Horowitz, *Rereading Sex*, 382, 384-85, 387.

9. Ibid., 338, 33.

10. Tompkins, *Sensational Designs*, xi. Emphasis mine.

11. Kristin Swenson, *Medical Women and Victorian Fiction* (Columbia, MO: U of Missouri P, 2005), 125. Kristine Swenson claims the New Woman doctor novel emerged from and developed in response to the lady-doctor novel, a point which I also find in my work on feminist medical fiction. According to Swenson, New Woman doctor novels differentiate themselves from lady-doctor novels in their "self-consciously political" nature: "[The lady-doctor novels] seek to fit the irregular woman doctor into existing social and gender roles, the [New Woman doctor novels] actively question the roles themselves." Although I agree with Swenson's differentiation, and in fact discuss three major New Woman doctor novels in this dissertation, I find that the New Woman and medicine intersected in fiction beyond simply the image of the doctress. In other words, feminist medical fiction also developed in response to lady-doctor novels and is New Woman fiction, yet not all feminist medical fiction incorporates a female physician. Louisa May Alcott's *Eight Cousins*, for instance, has a New Woman protagonist, Rose Campbell, yet she is not a doctress, but a patient and ward of feminist male physician, Alec Campbell.

12. Sharon Harris, "Rebecca Harding Davis' *Kitty's Choice* and the Disabled Woman Physician," *American Literary Realism* 44, no. 1 (2011), 42.

13. Garland-Thompson, "Integrating Disability," 3.

14. For a clear, concise definition of "dismodernism," see Lennard J. Davis, *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions* (New York: New York UP, 2002). I also define dismodernism ala Davis in the Introduction of this dissertation, and will discuss it at length towards the close of this chapter. See also pages 1-2, 19, and 20 from the Introduction of this dissertation.

15. Barker-Benfield, "Sexual Surgery," 279; see also Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard UP, 1990). Prior to the nineteenth century, medical practitioners adhered to the belief that men and women were not biologically different, rather women were "lesser" versions of men, a model Laqueur refers to as "the one-sex system." Scientific discoveries, however, challenged such an approach to sex,

resulting in the emergence of a "two-sex system," which defined women as different from men because of their sexual organs. Twenty-first century American culture still follows the two-sex system today.

16. Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford UP, 1985), 221-22. Although they were cautious about performing gynecological surgeries, Morantz-Sanchez finds that "women physicians were for the most part absolutely delighted with their achievements in the operating room," which they publicly deemed "appropriate for women" (221). Morantz-Sanchez admits that women physicians in general "had a greater awareness and sensitivity to women's issues than men," and female patients perceived this, recognizing a level of comforting to discuss their bodies with other women. Female physicians did not, however, appear to have hesitations with gynecological surgeries such as hysterectomies, ovariotomies, or clitoridectomies for ethical reasons, but instead, considered gynecological surgery itself an important milestone for proving their mettle in the professional sphere (222).

17. John S. Haller and Robin M. Haller, *The Physician and Sexuality in Victorian America* (New York: W. W. Norton and Company, Inc., 1974), 4, 6, 15.

18. Ibid., 8.

19. Ibid., 35-37.

20. Laqueur, *Making Sex*, 175.

21. Ibid., 177.

22. Ibid., 190, 207. Laqueur summarizes his point best concerning biased scientific knowledge construction in his final chapter: "[T]he dry and seemingly objective findings of the laboratory, the clinic, or the 'field' [of gynecology] became, within the disciplines practiced there, the stuff of *art*, of new representations of the female creature profoundly different from the male" (207, my emphasis). Indeed, it was art, for the newly-crowned scientist as social and moral arbiter was reflected in art and literature, and mirrored in social practice.

23. Ibid., 243, 222.

24. Foucault, *The History of Sexuality*, 10, 11.

25. Ibid., 10, 12, 35. Foucault summarizes his genealogy of nineteenth-century sexuality in such a way as to reject this "repressive hypothesis":

> It is said that no society has been more prudish; never have agencies the agencies of power taken such care to feign ignorance of the thing they prohibited, as if they were determined to have nothing to do with it. But is the opposite that has become apparent, at least after a general review of the facts: never have there existed more centers of power; never more attention manifested and verbalized…only to spread elsewhere" (49).

26. Ibid., 92. Foucault defines biopolitics as any regulatory or disciplinary technique used to control "the species body," or bodies within a population (139). Biopower, the technique itself, may be applied by individual or external forces upon oneself or another body. However, *biopolitics* specifically refers to population rather than individual control. Comstockian censorship is one form of biopower used by Comstock and other federal politicians to control sexuality in young adult bodies. By withholding information, Comstock thought he could successfully prevent sexual knowledge from disseminating among young adult communities. Instead, censorship primarily affected women and girls who could not gain such knowledge from public spheres as could men. As a form of biopower, censorship was not deployed simply through legislative means. As Foucault points out, many force relations are at work in biopolitics. Although government played a significant role in censoring sexual knowledge, other force relations were *simultaneously* at work such as professional medicine, higher education, family dynamics, and religious authorities.

27. Ibid., 97. Foucault claims that individuals do not directly experience biopower from a national level, or at the level of population. Instead, biopower is experienced within "local power relations" such as family dynamics or community social behaviors.

28. Ibid., 94.

29. Ibid., 93.

30. Nancy C. Elder and Andrew Schwarzer, "Fictional Women Physicians in the Nineteenth Century: The Struggle for Self-Identity," *Journal of Medical Humanities* 17, no. 3 (1996), 165-177.

31. William Dean Howells, *Doctor Breen's Practice* (Boston: James R. Osgood and Company, 1881), 64. Subsequent references to this text appear cited in the body of the chapter.

32. Elder and Schwarzer, "Fictional Women Physicians," 167.

33. Morantz-Sanchez, *Sympathy and Science*, 31, 50, 46, 45.

34. Ibid., 4-5, 59.

35. See pages 59-63 and 192, n 65 in this dissertation. Although allopathic physicians did consider homeopathy a lesser form of medical practice, I do not believe that Howells is commenting upon this division among the medical fields in *Doctor Breen's Practice*. If he intended his social commentary to be directed toward this division, Howells would have–or should have–written Dr. Rufus Mulbridge's character as an allopath to make this division clear. By contrast, Dr. Mulbridge hopes Grace Breen will marry him and join his practice, a rhetorical move which signifies support for homeopathy rather than critique of it.

36. Shelley Tremain, Introduction, in *Foucault and the Government of Disability*, ed. Shelley Tremain (Ann Arbor: U of Michigan P, 2005), 9.

37. Baynton, "Disability and the Justification of Inequality in American History," 17.

38. Elder and Schwarzer, "Fictional Women Physicians," 167-172; see also Morantz-Sanchez, *Sympathy and Science*, 52, 61. In both of their studies, Elder and Schwarzer and Morantz-Sanchez find that female patients generally preferred a female physician and were more willing to disclose symptoms to female practitioners than male practitioners. As a result, Morantz-Sanchez claims, women gained acceptance as practitioners specifically by specializing in such fields as obstetrics and gynecology, pediatrics, and public health (61). In fact, a strong argument for the woman doctor's acceptance among such specialized fields emerged in protection of female modesty: "As the use of pelvic examinations became part of ordinary practice, male physicians posed a greater threat to feminine delicacy than women practitioners" (52). Morantz-Sanchez further proves the moderate success of female physicians during the *fin de siècle* based upon statistics finding (1) a significant rise in the number of medical colleges accepting women and (2) a majority of female physicians participating in conventional social roles such as marriage, contrary to popular belief.

39. Henry James, *The Bostonians* (New York: Collier, 1969), 41. Subsequent references to this text appear cited in the body of the chapter.

40. Valerie Fulton, "Rewriting the Necessary Woman: Marriage and Professionalism in James, Jewett, and Phelps," *The Henry James Review* 15, no. 3 (1994), 245.

41. Swenson, *Medical Women*, 125. Lady-doctor novels, or "woman doctor novels" frequently focus on a marriage-or-career narrative in which the main character, a female physician, must decide between marrying her lover or pursuing her career. Authors sought to reconcile a division that they perceived in social reality: Professional women, it was believed, were not desirable spouses. This marriage-or-career conflict is the driving force for such works of medical fiction as Howells' *Doctor Breen's Practice*, Phelps' *Dr. Zay*, Jewett's *A Country Doctor*, and even Meyer's *Helen Brent, M.D.* However, Swenson claims, Meyer's novel differs from her three contemporaries because the marriage-or-career narrative is not the only plot. Swenson asserts Helen Brent, M.D. is the quintessential "New Woman doctor novel" because unlike previous works of medical fiction, Meyer "foreground[s] debates about gender and sexuality in self-consciously political ways," particularly in her focus on venereal disease prevention and its origins which are decidedly *un*gendered and *un*sexed (126).

42. Fulton, "Rewriting the Necessary Women," 245.

43. Ibid., 246. Emphasis mine.

44. Swenson, *Medical Women*, 105.

45. Morantz-Sanchez, *Sympathy and Science*, 136-138.

46. Sarah Orne Jewett, *A Country Doctor* (Lexington, KY: CreateSpace Independent Publishing Platform, 2013), 113. Subsequent references to this text appears cited in the body of the chapter.

47. Elizabeth Stuart Phelps, *Dr. Zay* (Lexington, KY: CreateSpace Independent Publishing Platform, 2013), 164. Subsequent references to this text appears cited in the body of the chapter.

48. For a comprehensive definition of the New Woman, see Carol Smith-Rosenberg, "The New Woman as Androgyne: Social Disorder and Gender Crisis, 1870-1936," *Disorderly Conduct: Visions of Gender in Victorian America* (Oxford: Oxford University Press, 1985), 245-296. I also discuss the New Woman at length in Chapter Two of this dissertation, "Disabling the Tomboy: Domestic Sex Education Alcott's *Eight Cousins* and Gilman's "Joan's Defender," pages 58-59, 97-98 and 205, n57.

49. Kristin Swenson acknowledges Phelps' approach in representing Dr. Zay as a lady, and therefore, feminine. As Swenson notes, "Doctor Zay was an important novel for establishing how the woman doctor could be portrayed as both heroic and womanly," and thus, Phelps' protagonist must be "beautiful, graceful and, above all, 'womanly'" (109).

50. Luce Irigaray, *This Sex Which is Not One*, trans. Catherine Porter with Carolyn Burke (Ithaca, NY: Cornell UP, 1985), 24.

51. Ibid., 205.

52. Browner, *Profound Science*, 161.

53. Ibid. Browner consider Phelps' *Dr. Zay* a direct response to Howells' *Doctor Breen's Practice*. It is even possible that Phelps, who contributed to Julia Ward Howe's collection *Sex and Education*, wrote Dr. Zay as a belated rebuttal to Edward H. Clarke's thesis in *Sex in Education, or A Fair Chance for the Girls* (1873). Howells even acknowledges Phelps' motivation in a letter to Samuel Clemens (Mark Twain). Howells proclaims, "You know I had two rivals in the celebration of a doctress," even though he did not wish to share the field with those rival female authors (Quoted in Browner, 161). Notably, the second "rival" to whom Howells refers is Charlotte Perkins Gilman who wrote prolifically on female physicians.

54. Butler, *Bodies That Matter*, 12.

55. Ibid.

56. Ibid., 19.

57. Ibid., 22.

58. Moran, *Teaching Sex*, 50-54. The history of public sex education programs in the United States will be discussed more fully in chapter three of this dissertation, "At 'the Crux' of Sex Education: Disabling Venereal Diseases in Meyer's *Helen Brent, M.D.* and Gilman's *The Crux*."

59. Horowitz, *Rereading Sex*, 4-5.

60. Ibid., 4.

61. Ibid., 358-85. Horowitz suggests that Anthony Comstock passed his federal act, the "Suppression of Trade in, and Circulation of, Obscene Literature and Article of Use," in direct response to Victoria Woodhull and her radical feminist movement which advocated free love. I find this period of Comstockian censorship more complicated than that, particularly since, as Michel Foucault argues, biopower deploys from multiple sources, or multiple centers of power, and cannot be reduced to simply one individual, institution, or movement.

62. Garland-Thompson, "Integrating Disability," 3.

63. Lennard J. Davis, for instance, calls our cultural obsession with perfect bodies, "the cult of the normal" (39), yet he finds disability exposes the fact that there is no "normal" body. This concept of normativity is inherited from "a pre-postmodern definition of human subjects as whole, complete, perfect, self-sustaining" (20). Just as Bruno Latour asserts "we have never been modern," Davis claims we have never been normal, or rather "we are all nonstandard" (32). Disability is an unstable category, Davis explains, not only because "anyone can become disabled" temporarily or permanently at any time, but also because medical discourses create new categories of impairment that may or may not actually exist: "For example," Davis proposes, "is Asperger's Syndrome or hysteria an impairment or the creation of the *folie a deux* of the observing physician and the cooperating patient?" (23). Put another way, Davis asks, "Is the impairment bred into the bone, or can it be a creation of a medical–technological–pharmaceutical complex?" (23). This is significant for disability theorists such as Tobin Siebers, since "the ideology of ability," or what Davis calls "the cult of the normal," can appear in its "most radical" form as "the baselines by which humanness is determined, setting the measure of body and mind that gives or denies human status to individual persons," and thereby, judging those persons based upon a hierarchical scale (Siebers, 279).

64. Horowitz, *Rereading Sex*, 91-2.

65. Homeopathic practitioners treated patients with heavily diluted medicines that would produce the same symptoms as the disease itself. In a sense, their approach followed inoculation practices: If one introduces the same material causing the symptoms or illness, then that material will help build antibodies against the disease itself, develop a stronger immune system, and heal the patient. Allopathic practitioners, on the other hand, followed an opposite approach in which diseases were treated by administering medications that would oppose the symptoms. Homeopathy was popular in America during the first half of the nineteenth century, but as the medical community became increasingly scientific and professionalized after the war, allopathic physicians sought to discredit their homeopathic counterparts. The establishment of the American Medical Association in 1874 contributed significantly to homeopathy's demise as homeopathic practitioners were not permitted membership in the AMA, and their lack of membership in an increasingly prestigious medical organization threatened their success. This tension between "irregular" practitioners and "regular" practitioners reached its zenith in the 1880s, after which most patients preferred "regular" or allopathic physicians. Patients deemed allopathic medicine's increased reliance on technology as a "safer" approach to medicine. For a detailed history of homeopathic and allopathic tensions during the nineteenth century, I recommend William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: The John Hopkins UP, 1972). Horowitz briefly addresses this tension in her chapter, "The Masturbation Scare and the Rise of Reform Physiology," from *Rereading Sex*, 86-122.

66. Horowitz, *Rereading Sex*, 109. Mary Gove Nichols, one of the water-cure movement's most active advocates, spoke and wrote extensively on women's reproductive health. Although she was conventional in her emphasis on achieving a "natural" state for female bodies, Horowitz finds her "effort to treat sexual questions was important" for the period (111). She helped shift conversations surrounding sexual intercourse from fear to reverence, though again, she always emphasized its moral value within heterosexual marital relations.

67. Susan Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia: Temple UP, 1985), 25. Cayleff offers a comprehensive history of the water-cure movement and its significance to women's health and the early feminist movement. The water-cure movement itself was initiated by three men–Orson Squire Fowler, Lorenzo N. Fowler, and S. R. Wells–yet it gained momentum from women physicians who, contrary to popular belief, chose hydropathic medicine rather than allopathic medicine not because they were excluded from allopathic practice (which they were), but predominately because they considered hydropathic medicine more effective for social reform.

68. Rebecca Harding Davis, *Kitty's Choice: A Story of Berrytown* (Philadephia: J. B. Lippencott and Company, 1874), 33. Subsequent references to this text appear cited in the body of the chapter.

69. Horowitz, *Rereading Sex*, 110.

70. Ibid., 111.

71. Lisa Tetrault, *The Myth of Seneca Falls: Memory and the Women's Suffrage Movement, 1848-1898* (Chapel Hill: U of North Carolina P, 2014), 5; see also Horowitz, *Rereading Sex*, 458, n 49.

72. Pfaelzer, *Parlor Radical*, 19. Jean Pfaelzer claims that Davis's involvement in abolitionist circles led her to feminism, for like many abolitionists, "the repression and exile of domesticity positioned women to understand slavery," and vice-versa.

73. Horowitz, *Rereading Sex*, 109.

74. Pfaelzer, *Parlor Radical*, 17-21. Pfaezler explains that the "domestic contract" in which "women gain authority by redeeming men, rather than pursuing their own lives and power" was a frequent theme in Davis's fictional work. She did not necessarily defend this "domestic contract," rather Pfaelzer finds Davis ambivalent. Davis frequently defends a woman's right to divorce in her non-fiction essay and fictional narratives, yet Pfaelzer claims, Davis seems unsure whether a woman can find self-identity and autonomy within marriage or whether she must remain single (or divorced) in order to gain self-identity and autonomy.

75. Davis, *Bending over Backwards*, 23, 14.

76. Harris, "Rebecca Harding Davis' *Kitty's Choice*," 26.

77. Ibid., 42.

78. Garland-Thompson, "Integrating Disability," 7.

79. It's important to differentiate between the water-cure *facility* and the water-cure *movement*. Although the water-cure facility was central to the water-cure movement, the former had a longer life than the latter. Susan Cayleff, for instance, acknowledges that contemporary hot springs facilities, water resorts, and spas such as those in Hot Springs, Colorado or Hot Springs, Arkansas not only harken back to the nineteenth-century water-cure facility, but indeed *are* modern-day water-cure facilities (174). These contemporary counterparts have their origins in nineteenth-century antecedents. The water-cure facility, however, is specifically distinct from the water-cure movement, since the latter was not a place rather a group of individuals that promoted specific principles. The water-cure facility could–and still does, to some degree–exist outside of the water-cure movement. However, the water-cure movement concerns a specific group of individuals from a period of American nineteenth-century history circa the 1830s to 1870s which promoted a health-reform agenda in opposition to the growing field of allopathic medicine. By the 1870s, the water-cure movement had lost distinction specifically because allopathic practitioners convinced the public that hospitals and clinics were safer spaces than the water-cure facilities for administering a cure to most ailments, especially serious conditions that required surgery.

80. Garland-Thompson, "Integrating Disability," 14.

81. Ibid., 21.

82. Ibid. Her emphasis.

83. Davis, *Bending over Backwards*, 13. Rosemarie Garland-Thompson finds Butler's concept of performativity useful in critiquing essentialism rather than contributing toward further essentialist notions of the body, whether female or disabled or both. However, she prefers Susan Bordo's notion that "the penis haunts the phallus," and coopts

this notion to assert that "the body haunts the subject," for they are never really separate or discrete entities, but always entangled (21).

84. Davis, *Bending over Backwards*, 23.

85. Ibid, 31.

86. Ibid., 30.

87. Ibid., 14.

88. Ibid.

89. Rebecca Harding Davis, "A Day with Doctor Sarah," *Harper's New Monthly Magazine* 57 (1878): 614, accessed May 30, 2016, https://babel.hathitrust.org/cgi/pt?id=uc1.b000541510;view=1up;seq=631

90. Garland-Thompson, "Integrating Disability," 18-20.

91. Siebers, "Disability Experience on Trial," 300.

92. Saxton, "Disability Rights," 93.

Chapter Two: Disabling the Tomboy: Domestic Sex Education in Alcott's *Eight Cousins* and Gilman's "Joan's Defender"

1. Theriot, *The Biosocial Construction of Femininity*, 151.

2. As Horowitz explains, young men were not expected to remain chaste until marriage, yet unmarried women must remain virgin. Sexually-active women were essentially divided into two categories, prostitutes or wives. Young men were taught that the former is acceptable for sexual pleasure, the latter for procreative purposes (150-51).

3. Horowitz, *Rereading Sex*, 153.

4. See Theriot, *The Biosocial Construction of Femininity*, 2, 77. Theriot claims that the intimate relationship between mothers and daughters during the mid-to-late nineteenth century developed a conflict between the limited reproductive health education passed from mother to daughter and the daughter's personal experience of reproductive health. The mother's "thesis" and the daughter's "antithesis" creates a Hegalian "synthesis" that resulted in a challenge to the biological determinism underlying contemporaneous medical theories, and especially Dr. Clarke's *Sex in Education*.

5. Quoted in Roger G. Walters, *Primers for Prudery: Sexual Advice to Victorian America* (Baltimore and London: The John Hopkins UP, 1974), 20; See also Sylvester Graham, *Chastity, In a Course of Lectures to Young Men; Intended Also, for the Serious Consideration of Parents and Guardians* (New York: Fowler and Wells, n.d.), i-ii.

6. Alicia Puglionesi, "'Your Whole Effort Has Been to Create Desire': Reproducing Knowledge and Evading Censorship in Nineteenth Century Subscription Press," *Bulletin of the History of Medicine* 89, no. 3 (2015), 468.

7. Foucault, *The History of Sexuality*, 17-35.

8. Maurice A. Bigelow, *Sex-Instruction as a Phase of Social Education* (New York City: The American Federation for Sex Hygiene, 1913), 8, accessed September 15, 2016, https://babel.hathitrust.org/cgi/pt?id=wu.89101141208;view=1up;seq=5.

9. Sue Zschoche, "Dr. Clark Revisited: Science, True Womanhood, and Female Collegiate Education," *History of Education Quarterly* 24, no. 4 (1989), 550.

10. Ibid., 560.

11. Julia Ward Howe, Introduction from *Sex and Education: A Reply to Dr. Clarke's "Sex in Education"* (Boston: Roberts Brothers, 1874), 7.

12. Alcott, *Eight Cousins*, 34. Subsequent references appear in the body of the chapter.

13. See Beauvoir, *The Second Sex*, 283; see also Kim Q. Hall, Introduction from *Feminist Disability Studies*, ed. Kim Q. Hall (Bloomington: Indiana UP, 2011), 3.

14. Hall, Introduction, 3. This is also what Douglas Baynton indicates in his phrase, "the concept of disability": Deviation from culturally-defined normative bodies "has been used to justify discrimination against other groups by attributing disability to them" (17). Among those groups, Baynton includes women and African Americans.

15. Puglionesi, "'Your Whole Effort,'" 469-70; see also Horowitz, *Rereading Sex*, 404-418.

16. Puglionesi, "'Your Whole Effort,'" 470.

17. Ibid.,'" 469; For more on the consequences for violating the Comstock Law, see also Horowitz, *Rereading Sex*, 358, 362.

18. Puglionesi, "'Your Whole Effort,'" 479.

19. Gilman, *Living*, 305. In her autobiography, Gilman reflects on the success of her periodical, *The Forerunner*, which ran monthly issues from 1909-1916. The self-published subscription periodical required at least three thousand subscribers to break even. Unfortunately, she never acquired more than fifteen hundred subscribers. Since her periodical was financially unsustainable, Gilman decided to cease production after a full seven-year run.

20. For more information on *Herland* as a social hygiene, or sex education, text see chapter four from this dissertation, "Disabling Birth Control: Scientific Sex Education and Eugenic Feminism in Gilman's *Herland*." In addition, I discuss *The Crux* and "The Vintage" as sex education texts modeled after Anti-VD Campaign sex education films in chapter three, "At 'The Crux' of Sex Education: Disabling Venereal Diseases in Meyer's *Helen Brent, M.D.* and Gilman's *The Crux.*" Gilman wrote a number of articles on birth control during the 1920s and 1930s, after her publication of *Herland*. Gilman's birth control articles include: "Progress through Birth Control" (*North American Review* 224 [1927]: 622–29), "Divorce and Birth Control" (*Outlook* 25 Jan [1928]: 130–31), "Birth Control, Religion, and the Unfit" (*Nation* 27 Jan, [1932]: 108–109). Gilman also discusses birth control in "Feminism or Polygamy" (*Forerunner* 5 [1914]: 260-1) and "Toward Monogamy" (*Nation* 11 Jun [1924]: 671-73).

21. Dyckfehderau, "Moral Pap," 155. Ruth Dyckfehderau claims that although young adult novels provided her financial success, Alcott did not enjoy writing them. She hoped to write for an adult audience, yet her novels such as *Work*, which was for an adult audience, was not successful in the marketplace (165, n 5). For this reason, Dyckfehderau claims, Alcott attempted to write a young adult novel for adults first, as her primary audience, and young adults second. Dyckfehderau agrees that the political and didactic approach in *Eight Cousins* likely contributed to its limited success in the public marketplace. Alcott must write "moral pap," as she called it, to make a living, and so she does, returning to the March family for her sequels, *Little Men* (1871) and *Jo's Boys* (1886).

22. Edward H. Clarke, *Sex and Education, or A Fair Chance for the Girls* (Boston: James R. Osgood and Company, 1875), 103-04, accessed May 30, 2016, https://babel.hathitrust.org/cgi/pt?id=mdp.39015010434093;view=1up;seq=1

23. Ibid., 103.

24. Whorton, *Crusaders for Fitness*, 104-05.

25. Deborah M. De Simone, "Charlotte Perkins Gilman and Education Reform," in *Charlotte Perkins Gilman: Optimist Reformer*, eds. Jill Rudd and Val Gough (Iowa City: U of Iowa P, 1999), 140-41.

26. Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkley: U of California P, 2001), 23. The eugenic principle called "the inheritability of acquired traits" developed from G. Stanley Hall's work in what we now call the field of "genetics." Hall is, in fact, considered the father of genetics. He advanced Gregor Mendel's findings that hereditary material in peas is transferred from one generation to the next, from parent to child. In applying Mendel's findings to humankind, Hall provided scientific validity to eugenics since he insisted that even traits acquired from environmental influences and those acquired from centuries of evolutionary development could be passed down from parent to child.

27. Charlotte Perkins Gilman, "Joan's Defender," *Herland and Selected Stories*, ed. Barbara H. Solomon (New York: Signet, 1992), 327-335. Subsequent references to this text cited in the body of the chapter.

28. Barbara Creed, "Lesbian Bodies: Tribades, Tomboys, and Tarts," in *Feminist Theory and the Body: A Reader*, ed. Janet Price and Margrit Shildrick (New York: Routledge, 1999), 112.

29. Halberstam, *Female Masculinity*, 51.

30. Ibid.

31. Ibid., 48, 51.

32. Ibid., 52.

33. Ibid., 54.

34. Butler, *Bodies That Matter*, 169.

35. Ibid., 170-171.

36. Ibid., 37-38.

37. Ibid., 36.

38. Ibid., 34; Ellen Samuels, "Critical Divides," 60.

39. Samuels, "Critical Divides," 56.

40. Ibid., 63.

41. Butler, *Bodies That Matter*, xviii.

42. Dyckfehderau, "Moral Pap," 154, 163.

43. Butler, *Bodies That Matter*, xviii.

44. Morantz-Sanchez, *Sympathy and Science*, 31-32, 154, 232, 234; Cayleff, *Wash and Be Healed*, 91-92. The first generation of women doctors were largely sectarians, or homeopathic practitioners. Although this worked in their favor for gaining social reform, and especially, women's rights, by the second-half of the nineteenth century, sectarian medicine had gained a reputation as a feminine sphere. This feminization, in part, contributed to a perception of homeopathy as a lesser field of medicine in comparison with allopathy. Hydropathy, in particular, became a specialty practice among women, and water-cure facilities were designated a "female environment" (Cayleff, 92, 91).

45. Butler, *Bodies That Matter*, 18; emphasis in original has been removed.

46. Dyckfehderau, “Moral Pap,” 163; my emphasis.

47. Halberstam, *Female Masculinity*, 54.

48. Karl Heinrich Ulrichs defined “uranism” as the state of being a Uranian, which he considered a third sex. More specifically, a Uranian was “a female psyche in a male body” who desired men. To clarify, a uranian was not someone who was born cis-female, but dressed as male; rather a uranian was a cis-male who performed femininity and desired men. Like his contemporary, Havelock Ellis, Ulrichs was mainly concerned with male homosexuality. Krafft-Ebing deploys the term in relationship to female sexuality, and the androgyne, specifically, emphasizing the performative aspect rather than desire.

49. Richard von Krafft-Ebing, *Psychopathia Sexualis*, Twelfth Edition, trans. F. J. Rebman (New York: Rebman, 1906), 398, accessed 7 February 2017, https://babel.hathitrust.org/cgi/pt?id=nyp.33433070246818;view=1up;seq=1

50. Ibid., 389.

51. Melyssa Wrisley, “Stella Blum Grand Report: ‘Fashion I Despised’: Charlotte Perkins Gilman and American Dress Reform, 1880-1920,” *Dress* 33 (2006), 99. The Bloomer Suit was a pair of women’s loose trousers gathered at the ankles and worn under a short knee-length dress or skirt with a vest. Amelia Bloomer, for whom the Bloomer Suit is named, first introduced her physiologically-minded suit in the 1850s in her own temperance and women’s rights journal, *The Lily*. It received heavy criticism among men and women alike as “too masculine,” and subsequently, lost favor by the dawn of the Civil War. Although Alcott and Gilman both publicly defended dress reform, neither actually wore the Bloomer costume. Alcott claims she did not lace, though her contemporaries may or may not have observed otherwise (see Macmillan, 195). Gilman wore “corset waists” and “staylaces” instead of corsets themselves; these undergarments hung from the shoulders and fit more loosely than boned corsets. She also wore pantaloons and “chemiloons” under ankle-length dresses, which allowed for freer movement but were not as scandalous as bloomers (Wrisley, 100). [Sally G. McMillan, *Seneca Falls and the Origins of the Women’s Rights Movement* (Oxford: Oxford UP, 2008).]

52. Halberstam, *Female Masculinity*, 6.

53. Ibid.

54. Ibid., 57.

55. Butler, *Bodies That Matter*, 19. In Chapter Four, “Disabling Birth Control: Scientific Sex Education and Eugenic Feminism in Gilman’s *Herland*,” I read *Herland* alongside Elizbeth Grosz’s *Volatile Bodies: Toward a Corporeal Feminism*, exploring how parthenogenesis serves as a metaphor for birth control and is simultaneously deployed as a liberating and oppressive material-discursive subject.

56. Charlotte Perkins Gilman, *Herland and Selected Stories*, ed. Barbara H. Solomon (New York: Signet, 1992), 32. Subsequent references to this text cited in the body of the chapter.

57. Carol Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (Oxford: Oxford UP, 1985), 176. Smith-Rosenberg identifies the 1880s-1890s as the period in which the New Woman emerged; her image would remain until post-suffrage (1920s). Henry James coined the term “New Woman” in reference to “American women of affluence and sensitivity” who were predominately “[y]oung and unmarried” and “rejected social conventions, especially those imposed on women.” James warns women against developing such radical sentiments, and speaks of them in a derogatory manner. Many women, however, embraced the term, and considered New Womanhood a positive attribute rather than a negative one. By the early twentieth century, the term came to embody far more women than simply those in middle-to-upper class society with “affluence and sensitivity.”

58. Frederick Wegner considers Gilman’s woman doctors representative of the New Woman, while Caroline Brown considers Gilman herself a product of the New Woman movement, which Brown claims, is reflected in her literary texts both fictional and non-fictional. Deborah De Simone agrees with Brown, asserting that the key

characteristic of Gilman's New Woman ideal was intellectual independence. [Fredrick Wegner, "'What a Comfort a Woman Doctor is!': Medical Women in the Life and Writing of Charlotte Perkins Gilman," in *Charlotte Perkins Gilman: Optimist Reformer, eds. Jill Rudd and Val Gough* (Iowa City: U of Iowa P, 1999), 45-73; Caroline Brown, "The Madwoman's Other Sisters: Charlotte Perkins Gilman, Gloria Naylor, and the Re-Inscription of Loss," in *Charlotte Perkins Gilman: New Texts, New Contexts,* ed. Jennifer S. Tuttle and Carol Farley Kessler (Columbus: The Ohio State UP, 2011), 200-221; Deborah M. De Simone, "Charlotte Perkins Gilman and Education Reform," in *Charlotte Perkins Gilman: Optimist Reformer,* eds. Jill Rudd and Val Gough (Iowa City: U of Iowa P, 1999).]

59. Wrisley, "Stella Blum," 99, 106-108.

60. Ibid., 108.

61. It's worth noting that Alcott was not a New Woman, not only because this feminist ideal did not yet exist, but also because neither she nor her characters fulfill Krafft-Ebing's critique of the "androgene." Rose from *Eight Cousins* is often discussed as a Real Woman, rather than a proto-New Woman. Unlike the New Woman, Cogan explains, the Real Woman was not feminist, but simply progressive in her claims that women could use principles from reform physiology and dress reform in becoming better wives and mothers. In my opinion, Rose–and Alcott–falls somewhere between New Womanhood and Real Womanhood, for although Rose does perform masculinity, she eventually conforms within nineteenth-century sexual standards by wearing dresses and marrying Mac Campbell. For more on the ideal of Real Womanhood, see Frances B. Cogan, *All American Girl: The Ideal of Real Womanhood in Mid-Nineteenth-Century America* (Athens, GA: The U of Georgia P, 1989).

62. Butler, *Bodies That Matter*, 140.

63. Ibid., 170, 169.

64. Bridget Bennett, "Pockets of Resistance: Some Notes Towards an Exploration of Gender and Genre Boundaries in *Herland*," *A Very Different Story: Studies on the Fiction of Charlotte Perkins Gilman*, eds. Val Gough and Jill Rudd (Liverpool: Liverpool UP, 1998), 50; Ann J. Lane, *To Herland and Beyond: The Life and Works of Charlotte Perkins Gilman* (New York: Pantheon Books, 1990), 166-67; Helen Lefkowitz Horowitz, *Wild Unrest*: *Charlotte Perkins Gilman and the Making of "The Yellow Wallpaper"* (Oxford: Oxford UP, 2010), 192. There is some debate among literary scholars concerning whether *Herland* is or is not a lesbian text. Bridget Bennett represents one perspective from this proto-lesbian camp, since she speculates that "Gilman may be establishing a lesbian pocket of woman-identified women who live and work together harmoniously" (50). Admittedly, *Herland* is a feminist separatist utopia that consists entirely of women. However, Gilman specifically describes Herlanders as parthengenic, and purposefully uses Jeff in her novel as a means for reintroducing heterosexual reproduction. Moreover, Herlanders cannot conceive of sexual activity for pleasure. As I discuss in chapter four of this dissertation, Van provides Ellador with a sex education that suggests sexual intercourse might function as a pleasurable activity. She responds, horrified, "'Do you mean,' she asked quite calmly…'that you, when you marry people, they go right on doing this [sex] in season and out of season, with no thought to children at all?'" (126-27). It appears Van–and Gilman–seek to revise our own cultural attitudes which strictly associate sexual activity with reproduction. But, as Horowitz reveals in *Wild Unrest*, Gilman had complicated views toward sexual intercourse.

Scholars have suggested that one of the reasons for Gilman's complicated relationship with sexuality and sexual intercourse is because she might have had a lesbian relationship herself. Gilman does admit to a possible lesbian affair in a letter to her would-be second husband, Houghton Gilman. She expresses an awareness of the social stigma surrounding her intimate relations with Adeline Knapp, yet proclaims, "I am not sorry nor ashamed of my life" (166): "I see no reason, looking back, to regret one step…But you must consider the disagreeable practical possibilities like this," Gilman warns Houghton, knowing he is about to propose marriage. "Fancy San Francisco papers with a Profound Sensation in Literary Articles! Revelations of a Peculiar Past! Mrs. Stetson's Love Affair with a Woman. Is this Friendship! and so on" (166-67). Although Anne J. Lane documents the possibility of Gilman's lesbian affair in her biography, she remains skeptical that an affair occurred (166). Lane observes that Gilman "needed physical demonstrations" of love, though "not necessarily sexual" demonstrations (166). For this reason, Gilman's passionate relationship with Delle might have just been an intense friendship. On the other hand, Horowitz asserts that Gilman's language leaves no room for interpretation, rather Gilman did have a lesbian relationship with Delle: "The many words here–passionate, peculiar, love affair–are keys that informed her fiancé (and that confirm today) that this was, in the

language of our era, a lesbian relationship" (192). Even if she had engaged in a lesbian affair with "Delle," Gilman likely distanced herself from lesbianism in her fiction, specifically *Herland* and "Joan's Defender," since "lesbian" adopted a negative connotation because of Krafft-Ebing's popular sexologist texts.

65. Halberstam, *Female Masculinity*, 57.

66. Ibid., 59.

67. Butler, *Bodies That Matter*, xxvi.

68. Ibid.; see also Samuels, "Critical Divides," 49-50.

69. Theriot, *The Biosocial Construction of Femininity*, 2, 93, 111.

70. Ibid., 2, 93.

71. Mary Ziegler, "Eugenic Feminism: Mental Hygiene, the Women's Movement, and the Campaign for Eugenic Legal Reform, 1900-1935," *Harvard Journal of Law & Gender* 31, no. 1 (2008), 225-28.

72. Charlotte Perkins Gilman, *Women and Economics: A Study of the Economic Relation Between Men and Women as a Factor in Social Evolution (1898)* (Berkley: U of California P, 1998), 186.

73. Cris Mayo, *Disputing the Subject of Sex: Sexuality and Public School Controversies* (Lanham: Rowman & Littlefield Publishers, Inc., 2004), 41.

74. Ibid.

75. Ibid., 47.

76. Ibid., 51, 54.

77. Butler, *Bodies That Matter*, 169.

78. Ibid., 18.

79. Mayo, *Disputing the Subject of Sex*, 55; Bonnie Nelson Trudell, *Doing Sex Education: Gender Politics and Schooling* (New York; Routledge, 1993), 129.

80. Trudell, *Doing Sex Education*, 129.

81. Ibid., 129.

82. David Wiley and Kelley Wilson, *Just Say Don't Know: Sexuality Education in Texas Public Schools*, ed. Ryan Valentine (Texas Freedom Network Education Fund, 2009), 36, accessed 9 February, 2017, http://tfn.org/cms/assets/uploads/2015/11/SexEdRort09_web.pdf.

83. Ibid.

84. Ibid.

85. Ibid.

86. Ibid.

87. Tompkins, *Sensational Designs*, xi.

88. Herbert N. Foerstel, *Banned in the U.S.A.: A Reference Guide to Book Censorship in Schools and Public Libraries* (Westport, CT: Greenwood Press, 2002), 135-39.

89. Moran, *Teaching Sex Education*, 234.

90. Quoted in Foerstel, *Banned in the U.S.A.*, 138.

91. Davis, *Bending Over Backwards*, 32.

Chapter Three: At the "Crux" of Sex Education: Disabling Venereal Diseases in Meyer's *Helen Brent, M.D.* and Gilman's *The Crux*

1. Lost films are feature-length or short films which no longer exist in any studio archives, private collections, or public archives, and are, therefore, unviewable. The U.S. Library of Congress maintains plot descriptions for some lost films such as *Damaged Goods* (1914). Additional knowledge concerning specific lost films usually arise from secondary sources such as documented first-person accounts, film posters, or stills.

2. In *Herland*, Gilman advocates sex education occurring outdoors in nature. See chapter four of this dissertation, "Disabling Birth Control: Scientific Sex Education and Eugenic Feminism in Gilman's *Herland*," for a fuller conversation concerning Gilman's back-to-nature, biologically-based sex education program.

3. Emily Martin, *Flexible Bodies: Tracking Immunity in American Culture–From the Days of Polio to the Age of AIDS* (Boston: Beacon Press, 1994), 136.

4. Ibid., 12, 131.

5. Ibid., 131-32, 134.

6. Ibid., 139.

7. Ibid.

8. Ibid., 53.

9. Ibid.,125.

10. Ibid., 119.

11. Cary Wolfe, *What is Posthumanism?* (Minneapolis: U of Minnesota P, 2010), xii.

12. Moran, *Teaching Sex*, 52.

13. For a more detailed historical account of the "Chicago experiment" of 1913, see Moran, *Teaching Sex*, 50-54.

14. Moran, *Teaching Sex*, 69. See also John D'Emilo and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago: The U of Chicago P, 2012), 211; Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford UP, 1987), 52-121.

15. Moran, *Teaching Sex*, 70.

16. Martin, *Flexible Bodies*, 25-26.

17. Ibid., 139.

18. Ibid., 26.

19. Ibid., 54.

20. Ibid., 109.

21. Ibid., 55.

22. Ibid., 56.

23. Quoted in Martin, *Flexible Bodies*, 56.

24. Martin, *Flexible Bodies*, 56.

25. Ibid., 61.

26. Mary Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (New York: New York UP, 1997), 6. By the 1830s, most medical authorities agreed that "it was quite possible for all women to carry some taint of venereal disease," and though this prevailing sentiment was challenged by a perceived "gulf between the upright woman and the fallen woman," this foundational rhetoric made it possible for transferring the origins of venereal disease from females bodies, generally, to female prostitutes, specifically. In other words, prostitutes could not have been considered harbingers of venereal disease if the female sex had not first been considered "diseased" by her very nature. See also "The Attack on Prostitution" section from D'Emilio and Freedman, *Intimate Matters*, 208-215.

27. Secretary of War, Newton Baker, collaborated with ASHA during World War I to create the CTCA just eleven days after the declaration of war (Brandt, 59). Civilians and military officers alike feared US troops would return from abroad with venereal diseases not only because soldiers would be exposed to "foreign" environments; civilians feared military camps lacked structure and the moral guidance soldiers received at home. By the end of World War I, the United States government had not only established a government-sanctioned public sex education program; they also founded the U.S. Public Health Department with its own special division in charge of containing venereal diseases and promoting sex education.

28. Eric Schaefer, *Bold! Daring! Shocking! True!: A History of Exploitation Films, 1919-1959* (Durham: Duke UP, 1999), 21-22.

29. Ibid., 22.

30. Ibid., 23.

31. Ibid. See also Annette Kuhn, *Cinema, Censorship, and Sexuality, 1909-1925* (New York: Routledge, 1988).

32. Schaefer, *Bold! Daring! Shocking! True!*, 23, 24.

33. Charlotte Perkins Gilman, "The Vintage," *The Yellow Wall-Paper, Herland, and Selected Writings*, ed. Denise D. Knight (New York: Penguin Books, 2009), 297. Subsequent references to this text are cited parenthetically in the body of the article.

34. Spongberg, *Feminizing Venereal Disease*, 166. See also Brandt, *No Magic Bullet*, 26-30. Morrow argued that mothers suffered most from venereal disease infection and that "[t]hese crimes against the family will continue until women know, as they have a perfect right to know, the facts which so vitally concern their own health and the health and lives of their children" (Qtd. in Brandt, 29). His rationale for sex education appears feminist, and he would in fact consider it feminist, as would Gilman; yet, it is embroiled in a heterosexist worldview that simultaneously deifies motherhood.

35. Moran, *Teaching Sex*, 31. The organization was founded in 1905 by Morrow and the New York Academy of Medicine. It was the first of many sex hygiene organizations. The popularity of and demand for sex hygiene not only resulted in hundreds of regional and state organizations by 1910, but also Morrow was encouraged to found a national organization, the American Federation for Sex Hygiene. Upon Morrow's death in 1913, this organization would gain new leadership and a new name, the American Social Hygiene Association (ASHA), which would establish a national curriculum for institutionalized public sex education. For a more comprehensive history of sex education in the United States, see Moran's *Teaching Sex*.

36. Foucault, *The History of Sexuality*, 27, 92, 99.

37. D'Emilio and Freedman, *Intimate Matters*, 204-05. According to D'Emilio and Freedman, Prince Morrow "placed the blame not on the female prostitute, but on 'masculine unchastity'" (204). Although they credit Morrow with founding the social hygiene movement itself, D'Emilio and Freedman acknowledge that Morrow's followers and later social hygiene movement supporters did not wholly agree with Morrow's conclusions in *Social Diseases and Marriage*. Thus, many–including Charlotte Perkins Gilman–identified prostitution as synonymous with venereal disease, even though Morrow did not hold such as position.

38. Prince Morrow, *Social Diseases and Marriage* (New York and Philadelphia: Lea Brothers and Co., 1904), 332, accessed 15 September 2016, https://babel.hathitrust.org/cgi/pt?id=hvd.32044014647192;view=1up;seq=13.

39. According to Mary Ziegler, thirty-three states would, in fact, pass eugenic sterilization laws from 1909 to 1930 (212). Gilman primarily supported birth control from preventing reproduction among "defectives" such as prostitutes, but she also endorsed involuntary sterilization for "defectives" as an alternative (228). For more on the role of birth control and involuntary sterilization in eugenic feminism, see Mary Ziegler, "Eugenic Feminism: Mental Hygiene, the Women's Movement, and the Campaign for Eugenic Legal Reform, 1900-1935," *Harvard Journal of Law & Gender*, 31, no. 1 (2008). Judith Allen also discusses Gilman's specific attitudes toward prostitution, an institution which Gilman blamed for the spread of venereal diseases. Gilman, in fact, considered prostitution among "the three greatest evils" of *fin de siècle* society, contributing to our "androcentric culture" (qtd in Allen, 175). Her rationale for opposing prostitution would, Allen admits, "disturb or offend current feminist sensibilities" (174). Yet, like Ziegler, Allen finds Gilman's rationale was based in feminist theory to which she significantly contributed. Allen credits Gilman with providing "a sound biological basis for feminism through a reworking of contemporary evolutionary theory" (174), prefiguring such feminist theorists Simone de Beauvoir (193), and I would add, feminist science studies theorists such as Anne Fausto-Sterling. [Judith Allen, "Reconfiguring Vice: Charlotte Perkins Gilman, Prostitution, and Frontier Sexual Contacts," in *Charlotte Perkins Gilman: Optimist Reformer*, ed. Jill Rudd and Val Gough (Iowa City: U of Iowa P, 1999), 173-199.]

40. Jan MacKell, *Brothels, Bordellos, and Bad Girls: Prostitution in Colorado, 1860-1930* (Albuquerque: U of New Mexico P, 2004). MacKell dispels a prominent wild west myth in her book, proving that most Colorado towns and cities were settled by prostitutes not miners or cowboys. Although miners did travel west in search of wealth or land, their settlements appeared more like camps than towns. In the 1880s, prostitutes followed the miners, many of whom welcomed their companionship and their business, since profitable parlor houses, bordellos, cribs, and brothels generated more business and allowed for new business ventures. Certainly, there was some opposition, and as more women moved west during the early 1910s, prostitution as a profession was challenged based upon moral grounds. In many cities, prostitution was outright prohibited by law, but most civic leaders turned a blind eye. However, as MacKell explains, "city officials recognized the value of assessing fines versus closing the bordellos down. Like most of Colorado's towns, the city simply enacted a monthly fine and enjoyed the profits" (123).

Judith Allen also finds Gilman's *The Crux* "recast[s] prevailing stereotypes" of the "wild west" (190); Gilman even confirms MacKell's claim that prostitution was an integral factor for settling the western frontier, since for Gilman, "prostitution in the West was a coordinate of a strong marriage market for women" (177). In other words, the fact that prostitution was a financially-successful business venture proved not only the opportunity for a successful marriage market "out west," but the *necessity* of it. Allen explains, essentially, how Gilman proves MacKell's historical assessment, since Gilman believed "[t]he consequences of prostitution…had to be faced by a pioneering group of 'clean' women, to set the eugenic wrongs to right and to put the prostitute out of business," not realizing how much western towns relied upon prostitution as a business venture for the town's success (178).

41. For the term "baby utopia," see Charlotte Perkins Gilman, *Moving the Mountain* (Blacksburg, VA: Wilder Publications, Inc., 2011); see also Val Gough, "'In the Twinkling of an Eye': Gilman's Utopian Imagination," in *A Very Different Story: Studies on the Fiction of Charlotte Perkins Gilman* (Liverpool: Liverpool UP, 1998), 131. In her preface to *Moving the Mountain*, Gilman called the novel her "short distance Utopia" or "baby Utopia" (5). Scholars have come to consider this "baby utopia" as Gilman's "blueprint" utopia. In other words, scholars consider *Moving the Mountain* a space for utopian play in which Gilman experiments with pragmatic social reform measures she intended her readers to seriously consider (Gough, 131). Further discussion concerning Gilman and utopian fiction, including *Moving the Mountain*, appears in chapter four of this dissertation.

42. Barker-Benfield, "Sexual Surgery," 283.

43. Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth Century View of Sexuality," *Feminist Studies* 1, no. 1 (1972), 54. For more on long nineteenth-century public opinion toward prostitutes and prostitution, see Horowitz, *Rereading Sex*, 118-122, 151, 204.

44. Charlotte Perkins Gilman, "Birth Control," *The Forerunner* 6, no. 7 (1915), 180, accessed June 4, 2015, http://babel.hathitrust.org/cgi/pt?id=coo.31924106110657;view=1up;seq=187.

45. Ibid.

46. Gilman, *Moving the Mountain*, 46

47. Mary Ziegler defines eugenic feminism as "feminists involved in the eugenic reform movement" whose primary argument centered on how "the eugenic decline of the race could be prevented only if women were granted greater political, social, sexual, and economic equality" (213). Although Ziegler admits that eugenic feminism was–and is–a "contraction in terms," it ultimately provided women an opportunity for greater personal autonomy (235).

48. Charlotte Perkins Gilman, *The Crux (1911), ed. Jennifer S. Tuttle (Newark: University of Delaware Press, 2002),* 140. Subsequent references to this text are cited parenthetically in the body of the article.

49. Gordon, *Moral Property*, 57, 59, 60; see also Janet Farrell Brodie, *Contraception and Abortion in Nineteenth Century America* (Ithaca, NY: Cornell UP, 1994), 262. The voluntary motherhood movement is considered a precursor to the birth control movement. It was most active in the United States from the 1870s through the 1890s.

50. Gilman, *The Crux*, 123. When she first recognizes Morton's symptoms as syphilis, Dr. Bellair confronts Morton's physician, Dr. Richard Hale, and demands, "'Are you going to sit still and let that dangerous patient of yours marry the finest girl in town?'" (123). "'You know what he's got,'" Dr. Bellair continues, referring to Morton's syphilis. Dr. Bellair, however, is not simply concerned with Vivian's personal health and her right to sex education, rather she considers Vivian a eugenic specimen of race health. Dr. Hale, however, is not convinced by her humanitarian argument, retorting, "You know how I feel about this. It is a matter of professional honor. You women don't seem to know what the word means. I've told that good-for-nothing wreck that he has no right to marry for years yet, if ever. That is all I can do. I will not betray the confidence of a patient" (123). Dr. Bellair, however, has no scruples with "betray[ing] the confidence of a patient," and decides to reveal Morton's dirty secret to Vivian.

51. Fausto-Sterling, *Sexing the Body*, 27.

52. Ibid., 22.

53. For a comprehensive history of the Reproductive Justice Movement, see Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York UP, 2003). Nelson explains that, throughout most of the twentieth century, women of color suffered involuntary sterilization and poor pregnancy and delivery conditions because of their race and/or class. The 1990s Reproductive Justice Movement challenged involuntary sterilization as their primarily political platform.

54. Nancy Mairs, "Sex and the Gimpy Girl," *River Teeth: A Journal of Nonfiction Narrative* 1, no. 1 (1999), 3-10.

55. Siebers, "Disability Experience on Trial," 300.

56. Fausto-Sterling, *Sexing the Body*, 34-35, 44.

57. Ibid., 20.

58. Siebers, "Disability Experience on Trial," 301.

59. Ibid.

60. Ibid.

61. Butler, *Bodies that Matter*, 6.

62. Fausto-Sterling, *Sexing the Body*, 24.

63. Ibid., 40-41, 35-36.

64. Ibid., 28, 45-54.

65. Annie Nathan Meyer, *It's Been Fun: An Autobiography* (New York: Schuman, 1966), 218. At the *fin de siècle*, the phrase, "social evil" became a common euphemism for both "venereal disease" and "prostitution." Since venereal disease was believed to originate in the body of the prostitute, the meaning of "social evil" became conflated (see Brandt, *No Magic Bullet*, 24, 32, 95). I, however, believe Meyer is specifically referring to "venereal disease" in her use of the term "social evil," since she does not discuss prostitutes in the context of her medical fiction.

66. In her autobiography, Meyer describes her unpublished novel as "about a woman who craved maternity, but who did not want either marriage or just sleeping with a man. She had her child by artificial insemination, a theme which shocked two publishing houses to the marrow, but which today is written of quite casually in the daily newspapers." Because of its shocking subject, Meyer "didn't continue to offer it to other houses" (*Fun*, 3). If we can trust Meyer's memory, this unpublished novel would have been written circa 1916. It is possible that this novel is the same feminist utopian novel she sketches in her 1922 diary entry. However, there are discrepancies including (1) the dates and (2) the fact that Meyer never uses the words "artificial insemination" in her diary.

In the sketch of her feminist utopian novel, Meyer describes a central protagonist, a female scientist, who embarks on a mission to find "a big leader among women to try to persuade her to make those who follow her bear children and decide themselves to bear" children. Many of these presumably elder women who remember the days of natural childbirth have "died off." Nevertheless, she learns from this tribe of women folk "tales about a mother once worshipped–a virgin" who produced parthenogenically, without men. Meyer's female scientist seeks to do the same, eschewing artificial birth control for natural methods of reproductive intervention and control. Her novel echoes both Mary E. Bradley Lane's *Mizora* (1882) and foreshadows Gilman's *Herland* (1915). These intersections are currently being explored in an article which I am writing for publication, and will not be explicated here. As her first novel, and one that specifically deals with syphilis rather than reproductive technologies, Meyer's *Helen Brent, M.D.* appears unique in terms of historical context and Meyer's canon. Meyer's 1922 diary entry detailing the plot and organization of her feminist utopian novel can be found here: Annie Nathan Meyer, Oct. 14, 1922. Journal Entry. Series MS-7, Box 12, Folder 6, The Jacob Rader Marcus Center of the American Jewish Archives, Annie Nathan Meyer Papers.

67. Meyer, *It's Been Fun*, 3.

68. Myrna Gallant Goldenberg, "Annie Nathan Meyer: Barnard Godmother and Gotham Gadfly" (dissertation, University of Maryland–College Park, 1987), 147, n57.

69. Lynn D. Gordon, "Annie Nathan Meyer and Barnard College: Mission and Identity in Women's Higher Education, 1889-1950," *History of Education Quarterly* 26, no. 4 (1986), 508.

70. Deborah Kuhn McGregor, *From Midwives to Medicine*: *The Birth of American Gynecology* (New Brunswick, NJ: Rutgers UP, 1998), 69, 74, 126.

71. It's worth noting that T. Gaillard Thomas became a famous gynecologist in his own right, since Thomas was the first doctor to perform and publish an account on vaginal ovariotomy (in 1870).

72. McGregor, *From Midwives to Medicine*, 96, 141, 166. McGregor offers a comprehensive history of gynecology and its development as a serious, respected, professional field of science. She specifically finds that "surgery provided an impetus and the mission for the establishment of the Woman's Hospital," and in fact, contributed to the authority and development of gynecology as a professional field (96).

73. Lillian R. Furst, *Between Doctors and Patients: The Changing Balance of Power* (Charlottesville and London: UP of Virginia, 1998), 148, 128. This class division may have been compounded when hospitals became closely associated with colleges and universities as a means of providing hands-on experience prior to or after graduation. In other words, our modern concept of "residency" after nursing school or medical school graduation developed during the late nineteenth-century, but since the practice was not yet regulated, patients were exploited by hospitals for medical residency. Furst identifies J. Marion Sims' Woman's Hospital in New York as one of many hospitals that applied a social class hierarchical structure toward patients. McGregor confirms Furst's findings, stating that although Sims' New York City Woman's Hospital was "arranged to accommodate a different level of ability to pay on each floor," race played a role as much as class in terms of degree of treatment (197).

74. Annie Nathan Meyer, *Helen Brent, M.D. (1892)* (Rochester, NY: Scholar's Choice), 71. Subsequent references to this text are cited parenthetically in the body of the article.

75. Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985), 110.

76. D'Emilio and Freedman, *Intimate Matters*, 141.

77. Ibid., 156.

78. Ibid., 155.

79. McGregor, *From Midwives to Medicine*, 202.

80. The social purity movement was a *fin de siècle* health reform movement that sought to eradicate venereal disease and prostitution. In my Introduction to *Helen Brent, M. D*. (Hastings, NE: Hastings College Press, 2017, forthcoming), I argue that Meyer's *Helen Brent, M.D.* is a social purity text written from a feminist perspective. Although we do not know whether Meyer was an active participant in the social purity movement, we do know that she was an active health reformer alongside her husband, and together, they may have defended social purity, or at least, venereal disease eradication. It is also worth noting that Meyer had tenuous relationship with the New York City feminist movement specifically because she was not a suffragist. She was, in fact, an active member of the Anti-Suffrage movement, a point she continues to defend in her memoir, *It's Been Fun* (1966), long after suffrage. Anti-Suffrage, however, does not translate to "anti-feminist," as I argue in my Introduction to *Helen Brent, M. D*. Meyer had "precise reasons" for her Anti-suffrage sympathies: "Antis had always stood for conscientious use of the ballot, once it was ours," yet it should not be "ours" until women achieve a fair education, Meyer explains (*Fun*, 205). Meyer feared irresponsible and ignorant voting, a position many Antis held, according to Manuela Thurner. Antis and suffragists were not necessarily oppositional to one another, rather they were working toward the same goals–women's rights–but in different ways (Thurner, 37). Meyer, in fact, was stridently feminist, but her activist work lied primarily in achieving higher education and professional careers for women. [Manuela Thurner, "'Better Citizens Without the Ballot': American Anti-Suffrage Women and Their Rational During the Progressive Era," *Journal of Women's History* 5, no. 1 (1993), 33-60.]

81. Brandt, *No Magic Bullet*, 40, 161. Scientists would not find a cure for syphilis until penicillin was discovered in 1929 and implemented as a treatment in 1943.

82. As Londa Schiebinger reveals, flowers played a significant role in early gynecological study. Even before gynecology was established as a professional field of medicine, scientists such as Carl Linnaeus compared female anatomy with flower biology as a means of explaining human sexuality, albeit from a decidedly heterosexual position (4). One of the first textbooks to include a detailed diagram of female anatomy and physiology depicts the female body as opening like a flower (Horowitz, *Rereading Sex*, 21), a point to which I will return in chapter four of this dissertation. Therefore, I do not find it coincidental that Alcott names her protagonist "Rose" or that Meyer names one of her minor characters "Rose." Alcott does so to reaffirm comparative anatomy for sex education, especially since she finds female reproductive health shaped by environmental forces rather than biological ones. Meyer, on the other hand, finds this traditional sex education approach faulty. This is perhaps why "Rose" dies but "Lotus" lives. The traditional comparative anatomy approach censors sexual knowledge, especially for a female audience, whereas Meyer's liberal approach, which she promotes in Dr. Brent's education of Lotus, allows for sexual knowledge dissemination and survival. [Londa Schiebinger, *Nature's Body: Gender in the Making of Modern Science* (New Brunswick, NJ: Rutgers University Press, 2010).]

83. D'Emilio and Freedman, *Intimate Matters*, 156, 150-156.

84. Ibid., 154.

85. Fausto-Sterling, *Sexing the Body*, 5.

86. Alaimo, *Bodily Natures*, 146.

87. Brandt, *No Magic Bullet*, 192.

88. Ibid., 199.

89. Martin, *Flexible Bodies*, 136.

90. Ibid., 237.

91. Trudell, *Doing Sex Education*, 128.

92. Ibid., 106.

93. Ibid., 6, 8, 129; see also Moran, *Teaching Sex*, 221. By "banking model," I refer to the banking concept of education which Paulo Freire critiques. Trudell and Moran both note in their studies that this model is heavily directed toward test-based evaluation.

94. Moran, *Teaching Sex*, 208.

95. Ibid., 210.

96. Ibid., 216.

97. Trudell, *Doing Sex Education*, 179.

98. Ibid.

99. Ibid., 181, 183.

100. Moran, *Teaching Sex*, 234.

Chapter Four: Disabling Birth Control: Scientific Sex Education and Eugenic Feminism in Gilman's *Herland*

1. Moran, *Teaching Sex*, 60.

2. Gordon, *Moral Property*, 162.

3. Ibid.

4. Bigelow, *Sex-Instruction*, 8.

5. Karen Barad, "Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter," *Signs: Journal of Women in Culture and Society* 28, no. 3 (2003), 827. The quote from Barad actually states, "Nature is neither a passive surface awaiting the mark of culture nor the end product of cultural performance." Her quote is often used in the context of material feminisms, and in fact, was reprinted in Stacy Alaimo and Susan Hekman's *Material Feminisms* (Bloomington: Indiana UP, 2008). Since "pernicious associations between 'woman' and 'nature'" exist in Western culture "nature" itself has remained a "treacherous terrain for feminism," leading to a "flight" from nature and materiality in feminist discourse (12, 3). Material feminisms, or corporeal feminisms, as Elizabeth Grosz initially refers to it, seeks to rectify negative associations of "woman" with "nature" and reclaim nature and matter as feminist space.

6. Snitow, *The Feminism of Uncertainty*, 27, 28. Snitow identifies "feminism's defining characteristic" as predicated on names including, but not limited to, "maximizers" and "minimizers," or what many contemporary feminist theorists consider "essentialism" and "gender-minimizing," respectively. Maximizers find value and empowerment in the category of "woman." Minimizers, in contrast, seek to undermine the category of "woman," since they fear gender-maximizing holds close associations with essentialism, or biological sexual difference.

7. D'Emilio and Freedman, *Intimate Matters*, xv.

8. Ibid., x-xi.

9. Horowitz, *Rereading Sex*, 407-08.

10. Ibid., 9. The first edition of *Plain Home Talk* (1870) did contain information on birth control methods, but future editions removed any discussion of birth control due to the Comstock laws.

11. Horowitz, *Wild Unrest*, 83-84. Edward Bliss Foote famously debated "sexual physiology" with Caroline Winslow in essays published in *Dr. Foote's Health Monthly* and *The Alpha* from 1883-1884. Horowitz finds this debate significantly influenced Gilman's own position on sexual physiology, since Gilman would at times identify with Winslow's argument for "procreative sex only," and at other times conceding with Foote's assertion of sexual magnetism and birth control in curbing sexual magnetism.

In the debate, and throughout his career, Foote defended birth control, and even sold it in his New York City practice. Although he restricted birth control within the confines of marriage, Foote believed men and women harbored a sexual magnetism that needed expression through regular sexual intercourse. Winslow, in contrast, followed the philosophy of conservative reform physiologist Sylvester Graham. She believed sexual intercourse served only procreative purposes and that married couples should engage in sexual intercourse infrequently throughout their lives together. Winslow did not recognize a need for birth control, arguing for "continence," or abstinence, instead.

12. Charlotte Perkins Gilman, "Birth Control," *The Forerunner* 6, no. 7 (1915), 178, 179, accessed June 4, 2015, http://babel.hathitrust.org/cgi/pt?id=coo.31924106110657;view=1up;seq=187.

13. Ibid., 178.

14. Brodie, *Contraception*, 35, 37. Gilman recognizes the need for birth control for the same reasons historian Janet Farrell Brodie claims many women in the late nineteenth and early twentieth centuries appeared desperate for birth control: Aside from the "deep fear that she would die in childbirth," many women expressed "concern that more children would interfere with her ability to nurture those already born," or worse for Gilman, that subsequent children would impeded a woman's financial, psychological, moral, or physical health.

15. Charlotte Perkins Gilman, "Why I Wrote the Yellow Wallpaper," *The Yellow Wallpaper and Other Stories*, ed. Robert Shulman (Oxford: Oxford UP, 2009), 331-332. Gilman famously claimed that she wrote "The Yellow Wallpaper" as an expose on S. Weir Mitchell's "Rest Cure," hoping that readers might learn from her experience that drove her "so near the border line of utter mental ruin" ("Why," 331). Gilman followed Mitchell's advice for three months, eventually "cast[ing] the noted specialist's advice to the winds and went to work again." In addition, she "sent a copy to the physician who so nearly drove me mad," and many years later, found that "the great specialist had admitted to friends of his that he had altered his treatment of neurasthenia since reading *The Yellow Wallpaper*." Gilman concludes that the short story "was not intended to drive people crazy, but to save people from being driven crazy," and concedes that, to some measure, "it worked" ("Why" 332). For more the writing and authorial intent behind Gilman's "The Yellow Wallpaper," see Ann J. Lane, *To Herland and Beyond: The Life and Works of Charlotte Perkins Gilman* (New York: Pantheon Books, 1990), 124-128; See also Horowitz, *Wild Unrest.*

16. See Gilman, *Women and Economics*. This is one of her primary arguments from *Women and Economics*: "We are the only animal species in which the female depends on the male for food, the only animal species in which the sex-relation is also an economic relation. With us an entire sex lives in a relation of economic dependence upon the other sex, and the economic relation is combined with the sex-relation" (5).

17. Gilman, *Living of Charlotte Perkins Gilman*, 305. Gilman reflects on her production of *The Forerunner*, stating that she required three thousand to break even. She never acquired more than fifteen hundred subscribers, and for this reason, she ceased production in 1916.

18. Horowitz, *Rereading Sex*, 406. Comstock also went after "free lovers" such as Victoria Woodhull, of whom Edward Bliss Foote was a supporter.

19. D'Emilio and Freedman find that information about birth control and contraceptives was widely distributed from the 1830s until the 1870s when Anthony Comstock lobbied for his law against it (59). Thus, Comstock did have cause for concern in the sense that birth control and contraceptives were widely used. His conflation of "birth control" and "abortion" was not uncommon for social reformers, and in fact, prior to 1912, no standardized language existed among medical practitioners, sexologists, social reformers, or lay persons for birth control. Instead, Brodie explains, "more labored language" existed for the techniques and devices used in preventing conception, among them "the prevention of conception," "the limitation of offspring," "the prevention of pregnancy," "the anti-conception art," "family limitation" or "the limitation of family," "preventatives," "regulators," and "checks" (Brodie, 5). By the advent of Margaret Sanger's birth control campaign in 1915, "birth control," "contraception," and "abortion" were defined separately, but Comstock did not differentiate. Worse, like many conservative social reformers, Comstock considered birth control and contraception forms of abortion simply because they interfered in "natural" reproductive processes.

20. Chris Ferns, "Rewriting Male Myths: *Herland* and the Utopian Tradition," in *A Very Different Story: Studies on the Fiction of Charlotte Perkins Gilman,* ed. Val Gough and Jill Rudd (Liverpool: Liverpool UP, 1998), 24.

21. Kenneth Roemer, *The Obsolete Necessity: America in Utopian Writings, 1888-1900* (Kent, OH: Kent State UP, 1976), 3. No less than 160 utopian works were published during these twelve years, and potentially more that we have yet to discover.

22. Ferns, "Rewriting Male Myths," 25. By "previously unrecognized attention," I refer to both a lack of attention to reproductive rights and sex education in late nineteenth- and early twentieth-century utopian tradition and a scholarly lack of attention to Gilman's *Herland* as a reproductive health narrative.

23. Robert C. Elliott, *The Shape of Utopia: Studies in a Literary Genre* (Chicago: U of Chicago P, 1970), 24.

24. Ibid.

25. Chris Ferns, *Narrating Utopia: Ideology, Gender, Form in Utopian Literature* (Liverpool: Liverpool UP, 1999), 30-31. Ferns considers *Herland* a utopian satire, particularly in its reversal of conventional gender roles: Herland women instruct Ourland men Van, Jeff, and Terry, even to the point of infantilizing them during their initial

arrival to Herland. Like Ferns, I derive my definition of utopian satire from Robert C. Elliott's *The Shape of Utopia*. Elliott finds utopian fiction itself satirical, not unlike More's *Utopia* (1516) from which the genre acquired its name.

26. Charlotte Perkins Gilman, *Herland and Selected Stories*, ed. Barbara H. Solomon (New York: New American Library, 1992), 28. Subsequent references to this text cited in the body of the chapter.

27. Shelley Fisher Fishkin, "Feminist Humor and Charlotte Perkins Gilman," in *Charlotte Perkins Gilman: New Texts, New Contexts*, eds. Jennifer S. Tuttle and Carol Farley Kessler (Columbus: Ohio State UP, 2011), 239.

28. In *Women and Economics*, Gilman boldly states that "'[m]asculine' and 'feminine' are only to be predicated of reproductive functions,–processes of race-preservation" (159). In this particular passage, what Gilman indicates is that the "sex-functions" of male and female bodies are only useful distinctions for reproduction. In other words, Gilman does not find sexual difference useful except within a reproductive context; she does not find gender difference useful at all, since men and women perform varying degrees of masculinity and femininity.

29. Havelock Ellis and John Addington Symonds, *Sexual Inversion* (London: Wilson and Macmillan, 1897). Ellis offers the first objective study of homosexual relations, since he does not discuss homosexuality as immoral, a disease, or a crime as did previous sexologists, most notably, Richard von Krafft-Ebing.

30. Ibid., 1

31. Foucault, *The History of Sexuality*, 43.

32. David Halperin, *One Hundred Years of Homosexuality* (New York: Routledge, 1989), 8-9.

33. Eve Kosofsky Sedgwick, *Epistemology of the Closet* (Berkley: U of California P, 1990), 47-8.

34. Ibid., 45, 48.

35. As discussed in chapter two of this dissertation, "Disabling the Tomboy: Domestic Sex Education in Alcott's *Eight Cousins* and Gilman's "Joan's Defender," Gilman purposefully distanced herself from lesbian associations (74-107).

36. Alex Shishin, "Gender and Industry in Herland: Trees as a Means of Production and Metaphor," in *A Very Different Story: Studies on the Fiction of Charlotte Perkins Gilman*, eds. Val Gough and Jill Rudd (Liverpool: Liverpool UP, 1998), 106.

37. Bennett, "Pockets of Resistance," 50. See also page 196, n61 from chapter two of this dissertation, "Disabling the Tomboy: Domestic Sex Education in Alcott's *Eight Cousins* and Gilman's 'Joan's Defender.'"

38. Brodie reveals that the rhythm method became a popular form of birth control as early as the 1840s and 1850s. As with the present-day approach, medical practitioners advised that "at certain times in every woman's menstrual cycle conception is impossible" (80), or at least, unlikely due to variations in fertility. Female patients would mark their calendars to determine days of fertility and infertility as a means of tracking–and preventing–conception. Unfortunately, nineteenth-century medical practitioners miscalculated the "window" for conception and many women–to their surprise–became pregnant. Nevertheless, Gilman's concept of parthenogenesis mirrors the rhythm method in concept in that it is a natural form of contraception based on seasons or cycles.

39. Gilman, "Birth Control," 179. I accentuate the term "seasonal model," since the rhythm method is itself a seasonal model of birth control which indicates an association between Gilman's concept of natural birth control and popular rhetoric for various birth control methods.

40. Ibid., 180.

41. Annette Kolodny, *The Lay of the Land: Metaphor as Experience and History in American Life and Letters* (Chapel Hill: U of North Carolina P, 1975) and *The Land Before Her: Fantasy and Experience of the American*

Frontiers, 1630-1860 (Chapel Hill: U of North Carolina P, 1984). See also Alaimo, *Undomesticated Ground*. Kolodny's *The Lay of the Land* unveils how early American male writers (mis)construe the land as female in their attempts to remove terror and mystery from the "howling wilderness," yet these narratives associating "nature" with "woman" also open space a for colonization rhetoric in which women are domesticated much like their natural counterparts. In contrast, Kolodny's *The Land Before Her* considers early American women's private writings and public statements as claiming the wilderness for "an idealized domesticity," or garden (xii). In contrast, Alaimo, drawing from Kolodny among others, finds that masculine discourse associates "virgin" land, or nature, with woman, yet women writers from the late nineteenth and early twentieth century pushed back against this narrative and rewrote nature as a feminist space.

42. Gordon, *Moral Property*, 59. Unlike Sanger and her supporters, Gilman sympathized did not initially defend artificial methods of birth control. In fact, she empathizes more with proponents of the earlier voluntary motherhood movement which rejected artificial methods of birth control, fearing that they would promote promiscuity. Gilman's alignment with the voluntary motherhood movement, rather than the birth control movement, is perhaps most clearly expressed in her essay, "Feminism or Polygamy": Gilman clearly warns against "artificial processes of prevention," or contraception, for they are "promoters of vice and disease," she claims. [Charlotte Perkins Gilman, "Feminism or Polygamy," *Forerunner* 5 (1914), 260-1, accessed June 4, 2015, https://babel.hathitrust.org/cgi/pt?id=coo.31924106110608;view=1up;seq=268.]

43. In "As to Parthenogenesis," from volume seven of the *Forerunner*, Gilman addresses a repeated question she receives in her letters-to-the-editor: "Several subscribers have asked if there is any foundation in biology for the condition of parthenogenesis–virgin birth–alleged in *Herland*" (83). The assumption, of course, is that her readers are asking whether parthenogenesis exists among *human* females. Gilman responds, "For human beings, no; nor would it be desirable," for in Gilman's mind, human fertilization processes are "higher" while insect fertilization processes are "lower" (83). Gilman may help us conceive of diverse sexual behaviors among humans, yet Gilman herself relied upon Cartesian hierarchies that rank subjects in nature.

44. Horowitz, *Rereading Sex*, 21.

45. Moran, *Teaching Sex*, 46

46. Bigelow, *Sex Education*, 72. See also Moran, *Teaching Sex*, 46.

47. Bigelow, *Sex-Instruction*, 8.

48. Denise D. Knight, *Charlotte Perkins Gilman: A Study of the Short Fiction* (New York: Twayne Publishers, 1997), 59.

49. Samuels, "Critical Divides," 60.

50. Monique Wittig, "One is Not Born a Woman," in *The Lesbian and Gay Studies Reader*, eds. Henry Abelove, Michele Aina Barale, and David M. Halperin (London: Routledge, 1993), 103. Her emphasis.

51. Irigaray, *This Sex Which is Not One*, 23. Irigaray's argument responds to the one-sex model firmly rooted in classical learning, which Thomas Laqueur explains, conceived of woman as an inverted man. She was not different from man, rather an inferior version of the same body. Irigaray claims that woman is subordinated not by her body (or, more specifically, Freudian "penis envy"), but by an inability to express her desires through a language that is not hers, but created and enforced by man (69, 72-73; 77,78). She argues for an exclusively female language shared among all women, and while I will refrain from mediating essentialism in Irigaray, I do consider her gender-maximizing than Monique Wittig or Elizabeth Grosz in her linguistic emphasis.

52. Charlotte Perkins Gilman, "As to Feminism," *The Forerunner* 5, no. 2 (1914), 45, accessed September 15, 2016, https://babel.hathitrust.org/cgi/pt?id=mdp.39015014168655;view=1up;seq=53.

53. Ibid.

54. Judith Allen, "Reconfiguring Vice: Charlotte Perkins Gilman, Prostitution, and Frontier Sexual Contacts," in *Charlotte Perkins Gilman: Optimist Reformer*, ed. Jill Rudd and Val Gough (Iowa City: U of Iowa P, 1999), 174.

55. Catherine J. Golden, "Looking Backward: Rereading Gilman in the Early Twenty-First Century," in *Charlotte Perkins Gilman: New Texts, New Contexts*, eds. Jennifer S. Tuttle and Carol Farley Kessler (Columbus: Ohio State UP, 2011), 45. Golden suggests that Gilman prefigures social constructionists Julia Kristeva and Simon de Beauvoir. However, I find Gilman more akin to corporeal feminists such as Elizabeth Grosz.

56. Ruth Levitas, "Utopian Fictions and Political Theories: Domestic Labour in the Work of Edward Bellamy, Charlotte Perkins Gilman, and William Morris," in *A Very Different Story: Studies on the Fiction of Charlotte Perkins Gilman*, ed. Val Gough and Jill Rudd (Liverpool: Liverpool UP, 1998), 86. Levitas refers to Gilman as a "materialist feminist," but she uses the phrase in a Marxist sense.

57. Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana UP, 1994), xii.

58. Ibid., xii, xiii.

59. Fausto-Sterling, *Sexing the Body*, 25.

60. Grosz, *Volatile Bodies*, x, viii.

61. Laqueur, *Making Sex*, 243, 222.

62. Horowitz, *Rereading Sex*, 400. Comstock literally writes in the New York Society for the Suppression of Vice, Sixth Annual Report that "literary poison" in the form of "romantic tales, narratives of love, lust, hate, revenge and murder" are responsible for "[c]orrupt thoughts, desires and aims" among American youth. "Be sure that the imagery and seeds of moral death are not in your houses and schools," he warns. Legislation literally controlled cultural attitudes toward desire.

63. Barker-Benfield, "Sexual Surgery," 280; See also Barker-Benfield, *Horrors*, 84.

64. Fausto-Sterling, *Sexing the Body*, 5.

65. Grosz, *Volatile Bodies*, xi.

66. Foucault, *The History of Sexuality*, 157.

67. Grosz, *Volatile Bodies*, 18.

68. Ibid., xi

69. Richardson, *Love and Eugenics*, 2; See also Kline, *Building a Better Race*, 13.

70. Ruth Hubbard, "Abortion and Disability: Who Should and Should Not Inhabit the World?," *The Disability Studies Reader: Fourth Edition*, ed. Lennard J. Davis (New York: Routledge, 2013), 76.

71. Jane Carey, "The Racial Imperatives of Sex: Birth Control and Eugenics in Britain, the United States, and Australia in the Interwar Years," *Women's History Review* 21, no.5 (2012), 734.

72. Qtd. in Carey, "Racial Imperatives," 739; Carey, "Racial Imperatives," 740.

73. Margaret Sanger, "Birth Control and Racial Betterment," *Birth Control Review*, 3, no. 2 (1919), 11, 12, accessed September 15, 2016, https://babel.hathitrust.org/cgi/pt?id=hvd.hnp3k3;view=1up;seq=273.

74. Charlotte Perkins Gilman, "My Mother Right or Wrong," *The Forerunner* 6, no. 7 (1915), 45.

75. Lerita Coleman Brown, "Stigma: An Enigma Demystified," *The Disability Studies Reader: Fourth Edition*, ed. Lennard J. Davis (New York: Routledge, 2013), 147, 148.

76. Saxton, "Disability Rights," 89.

77. Saxton, "Disability Rights," 89, 88.

78. Ibid., 88.

79. Ibid., 92.

80. I use the word "undesirable" here as a means of indicating that these children do not fit a particular standard. This does not, however, indicate that the child is unwanted. Some women terminate pregnancy because she does not want to be pregnant. However, feminist disabilities studies is concerned with empowering women who want to be pregnant not to terminate simply because a particular fetus, or particular potential child, is "undesirable." In short, Saxton summarizes, prenatal screening and selective abortion "can turn a 'wanted baby' into an 'unwanted fetus,'" and this cultural stigma needs addressing (93).

81. Saxton, "Disability Rights," 88. Saxton claims that many feminist disability studies activists and theorists have been accused of sympathizing with pro-choice supporters. This, however, is misaligned, since feminist disability studies advocates the right to have an abortion for personal reasons rather than for reasons relating to cultural stigma. In other words, feminist disability studies advocates "the right to resist pressure to abort when the fetus is identified as potentially having a disability" (88).

82. Ibid., 93.

83. Lynne Evans, "'You See, Children Were the Raison D'etre': The Reproductive Futurism of Charlotte Perkins Gilman's Herland," *Canadian Review of American Studies* 44, no. 2 (2014), 10.

84. Margaret Smith, "Charlotte Perkins Gilman and Emma Goldman Reformer and Radical," *Arkansas Review* 3.2 (1994), 152-167; Alys Eve Weinbaum, "Writing Feminist Genealogy: Charlotte Perkins Gilman and the Reproductive Rationalism of Racial Nationalism," in *Wayward Reproductions: Genealogies of Race and Nation in Transatlantic Modern Thought* (Durham, NC: Duke UP, 2004), 61-105.

85. Foucault, *The History of Sexuality*, 92.

86. Ibid., 141.

87. Dana Seitler, "Unnatural Selection: Mothers, Eugenic Feminism, and Charlotte Perkins Gilman's Regeneration Narratives," *American Quarterly* 55, no. 1 (2003), 64.

88. Ziegler, "Eugenic Feminism," 213.

89. Gordon, *Moral Property*, 71.

90. Grosz, *Volatile Bodies*, 167.

91. Gilman, *Moving the Mountain*, 35.

92. Saxton, "Disability Rights," 94. Her emphasis.

93. Elizabeth Grosz, "Darwin and Feminism: Preliminary Investigations for a Possible Alliance," *Material Feminisms*, eds. Stacy Alaimo and Susan Hekman (Bloomington: Indiana UP, 2008), 24.

94. Ibid., 30, 45.

95. Ibid., 44-45.

96. Trudell, *Doing Sex Education*, 11.

97. Ibid.

98. Saxton, "Disability Rights," 93.

Conclusion: Reproducing Fiction: Science, Narrative, and the Female Body in Women-of-Color Medical Fiction

1. Marlene Zuk, "What We Learn from Insects' Sex Lives," Filmed May 2015. TedTalk, 11:58. https://www.ted.com/talks/marlene_zuk_what_we_learn_from_insects_kinky_sex_lives.

2. Ibid.; see also Gilman, *Women and Economics*, 131.

3. Gilman, *Women and Economics*, 129-131, 171-172. Gilman derives her theories of female superiority, or "race-type, and male variant from Lester Ward's essay, "Our Better Halves," which Gilman references in her book (171). For a thorough discussion concerning Gilman's reading and use of Lester Ward's theories, see Cynthia J. Davis, "His and Herland: Charlotte Perkins Gilman 'Re-presents' Lester F. Ward," *Evolution and Eugenics in American Literature and Culture, 1880-1940*, ed. Lois A. Cuddy and Claire M. Roche (Lewisburg: Bucknell UP, 2003), 73-88.

4. Zuk, "What We Learn from Insects' Sex Lives."

5. Barad, "Posthumanist Performativity," 815. By "agential cut," Barad means "the apparatus of our observation," or the boundaries we–as theorists–construct from which we may study a particular phenomenon. In other words, as Judith Butler argues in *Bodies That Matter*, we cannot portend to study all vectors influencing a particular phenomenon or concept. Such an approach is beyond the range of feasibility on our part, as researchers, and comprehensibility on the part of our readers. As researchers, we must set boundaries for our study to make sense of a specific trend within a culture and from a specific methodological approach. Thus, my "agential cut," which I constructed by focusing on feminist medical fiction during the Comstock Law Era, had its own consequences resulting from this agential cut, since it inadvertently limited women-of-color voices in the conversation.

6. Tompkins, *Sensational Designs*, 200.

7. Sander L. Gilman, "Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine, and Literature," *Critical Inquiry* 12, no. 1 (1985), 213.

8. Ibid., 212.

9. Ibid., 216.

10. Hollis Robbins, Introduction to *Iola Leroy, or Shadows Uplifted* by Francis Ellen Watkins Harper (1892), ed. Hollis Robbins (New York: Penguin Books, 2010), xxi, xiv.

11. Francis Ellen Watkins Harper, *Iola Leroy, or Shadows Uplifted*, ed. Hollis Robbins (New York: Penguin Books, 2010), 31.

12. Ibid., 33.

13. Ibid.

14. Gilman, "Black Bodies," 218.

15. Robbins, Introduction, xxvii.

16. Ibid., xxi.

17. Harper, *Iola Leroy*, 193.

18. Tetrault, *The Myth of Seneca Falls*, 5.

19. Gilman, "Black Bodies," 218.

20. Alaimo, *Undomesticated Ground*, 13. See also Caroline Merchant, *The Death of Nature: Woman, Ecology, and the Scientific Revolution* (New York: Harper and Row, 1980), 9.

21. Gilman, "Black Bodies," 213, 218, 226.

22. Sarah Jaquette Ray, *The Ecological Other: Environmental Exclusion in American Culture* (Tucson: The U of Arizona P, 2013), 5-6, 46, 61, 62.

23. Zuk, "What We Learn from Insects' Sex Lives."

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