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Modernism/modernity, Volume 24, Number 3, September 2017, (Article)

Published by Johns Hopkins University Press

DOI: <https://doi.org/10.1353/mod.2017.0057>

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“My Most Humiliating Jim Crow Experience”: Afro-Modernist Critiques of Eugenics and Medical Segregation

Jess Waggoner

“This is the situation of the Negroes of Philadelphia to-day: because of their physical health they receive a larger portion of charity, spend a larger proportion of their earnings for physicians and medicine, throw on the community a larger number of helpless widows and orphans than either they or the city can afford. Why is this? Primarily it is because the Negroes are as a mass ignorant of the laws of health. One has but to visit a Seventh Ward church on Sunday night and see an audience of 1500 sit two and three hours in the foul atmosphere of a closely shut auditorium to realize that long-formed habits of life explain much of Negro consumption and pneumonia; again the Negroes live in unsanitary dwellings, partly by their own fault, partly on account of the difficulty of securing decent houses by reason of race prejudice.”

—W. E. B. Du Bois, *The Philadelphia Negro*, 1899¹

In his discussion of American modernism and the New Negro Renaissance, Mark Sanders writes that “[f]or African Americans most of the ‘chaotic conditions’ of modernism stemmed not from epistemological concerns, but from the harrowing dissonance between constitutional guarantees and systematic political oppression.”² Disappointment in modernity’s false promises of progress is often designated as one of the defining affects of modernist production—therefore, black responses to the withholding of civil rights, Sanders reasons, are explicitly modern and modernist. “Systematic political oppression” of African Americans in the early twentieth century is generally represented as

MODERNISM / *modernity*

VOLUME TWENTY FOUR,

NUMBER THREE,

PP 507–525. © 2017

JOHNS HOPKINS

UNIVERSITY PRESS

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508 employment discrimination and housing segregation enforced by institutionalized Jim Crow laws in the South and less formalized patterns of segregation in the North. This article, however, situates the state of black health and access to care throughout the United States as a primary component of subjugation in the Jim Crow era and crucial to understandings of US Afro-modernisms.

The modernism of black medical protest may be best described as an alienation from the fantasy of citizenship, set into motion by the blatant failures of US democracy to provide care for the ailing.³ However, the exclusionary nature of health was also driven home by the bodily and mental normativities inherent in the uplift ideologies of race leaders. These tensions manifest in the contradictory yet overlapping discourses of progressivist black health activism, scientific racism and medicalization, and the open desire in Afro-modernist literature and culture for desegregated care and recognition of patient experiences. Rather than vilify W. E. B. Du Bois and his contemporaries for their emphasis on respectability, I highlight first their problematic activism as one possible response among many to the alarming state of racialized medical neglect. I then introduce three works by Langston Hughes, Wallace Thurman, and Zora Neale Hurston—some widely read and some less known—in order to display a complex relationship among eugenic thought, medical segregation, and black disability and illness that extends beyond the more official discussions in 1930s periodicals such as *The Crisis* or *The Birth Control Review*. Hughes highlights the experiences of a black teenager who has died of tuberculosis in his tragicomic one-act play *Soul Gone Home*. Thurman questions the reliability of medical authority and eugenic thought in his novels *The Interne* and *The Blacker the Berry*. Finally, Hurston practices a form of noncompliant patienthood against medical segregation by recounting her experiences with white medical supremacy and highlighting alternative means of care.

The characterization of these works as Afro-modernist decenters the Harlem Renaissance as the aesthetically and temporally definitional moment of black modernism, following instead William J. Maxwell's proposal that scholars pursue "an Afro-modernism free from Harlem's clock-setting arrival."⁴ This approach draws from a widening pool of scholarship that temporally dislocates the primacy of the Renaissance, which occurred, according to a tentative dating by George Hutchinson, between 1918 and 1937.⁵ The broader, "amorphous" New Negro movement, both separate from and connected to the Harlem Renaissance, shifted between a politically radical anti-racist movement in the teens and early twenties into a "cultural affirmation of Negro identity expressed in poetry, fiction, drama, and the fine arts" (Hutchinson, introduction to *The Cambridge Companion*, 3). The pieces I discuss here were clearly impacted by both movements, and, as Jeffrey Stewart has argued in "The New Negro as Citizen," both the political and cultural aspects of the New Negro movement influenced African American production and activism well in the 1940s. Scholars such as Barbara Foley have suggested the New Negro movement as a more accurate and generous rubric for assessing early twentieth-century African American cultural production and political movements, but most expansively and most useful to this article's exploration of Jim Crow era (1877–1954) medical segregation and eugenic thought is James Smethurst's assertion

that Jim Crow laws themselves "deeply marked American notions of modernity" and defined modernism across the color line.⁶

Here I focus specifically on how Afro-modernists responded to Jim Crow-era medical modernity. Abuse of poor and black populations in the medical sphere is deeply embedded in—and constitutive of—US medical development, from the experimentation on enslaved women by James Marion Sims (deemed the "father of modern gynecology") to the fabrication of diseases such as "drapetomania" as a diagnosis for runaway enslaved people. In turn, medical distrust became an integral part of black existence and survival. Public health scholar David Barton Smith notes that "[m]odern medicine and the organization of health services in the United States were a particularly bitter part of the harvest of the seeds sown by [the 1896 decision] *Plessy v. Ferguson*. . . . The modern U.S. health care system was constructed according to those blueprints restricting the opportunities available to blacks, shaping the physical design of facilities and even influencing the nature of scientific inquiry."⁷ From the pseudo-medical tenets of scientific racism to the grave consequences of the Tuskegee Syphilis Study (1932–72), medical advancement often came at a cost rather than as a benefit for African Americans.⁸

For African Americans in the 1930s and 1940s, the black body's symbolic weight as always-already deviant, medicalized, and both psychologically and physiologically other only intensified the need for black-centered care. In the decades leading up to World War II, African Americans had "higher morbidity and mortality rates" from diseases such as tuberculosis, pneumonia, and heart disease than whites. Medical professionals and activists disagreed regarding the causes of these death rates—eugenicists cited biological susceptibility and activists highlighted economic inequality and "more restricted access to hospital and sanatorium beds." In turn, African Americans were frequently targeted by public health campaigns as the perpetrators of disease.⁹ Leaders such as Du Bois, Charles S. Johnson, and Kelly Miller championed an uplift politics of restraint and the use of hygienic practices as partial solutions to the black health crisis. In contrast with these uplift-inflected approaches to health, Hughes, Thurman, and Hurston used anger and satire to trouble medical racism and the patronizing undertones of respectability politics.

Eugenic Anti-Racism and the Erasure of Black Disability

Artistic responses to the black health crisis were in part discouraged by a politics of respectability that sought to avoid the association of the black body and mind with pathology. As Jennifer James notes in her work on representations of black disabled veterans, "The desire to enact 'damage control' by policing and correcting politically detrimental representations of blackness was generally shared within the African American writing community."¹⁰ This hesitance to represent black disability still persists in part because, historically, blackness moved between representational poles of mental disability (violent, maladjusted, and feeble-minded) and physical disability (evolutionarily disadvantaged, susceptible to disease, lazy, and pathological). According to historian Douglas Baynton,

Disability arguments were prominent in justifications of slavery in the early to mid-nineteenth century and of other forms of unequal relations between white and black Americans after slavery's demise. The most common disability argument for slavery was simply that African Americans lacked sufficient intelligence to participate or compete on an equal basis in society with white Americans. . . . A second line of disability argument was that African Americans, because of their inherent physical and mental weaknesses, were prone to become disabled under conditions of freedom and equality. ("Disability," 37)

Thus, African American leaders and artists faced a particular challenge in their attempts to acknowledge bodily vulnerability while simultaneously denying the eugenic thought covertly used to support second-class black citizenship. Du Bois and his contemporaries did not fail to indict structural racism as the cause of health inequities, but, by assimilating the eugenic values inherent in their historical moment, implicitly blamed the black masses for their own poor health.

The dearth of representations of black vulnerability can be partially traced to the methods used by black leaders to vehemently extricate blackness from disability, often by means of eugenic discourse. According to scholars such as Stephen Knadler and Daylanne K. English, African American literary and cultural production was not immune to the influence of hereditarian thinking. English contends that "despite the obviously protectionist, elitist, and white supremacist nature of much of the period's eugenic activism, U.S. eugenics in the 1920s cannot be characterized as an exclusively white or reactionary phenomenon."¹¹ The influence of eugenic thought is clear in Hurston's evocation of white degeneration in *Seraph on the Suwanee* (1948) or Hughes's and Richard Wright's use of disability to symbolize white anomie and ironize white supremacy in *The Ways of White Folks* (1934) and *Native Son* (1940). Blow for blow, the tactic of conflating whiteness with disability responded to exclusionary citizenship discourses and a racist visual culture that characterized African Americans as biologically "unfit" citizens.

In the early twentieth century, blackness was characterized *as* disability, but also as evolutionarily weak and therefore susceptible to disease. A 1907 statement during a meeting of the Tennessee State Medical Association succinctly articulates this prevalent conflation of heredity and disease in the context of tuberculosis: "It is principally the yellow Negro that shows the enormous death-rate from tuberculosis today. . . . [They have] a poor hereditary foundation, one lacking in natural resistant qualities."¹² Although the eugenic pariah, the congenital "moron," initially appears to be an issue distinct from acquired disability or even poor health, eugenics promoted a racialized valuation of mental, bodily, and economic invulnerability.¹³ The following discussion keeps this interplay of congenital and acquired disability in mind in its juxtaposition of acquired illnesses, such as tuberculosis, with congenital states such as skin color and intellectual disability.

Many African American leaders embraced the possibility of eliminating white and black "degenerates" alike by distributing contraception. A June 1932 issue of Margaret Sanger's *Birth Control Review*, subtitled "A Negro Number," featured Du Bois, Charles S. Johnson, and George Schuyler, among others, weighing in on black poor overpopula-

tion. S. J. Holmes's essay "The Negro Birth Rate" argues for the adoption of positive eugenics in black communities: "The effect of birth control upon the Negro population has probably been dysgenic, as it has been on the whites. According to Professor Kelly Miller, the average number of children per family in the faculty of Howard University is 1.6. . . . 'The upper class is headed towards extinction, unless reenforced from the fruitful mass below.'"¹⁴ Elmer Carter's "Eugenics for the Negro" makes a puzzling conceptual leap by faulting the delinquent masses for racial tensions, arguing that "the race problem in America is infinitely aggravated by the presence of too many unhappily born, sub-normals, morons and imbeciles of both races."¹⁵ Other leaders, such as Miller and Du Bois, wielded hereditarian thinking as an anti-racist strategy: to assert that all races had their own degenerate populations evened the score.¹⁶

Du Bois and Miller spilled large quantities of ink combating the white supremacist image of black evolutionary failure, an image especially popularized by Frederick Hoffman's 1896 *Race Traits and Tendencies of the American Negro*. Hoffman held that "the negro is subject to a higher mortality at all ages, but especially so at the early age periods. . . . It is sufficient to know that in the struggle for race supremacy the black race is not holding its own. . . . Its extreme liability to consumption alone would suffice to seal its fate as a race."¹⁷ Although these notions were by no means new to the canon of scientific racism, Hoffman's treatise reassured his audience that black Americans were inherently more susceptible to death and disease, and therefore incapable of overtaking whites. The impact of Hoffman's study was long-lasting and widespread, in part because its claims were cloaked in pseudo-scientific and statistical approaches to race and evolutionary persistence. More than three decades later, in a 1928 speech to Fisk University students, Charles S. Johnson urged a backlash against the pathological taxonomies established by figures such as Hoffman, critiquing "the sociologists [who] classify Negroes with cripples, persons with recognized physical handicaps which have social consequences."¹⁸

By disentangling blackness from disability, and often by displacing disability onto whiteness, leaders such as Du Bois and Johnson foreclosed a space for black disabled subjectivity. Haunted by the legacy of blackness as pathology, these thinkers took on a contradictory agenda: at times they resisted images of black disability and illness altogether; at other times, they adopted eugenic attitudes toward the black poor as a means of agitating for an anti-racist medical culture and a subsequently healthier race. While Afro-modernist artists also called for reformist solutions, they homed in on black ill and disabled subjectivity rather than focusing on the salvific power of middle-class professionals or conceiving of the poor as a threat to race progress.

Hughes and the Racial Politics of Tuberculosis

In his 1936 play *Soul Gone Home*, Langston Hughes engages the image of the faceless risk population and reimagines the experiences of non-elite African Americans through an experimental dramatization of ill and impoverished black life. In this way, Hughes recenters black ill subjectivity and contests the de-individualization of tuberculosis

512 by white supremacists and uplift proponents alike. Tuberculosis carries an especially fraught racial history, as the disease was romanticized as evidencing genius in white men and holy beauty in white women.¹⁹ However, when the disease affected black and immigrant populations living in close quarters and dilapidated housing, tuberculosis transformed into a contagious nuisance undeserving of aesthetic elevation. Blues ballads from the 1930s, such as Victoria Spivey's "Dirty T. B. Blues," drew upon the social isolation, lack of access to health care, and self-flagellation of lower-class tuberculosis sufferers, who blamed their own transient lifestyles moving "[f]rom gin mill to gin mill to honky tonks," for their condition. For proponents of white supremacy such as Hoffman, "extreme liability to consumption" signaled black evolutionary weakness, and the increase in cases of black tuberculosis since emancipation served as a sign that freedom was detrimental to black populations.²⁰

In part because of these accusations, Du Bois was especially concerned with the persistence of tuberculosis in black communities and the effect of poor health on racial progress. In his 1899 sociological monograph, *The Philadelphia Negro*, quoted above, he sees the epidemic as perpetuated by "long-formed habits of life," which "explain much of Negro consumption and pneumonia" (115). By the late 1920s, however, Du Bois had developed a more complex view of public health and personal responsibility. In a terse 1928 letter to the National Tuberculosis Association (NTA), he protested the visual underrepresentation of African Americans in their latest publicity brochure, writing "[i]n your circular letter of September 10th, I note this year, as I have noted before, that all of the pictures which you offer are pictures of white folks. They would make no appeal to twelve million Negroes who are also afflicted with tuberculosis."²¹ Moving away from the theories of contagion put forth in *The Philadelphia Negro*, Du Bois targets the NTA's failure to speak to black life, rather than merely blaming black "habits of life" for the persistence of tuberculosis. In order to remedy black underrepresentation in public health discourse, Du Bois devoted the February 1933 issue of *The Crisis* to black health, writing in the issue's afterword, "[a]n improvement in our present habits with regard to air, sleep, food, clothes and medical attention, and even increased income will not entirely settle our problem of sickness and death, so long as *race discrimination* continues on the lines in what we see it today."²²

Du Bois saw the danger of ignoring the intersections of blackness and illness. However, while *The Crisis* engaged in important awareness-raising work on issues of black health, the magazine emphasized the experiences of black health professionals and framed those in need of care as an anonymous mass, focusing on the "Negro death rate" or the pressing need for black doctors.²³ In stark contrast to Du Bois's prescriptive prose, Hughes's macabre one-act play *Soul Gone Home* tackles the subject of tuberculosis and urban poverty through morbid satire, with much of the dialogue taking place between a mother and her recently-deceased teenaged son. The act opens in a "tenement room, bare, ugly, dirty. . . . In the middle of the room a cot on which the body of a NEGRO YOUTH is lying . . . his MOTHER, a large, middle-aged woman in a red sweater . . . loudly simulating grief." At the mother's behest, "Oh, my boy, speak to me!," Ronnie begins to speak while still "*lying there dead as a doornail*," revealing that he has died

of tuberculosis.²⁴ In focusing on an impoverished son and mother, Hughes skewers progressivist public health initiatives and their emphasis on lifestyle changes as a salve for problems caused by structural racism and poverty. In a 1954 letter to Ulysses Kay, who had demonstrated interest in turning the play into an opera, Hughes insists:

[I]t is NOT a heavy tragic sentimental play. It is a TRAGI-COMEDY, with the accent on the comic elements in the boy's role, who is haunting his mother as much for fun as for spite. The SON is a slyly humorous, evil, badly raised little teen-ager who, if he had lived, would have been a street-corner jitterbug, a be-bop boy, a mambo dancer, a pool room sharpie—but who blames his mother, more or less justly, for his defects. . . . There should be as many laughs as possible in the way the SON's part is written and played—otherwise the tragi-comedy will not come through, and it will be merely an over sentimental and unpleasantly grim piece.²⁵

Perhaps bored with the entertainment heaven has to offer, Ronnie returns to admonish his mother for not feeding him eggs and hence contributing to his "under-nurse-mint." It becomes clear that Hughes is positioning "the spirit world" as a comical place of uplift respectability where Ronnie learns "big words," as well as proper hygiene and diet (*Soul Gone Home*, 41).

As he returns to earth to lambast his mother for her lack of maternal instinct ("You been a bad mother to me. . . . You never did feed me good!"), Ronnie implements a newly acquired analytic of black mother-blame (40). In this way, Hughes invokes the figure of the neglectful yet domineering and promiscuous black mother, satirizing not only her familiar scapegoating as the source of black family dissolution, but also the notion that she may be the inadvertent catalyst of the black public health crisis. As Stephen Knadler writes of Progressive-era health rhetoric, "the figuring of the black mother as domestic sanitary engineer . . . taps into a complex history linking Progressive-Era biomedicalization, gender expectations, and ideologies of racial uplift."²⁶ As an unsuccessful sex worker with a weak maternal instinct and a disregard for cleanliness, Ronnie's mother allows him to "grow up bowlegged and stunted," embodying the portrait of a failed "domestic sanitary engineer." Rather than taking the blame for Ronnie's death, she accuses him of being too "weak and sickly" to provide enough income to feed either himself or his mother, orchestrating his own demise. At the end of the act, Ronnie returns to death and is carried off by two city health employees. In another grim moment of respectability satire, Ronnie's mother urges him to lie down and play dead again: "Don't let them white men see you dead, sitting up here quarrelin' with your mother. Lay down and fold your hands back like I had em'" (Hughes, *Soul Gone Home*, 41). Ronnie combs his hair and then complies, and after the ambulance takes him away, his mother nonchalantly applies lipstick and leaves their room to seek sex work.

Leslie Catherine Sanders reads Ronnie's time in heaven as a clash between modernity and "traditional folk discourse": "The enlightenment Ronnie gains in his few moments in the netherworld provides him with a modern, secular explanation for his sufferings on earth, an explanation that goes beyond either his or his mother's way of understanding their situation."²⁷ While Sanders aptly assesses the role of heaven

- 514 in this play as riffing on the tradition of “folk tales and jokes that picture heaven as a troublesome place for black folks,” Ronnie’s sly deployment of respectable language acquired in heaven in order to continue the quarrel complicates Sanders’s assessment of Ronnie and his mother as outside of modern, secular time (*The Development of Black Theater*, 92). Rather, Hughes implements a self-conscious black modernist tool of signification, what Tuire Valkeakari (drawing on Henry Louis Gates, Jr.) has called “signifyin on the sacred,” integrating both the sacred and the secular into his rendering of Ronnie’s supernatural appearance.²⁸

In *Soul Gone Home*, the tension of illness and eventual death is eradicated, as Ronnie has already died. Hughes characterizes the play as a “one-act tragi-comedy of a wake in which the dead boy sits up to carry on the usual nightly family quarrel!”²⁹ This entry point allows Hughes to dwell on the comedy of disaster and the mundane event of Ronnie’s passing in the context of black tenement living. In *African American Satire: The Sacredly Profane Novel*, Darryl Dickson-Carr argues that “[s]atire frequently fails or succeeds according to its ability to make the reader feel as if she or he has entered a world that is immensely disgusting and clearly mad. . . . The satiric scene acts as a means to transmit that feeling, inasmuch as it foregrounds the material and shuns the abstract and ephemeral, instilling a sense of an absurd, seemingly chaotic reality in the reader’s mind.”³⁰ Hughes enacts this satiric mode by grounding the audience in the material conditions of poverty. By juxtaposing “the usual nightly family quarrel” with the walking, talking dead, he transmits a “chaotic reality” that hardly differs from the quotidian lives of the urban black poor in the 1930s. In the “tragi-comic setup,” he generates multiple modes of satire, parodying sentimental bourgeois death rituals by displaying the unceremonious treatment of Ronnie’s body; the absurdity of heavenly hygiene, uplift expectations of chastity, and devoted mothering for black women in the domestic sphere; and the public health initiatives that blame these selfsame women for the “under-nurse-mint” of their children.

The working-class focus of *Soul Gone Home* lends complexity to the birds-eye progressivist gaze of black health activism toward the sick and dying. By putting a face to what Du Bois calls the “twelve million Negroes who are also afflicted with tuberculosis,” the same population that he claims are “ignorant of the laws of health . . . [and who] live in unsanitary dwellings, partly by their own fault,” Hughes thwarts the detached seriousness of Du Bois’s concerns through intimate satire, narrating the precarity of 1930s black life while steering away from patient-blame or standards of respectability inherent to middle-class black health activism.

Wallace Thurman, Eugenics, and the Charity Hospital

Hughes’s contemporary Wallace Thurman shared his skepticism about a biomedically-inflected politics of respectability, calling attention in his first novel, *The Blacker the Berry*, to the use of hereditarian discourses by black leaders to marginalize the dark-skinned and disabled. Thurman was best known for his work on the controversial

avant-garde literary magazine, *FIRE!!* and for authoring *Infants of the Spring* (1932), a novel which satirized key figures of the Harlem Renaissance. Queer, constantly in poor health, and "neither light-skinned nor eagerly assimilationist," Thurman is remembered as an outspoken critic of black respectability in the 1920s and 1930s, mercilessly satirizing the middle-class, assimilationist bent of uplift.³¹ Recent interventions in Harlem Renaissance studies have claimed Thurman as a queer figure, framing his bisexuality as part and parcel of—or synonymous with—his resistance.³² Little attention has been paid, however, to the intersections of Thurman's queerness and disability. Foregoing an extensive biographical explanation for Thurman's interest in the biomedical, I offer Thurman as a heretofore obscured yet key addition to the limited canon of black disabled authors. In a late 1928 "Autobiographical Statement," before contracting tuberculosis, Thurman constructs his personal narrative with an attention to the ways in which physical and mental health issues dictated his early life:

I first entered school at the age of six in the city of Boise, Idaho. Within two months I was taken ill and for the next two years was a pampered invalid. . . . Persistent heart attacks made a lower altitude necessary so off I went to spend a winter in Pasadena, California. Came the 'flu' epidemic of 1918, I succumbed and on convalescing returned to my hometown. Somehow or other by this time I had finished high school and had matriculated at the University of Utah. Two years there, a pre-med student, then a nervous breakdown. (*Collected Writings*, 92)

Perhaps in part due to his prolonged experiences with illness, disability, and medicine, Thurman addresses a striking range of medical, biopolitical, and eugenic themes throughout his corpus. *The Blacker the Berry* (1929) is not only a critique of intra-community colorism, but also utilizes discourses around colorism and the presence of intellectual disability to trouble eugenic thought in uplift discourses. His 1932 pulp novel, *The Interne*, co-written with Abraham L. Furman, critiqued the corrupt conditions at City Hospital on Welfare Island, New York and in the medical profession at large. After *The Interne*, he returned to California and wrote the screenplays for *Tomorrow's Children* (1934), an exploitation film depicting the state's attempts to sterilize a poor white family, and *High School Girl* (1934), a film with similar eugenic themes of birth control and unregulated reproduction.

Thurman's pulp and exploitation works are often dismissed as propaganda produced in moments of financial desperation. At best, they are read as "explor[ing] unusual and tabooed subjects . . . [and] class conflicts in US society" (Singh and Scott, *Collected Writings*, 5). But as Stephanie Li writes in her study of "white life novels," works like Thurman's are not merely "explorations of racelessness or hasty escapes from the challenges of black subjectivity. Instead, these texts offer crucial insight into how blackness and whiteness operate as social constructions that both limit and liberate the imaginative possibilities of African American writers."³³ Although his pulp biomedical works are presumed to be tawdry engagements with exploitation themes of sexual hygiene and medical corruption, upon closer inspection it is clear that Thurman redefines biomedical narratives that were mostly available to white authors.

516 Two years before his death in 1934, Thurman co-authored *The Interne*, a white life novel that exposed the corruption of a medical professional culture in which patients are frequently neglected or overcharged for services and professionals are devoid of sympathy for their patients. The novel follows the journey of young medical intern Carl Armstrong and his assignment to a hospital that robs him of his faith in the medical system and his dreams of becoming a doctor-savior. The hospital is woefully understaffed, lacking in both equipment and competent healthcare professionals. Carl is sickened by the “callous talk” of other interns and their nonchalant approach to dying patients, such as “[a]n interne finishing out a hand of bridge while his patient was reported bleeding to death.”³⁴ *The Interne* particularly critiques the institution of the “charity hospital.” In implementing this critique, the novel exemplifies what Paula Rabinowitz has called “pulp modernism,” transmitting the “ideas, images and sensations of modern life, indeed of modernism itself, across a restless nation, a nation still riven by class antagonisms, racial divisions, gender biases and sexual angst.”³⁵ Through this pulp-modernist restlessness, the novel suggests that the callous (and sometimes fatal) treatment of patients in this hospital is in part due to its status as a “welfare” hospital that serves those on the margins of society.

As a charity hospital, Memorial Hospital (as it is known in the book) is entitled to the bodies of the patients, the “hopeless cripples, and diseased misfits,” both before and after death (Thurman, *The Interne*, 210). Patients who die in the care of the hospital are often transient and separated from their families; therefore the hospital mines their corpses for medical experimentation. Carl is shocked by this practice, until the other interns reason with him that “the prejudice against autopsies is a relic of the old common law rule that the dead body of a man belongs to his next of kin. . . . Some day autopsies will be compulsory” (47). Thurman’s depiction is an accurate one: medical ethicist Harriet Washington writes that, beginning in the nineteenth century, the bodies of “enslaved persons” and “free blacks” alike were used en masse for medical dissection and experimentation: “Northern medical schools . . . imported black corpses” to fulfill their quota and “[a]s late as 1933, Dr. W. Montague Cobb conducted a survey for the American Association of Physical Anthropologists which revealed that many southern medical schools of the early twentieth century still used *only* black cadavers for teaching anatomy.”³⁶ Although *The Interne* does not explicitly engage race to discuss the conditions at the hospital, in light of the disproportionate use of black cadavers in medical experimentation at this time, autopsy and experimentation on cadavers cannot be disentangled from race.³⁷

With these conditions in mind, Thurman and Furman imagine a Depression-era nightmare world set into motion by both the suspect mechanisms of “charity” and the modernization of the medical system. Characteristic of this modernization is the exploitation of the medical intern system, by which low-paid interns perform much of the medical labor and quickly become disgruntled and therefore desensitized to their patients’ needs. But the medical world of *The Interne* is not merely characterized by modernist anxieties around unfeeling mechanization, but also by the catastrophe of this mechanization’s failure: “The facilities for caring for the sick and dying patients,

never adequate, now became glaringly insufficient. . . . Despite the heroic efforts of the doctors and nurses, the machinery broke down under the strain, precipitated confusion, fatalities" (*The Interne*, 229).

While Thurman's pulp production narrates a dystopian world in which white expert opinion is not to be trusted, *The Blacker the Berry* targets racial uplift's positive eugenics. *The Blacker the Berry* troubles black upper- and middle-class eugenic elitism in two ways: by critiquing the scientific racism behind colorism and by using the presence of a disabled black child to show the affective possibilities of drawing together (rather than distancing) blackness and disability.³⁸ The novel follows Emma Lou, an "alien member of her family," who is constantly shuffling between social circles because of her dark complexion. Her family fixates on maintaining the prestigious status of "the blue vein," defined as being "fair-skinned enough for their blood to be seen pulsing purple through the veins of their wrists."³⁹ Blue veins embraced the lightening of skin with each generation as a mechanism of setting themselves apart from "ordinary Negroes . . . continu[ing] this natural division of Negro society" (*The Blacker the Berry*, 6–7). Rather than embracing the Du Boisian brand of uplift politics and hereditarian thinking, which sought to harness eugenic tools such as birth control as a means of eventually uplifting the entirety of the race, the "blue veins" sought to become "'Whiter and whiter every generation,' until the grandchildren of the blue veins could easily go over into the white race and become assimilated so that problems of race would plague them no more" (7). Therefore, Emma Lou's birth was a particular bane to her family, and she has gained an acute "color consciousness" from her mother's repeated agonizing over her dark skin.

Emma Lou finds an ally in her Uncle Joe, who represents the anti-eugenic voice in the novel and insists that "Negroes were Negroes whether they happened to be yellow, brown, or black, and a conscious effort to eliminate the darker elements would neither prove nor solve anything. There was nothing quite so silly as the creed of the blue veins: 'Whiter and whiter, every generation'" (12–13). Joe urges Emma Lou, who currently lives in Boise, to move to a larger city where she might find "intelligent, broad-minded [companions] of all complexions" (12). Emma Lou enrolls at the University of Southern California and eventually moves to Harlem, only to encounter the same prejudice she had experienced in Boise. She then begins a career as a public-school teacher and seems to finally fall in with the "right sort of people" that her family had always insisted she associate with. Her new companion of "the right sort," Gwendolyn Johnson, is initially prone to "giving lectures on race purity and the superiority of unmixed racial types" (130, 129). However, when Emma Lou decides to return to her previous lover, a decision Gwendolyn disapproves of, Gwendolyn reveals herself to be susceptible to the same dominant beliefs about skin color, shouting, "There's probably something in this stuff about black people being different and more low than other colored people. You're just a common ordinary nigger! God, how I despise you!" (136).

Gwendolyn's outburst foreshadows Emma Lou's unselfconscious intimacy with disability. By the end of the novel, Emma Lou has reentered the life of her abusive former lover, Alva, under the condition that she care for his mentally and physically

- 518 disabled child from another relationship, Alva Junior. The first textual encounter with Alva Junior is through the eyes of his mother, Geraldine, and his father Alva:

The months passed; the baby was born. Both of the parents were bitterly disappointed by this sickly, little “ball of tainted su-et,” as Alva called it. It had a shrunk left arm and a deformed left foot. Alva declared that it looked like an idiot. Geraldine had a struggle with herself, trying to keep from smothering it. She couldn’t see why such a monstrosity should live. At any rate, she had lost her respect for Alva. There was no denying to her that had she mated with someone else, she might have given birth to a normal child. (124)

Alva and Geraldine both desire to kill the child, but resign themselves to likening him to rancid beef fat. Here, both positive eugenics (find a better mate) and negative eugenics (smother the child) pervade Geraldine’s free-indirect discourse when she believes that her mating with Alva tainted the child’s genes. She therefore scrutinizes his biological makeup for signs of degeneration.

Thurman’s description of Alva Junior is reminiscent of the tenets of scientific racism that inscribed blackness as physically and mentally unfit: “The baby now a year old was assuredly an idiot. It neither talked nor walked. Its head had grown out of all proportion to its body, and Geraldine felt that she could have stood its shriveled arm and deformed foot, had it not been for its insanely large and vacant eyes which seemed never to close, and for the thick grinning lips, which always remained half open and through which came no translatable sounds” (124–25).⁴⁰ Emma Lou, cast out of every community because of her undeniable blackness, finds commonality with Alva Junior’s radical otherness. Much as he is excluded from acknowledgments of his subjectivity, Emma Lou finds herself excluded from participation in black social life.

Thurman’s rendering of Alva Junior shifts based on whether he is observed by Geraldine and Alva or Emma Lou. Upon her arrival, Emma Lou is drawn to Alva Junior and the text’s rendering of his embodiment shifts from shapeless meat into an infant boy: “She picked Alva Junior from out his crib and pulled off his nightgown, letting him lie naked in her lap. She loved to fondle his warm, mellow-colored body, loved to caress his little crooked limbs after the braces had been removed. She wondered what would become of him” (138). When Emma Lou realizes that she has been used by Alva Junior’s father for childcare and financial support, she wills herself to abandon the child and escape their small apartment for good. The text leaves Emma Lou’s trajectory undetermined, and ends instead with Alva Junior’s piercing cries. The final cries of the text press us not to ask what will become of Emma Lou, but rather what will become of Alva Junior, implying that the end of the child’s narrative will be institutionalization or death by neglect.

The prominence of black physical and mental disability in this novel is striking in the context of contemporary heated claims for African American cultural inclusion in nationalist discourses. Uplift leaders promoted an image of the mentally and physically fit black American citizen, capable of performing the duties of American citizenship. Feeble-mindedness has, indeed, consistently exemplified the crisis of US democracy. As Allison C. Carey elaborates, “According to eugenicists, the feeble-minded might appear

to possess the necessary degree of understanding and skills to exercise rights, but this was only an illusion; feeble-mindedness was a profound and hereditary disability that undermined people's judgment and ability to assess rationally their self-interest and the interests of society, and therefore they should not be granted rights."⁴¹ In light of a historical conflation of blackness with feeble-mindedness, Du Bois and Miller found it important to reiterate African American able-bodiedness and mental acuity. As indicated by publications such as *The Birth Control Review*, this viewpoint was often disseminated through an insistence on black "fitness," or an encouragement to selective breeding with good stock from the black upper class.⁴²

In *The Blacker the Berry*, Thurman arguably deploys the disabled black child as a grotesque metaphor for the effect of divisive skin-color prejudices on the black community. However, the text's engagement with the child's fleshliness and his care routine, when considered alongside the timely question of social services for the physically and mentally disabled, also acknowledge his vulnerability. By rendering an affective connection between a transient black woman and a mentally disabled child, both shunned from black respectability and sociality, Thurman protests both the morphological imperatives of respectability and citizenship and the persistence of eugenics in black thought. Instead of desiring an elimination of illness and disability, unlike the "positive eugenics" upheld by leaders such as Du Bois, Thurman provides a more capacious vision of corporeality in Emma Lou and Alva Junior. This resistance is echoed in *The Interne*, as the harrowing conditions of the "charity hospital" relegates the marginalized to substandard medical care.

Conclusion: Hurston and Noncompliant Patienthood

Due to a highly segregated medical system and the dearth of black doctors and affordable medical assistance, many African Americans turned to folk medicine to supplement and resist the failures of the medical industry. However, leaders such as Du Bois and public health organizations such as the NTA publicly devalued the use of folk remedies, bolstering a medical racism that overlooked the socioeconomic conditions that precluded finding and choosing suitable health care. These attitudes also failed to account for the fact that African Americans had no guarantee that they would be treated humanely once inside the clinic. Zora Neale Hurston's elevation of alternative folk methods in both her fiction and ethnographic studies, by contrast, served a form of resistance to this medical racism. Hurston's outspokenness about medical segregation in her 1944 *Negro Digest* essay, "My Most Humiliating Jim Crow Experience," I argue in closing, is commensurate with a wider agenda of black health activism.⁴³

"My Most Humiliating Jim Crow Experience" exemplifies racism's impact on black health. The essay defamiliarizes the typical backdrop of the Jim Crow narrative, setting Hurston's experience in New York City rather than in the South, and in a doctor's office rather than in the more familiar spaces of segregation. At the referral of her patron, Charlotte Osgood Mason, Hurston sees a doctor in Brooklyn for intestinal discomfort, recalling in the article that "[h]is reception room was more than swanky,

520 with a magnificent hammered copper door . . . his receptionist was obviously embarrassed when I showed up.”⁴⁴ She is promptly alienated by both receptionist and doctor and placed in what appears to be a dirty linen closet instead of an examination room. Rather than leaving at these initial signs of Jim Crow, Hurston stays through the doctor’s perfunctory examination: “He went through some motions, stuck a tube down my throat to extract some bile from my gall bladder”; “Being the sort of objective person I am, I did not get up and sweep out angrily as I was first disposed to do. I stayed to see just what would happen, and further to torture him more” (“My Most,” 163–64). During this icy inspection, Hurston decides to inflict as much discomfort as possible on her oppressors by remaining in the office as a form of passive resistance. In the end, the doctor charges her twenty dollars for this swift and unwelcoming visit. In response, she “got up, set my hat at a reckless angle and walked out, telling him that I would send him a check, which I never did” (164). By remaining rather than leaving, and subsequently refusing to pay an outrageous fee for a brief examination, Hurston enacts noncompliance within a racist medical system that offers a flimsy promise of care. She leaves the office “feeling the pathos of Anglo-Saxon civilization. And I still mean pathos, for I know that anything with such a false foundation cannot last. Whom the gods would destroy, they first make mad” (164). Rather than closing the essay with an expression of her own personal humiliation, Hurston ends with a foreboding indictment of the “false foundation,” the sheer unsustainability of white supremacy, exemplified by medical segregation.

By 1944, the year Hurston’s piece appeared, the fantasy of desegregation, including medical desegregation, had made its way into popular public outlets such as *Ebony* magazine, the companion lifestyle magazine to the more overtly political *Negro Digest*. Despite its period-specific critique of 1940s medical optimism, “My Most Humiliating Jim Crow Experience” is continuous with the politics of Hughes’s, Thurman’s, and even Du Bois’s 1920s and 1930s work. This continuity appears especially in Hurston’s disruption of the postwar fantasy of interracial coalition through shared access to medical technologies and institutions. Hurston did not experience the gradual postwar expansion of racially integrated hospitals and clinics, but rather entered the private, elite space of the whites-only doctor’s office, encountering the continued reality of segregation. She renders this visit as undemocratic, mechanical, and torturous, a scene that echoes Thurman’s *The Interne* and epitomizes modern medical alienation.

Although Hurston was heavily influenced by anthropologist Franz Boas’s mentorship in the 1920s and 1930s, especially the anti-racist bent of his theory of cultural relativity, her ethnography-tinted fiction and fictionalized ethnography also departed from Boas’s scientized objectivity. As Patricia Rae has argued of Hurston’s modernist techniques in *Mules and Men* and *Tell My Horse*, Hurston “subverts Boas’s pretense at accurate reportage . . . [and] records her ethnographers’ emotional reactions to what they see.”⁴⁵ “My Most Humiliating Jim Crow Experience,” with its emphasis on urban medical alienation, may seem like a departure from her earlier work on rural African American life, but Hurston’s account can also be situated in the context of this ethnographic work that destabilizes the fantasy of an overarching, objectively true nar-

native. By situating herself as the participant-observer who "stayed to see what would happen" and meticulously recording not only the space and practices of the doctor's office but also her passionate responses to the segregation unfolding before her, she troubles anthropological objectivity in favor of individual experience.⁴⁶

In her brief account of medical abuse, Hurston illustrates what it means to enact noncompliant patienthood while simultaneously occupying a position of precarity. In her cultural anthropological work, her investment in folk medicine was in part born from her skepticism regarding official medical spheres. Her interest in collecting folk remedies, and use of them herself, evidence a desire for healing encounters outside of the sterile medical office:

Just like the people she researched, Hurston herself turned to plant-based remedies because race- and class-based modern medicine remained largely inaccessible or unequal for many rural Americans, black or white. Writing in 1931, Hurston says, "I continue to have intestinal trouble but I keep it to myself. I really need medical attention. . . . It slows me up and when I don't keep up the agar-agar I lose ground. Recently, I just couldn't find the money for it, and it hasn't been so good."⁴⁷

Hurston empathized with the rural workers she was observing, having no funds at the time to pay for a doctor's visit. (This spurred Mason's willingness to pay for her care and send her to a whites-only office.) In her 1935 collection of black folklore, *Mules and Men*, Hurston represents the medicinal remedies of rural workers as equal and viable modes of care, neutrally introducing a collection of folk remedies by noting that the availability of doctors is few and far between: "Folk medicine is practiced by a great number of persons. On the 'jobs,' that is, in the sawmill camps, the turpentine stills, mining camps and among the lowly generally, doctors are not generally called to prescribe for illnesses, certainly, nor for the social diseases" (*Mules and Men*, 281). Hurston's investment in cultural relativism and her valuation of what Du Bois once disparaged as "the old class of root doctors and patent medicine quacks with a lucrative trade among Negroes," evince an inherent skepticism of medical and scientific institutions (*The Philadelphia Negro*, 80). It is notable, then, that her "most humiliating Jim Crow experience" is the medical scene.

However discouraged by the discourses of uplift and racialized pathology, there were many responses to the black health crisis that featured narratives of vulnerable black bodies and minds by prominent Afro-modernists such as Hurston, Hughes, and Thurman, who used illness and disability narratives to critique the imbricated failures of citizenship, medicine, and modernity. If the Harlem Renaissance belief is true, here summarized by Emily Bernard, that "aesthetics could impact—even transform—the social and political position of black people in the United States," then understandings of citizenship beyond respectability—such as gendered, sexual, and ill/disabled citizenship—allow us to better understand the variegated politics of Afro-modernist production.⁴⁹ Building upon both James Smethurst's reevaluation of modernism in terms of the political and artistic impact of Jim Crow laws and William J. Maxwell's movement away from the primacy of Harlem Renaissance periodization, the negative implications

522 of Jim Crow medical modernity on African Americans must be incorporated into a temporally and thematically broader understanding of Afro-modernism and modernity.

In drawing together black hereditarian thinking, Hurston's Jim Crow patient narrative, Hughes's work on black ill subjectivity, and Thurman's anti-eugenic politics, one can delineate the connections between modern eugenic thought and the devaluation of black experiences of illness and disability. These works portray a nascent black health activism, all the more notable for originating in a modernist moment of alienation and disenfranchisement of African Americans in medical spheres and beyond. While Thurman and Hughes lend focus to the damaging effects of medical neglect and uplift ableism, Hurston unseated the assumption that seeking care would result in positive interactions with a persistently racist medical sphere, looking to folk medicine as an alternative to this medical alienation. By exploring themes of blackness, illness, and medical victimization, these modernists highlight the experience of ill and disabled subjectivity without resorting to medicalization or stigmatization. Instead of reifying the pathologization of blackness, these authors call for structural changes to second-class medical citizenship, critiquing the United States's failure to care for ailing African Americans.

Notes

Special thanks to Cody St. Clair, Mallory Cohn, Heather A. Love, Scott Herring, Shane Vogel, Edward Comentale, Karma Lochrie, Sami Schalk, Lindsay Welsch, Kelly Hanson, Bridget Albert, and the anonymous reviewers of this manuscript.

1. W. E. B. Du Bois, *The Philadelphia Negro: A Social Study* (Oxford: Oxford University Press, 2014), 115.

2. Mark A. Sanders, "American Modernism and the New Negro Renaissance," in *The Cambridge Companion to American Modernism*, ed. Walter Kalaidjian (Cambridge: Cambridge University Press, 2005), 129–56, 137.

3. Discussions of modernism and medicine have been limited to the experiences of high modernists such as William Carlos Williams, James Joyce, and Gertrude Stein. For Joyce's literary interest in medical discourses, see Vike Martina Plock, *Joyce, Medicine and Modernity* (Gainesville: University Press of Florida, 2012). For Williams's experiences as a doctor, see T. Hugh Crawford, *Modernism, Medicine and William Carlos Williams* (Norman: University of Oklahoma Press, 1995). For examinations of Stein's medical training in relationship to her work, see Daylanne K. English's "Gertrude Stein and the Politics of Literary-Medical Experimentation," *Literature and Medicine* 16, no. 2 (1997): 188–209; and Maria Farland's "Gertrude Stein's Brain Work," *American Literature* 76, no. 1 (2004): 117–48.

4. William J. Maxwell, "Questionnaire Response," *Modernism/modernity* 20, no. 3 (2013): 446–49, 448.

5. George Hutchinson, introduction to *The Cambridge Companion to the Harlem Renaissance*, ed. George Hutchinson (Cambridge: Cambridge University Press, 2007), 1–10, 7.

6. James Smethurst, *African American Roots of Modernism: From Reconstruction to the Harlem Renaissance* (Chapel Hill: University of North Carolina Press, 2011), 2.

7. David Barton Smith, *Health Care Divided: Race and Healing a Nation* (Ann Arbor: University of Michigan Press, 1999), 14.

8. For more on James Marion Sims's gynecological experimentation on black women, see Rachel Dudley, "Toward an Understanding of the 'Medical Plantation' as a Cultural Location of Disability," *Disability Studies Quarterly* 32, no. 4 (2012): np. For a discussion of Cartwright and the pathologization of resistant enslaved peoples, see Douglas C. Baynton, "Disability and the Justification of Inequality in American History," in *The New Disability History: American Perspectives*, ed. Paul K. Longmore and

Lauri Umansky (New York: New York University Press, 2001), 33–57. For the most detailed discussion of the Tuskegee medical abuse to date, see James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (1981; rpt., New York: Free Press, 1993).

9. Introduction to *Germes Have No Color Line: Blacks and American Medicine 1900–1940*, ed. Vanessa Gamble (New York: Garland, 1989), iv.

10. Jennifer C. James, "Gwendolyn Brooks, World War II, and the Politics of Rehabilitation," in *Feminist Disability Studies*, ed. Kim Q. Hall (Bloomington: Indiana University Press, 2011), 136–58, 137.

11. Daylanne K. English, *Unnatural Selections: Eugenics in American Modernism and the Harlem Renaissance* (Chapel Hill: University of North Carolina Press, 2004), 39–40.

12. "Discussion on the paper of Dr. Jones," in *Germes Have No Color Line*, 25.

13. As Martin S. Pernick argues in his study of eugenic film in the early twentieth century, scholarly attempts to draw "distinctions" between congenital and acquired illness and disability in eugenic thought "overly dichotomize science and mass culture and draw anachronistically sharp lines among glands, germs, and genes. They overlook an important alternative meaning of 'heredity,' and miss the complex interplay between scientific and lay concepts" (*The Black Stork: Eugenics and the Death of "Defective" Babies in American Medicine and Motion Pictures Since 1915* [Oxford: Oxford University Press, 1999, 50]).

14. S. J. Holmes, "The Negro Birth Rate," *The Birth Control Review* 16, no. 6 (1932): 172–73, 173.

15. Elmer A. Carter, "Eugenics for the Negro," *The Birth Control Review* 16, no. 6 (1932), 169–170, 170.

16. For more on the regulatory politics of uplift, see Kevin K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill: University of North Carolina Press, 1996); Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880–1920* (Cambridge, MA: Harvard University Press, 1994); and Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004).

17. Frederick Ludwig Hoffman, *Race Traits and Tendencies of the American Negro*, Publications of the American Economic Association vol. 11, nos. 1, 2, and 3 (New York: Macmillan, 1896), 148.

18. Charles S. Johnson, "A Chapel Talk to Students of Fisk University," October 17, 1928, Charles Johnson Papers, box 158, folder 23, Special Collections, Fisk University Library, Nashville, Tennessee. The disciplinary divide between African American Studies and Disability Studies illustrates the continuity of Hoffman's racist legacy, as well as the distancing from disability inherent in Johnson's remarks. Christopher Bell's essay, "Introducing White Disability Studies: A Modest Proposal," critiques the spectacular whiteness of disability studies while noting that "too much critical work in African American Studies posits the African American body politic in an ableist (read non-disabled) fashion" (in *The Disability Studies Reader*, ed. Lennard J. Davis [New York: Routledge, 2006]) 3).

19. Jani Scandura links the metaphorization of tuberculosis with capitalism: "Tuberculosis was contagious—it passed through bodies, oblivious to the boundaries that separated one from another. It thereby pushed to the limit the dissociative disregard for the bodily constraints of subject formation. To a larger extent than had been true in the nineteenth-century, tuberculosis was both racialized and feminized and carried medical consequences and social stigma for those groups most affected: the working classes, immigrants, and African Americans" (*Down in the Dumps: Place, Modernity, American Depression* [Durham, NC: Duke University Press, 2008], 176).

20. For more on the history of tuberculosis, see Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876–1938* (Philadelphia: University of Pennsylvania Press, 1992); and Katherine Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870* (Cambridge, MA: Harvard University Press, 1996). For a more specific overview of the racialization of tuberculosis, as well as the public health initiatives taken to control the black poverty class, see Samuel Kelton Roberts, Jr., *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009). See also Susan Sontag's *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978).

21. W. E. B. Du Bois to Philip P. Jacobs, September 13, 1928, W. E. B. Du Bois Papers (MS 312), Special Collections and University Archives, University of Massachusetts Amherst Libraries, Amherst, MA.

22. W. E. B. Du Bois, "Postscript," *The Crisis: A Record of the Darker Races* 40, no. 2 (1933): 43.

23. On the other hand, Thurman's "Description of a Male Tuberculosis Ward" gives a brief first-hand account of his stay in a sanitarium before his death in 1934: "Male X [the ward] possessed one rather amazing peculiarity. Despite its sunlit spaciousness, it bore more than a slight resemblance to a tenement house railroad flat. Male X knew no privacy. It was at once a rectangular hospital ward and an elongated corridor, through which there continually passed a variegated procession of septic people and anti-septic paraphernalia" (in *The Collected Writings of Wallace Thurman: A Harlem Renaissance Reader*, ed. Amritjit Singh and Daniel M. Scott III [New Brunswick, NJ: Rutgers University Press, 2003], 92).

24. Langston Hughes, *Soul Gone Home* (1936), in *Five Plays by Langston Hughes*, ed. Webster Smalley (Bloomington: Indiana University Press, 1963), 39, emphasis in the original.

25. Langston Hughes to Ulysses Kay, May 31, 1954, in *The Collected Works of Langston Hughes*, ed. Leslie Catherine Sanders, vol. 5, *The Plays to 1942* (Columbia: University of Missouri Press, 2002), 266.

26. Stephen Knadler, "Unsanitized Domestic Allegories: Biomedical Politics, Racial Uplift, and the African American Woman's Risk Narrative," *American Literature* 85, no. 1 (2013), 93–119, 94.

27. Leslie Catherine Sanders, *The Development of Black Theater in America: From Shadows to Selves* (Baton Rouge: Louisiana State University Press, 1989), 92.

28. Tuire Valkeakari, *Religious Idiom and the African American Novel* (Gainesville: University Press of Florida, 2007), 4–5.

29. Langston Hughes to Noël Sullivan, January 29, 1936, in *Selected Letters of Langston Hughes*, ed. Arnold Rampersad and David Roessel (New York: Alfred A. Knopf, 2015), 189.

30. Darryl Dickson-Carr, *African American Satire: The Sacredly Profane Novel* (Columbia: University of Missouri Press, 2001), 31.

31. Amritjit Singh and Daniel M. Scott III, "Introduction: Wallace Thurman and the Harlem Renaissance," in *The Collected Writings*, 1–28, 8.

32. For discussions of Thurman's politics surrounding gender and sexuality, see Matthew N. Hannah, "Desires Made Manifest: The Queer Modernism of Wallace Thurman's *Fire!!*," *Journal of Modern Literature* 38, no. 3 (2015): 162–80; Stephen Knadler, "Sweetback Style: Wallace Thurman and a Queer Harlem Renaissance," *Modern Fiction Studies* 48 (2002): 899–936; Singh and Scott, *Collected Writings*; and Brian Russell Roberts, "(Ex)Isles in the Harlem Renaissance: The Insular and Archipelagic Topographies of Wallace Thurman's *The Blacker the Berry*," *Arizona Quarterly: A Journal of American Literature, Culture and Theory* 67, no. 3 (2011): 91–118. For further biographical discussion of Thurman's bisexuality, see A. B. Christa Schwartz, *Gay Voices of the Harlem Renaissance* (Bloomington: Indiana University Press, 2003); and Eleonore van Notten, *Wallace Thurman's Harlem Renaissance* (Amsterdam: Rodopi, 1994).

33. Stephanie Li, *Playing in the White: Black Writers, White Subjects* (Oxford: Oxford University Press, 2015), 11.

34. Wallace Thurman and A. L. Furman, *The Interne* (New York: Macaulay, 1932), 43.

35. Paula Rabinowitz, *American Pulp: How Paperbacks Brought Modernism to Main Street* (Princeton, NJ: Princeton University Press, 2014), 28.

36. Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2006), 121, 132, 138.

37. For example, Cobb writes in 1935 of Cleveland's Western Reserve Anatomical Laboratory that, "[a]lthough there were twelve times more White than Negro deaths, only twice as many Whites arrived at the laboratory or relatively six times more of the Negro dead" ("Municipal History from Anatomical Records," *The Scientific Monthly* 40 [1935]: 157–62, 157).

38. Blackness-as-disability, specifically in relationship to the visual stigma of dark skin, is also highly apparent in George Schuyler's *Black No More*, which portrays colorism and intraracial conflict as symptomatic of an entwined internalized racism and ableism. In Schuyler's novel, Dr. Crookman harnesses the effects of a skin condition, vitiligo, to whiten his patients. Aside from the clear correlation of whiteness and disease (Crookman's first patient, Max Disher, emerges from the whitening process "terribly weak, emptied and nauseated"), *Black No More* also indicates skepticism about a biomed-

cal system which pathologizes black bodies as inferior in order to extort them for "cures" (*Black No More; Being an Account of the Strange and Wonderful Workings of Science in the Land of the Free*, A.D. 1933–1940 [College Park, MD: McGrath, 1969], 22).

39. Wallace Thurman, *The Blacker the Berry: A Novel of Negro Life* (Mineola, NY: Dover, 2008), 9, 6.

40. Black women, in addition to people with intellectual disabilities, have been consistently targeted by sterilization laws, policing, and institutionalization. Margaret M. Russell writes that "Throughout the 1920s and 1930s, Black women suffered disproportionately from the implementation of mandatory sterilization laws. Typical of such statutes was Virginia law enacted in 1924 to ban reproduction by 'potential parents of socially inadequate offspring.' . . . Of the 8,000 people deemed 'mentally deficient' and sterilized by order of the North Carolina Eugenics Commission in the 1930s and 1940s, five thousand were Blacks" ("African American Women and Reproductive Rights," in *Historical and Multicultural Encyclopedia of Women's Reproductive Rights in the United States* [Westport, CT: Greenwood Press, 2002], 25).

41. Allison C. Carey, *On the Margins of Citizenship: Intellectual Disability and Civil Rights in Twentieth-Century America* (Philadelphia: Temple University Press, 2009), 66.

42. Alva Junior's disability is particularly striking in the historical context of the black infant's place in discourses of race betterment. Certain forms of popular eugenics, such as discourses on infant welfare and "better babies" contests at state fairs, were adopted by African Americans in the late nineteenth and early twentieth century as a means of the "eugenic anti-racism" I discuss. For more on "better babies" contests, see Mitchell, *Righteous Propagation*, 80–106.

43. For more on Zora Neale Hurston's elevation and study of folk practices, see *Mules and Men* (1935; rpt., New York: Harper Perennial, 2008); *Their Eyes Were Watching God* (1937; rpt., New York: Harper Perennial Modern Classics, 2006); *Tell My Horse* (1938; rpt., New York: Harper Perennial, 2009); "Hoodoo in America," *Journal of American Folklore* 44 (1931): 317–418; and her writings for the Federal Writers Project, collected in *Go Gator and Muddy the Waters: Writings by Zora Neale Hurston for the Federal Writers' Project* (New York: Norton, 1999).

44. Zora Neale Hurston, "My Most Humiliating Jim Crow Experience," in *I Love Myself When I Am Laughing . . . and Then Again When I Am Looking Mean and Impressive: A Zora Neale Hurston Reader*, ed. Alice Walker (New York: Feminist Press at the City University of New York, 1979), 163–64, 163.

45. Patricia Rae, "Anthropology," in *A Companion to Modernist Literature and Culture*, ed. David Bradshaw and Kevin J. H. Dettmar (Malden, MA: Wiley-Blackwell, 2006), 92–102, 100. For more on the divided critical reception of Hurston's anthropological and literary work, see Hazel Carby's "The Politics of Fiction, Anthropology, and the Folk: Zora Neale Hurston," in *History and Memory in African-American Culture*, ed. Genevieve Fabre and Robert O'Meally (New York: Oxford University Press, 1994); and Carla Kaplan's "Zora Neale Hurston, Folk Performance, and the 'Margarine Negro,'" in *The Cambridge Companion to the Harlem Renaissance*, 213–36.

46. However, Hurston's critique of medical authority and views of folk medicine are incredibly uneven, especially outside of the context of Jim Crow-era United States. Her sympathies toward the Haitian occupation in *Tell My Horse*, for example, often elevates the knowledge of medical doctors over the people of Haiti.

47. Frederick Douglass Opie, *Zora Neale Hurston on Florida Food: Recipes, Remedies, and Simple Pleasures* (Charleston, SC: History Press, 2015), 69.

48. Emily Bernard, "Questionnaire Responses," *Modernism/modernity* 20, no. 3 (2013): 435–36, 435.