INFECTIOUS ENTANGLEMENTS

Literary and Medical Representations of Disease in the Post/Colonial Caribbean

by

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Abstract

This study engages with select disease narratives of the Anglophone Caribbean through the lens of post/colonial theory, cultural criticism and the social history of medicine. Focusing on the biological image and metaphor of infection, as opposed to its more popular associations with hybridity and creolization in post/colonial theory, I argue that disease discourses facilitate more complex iterations of identity than the less dynamic, more static categories of ‘race’ (black versus white), cultural affiliation (British, Indian, African or West Indian) or political identity (coloniser versus colonised) and propose a theory of infectious entanglements, by which I demonstrate and interrogate complex and transphenomenal representations of West Indian identity across ‘racial’, cultural and political boundaries. Primary texts include eighteenth- and nineteenth-century medical tracts on leprosy and tropical fevers; contemporary medical and cultural texts on HIV/AIDS; and works of fiction by writers such as Harold Sonny Ladoo (Trinidad/Canada), Frieda Cassin (Britain/Antigua) Lawrence Scott (Trinidad/Britain) and Jamaica Kincaid (Antigua/United States).

My literary, cultural and historical analyses of biological representations of leprosy, tropical fever and HIV/AIDS suggest that each disease facilitated the construction of multiple cordons sanitaires, whose conceptual boundaries intersected and overlapped in different ways. These points of entanglement, I demonstrate, are useful sites for interrogating post/colonial constructions of identity in light of the relative fluidity of some boundaries (such as changing ideas about who is infectious and who can become infected, as with HIV/AIDS and leprosy) and the hardening lines of others (such as intersecting ideas about tropical fever, pathogenic environments and the emergence of
medical cartography). More importantly, such intersections sometimes revealed the entanglement of medicine and other organs of post/colonial authority in past and ongoing othering projects and their legitimising roles in the articulation of essential difference.

This dissertation is divided into three parts, each focusing on a particular disease that is iconic in post/colonial narratives about the Caribbean. Part 1 focuses on leprosy, Part 2 on tropical fever and Part 3, framed as a conclusion to this study, focuses on contemporary narratives of HIV/AIDS in the context of earlier narratives of leprosy and tropical fevers.
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Finally, I dedicate this dissertation to my parents, Kheeria and Narine: “islands can only exist/ If we have loved in them.” Thank you for inspiring in me a passion for learning and books and for your unconditional love and support across the years.
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Chapter 1

Infectious Entanglements and Representations of Disease

A late nineteenth-century wood engraving titled *A Mosquito Curtain for the Soldier’s Rest* depicts a recumbent soldier in a tropical forest with a mosquito net over his head. The details of the image are noteworthy: it is dark; the soldier is alone; he is prostrate on the ground; trees and other plants loom over his resting figure, creating a strange and threatening environment that leaves him in a vulnerable state. The mosquito net, however, protects him from an insidious danger: the hidden mosquitoes that would feed on the unsuspecting and the unprepared. Acting as a barrier between the tropical forest - a pathogenic space according to nineteenth-century medicine - and the soldier - a representative of colonial order and discipline - the net demarcates safe and unsafe spaces and defines the boundaries of order and disorder in the context of colonial narratives that represent the tropics as wild and unruly and in need of being tamed.

Order-making imperatives and ideas about vulnerability are prominent themes in my study of representations of leprosy, tropical fever and HIV/AIDS in the Anglophone Caribbean - a study that ranges over time from pre-emancipation medical tracts to post/colonial literary texts that include works of fiction and a memoir. Focusing on representations of disease as biological phenomena rather than on disease as a metaphor for other concerns,¹ I argue that disease narratives facilitate more complex iterations of

¹ While Caribbean and other writers have meaningfully appropriated images and metaphors about biological disease in non-biological contexts - Derek Walcott’s invocation of “the leprosy of empire” (l 10) in his poem “Ruins of a Great House” is a case in point - in this study I focus on metaphors of disease only as far as they remain connected to the original image of biological infection, while also tracking the manner in which such metaphors sometimes leak into a more general discourse that associates epidemiological trends with essentialist biological and/or cultural characteristics.
identity than less dynamic categories of ‘race’ (black versus white), cultural affiliation (British, Indian, African or West Indian) or political identity (coloniser versus colonised).

This study is an attempt to engage with select disease narratives of the Anglophone Caribbean through the lens of post/colonial theory and cultural criticism for what they might reveal about hitherto understudied aspects of colonial and post-colonial experience in a manner that does not privilege the psychological legacy of colonialism over its material effects, in this case, the disease experiences of Caribbean peoples.³

Representing Disease

The sustained and cohesive representations of illness that I will be referring to as ‘disease narratives’ emerge out of a network of cultural values and beliefs that ascribe meaning to phenomena such as infirmity, death, madness and physical deformity.⁴

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² The term post/colonial in this study draws attention to the uneasy and awkward entanglement of pre and post independence narratives associated with the former British West Indian colonies and is indebted to Chris Bongie’s invocation of the term in his introduction to Islands and Exiles: The Creole Identities of Post/Colonial Literature. I use the term post-colonial in this study to refer solely to the historical period after independence.

³ The colonial experiment in the Caribbean resulted in complex varieties of racial intermixing, land clearing, geographic re-settlement and new disease experiences. Alongside the highly theorized political and cultural legacies of colonialism there exist whole categories of experiences that require a different theoretical focus, such as on biological or environmental phenomena, as recent trends in eco-criticism, animal studies, and disability studies have begun to provide. My focus on post/colonial disease narratives is another such attempt to contribute to current conversations on the post/colonial Caribbean by focusing on the role of disease narratives in constructions of Caribbean identity.

⁴ Medical anthropologists such as Peter Morley, for example, argue that systems of medicine are culture based and grounded in the belief systems of a particular community. For Morley, this is also true for Western biomedicine (what Morley calls Western allopathic medicine) though its patients are less aware of the beliefs and values associated with this system of medicine than participants of folk systems that do not compartmentalise medicine from other cultural domains (15). The concept ‘disease’ is necessarily connected to a particular culture of medicine and, as such, is also connected to the value system of a particular culture. For science historian Charles Rosenberg this is clear. He notes that ‘disease’ may refer to:

. . . a biological event, a generation-specific repertoire of verbal constructs reflecting medicine's intellectual and institutional history, an occasion of and potential legitimation for public policy, an aspect of social role and individual - intrapsychic - identity, a sanction for cultural values, and a structuring element in doctor and patient interactions. (xiii)
Representing disease both as biological reality and as metaphor denoting undesirable condition, disease narratives are characterised primarily by anxieties about potential infection or a desire to be healed of a present affliction. For cultural theorist Sander Gilman “the fear of collapse, the sense of dissolution, . . . contaminates the Western image of all diseases” (1). Indeed, as I demonstrate in this study, disease narratives focus on individual and/or communal anxieties relating to illness ranging from the perceived threat of biological infection to ideological fears about vulnerability and cultural contamination. These anxieties are often entangled in the narratives with the result that fears of biological infection are often expressed simultaneously as fear of the other.

As I demonstrate in this study, the “fear of collapse” that Gilman identifies as characteristic of Western representations of disease is also applicable to disease narratives associated with non-Western cultures. As we will see, the motif of collapse and vulnerability is a common thread in all of the texts that I examine, including colonial disease narratives by British physicians and those by Caribbean writers such as Harold Sonny Ladoo, whose representation of tropical fever is entangled in Indian/Hindu narratives of disease. Indeed, while disease anxieties might be represented differently across cultures, ultimately such anxieties hinge upon a fear of collapse. In Hindu sacred scripture such as the Ramayana, for example, illness is associated with the susceptibility of human flesh to the corrupting ways of the world. The gift of perfect health, such as

Rosenberg argues that, “[i]n some ways disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it” (xiii). These multiple meanings associated with disease, however, all depend on culture specific contexts. Indeed, the collective agreement to name the disease and to respond to it in community sanctioned ways underscores the enmeshment of what we call disease in the ethos of a particular community. For further commentary on the values associated with Western biomedicine see Robert A. Hahn’s Sickness and Healing: An Anthropological Perspective and Ivan Illich’s Medical Nemesis: The Expropriation of Health. Caribbean anthropologist Michel Laguerre’s influential monograph Afro-Caribbean Folk Medicine is a well-researched and engaging anthropological study of the values associated with a specific folk-medical culture of the Caribbean area.
what the sage Vishvamitra bestows upon Lord Rama, is a gift from the gods and a reward for Rama’s perfect virtue (vol. 1 54). Narratives such as these, as I demonstrate in my treatment of anti-myth in Ladoo’s No Pain Like This Body, align illness literally with collapse of the self but also allegorically as evidence of a compromised spirituality.

The disease narratives of so-called New World peoples demonstrate a fear of collapse that sometimes responds to the experience of colonialism. No Pain Like This Body, for example, engages with the Indo-Caribbean community’s ambivalent relationship with the prior Indian homeland during the period of colonial indentureship. The disease narrative in Ladoo’s novel articulates a response to this ambivalence partly through its representation of disease in relation to images of collapse and vulnerability that are meaningful in the context of Indian sacred narratives such as the Ramayana.

In other texts, such as Lawrence Scott’s Night Calypso, the leprosy narrative involves a critique of the missionary arm of colonial enterprise. Frieda Cassin’s With Silent Tread, on the other hand, engages with the disease anxieties of whites in Britain and the West Indian colonies in the late nineteenth century. While Jamaica Kincaid’s My Brother is set in the post-colonial era the memoir interrogates HIV/AIDS as a colonial-type narrative in the manner in which it fixes the identities of particular peoples and places in relation to others and facilitates particular constructions of otherness.

Not surprisingly, the relationship between disease and colonialism is a common theme in the disease narratives of post/colonial peoples worldwide in the aftermath of colonial encounter. Nigerian writer Chinua Achebe’s association of the white man with albinism in his novel Things Fall Apart and, more recently, Indian writer Arvind Adiga’s depiction of the horrific inefficiency of the colonial hospital in the 2008 novel, The White
Tiger, are cases in point. The Kiowa myth and Aimé Césaire’s invocation of colonialism as disease - discussed below - are further examples of the close association of disease and colonialism that are relevant to my discussion of disease narratives in the post/colonial Caribbean.

The Kiowa myth, narrated by historian Alfred Crosby, is another example of disease anxiety associated with collapse. Recollecting an historic experience and narrating the American tribe’s devastation by smallpox, the Kiowa myth personifies disease as an intimate companion of the European coloniser. As with the Ramayana, the myth evokes disease in terms of collapse, here recounted as significant loss of life and the depletion of the tribal community. More particularly the narrative demonstrates both a literal and discursive connection between the tribe’s experience of disease and its experience of colonisation such that the myth may be read as both a literal depiction of the tribe’s experience with smallpox as well as an allegory of its experience of colonialism as humiliation, defeat and suffering.

The discursive connection between disease and politics is also evident in the post/colonial Caribbean in the work of artists and public intellectuals who have, from time to time, also depicted aspects of colonial conquest and settlement in relation to images of sickness. In Discourse on Colonialism Aimé Césaire writes: “[A] civilization

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5 The story is narrated as a conversation between an elder of the Kiowa tribe and the character Smallpox. Smallpox speaks: “’I come from far away, across the Eastern Ocean. I am one with the white men – they are my people as the Kiowas are yours. Sometimes I travel ahead of them, and sometimes I lurk behind. But I am always their companion and you will find me in their camps and in their houses’” (qtd. in Crosby Ecological Imperialism 207). Explaining that he brings death and destruction to men, women and children, Smallpox proclaims: “’No people who have looked at me will ever be the same’” (208).
6 A few prominent examples include Frantz Fanon’s psychoanalytic engagement of black people’s dependency and feelings of inferiority in Black Skin, White Masks; Edgar Mittelholzer’s My Bones and My Flute, in which images of infection and inoculation are connected to narratives about the colonial past; and Edward Kamau Brathwaite’s The Arrivants, which evokes scattered but connected images of sickness to describe the experiences of the New World African.
which justifies colonization - and therefore force - is already a sick civilization, a
civilization which is morally diseased . . .” (39). Though Césaire’s invocation of disease
is metaphoric rather than literal, the metaphor of the moral disease still hinges on the
notion of collapse and recalls both the political motif in the Kiowa narrative and the
Ramayana’s association of disease with spiritual corruption.

Indeed, while Césaire’s eventual projection of the collapse of European
colonialism is associated with poetic justice rather than fear such representation of moral
sickness in effect offers a counter image to colonial disease narratives, which depicted the
tropics as a pathogenic space that infected the European and debilitated his strength, by
suggesting that the coloniser was sick in the first place and that he will cause his own
destruction. A study of post/colonial disease narratives such as these potentially
demonstrates the close connection between colonial and post-colonial identity politics as
mediated through images of the body of the other and, more particularly, through the
trope of disease as associated with collapse, vulnerability and hierarchies of power,7 as I
demonstrate in this dissertation.

The Kiowa and Ramayana myths and Césaire’s political rhetoric demonstrate a
tendency to project disease out-there, even when it affects the self. In the Ramayana,
imperfect man is known by his susceptibility to disease: he is an other to his spiritually
perfect self. For the Kiowa, the devastating smallpox originates with the European other:

7 The tendency to personify or metaphorise disease also speaks to the blurring of the line between the
people who experience disease - the individual and community - and the disease itself, which is often
envisioned as performing some action on those people. Indeed, the trope of the wilful disease is frequently
evoked in disease narratives and often takes the form of the disease as enemy. This is clear in the Kiowa
narrative, and indirectly suggested in the Ramayana where disease is relegated to the realm of the earthy
and is therefore antagonistic to the spirit. In the case of political rhetoric such as Césaire’s, the enemy is the
colonial power whose collapse is a desirable outcome. In this example, the collapse associated with disease
is depicted as a moment of triumph for those who seek a different life.
as a cautionary tale the myth associates the European with the destruction of the tribe and, as such, is both a memorial to those who died and a warning to those who remain. For Césaire, it is the European who is vulnerable to the moral disease: those who struggle against his oppression are not afflicted with such illness. By projecting disease onto an other such narratives, in effect, create order out of potential chaos in a world in which all is vulnerable to collapse.

**Leprosy, Tropical Fever and HIV/AIDS in Caribbean Disease Narratives**

While disease narratives, in general, demonstrate anxieties about collapse, particular diseases carry heavier burdens associated with this collapse than others. I argue that leprosy, tropical fever, and HIV/AIDS, the focus of my study, are most suitable for interrogating ideas about collapse and the dissolution of the self in the post/colonial Caribbean for different reasons.

Deemed to be an African disease, colonial leprosy was especially suitable for conveying fears about miscegenation and ontological contamination such that the late nineteenth century saw widespread panic based on the fear that leprosy would return to Europe from the tropical colonies in a more virulent form than ever before. Tropical fever, unlike leprosy, was a literal, epidemiological threat to Europeans in the colonies and facilitated particular essentialist narratives about other peoples and places in relation to the idealized standard of Europeans living in Europe.

Disease narratives on HIV/AIDS fit a pattern already laid out in colonial disease narratives of leprosy, but with an added dimension: while nineteenth- and early-twentieth-century fears about leprosy proved to be unfounded, improved travel networks
ensured that HIV/AIDS was a rapidly mobile disease such that infection rates quickly escalated to pandemic levels by the late 1980s. As I demonstrate in chapter 7, this dimension of ultra-mobility envelops contemporary HIV/AIDS narratives in a colonial-type discourse that continues to have implications for Caribbean peoples today and their articulation of identity.

Altogether, narrative representations of leprosy, tropical fever and HIV/AIDS take as their starting points the epidemiological fact that particular people appeared to be more vulnerable to infection than others. This fact, however, easily morphed into moral narratives about the sick and the healthy, and those deemed infectious in relation to those who deemed themselves vulnerable to infection.

While the number of Europeans infected with leprosy remained extremely low in the colonial era, tropical fever was responsible for huge European casualties in the colonial outposts. Yet, while fears about leprosy spawned a worldwide incarceration and quarantine drive, European casualties from tropical fever were met almost stoically and did not deter the colonial mission. Such casualties were even treated as the norm, as depicted in fiction such as Joseph Conrad’s *Heart of Darkness*, in memoirs such as Lady Nugent’s *Journal* and in medical treatises by physicians such as James Lind, though the latter suggested that more ‘dispensable’ Europeans, such as prisoners, could be sent to do the dangerous work of clearing forests and draining swamps to protect the lives of British servicemen in the tropical colonies (*Essay on Diseases* 143). It seems as though tropical fever was an acceptable risk of the colonial mission despite the high number of deaths; as I demonstrate in chapter 5, it became part of a narrative of empire building. Leprosy, on the other hand, was never an acceptable risk: Europeans vociferously advocated for
quarantine even in the face of scientific evidence proving that leprosy was minimally contagious and that incarceration was medically unnecessary.\(^8\)

The history of each disease may, in part, account for this difference in response. One of the most culturally burdened diseases of all time, leprosy is associated with a myriad of narratives that ascribe moral and spiritual meanings to the disease. As I demonstrate in my treatment of Frieda Cassin’s *With Silent Tread* in chapter 3 and Lawrence Scott’s *Night Calypso* in chapter 4, the figure of the leper was emblematic of the horror of a disease associated with sin, abomination and disorder. Not surprisingly, Europeans sought to guard against this horror even in the face of scientific evidence suggesting that the risk of infection was minimal. The historical narratives of tropical fever, on the other hand, were much less burdened with value-laden tropes and moralistic themes, though such narratives sometimes slipped into a moralistic debate about particular peoples, places and cultures.

The perceived geography of infection, however, also offers an explanation for the different responses to leprosy and tropical fever. Deadly tropical fever was a phenomenon of the colonies: the European metropole remained safe from the onslaught of malaria and yellow fever though these diseases decimated European troops in Africa and the West Indies. Leprosy, on the other hand, was perceived to be a mobile disease that could enter European lands and wreak havoc therein. While it was possible to rationalise that thousands of Europeans died in the tropical colonies in the service of empire, the risk of infection was perceived to be too high if the dangers of empire could not be contained within the boundaries of the colonial outposts. In other words, leprosy

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\(^8\) Leper quarantine was deemed to be medically unnecessary from as early as 1893 when the leprosy commission to India reported that leprosy was minimally contagious. Yet, the practice of leper segregation continued in the early twentieth century. See Chapters 2, 3 and 4 for my analysis of this.
threatened the European in Europe, while tropical fever was a grave threat to the European in the colonies but not to those at ‘home’. The theme of the healthy metropole versus the tropics as an insalubrious space was common in the colonial era as I demonstrate in my study of leprosy and tropical fever in pre-emancipation medical tracts in chapters 2 and 5. Fears about leprosy returning to Europe threatened to blur the easy Manichean narrative that maintained a stark separation between the ordered European motherland and the unruly colonial periphery.

My focus on HIV/AIDS in Jamaica Kincaid’s memoir *My Brother* concludes my study of disease narratives in the post/colonial Caribbean. As with leprosy and tropical fever, HIV/AIDS is more than the sum of its biological reality: it is both biological disease and receptacle for culturally located fears and biases projected upon identifiable others, such as homosexual males and drug addicts. Of the three diseases, however, HIV/AIDS is the only one that remains epidemiologically devastating in the Caribbean. As a new disease among humans HIV/AIDS did not have a long cultural history per se: the earliest narratives about HIV/AIDS are only a few decades old. But the particular virulence of these new narratives is indebted, in part, to their connection to other disease narratives, including those surrounding leprosy, and the fact that there is still no cure for the high-casualty disease. As I demonstrate in chapter 7, dominant HIV/AIDS narratives are grounded in value-laden ideas about moral taint, sex and sexual orientation, and essentialist ideas about particular peoples and places associated with epidemiological trends. Altogether, shades of older disease narratives on leprosy and tropical fever are resurrected and, at times, amplified in the new narratives about HIV/AIDS. In this sense, HIV/AIDS narratives may be read as colonialist narratives that have more in common
with the disease logic of leprosy and tropical fever than contemporary illnesses of industrialised societies such as cancer and heart disease.

**Disease Narratives in Literary and Medical Texts**

In the literary texts that I examine, representations of disease may be connected to the main narrative, such as in Lawrence Scott’s *Night Calypso*, Frieda Cassin’s *With Silent Tread* and Jamaica Kincaid’s memoir, *My Brother*, or, as in Harold Sonny Ladoo’s novel *No Pain Like This Body*, secondary to a main storyline. In each case, however, I focus on the manner in which the text constructs a narrative about disease and devote particular attention to the entanglement of such representations in wider cultural narratives. My focus here is predominantly on the manner in which disease narratives contribute to constructions of Caribbean identity.

That medical texts create disease narratives may seem to go without saying given that such texts identify, describe, and sometimes outline treatment regimes for specific named diseases. However, and as I demonstrate in my analysis of three pre-emancipation medical tracts, such texts often create narratives about disease in excess of their epidemiological intent. Indeed, while the medical narratives that I study are noteworthy for their fidelity to the prevailing empiricist principles of the day, the language in which they are narrated and the tropes that physician-writers use often exposed particular cultural biases regarding race, culture, and place. These biases, as I demonstrate in chapters 2 and 5, sometimes replicated the dominant colonialist rhetoric, so much so that it is clear that the narratives of tropical medicine reinforced and helped to normalise the

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9 In this study I use the terms ‘colonial medicine’ to refer to the medical philosophy of Europe-trained physicians and other medical professionals in the pre-independence era. ‘Tropical medicine’, is
idea of essential differences between ‘races’ and the mandate of the white man’s burden to colonise, civilise, and cure the sick natives of the tropical world.

The medical arm of colonial enterprise, involved in identifying, naming, classifying, and treating diseases in the so-called New World, was well-suited to ordering and disciplinary projects, particularly because its cultural and political agendas tended to remain hidden under the mantle of scientific objectivity, neutrality and respectability. This is also clear in the history of tropical medicine in the Caribbean in the work of eighteenth- and early-nineteenth-century medical practitioners in the British West Indian colonies.

As I demonstrate in my treatment of William Hillary’s *Observations on the Changes of the Air and the Epidemical Diseases in the Island of Barbados* (1766), James Grainger’s *An Essay on the Management and Diseases of Negroes* (1802), and James Lind’s *An Essay on Diseases Incidental to Europeans in Hot Climates With the Method of Preventing Their Fatal Consequences* (1792), early tropical physicians helped to demarcate Europe’s colonial others in terms of an essential difference organised around

differentiated from colonial medicine insofar that the former is specifically concerned with the identification, classification, prevention and treatment of diseases prevalent in the tropical colonies. The term tropical medicine is a misnomer in that it ascribes a geographic label to a slew of diseases that also occur in non-tropical regions but which appear to be more prevalent in tropical areas. While the discipline of tropical medicine is popularly associated with advancement in science and technology in the late nineteenth century, I follow medical historian David Arnold’s lead in advocating for a “longer term perspective on tropical medicine” (5) beyond its more common association with late-nineteenth and early-twentieth century science and politics since: the issues [relating to tropical medicine] are not just about constructing a chronology of scientific discovery, or about faltering progress towards a twentieth-century (and Western) understanding of disease. Rather, the questions relate to the place of Europe’s medicine in the wider world and how that world came, over time, to be demarcated and defined. The issues relate to the nature and status of medical practitioners and their patients, to the role of physicians as colonial, rather than simply medical, experts and observers, to long-term attitudes to indigenous societies and cultures, and to environments geographically distant and culturally remote from those of Europe itself. *(Warm Climates 5-6)*
Manichean binaries of order, safety and hygiene. Tropes such as ‘disease as enemy’ and ‘Europeans under attack’ populated the medical treatises and some of the fictional accounts of the day, including Frieda Cassin’s late-nineteenth-century novel, *With Silent Tread*. The burgeoning field of tropical medicine, however, made it possible to imagine a time when western science could ultimately tame the unruly tropics, and give safe passage to those bearers of the light of the west.¹⁰

Continuing today in narratives of diseases such as cancer and HIV/AIDS, the trope of the disease as enemy and the physician as heroic saviour played into already existing explorer and conqueror narratives and bestowed the tropical physician with an indispensable power: to preserve the health of the European in the tropics and, by extension, to preserve the empire itself. Indeed, a map of the disease terrain, including therapies and preventative measures, was a necessary part of the process of civilisation, that is, of making the newly conquered lands inhabitable by Europeans and providing a healthy labour force to enact the civilising mission.¹¹

¹⁰ For one medical historian’s perspective on how “Western medicine, and its power over disease, became a justification for the expansion of Western imperial power and an illustration of the superiority of Western culture” (181), see J. N. Hays’ chapter “Disease, Medicine and Western Imperialism” in his monograph *The Burdens of Disease: Epidemics and Human Response in Western History*. See also Roy Macleod’s introduction to *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* in which he argues that Western medicine is an agent of imperialism, both “a tool of empire and a form of practice within the European colonies” (2), and that it is directly related to the political, economic and military expansion of European colonial empires.

¹¹ Philip Curtin points to the connection between tropical medicine and colonial conquest, arguing that “for European doctors in the nineteenth century, tropical medicine and military medicine were nearly synonymous. That connection is one reason why the progress of tropical medicine and the conquest of tropical empire have sometimes been linked – much as imperial conquest of tropical empire has been linked to the flood of new weapons from an industrializing Europe.” (“Disease and Imperialism” 99)

Indeed, James Lind, one of the three physician-writers whose work I examine in this dissertation, began his career as a naval surgeon. Lind’s writings on tropical diseases are strongly directed at preserving the health of servicemen in the tropical colonies. See chapter 5 for further details.
Not surprisingly, pre-independence disease narratives, written by sympathisers and supporters of the colonial regime, predictably reveal particular biases that mirror the dominant colonial narratives of the day. My literary and cultural analysis of disease narratives in select, contemporary works of fiction, however, reveals yet another dimension of colonial narrative sometimes nested within post/colonial critiques. Lawrence Scott’s at times problematic depiction of leprosy in *Night Calypso*, for example, recalls some of the tropes associated with the early tropical physicians even as the novel engages in a strong critique of colonial ideology. Harold Sonny Ladoo’s *No Pain Like This Body*, on the other hand, focuses on the debilitating influence of Indian sacred narratives on the Indo-Caribbean immigrant and, in effect, challenges the almost default emphasis on European imperialism in post/colonial theory and cultural criticism. These examples speak to the nuanced and multiply situated narratives that have emerged in the aftermath of European colonialism and demonstrate a need for approaching the study of post/colonial art and culture from multiple perspectives. My focus on representations of disease in select Caribbean texts is one such attempt to bring a different perspective to existing conversations about Caribbean identity.

By focusing on select disease narratives spanning the early eighteenth century to the twenty-first and whose authors come from a variety of backgrounds I interrogate representations of particular diseases in the post/colonial Caribbean and the manner in which narratives of these diseases engage with dominant post/colonial discourses of the day. Such a study is necessarily transdisciplinary since disease narratives emerge out of a network of medical, religious, popular, and other cultural domains, as I demonstrate in my analysis of select literary and medical texts.
Through the concept of ‘infectious entanglements,’ my metaphorical framework for this study, I focus on points of ideological intersection in select disease narratives and pursue the argument that these nexus points are sites of contestation saturated with meaning across cultural boundaries. In the disease narratives that I examine, these points of intersection are generally characterised by the entanglement of medical and other cultural domains with the result that each disease is meaningful beyond the sum of its biological reality. This excess of meaning also extends to the individuals afflicted with disease who often bear the cultural and political burdens associated with the disease itself. Both leprosy and HIV/AIDS, for example, associated with sin and deviance, are markers of undesirable citizenship, while tropical fever came to be associated with a European narrative about the inferiority of particular peoples. I examine the shapes of the disease narratives found at these points of ideological entanglement and, ultimately, their connection to representations of Caribbean identity.

**Infectious Entanglements and the Negotiation of Culture**

This focus on the nexus points of disease narratives - that is, the points of ideological intersection - is related to postcolonial theorist Homi Bhabha’s theory of interstitial spaces. “It is in the emergence of the interstices,” Bhabha writes, “- the overlap and displacement of domains of difference - that the intersubjective and collective experiences of *nationness*, community interest, or cultural value are negotiated” (2). For Bhabha the interstitial passageway is the site of cultural negotiation “between fixed identifications” (5), namely, cultures of the privileged and subjugated in post-colonial societies, and which “opens up the possibility of a cultural hybridity that
entertains difference without an assumed or imposed hierarchy” (5). The nexus points of ideological entanglement that I invoke in my conceptual metaphor are situated within the space of cultural contestation - what Bhabha invokes as the interstitial passageway - and refer to points of saturation where cultures-in-flux overlap and intertwine and where there is an excess of meaning. As a framework for my analysis of representations of disease, ‘infectious entanglements’ accommodates ideas about cultural leakage and the blurring of ideological boundaries and engages with representations of disease as a transcultural phenomenon.

My study of the nexus points also focuses on what I call the logic of disease. While this logic is at times Manichean in its focus, such as in the early Caribbean medical texts and Frieda Cassin’s *With Silent Tread*, at other times it accommodates more complex negotiations of identity, as in Harold Ladoo’s mythopoetic engagement of fever in *No Pain Like This Body*. Even so, while some post/colonial disease narratives tend towards a Manichean articulation of difference, the pressure at the cross-cultural nexus point renders visible the cracks and fissures in the dominant discourse and so accommodates - even invites - contrapuntal readings of these narratives, as I demonstrate throughout in my treatment of representations of disease.

This study engages with the following questions: What are the features of disease narratives at the nexus points of my inquiry? What transcultural narratives influence representations of particular diseases in particular texts and from one narrative to another? What ideological projects are involved in such representations of disease both at the level of the individual texts and across texts in this study? And, what do these
representations of disease contribute to ongoing conversations about post/colonial identity and experience?

Outline of Dissertation

This dissertation is divided into three main sections, each of which focuses on a particular disease. Part 1, divided into three chapters, engages with representations of leprosy. Focusing on tropical fever, Part 2 is divided into 2 chapters. Part 3 contains one chapter on HIV/AIDS and is framed as a conclusion to this study. I include a brief summative and analytic conclusion at the end of Parts 1 and 2. The disease logic associated with leprosy, tropical fever and HIV/AIDS determines the organising principle for each section and the manner in which each text relates to other texts within a given section. The narratives on leprosy, for example, easily accommodate a comparative analysis because of overlapping themes and metaphors. The tropical fever narratives, however, are different in form, content and focus and do not invite simple comparative analysis. Indeed, while the narratives in Part 1 demonstrate a logical, thematic and even ideological flow from the earliest chronological narratives to the next, the narratives in Part 2 focus on different aspects related to each writer’s presentation of tropical fever. This difference across sections, as I will demonstrate, is due, in part, to the ideological narratives associated with each disease.

Works examined fall under two broad categories: medical texts by pre-emancipation physicians, either living or working in the British West Indian colonies, and literary works by Caribbean writers. Of the former group, I examine medical tracts by William Hillary, James Grainger and James Lind, which were popular among Europeans
living or working in the tropical colonies. These works were published from the mid-eighteenth century with Hillary’s Observations on the Changes of the Air and the Epidemical Diseases in the Island of Barbados to the early nineteenth century when Grainger’s 1764 tract An Essay on the Management and Diseases of Negroes was republished posthumously with additional annotations by the physician William Wright.

Of the latter group Frieda Cassin is the only colonial-era writer. While the details of her birth and life remain scant, Cassin was of European descent and, from her writing, appears to have sympathised with the colonial elite. Lawrence Scott, Harold Sonny Ladoo and Jamaica Kincaid are all contemporary Caribbean writers and, among them, represent three of the main ethnic groups of the Caribbean region, namely, descendants of French, Indian and African peoples respectively. All three migrated from the Caribbean region, with Scott moving to England, Ladoo to Canada and Kincaid to the United States. Further details on each writer (including physician-writers) may be found in the chapters devoted to their respective works.

Part 1: Leprosy

In Chapter 2 (“‘The Disgrace of Art’: Representing Leprosy in Pre-Emancipation Medical Texts”) I engage in a cultural and historical analysis of two pre-emancipation medical texts which focus on leprosy in specific British West Indian colonies. William Hillary’s Observations on the Changes of the Air and the Epidemical Diseases in the Island of Barbados (1766) was intended for a European readership while James Grainger’s An Essay on the Management and Diseases of Negroes (1802) was a planter’s guide to slave medicine. The belief in the eighteenth and early nineteenth centuries that leprosy was an African disease facilitated the demarcation of racial and other cordons
that were instrumental in the construction of ideas about Englishness and whiteness, in relation to West Indianness and blackness. I demonstrate how these constructions of otherness were based, in part, on allegories of vulnerability and how such representations redounded to the benefit of medical professionals who also sought to demarcate a new specialism of tropical medicine, distinct from metropolitan medicine.

In chapter 3 (“Out of Place: Lepers and Leprosy in Frieda Cassin’s *With Silent Tread*”), using the framework of leprosy and *cordons sanitaires* established in chapter 2, I argue that Cassin’s *With Silent Tread* (circa 1890) participates in the late-nineteenth-century leprosy panic in its representation of leprosy as a dangerous disease and in its strategic support of quarantine measures. Indeed, Cassin’s presentation of leprosy as a dangerous disease easily translates into a cautionary tale warning about the literal, biological threat of disease as well as the metaphoric elision of difference between blacks and whites. In both cases the focus is on matter out of place: literally, the leper’s body as out of place among the healthy population and, metaphorically, white and black colonial others as contaminants that threaten to infect the English imperial self. In each case the leper’s unruly body is the site of contestation for the enactment of these struggles to stay the disease and to insulate the self against the threat of the ‘polluted’ other.

Chapter 4 (“Leprosy and Ruins in Lawrence Scott’s *Night Calypso*”), the final chapter in my section on leprosy, builds on my discussions of the disease in chapters 2 and 3. In *Night Calypso* (2004), the *cordon sanitaire* is already in place, as the lepers are exiled to El Caracol, a remote islet off the coast of the fictional island of Sancta Trinidad. Scott attempts a ‘writing back’ exercise in which he interrogates the role of the French catholic missionaries as caretakers of the lepers of El Caracol. Through the metaphor of
ruins, I demonstrate that while Scott exposes the machinery of colonial hegemony and presents opportunities for recuperative possibilities relevant to Caribbean peoples as a whole, his heroic character, Dr. Metivier, is also complicit in ongoing acts of abuse and injustice in his relationship with the lepers. I end by suggesting that the image and metaphor of the leper as living ruin, in conjunction with recent theories of disability, is useful for articulating a theory about post/colonial identity that takes into account physical disability and the different iterations of colonial experience that come with such de-privileged status.

Part 2: Tropical Fever

In chapter 5 (“‘The Disease Most Fatal to Europeans’: Tropical Fever in James Lind’s *An Essay on Diseases Incidental to Europeans in Hot Climates*”) I engage with James Lind’s writing on tropical fever in *An Essay on Diseases Incidental to Europeans in Hot Climates With the Method of Preventing Their Fatal Consequences* (1792). Tropical fever, unlike leprosy, was the disease to which the European in the tropics was most susceptible in the eighteenth century. Predictably, such experience of dangerous disease readily evolved into metaphor. Lind’s invocation of tropical fever as a violent enemy, for example, especially meaningful in the context of the British army’s physical occupation of colonial territory and its activities in the Seven Years’ War, easily slipped into a moral pronouncement against other cultures and peoples. In conjunction with this idea of the assailable European, I argue that Lind’s conventional association of tropical fever with pathogenic heat facilitated even further differentiation in categories of whiteness based on ideas about racial contamination. Such differentiated categories allowed the illusory though cherished ideals of English racial and cultural purity to
remain intact by demarcating a zone of contamination, that is, the Torrid Zone, far from England’s shores.

In chapter 6 (“Fever and Anti-Myth in Harold Sonny Ladoo’s *No Pain Like This Body*”) I continue with the trope of fever as metaphor established in chapter 5. Unlike previous chapters, however, which emphasised European and elite Caribbean perspectives on disease, I shift from a focus on *cordons sanitaires* and European ideas about tropical lands and peoples to one fledgling racialised community and its efforts to create a home and articulate an identity in the early twentieth century. In *No Pain Like This Body* (1972), the young Rama develops a fever after running naked into the cold rain to escape from his violent and inebriated father. Fever, the first indication that Rama is seriously ill, is both literal and metaphoric. Literally, Rama becomes ill from exposure to the elements. Metaphorically, Rama’s nakedness and the context of his escape point to fever as the manifestation of a particular kind of vulnerability. I argue that such metaphorical invocation of fever is meaningful in the manner in which it helps to construct early Indo-Caribbean experience as ambivalent, caught in between vulnerability, precariousness and uncertainty (as depicted in Rama’s illness and subsequent death), and the will to survive (as indicated in the novel’s descriptions of a slowly creolizing peasant community). This invocation of ambivalence is closely related to Ladoo’s presentation of the Caribbean environment, though, unlike Lind’s idea of pathogenic places, Ladoo’s tropical world is not bestowed with moral significance but with a strange familiarity that underlines the experience of ambivalence for this recent group of immigrants in the Caribbean.
Part 3: HIV/AIDS

My concluding chapter (“This ‘chupidness’: Representing HIV/AIDS in Jamaica Kincaid’s *My Brother*”) provides an example of a post/colonial disease narrative that engages with the slipperiness of narrative itself as part of a critique of the binary logic of disease and is framed as a conclusion to my study of narratives of disease. Written in the form of a memoir, *My Brother* presents the author/narrator’s attempts to come to terms with her brother’s sickness and subsequent death due to HIV/AIDS. While confronting the disease through stereotypes and popular narratives, the memoir, on the whole, resists linear strategies of reading and instead, draws attentions to the spaces in between the text for approaching questions related to the still-taboo theme of homosexuality and HIV/AIDS in the Caribbean. One result of this shift in focus is the interruption and explosion of the very binaries that continue to inform Caribbean responses to HIV/AIDS, presented through a narrative that collapses on itself. As I demonstrate in my analysis of the text, this collapse clears a space for engaging differently with HIV/AIDS and homosexuality in the Caribbean region than has hitherto been the norm.

Conclusion

The image of the soldier under the mosquito net that I introduced at the beginning of this chapter demonstrates the possibility and, indeed, necessity of critically engaging with medical narratives beyond their focus on epidemiological themes. As I demonstrate in this study responses to disease cannot be neatly compartmentalized: what the image presents as a prophylactic response to epidemiological dangers in a tropical forest may also be read in the context of wider colonial narratives, such as the Manichean narrative.
that associates tropical lands with hidden dangers. My study of representations of leprosy, tropical fevers and HIV/AIDS opens a space for critically engaging with postcolonial disease narratives by taking into account the manner in which such narratives often seek to impose and fix the identities of their others based on fears of collapse and anxieties of vulnerability. Throughout this study I endeavour to engage with these fears and anxieties in a manner that accommodates ideas of ideological entanglement while interrogating medicalised conceptions of otherness.
Chapter 2

‘The Disgrace of Art’: Representing Leprosy in Pre-Emancipation Medical Texts

According to early nineteenth-century colonial statistics, leprosy affected slave populations in British West Indian territories such as Berbice and Tobago, among others. White residents were also susceptible to the disease. By 1812, for example, the Surgeon Major’s recommendation that white lepers in Georgetown, Demerara be housed separately from black lepers (cited in Higman 268) underscored the fact that white people were also contracting leprosy. Altogether, however, reported cases of leprosy were still low in the early nineteenth century compared to other ailments such as dysentery, dropsy and tuberculosis among slave populations and tropical fever among the white inhabitants. While this situation would not change significantly, by the late nineteenth century there was advocacy for the quarantine of lepers and the creation of separate leprosy houses and island lazarettos. Fuelled by largely unfounded anxieties about the communicability of the disease, quarantine seemed to offer some measure of control to a population that perceived itself to be vulnerable to infection.

1 I follow Rod Edmond’s lead in choosing to use the terms ‘leper’ and ‘leprosy’ instead of more politically correct terms, for “the basic reason [of] historical veracity” that relates to the manner in which “the disease and its victims were seen and referred to” (Edmond Leprosy and Empire 17) for my period of study. A second, related reason, however, concerns the stigma itself as associated with the words and their referents. Indeed, by using the terms ‘leper’ and ‘leprosy’ I wish to evoke that stigma since the process by which the person afflicted with leprosy came to be marked as a leper is part of the imperial discourse which I hope to critique in chapters 3 and 4.

2 See Caribbean historian B. W. Higman’s Slave Populations of the British Caribbean 1807-1834 for additional information regarding disease statistics for the British West Indian colonies. Higman’s data comes from primary source material, such as colonial registration returns.

3 According to the 1819 registration returns for Berbice, leprosy accounted for 175 out of 342 reported cases of physical deformity among slaves (Higman 293). Caribbean historian B. W. Higman, however, notes that “it is impossible to establish [what] losses should be allocated among leprosy, yaws, and venereal disease” (293).

4 See Rod Edmond’s Leprosy and Empire for an engaging analysis of the late nineteenth-century leprosy panic in Europe and the colonies.
By the late eighteenth century, anxiety levels had not yet reached a boiling point, though medical writings on leprosy demonstrated strong concerns about the disease. Part of the reason for this anxiety, as I explore in this chapter, is related to leprosy’s still unknown aetiology: a disease that caused deformities and disfigurations and which often resulted in isolation and social ostracism and which had no known cure inspired much anxiety. But, as I demonstrate in this chapter and develop further in chapters 3 and 4, ideological anxieties associated with the long history of leprosy became entangled with colonial anxieties about miscegenation and racial purity such that leprosy, more than any other disease in the post/colonial Caribbean, came to represent unruliness, disorder and even abomination in a manner that reflected the peculiar concerns of British imperialism in the West Indian colonies.

In this chapter I focus on James Grainger’s and William Hillary’s writings about leprosy in their medical tracts, *An Essay on the Management and Diseases of Negroes* (1802) and *Observations on the Changes of the Air and the Epidemical Diseases in the Island of Barbados* (1766) respectively. In particular, I engage with the picture of leprosy that each physician creates with respect to epidemiological characteristics as well as the writers’ invocation of wider cultural narratives. In the first sections of this chapter I provide contextual details about tropical medicine in the West Indies and about Grainger and Hillary and their respective works. The remaining sections are devoted to a close study of the major themes associated with leprosy in the texts, namely the creation of racial, geographic and professional boundaries.
Colonial Physicians and Tropical Medicine

In his influential text *An Essay on the Management and Diseases of Negroes* (henceforth called *Essay*), the physician James Grainger describes leprosy as “the disgrace of art” (41). In 1764, when Grainger first published *Essay*, the aetiology of the disease was still unknown. It was not until 1873 that Norwegian physician Armauer Hansen first isolated the leprosy bacillus in a laboratory thereby proving that the disease was caused by a pathogen and was not inherited through family bloodlines, as was the common belief at the time. Ironically, however, while *Mycobacterium leprae*, the leprosy bacillus, was the first disease-causing micro-organism to be isolated in the new era of germ-theory science, a cure remained elusive until more than a century later - almost two centuries after Grainger’s *Essay* - with the development of multiple drug therapy in the 1980s.

The epidemiology of the disease, however, is only a small part of the larger story of leprosy, ranging from its Biblical associations with sin and later, with mercy, to its medieval, colonial and contemporary narratives that associate the disease with unruly bodies and human vulnerability.\(^5\) Grainger’s and Hillary’s writings on leprosy demonstrate some of these diverse narratives and lay the foundation for West Indian leprosy narratives in the late nineteenth century and beyond. Indeed, Grainger’s proclamation that leprosy is “the disgrace of art” and a “dreadful calamity” (41), I will demonstrate, refers both to epidemiological characteristics of the disease and, entangled with this, other cultural and political associations related to leprosy. The same is evident in William Hillary’s writings on leprosy in *Observations on the Changes of the Air and

\(^5\) Armauer Hansen notes that “[t]here is hardly anything on earth, or between it and heaven, which has not been regarded as the cause of leprosy” (qtd. in Edmond *Leprosy and Empire* v).
the Epidemical Diseases in the Island of Barbados (henceforth Observations), in which medical observations on leprosy frequently blur into wider cultural pronouncements.

Born between 1721 and 1724 in Duns, Berwickshire, James Grainger served as a surgeon in the British army until 1748 and graduated with a medical degree from Edinburgh University in 1753. Leaving an unprofitable private medical practice in London (Goodwin ¶ 3) Grainger travelled to the West Indies in 1759 where he met and married the daughter of a Nevis planter on the island of St. Christopher, or what is now contemporary St. Kitts (Hutson xv). Grainger’s medical writings are few, consisting of some inconsequential texts prior to his publication of Essay. More noteworthy, however, was his literary contribution, which include the lengthy poem The Sugar-Cane (1764) for which he is widely known. Expanded from his notes to The Sugar-Cane, Essay was first published anonymously in 1764 and is the first known medical treatise on West Indian diseases among slave populations. Grainger died in St. Kitts in 1766, supposedly of ‘West Indian fever’ (qtd. in Hutson xv).

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6 The eighteenth-century hierarchy of medical professionals included druggists, who sold drugs; apothecaries, who mixed and sold medicinal powders and herbs; surgeons, who performed blood-letting and other procedures related to the body; and physicians, who often graduated with a university medical degree and who were involved in identifying ailments and prescribing treatment remedies. Some of them also dispensed their own medicines (Kett 21). By the eighteenth century there was much overlapping between the categories of apothecaries and surgeons, with a new hybrid category, the apothecary-surgeon, coming into existence. Many eighteenth- and nineteenth-century medical practitioners first began their medical career as apprentices to more experienced practitioners. Grainger, for example, was first apprenticed to a surgeon, while Hillary was apprenticed to an apothecary for seven years, before reading for a medical degree. For additional information on eighteenth-century medical hierarchies see Joseph F. Kett’s “Provincial Medical Practice in England 1730-1815.”

7 Cultural and literary critic Keith Sandiford notes that Grainger’s London practice “enhance[d] his public reputation” even though it was not financially lucrative (68).

8 In the Oxford Dictionary of National Biography, Gordon Goodwin, notes that the poem “was favourably reviewed by [Thomas] Percy in the London Chronicle and . . . by [Samuel] Johnson in the Critical Review” (¶ 6). Literary scholar Beccie Puneet Randhawa, however, notes that Grainger was also teased in private literary circles for the subject matter. Samuel Johnson, for example, reputedly quipped that the subject matter of The Sugar-Cane “cannot be made poetical” (qtd. in Randhawa 67), despite his favourable review of the poem in the Critical Review.
The physician William Wright’s annotated version of Grainger’s *Essay* was published in 1802 after Grainger’s death and includes Wright’s Linnaean index of medicinal plants. This revised version of *Essay*, which I use in this chapter, is divided into four parts. Part 1 offers advice to planters on selection practices for African slaves. Parts 2 and 3 focus on descriptions and possible treatment for the diseases most common among West Indian slaves. Part 4 outlines recommendations for a plantation sick-house and offers a list of medicines each planter should have on hand. Wright’s annotations accompany Grainger’s original text as footnote references.

William Hillary, Grainger’s contemporary, was born in Yorkshire in 1697 and graduated from medical school at the University of Leiden in 1722. Overall, Hillary’s writings are more medically focused than Grainger’s and include an essay on smallpox (1740), the medicinal value of spa waters at Bath (1742) and the ambitious tome *An Inquiry into the Means of Improving Medical Knowledge, by Examining all those Methods which have Hindered, or Increased its Improvement in all Past Ages* (1761), which medical historian Charles Booth calls an “eighteenth-century history of medicine” (“William Hillary” ¶ 4). According to Booth, Hillary’s contribution to medical science lies in his description of tropical sprue, a gastrointestinal ailment (“Pupil of Boerhave” 310-311). Hillary returned to London after twelve years in Barbados and died in 1763 of ‘fever’.

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9 Writing about Grainger’s *The Sugar-Cane*, Steven W. Thomas argues that “[b]y suppressing all references to free blacks and diseased whites in the Caribbean, Grainger’s poem racialized both servitude and disease as black problems” (78). Grainger maintains this focus in *Essay*, though some reference is still made to the susceptibility of whites to diseases such as leprosy. Thomas’ argument, however, misses the point that other medical texts written about the West Indies at this time in history focused almost exclusively on disease among white populations. Grainger’s *The Sugar-Cane* and *Essay* were the earliest known texts that focused on diseases among the African population. Taken in the context of the gamut of medical writing on the Caribbean, Grainger’s texts, in effect, begin to correct an imbalanced focus on European experiences of disease in the West Indian colonies. Moreover, Grainger’s texts provided potentially useful information to planters who often could not - or would not - hire a physician for the medical needs of the slaves.
Like Grainger, Hillary also journeyed to the West Indies, arriving in Barbados in 1747 where he took copious notes on weather changes throughout the year and collated these with incidents of sickness among the white inhabitants. These notes and analysis comprise *Observations*. One of the earliest texts to focus on so-called West Indian diseases, *Observations* was first published in 1759 with a second edition (the edition I have chosen to use) published in 1766, two years after the first publication of Grainger’s *Essay*. While Grainger focused on diseases among slaves in the island of St. Christopher, Hillary was concerned with the effects of the West Indian climate and weather on the European resident in Barbados. The main body of *Observations* is divided into thirteen sections, each focusing on a single disease and including yellow fever, dysentery, leprosy and ringworm.

Elements of both humoural and miasmatic philosophies of disease are present in Grainger’s and Hillary’s writings on leprosy in *Essay* and *Observations*. Guided primarily by theories of miasma, that is, the idea that noxious vapours and gases emanating from wooded and/or swampy areas literally poisoned the human systems, eighteenth-century physicians associated particular climates with an increased potential for disease. Hot, balmy tropical climates were associated with putrefaction and noxious gases. Similarly, the British West Indian colonies contained large expanses of wooded areas, which according to miasma theories allowed for the trapping of vapours therein, especially at dawn and dusk.

10 Hillary devotes two sections to leprosy, which he titles “Leprosy of the Arabians” and “Leprosy of the Joints”. The first leprosy section focuses on skin irregularities and the second on what is now known as advanced stage leprosy that may result in physical deformities. With the exception of the presentation of symptoms, both sections focus on leprosy as an elusive disease resistant to treatment, as contagious and hereditary and as brought to the West Indies by Africans. I focus on both sections collectively in my analysis of Hillary’s writings on leprosy in *Observations*. 
In addition to theories about miasma, humoral philosophy continued to influence medical theories about disease in the late eighteenth century. Such philosophy had at its core a belief in the four humours - phlegm, blood, black bile and choler - whose combination within each human body was believed to be responsible for temperament and physical robustness. According to humoral philosophy, different combinations of the four humours influenced variations in individual traits but also those variations in the characteristics associated with different peoples of the world whose humoral balance, in general, was believed to be affected by climatic variables.

To date there are no sustained analyses of either *Essay* or *Observations*, though historians refer to each work in passing from time to time in survey reviews about the Caribbean and/or tropical medicine.\(^1\)

**Leprosy and the *Cordon Sanitaire***

In its capacity as a biological disease leprosy affects the mucous membranes and nerves and sometimes results in skin discoloration and deformities. Colonial medical texts such as Grainger’s *Essay* and Hillary’s *Observations* describe in varying detail the epidermal changes that the authors ascribe to leprosy. In addition to this, however, each text is complicit in metaphorising the disease beyond its effects on the human body. One reason for this is, undoubtedly, the degree of medical uncertainty that surrounded the disease in the pre-germ theory era: a disease that was not well-understood and which

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\(^1\) Grainger’s *The Sugar-Cane*, on the other hand, continues to solicit niche critical attention. Recent studies of the poem include Beccie Puneet Randhawa’s 2008 article “The Inhospitable Muse: Locating Creole Identity in James Grainger’s *The Sugar-Cane*” and Steven W. Thomas’ “Doctoring Ideology: James Grainger’s *The Sugar-Cane* and the Bodies of Empire”, published in 2006.
disfigured its ‘victims’ sometimes beyond recognition lent itself easily to metaphoric interpretations beyond its biological effects.

The capacity of leprosy to mean more than the sum of its biological effects is, perhaps, its most distinguishing historical feature. The meaning attached to leprosy, however, was dependent on its historical context. Some medieval narratives of leprosy, for example, centred on the figure of the Jewish leper and were replete with Christian invocations of sinfulness and divine retribution. Such accounts differ significantly from colonial West Indian narratives that associated the disease with African slaves. What remained constant, however, was the suitability of leprosy as a canvas upon which the anxieties of the dominant groups could be painted.

Accommodating multiple narratives, leprosy is both a biological disease and a point of reference for wider cultural narratives that invoke the disease-ridden and deformed body of the leper-as-other in terms of an allegory of vulnerability envisioned

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12 Literary and cultural scholar Rod Edmond notes that leprosy “might or might not have been the same across history” but that “the suitability of leprosy for the purpose of stigmatisation has been remarkably persistent” (Leprosy and Empire). See Edmond’s Leprosy and Empire for a thorough social and cultural global survey study of leprosy in the late nineteenth century.

13 For a literary and historical analysis of leprosy in Medieval Europe, see Nathaniel Brody’s The Disease of the Soul: Leprosy in Medieval Literature, in which the author argues that leprosy “always has moral significance” (189).

14 These anxieties are, in large part, those of Judeo-Christian cultures and their ideological descendents. As Sheldon Watts demonstrates, Islamic responses to leprosy differed significantly from Christian responses to the disease in the Medieval period: “[F]or Christians [it was] a disease of the soul, for Muslims a disease only of the body…” (83). The tendency to treat the disease as supra-biological in the colonial era seems to be connected to this earlier tradition of situating leprosy in Judeo-Christian discourse.

15 Different categories of leprosy are identifiable today even before the individual presents with any skin abnormalities. In the eighteenth century, however, leprosy was still identified by its marks upon the human body. What was usually taken as leprosy, though, might also have included a range of other diseases including yaws, which often presented with similar skin abnormalities. While it is now widely accepted that what was taken to be leprosy in the pre-germ theory era was not what would now be termed Hansen’s Disease, the clinical specificity of the disease is not important for my argument since there is an unabated historical (and ideological) connection with what was identified as leprosy across the ages, including Hansen’s Disease today. Many modern day lepers were also cared for by Christian missionaries, thus entangling clinical, medical constructs of the disease with the more familiar Judeo-Christian constructs (Watts 71-83). For the purpose of this study, I take leprosy to mean the disease so invoked by the physicians Grainger and Hillary.
as an impending collapse of the self. The necessity to maintain a stark distinction between the diseased-other and the vulnerable-self involves the construction of multiple cordons sanitaires, literally, lines of hygiene, which identify the leper and separate him from the rest of the population that deems itself vulnerable to infection. The circumscription here may be literal (those lepers imprisoned in lazarettos and island leper colonies) and/or ideological (those marked as unclean or socially, culturally or politically undesirable).

The ideological and literal circumscriptions alluded to in Grainger’s Essay and Hillary’s Observations, I will demonstrate, anticipate this idea of the cordon sanitaire that would become increasingly important by the end of the nineteenth century as the call for leper quarantine became more widespread. Both Grainger and Hillary, writing in their capacity as physicians in the British West Indies, seemed to react to leprosy as a boundary disease, one that differentiated European bodies and cultures from African bodies and cultures and which necessitated urgent attention if the imagined cordon sanitaire between the two groups were to be maintained.

Leprosy may be understood as a boundary disease in two conceptually entangled ways: biologically and metaphorically the corrosion of the leper’s flesh placed him at the limits of life and death. This liminality emphasises the contingency of the boundary

\[\text{\footnotesize 16}\text{ Cultural critic Alison Bashford argues that the cordon sanitaire, those “[l]ines or barriers drawn across . . . global, local and bodily circulations and connections are often what have constituted public health measures” (2). With respect to colonial writings on leprosy in the late nineteenth century Bashford notes: “Such literature sometimes spoke about the eradication of leprosy from the British Empire as if, as a governmentally linked entity, the Empire was also a contiguous space which could erect cordons sanitaires around itself” (84). By the end of the nineteenth century the trope of leprosy as a mobile disease became increasingly prevalent as fears that leprosy would return to Europe from the tropical colonies in the bodies of expatriates returning home became more widespread (see my analysis of Frieda Cassin’s With Silent Tread in chapter 3 for more on this theme). In Grainger’s Essay and Hillary’s Observations, we see the genesis of such attitudes even at a time in West Indian history when leprosy did not appear to pose a grave epidemiological risk.}\]
between the body and the outside world since the leper’s body, in its entirety, loses its defined edges. Julia Kristeva’s discussions of the abject are relevant here. The abject exists in between subject and object status and occasions “revolts of being, directed against a threat that seems to emanate from an exorbitant outside or inside, ejected beyond the scope of the possible, the tolerable, the thinkable” (1). For Kristeva, the abject is that “something rejected from which one does not part” and “what disturbs identity, system, order. What does not respect borders, positions, rules” (4). In this context the entire body of the leper demonstrates the potential for abjection in the manner in which it appears to defy ‘natural’ order and moreover, in its being “opposed to [the] I” (1).

Indeed, the imagined boundary between the self and the abject other depends on a demarcation of essential, qualitative difference, one result of which is the horror and revulsion of the “I” upon encountering the other whose body appears to exist “beyond the scope of the possible, the tolerable, the thinkable” (1). As the living embodiment of death the leper is an abomination, neither one thing nor the other. By virtue of his very existence, the leper defies the internal logic of the larger culture and its apotheosis of a particular kind of order typically associated with what is perceived to be ‘natural’ and discrete states/cycles, such as life and death.

It is in this sense of abomination that the leper may also be understood to be unclean: as neither one thing nor another he is impure on account of his in-between status.

Such invocation of leprosy as impure and unclean is consistent with responses to the disease in biblical and medieval times. The very label ‘unclean’, taken from Leviticus, marks the leper as physically and spiritually tainted and as a potential

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17 See Mary Douglas’ *Purity and Danger* for her analysis of Levitical rules of ‘clean’ and ‘unclean’ and Sheldon Watts’ *Epidemics and History* for his account of leprosy in the Middle Ages.
contaminant within the community. In the context of a Judeo-Christian tradition that valued bodily integrity as an allegory of holiness (Douglas 65) the imperfections visible on the leper’s body marked him as an imperfect container for grace. In keeping with cultural anthropologist Mary Douglas’ definition of pollution behaviour as “the reaction which condemns any object or idea likely to confuse or contradict cherished classifications” (48), the leper is ‘unclean’ because he fails to conform to the community’s cherished classifications and represents spiritual imperfection and even defilement. Thus, the Levitican edict to expel the leper may be read as an attempt to protect the community’s “cherished classifications” by rejecting the offending individual and the disorder that he represents.

Ideas of leprosy as a boundary disease, in conjunction with the prevailing medical ideas of the time, informed (to varying degrees) Grainger’s and Hillary’s approach to leprosy. At a time in British history when the geographic boundaries of Empire were shifting, when Britain was re-negotiating its cultural identity in the aftermath of imperial expansion, it is not surprising that leprosy, the “boundary disease par excellence” (Edmond Leprosy and Empire 10), should assume a critical role in the colonies. Leprosy seemed to inscribe in little, on the body of the afflicted, Britain’s anxieties of pollution and fears of vulnerability in the face of other cultures and peoples. Indeed, the biological disease experiences of the afflicted complexly intertwined with colonial anxieties marking the leper’s body, in particular, the black leper’s body, as a site of ideological contestation.
James Grainger and William Hillary: Circumscribing Imperial Boundaries

The ultimate imperial fantasy, that of a monolithic self and a docile other amenable to the imperial mission, is premised on the notion of an immutable ideological boundary separating the ‘enlightened’ - those with the capacity to rule others - from those chosen to receive the gifts of enlightenment. This idea of an immutable ideological boundary often involves the construction of a centre-margin binary in which, as Bill Ashcroft, Gareth Griffith and Helen Tiffin note, “the fixity of power” is represented by “a geography of difference . . . laid out in a metaphorical landscape . . .” (Post-Colonial Studies 36). The centre in this “geography of difference” is the place where this “fixity of power” is imagined to reside while the margins (in this case, the colonial territories) are imagined to be the beneficiaries of the centre’s benign paternalism. The image here is of a “sphere of influence” (Ashcroft et. al. 37), from which the power of the imperial order emanates to the margins, instilling order and bringing enlightenment.

Connected with this fantasy of the self-as-monolith is another imperial fantasy, that of the self-as-penetrator: the imperial phallus. In both fantasies, it is the dominant partner - the self-as-monolith or the self-as-penetrator - who determines the fate of the docile other or the other to be penetrated. The other is positioned as receiver: it is the white man’s burden to bestow the gifts of civilisation. The disease experiences in the tropical colonies, however, exposed the flaws in such fantasies. The realisation that the other could also penetrate the self, that the self was not a monolith, awesome and formidable, but a vulnerable body, susceptible to penetration, was a cause for anxiety.18

18 These fears of reverse penetration were previously articulated in terms of - to quote Jamaican poet Louise Bennett - “colonization in reverse”, a concept that played on British anxieties that the unruly peoples of the colonised world would venture into - and forever change - the geo-cultural space of England itself. This idea of reverse colonisation, however, refers primarily to cultural and social dimensions of Caribbean
From its earliest days, the colonial mission exposed Europeans to new diseases and old diseases in new, virulent forms. Indeed, colonial disease experiences shattered the myths of an impenetrable self and of the other as a fully domesticable subject.

Leprosy played into these fears of reverse penetration. Advocacy for quarantine, however, promised to minimise the threat of infection by removing the offending body from the general community. Hypothetically, quarantine also provided opportunities for enacting the imperial fantasy of the docile colonised other under the imperial “sphere of influence”. In such a fantasy, the leper’s body would be subject to intense regulation with the intent to minimise the threat of reverse infection, in effect fulfilling the white man’s duty to bring order to the unruly peripheries. The compulsory segregation of lepers in lazarettos and island colonies at the end of the nineteenth century represented the logical end of such a thrust. Essay and Observations demonstrate early stirrings of this imperial desire to be impenetrable in their representations of leprosy as a boundary disease and in their focus on essential categories of difference separating the coloniser from the colonial subjects.

immigration. My evocation of reverse penetration is indebted to Laura Otis’ evocation of the term in her monograph, Membrane: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics in which she focuses on reverse penetration anxieties associated with cell-theory and bacteriology in late-nineteenth-century narratives by a variety of European and American physician-authors, each of whom had formal training in bacteriology. Whereas Otis bases her metaphor on post-bacteriology science of the late nineteenth century, however, I evoke the term ‘reverse penetration’ in relation to the idea of the cordon sanitaire and its demarcation of boundaries and spaces of infection. Reverse penetration, in this context, is related to humoural and miasmatic medical philosophy about the eighteenth- and early nineteenth-century Caribbean and the manner in which such philosophy became entangled in other imperial narratives about colonial conquest and empire building.

19 This exposure was one arm of what historian Alfred Crosby termed the Columbian exchange. The second arm referred to the many more diseases that the Europeans brought to the New World and which helped to decimate the indigenous populations of the Americas. See Crosby’s monograph The Columbian Exchange: Biological and Cultural Consequences of 1492 for his analysis of the disease relationship between the so-called Old and New Worlds after 1492.
Racial Boundaries

Both Grainger and Hillary treat leprosy as a “Negroe” disease. Section three of Grainger’s *Essay* opens with an account of leprosy which immediately connects the disease with the African: “Although white people in the West Indies are not exempted from this dreadful calamity, yet as Negroes are most subject thereto, I choose to begin the third section with it” (41). This opening sentence for part three of *Essay* is an example of the subtlety and complexity of the ideological entanglements characteristic of colonial leprosy narratives. Literally, the West Indian slave was a victim of the disease more often than members of the white community. But the association of the disease with the negro - its prevalence among a particular population - subtly turned to leprosy as a negro disease in West Indian leprosy discourses such that the disease came to be presented as an essential characteristic of the African slave.

A similar situation arises in Hillary’s *Observations*. In his section on leprosy entitled “Of the Leprosy of the Arabians” Hillary emphatically pronounces leprosy to be a negro disease in the West Indian colonies:

This Dreadful Disease, was first brought to this and the other Sugar Islands by the Negroes from Africa, and is undoubtedly a Native of that Quarter of the World and Arabia, and is not originally of the western Part of it; neither was it ever known here, before it was brought hither by the Negroes, among whom it is now too frequent here, and has made its way into several Families of the white People also . . . (324)

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20 In retrospect, the close living quarters of the slave and their compromised immune systems due to malnutrition and overwork might have accounted for the prevalence of the disease among the slaves.

21 Hillary calls the disease the leprosy of the Arabians because “it was known many Ages since in Arabia, Persia, and in various Parts of Africa; in which Countries it seems to have been indigenous” (322).
Pointing to the origin of leprosy in Africa and Arabia, Hillary, in effect, identifies leprosy as a boundary disease that marks particular regions and peoples as carriers of infection and others as vulnerable to becoming ill. Leprosy, according to Hillary, differentiates two groups of people: those for whom the disease is endemic (the African and Arabian) and those at risk (the European). According to Hillary, leprosy did not infect Europeans prior to the coming of the African to “this Western Part” of the world. While seeming to ascribe some blame to the “Negroes from Africa” who supposedly introduced the disease, the passive voice construction “was . . . brought” also suggests that the African’s body was merely a vehicle of transport. In other words, Hillary’s language personifies the disease, granting it some degree of volition and cunning such that it is represented as a stowaway in the bodies of the Africans whom the Europeans transported from Africa to the West Indian colonies.

Hillary’s origin story for leprosy, in effect, constructs a geography of blame in which ideas about territorial origin blur into narratives of blame that pathologise particular peoples who live in areas where the disease is prevalent. This geography of disease would become even more clearly defined in the narratives of tropical fevers, as I demonstrate in my treatment of James Lind’s *An Essay on Diseases Incidental to Europeans in Hot Climates* in chapter 5, and later, in HIV/AIDS narratives about the Caribbean that I analyse in chapter 7. Indeed, the disease that “was . . . brought” in the African’s body cannot be functionally separated from the African carrier whose body

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22 The term “geography of blame” is used by physician and AIDS activist Paul Farmer in reference to global responses to HIV/AIDS. Noting that responses to the disease often invoked a geography of origin, Farmer asserts that “[T]his was not simply a matter of physical geography or of political geography, but of moral geography: ‘a geography of blame’” (*Infections and Inequalities* 97). A similar argument may be made for leprosy narratives, such as those that I examine by Grainger and Hillary. Indeed, as I go on to demonstrate in chapter 7, the representations of leprosy and HIV/AIDS in disease narratives share several similarities.
facilitated the transfer of the disease to the so-called New World. By personifying the
disease and situating it within the African’s body, Hillary’s rhetoric closes the gap
between leprosy as an entity in itself, and the African as host for leprosy. In effect,
Hillary equates the African with the disease.

Of course, Hillary’s statement underplays the role of the colonial slave trade that
forcibly brought the African to the West Indian colonies. If his theory of leprosy is
correct, then it is the slave traders and those who commissioned slaves to be stolen from
their homeland who must also share the blame for the introduction of the disease in the
West Indian colonies. Reading Hillary’s text against the grain of its epidemiological
intent, it is possible to discern a parallel narrative independent of Hillary’s intention in
which leprosy performs a retributory role evident in its “ma[king] its way into several
Families of the white People . . .”. In this parallel narrative, the passive construction “was
. . . brought” may be read as implicating the supporters of African slavery in the
transportation of leprosy from Africa to the sugar plantations.

In keeping with the tendency to racialise the disease, Essay and Observations both
consider leprosy to be a hereditary disease. The understanding that the disease was
transmitted from one generation to another, from one African bloodline to the next,
potentially offered a safe-space for the European in the tropics. Hypothetically, a
hereditary disease ought to be bound by the physical bodies of its African victims and
those of their progeny; white European bodies ought to be safe from the ravages of the
disease. But the authors’ pronouncement of leprosy as hereditary is not so
straightforward. Alongside this, indeed, entangled with this idea of leprosy as hereditary
is the related though somewhat contradictory notion of leprosy as sexually transmissible from one partner to another.

In designating leprosy a hereditary disease of the other race, physician authors like Grainger and Hillary helped to demarcate a *cordon sanitaire* between the European and the African, though this line of separation became increasingly unstable as physicians entertained the possibility that leprosy was also sexually transmissible. As I demonstrate in my analysis of Frieda Cassin’s novel *With Silent Tread* in chapter 3, the notion of leprosy as sexually transmissible was to become even more deeply engrained by the late nineteenth century, a condition that facilitated panic that leprosy would return to Europe in a more virulent form than before.

In *Observations*, Hillary acknowledges that leprosy is both hereditary and infectious through sexual contact. Citing canonical medical authorities such as second-century Greek physician Galen and eleventh-century Islamic physician Avicenna, Hillary states “it not only descends from Parents to their Children, but that it is communicated from one leprous Person to others with whom he cohabits…” (323-324). He later calls leprosy a “venereal Disease” but notes that “it is very remarkable” in the way that it is neither cured nor relieved by “*Mercurials*” which treat other such diseases (329). For Hillary leprosy is an elusive disease: it is neither one thing nor the other, being both hereditary and sexually infectious. As a “venereal Disease”, however, it is also elusive as it is neither cured nor relieved by methods proven effective with other such diseases.

Grainger, characteristically more cautious than Hillary, considers the possibility of leprosy as both hereditary and infectious: “Children of infected parents are not always seized with leprosy, and I have known wives of the leprous remain free from it for years.
It is, however, the part of prudence to remove the distempered from the sound” (41).

While Grainger seems to remain noncommittal about whether leprosy is hereditary or whether it is sexually infectious his recommendation that the sick be separated from the healthy suggests that physicians must still consider hereditary and venereal causes and take the necessary precautionary measures to minimise the spread of the disease.

Editing Grainger’s *Essay* in 1802, however, William Wright overwrites Grainger’s cautious statement by insisting that leprosy is hereditary and not sexually transmitted. The following two footnotes accompany Grainger’s original text:

65. In leprosy it generally happens that children escape, but grandchildren are certain of the disease breaking out sooner or later in their lives. Children of white people, who have been suckled by Negresses who have this taint in their constitution, are sometimes affected with leprosy.

66. Nothing will produce leprosy or joint-evil, but being born of leprous parents, or unclean nurses. (41)

Wright’s confident, unremitting tone leaves no room to consider alternative causal agents. For him, leprosy is hereditary and perpetuates itself from one generation to the next. Wright’s explanation of the incidence of leprosy among the “[c]hildren of white people” is the only exception to his hereditary explanation of the disease though this ‘anomaly’ is explained by tainted breast milk from “unclean [black] nurses”. The adjective ‘unclean’ here marks those infected by leprosy (black nurses) and separates them from those supposedly vulnerable to infection (young white children). In these footnotes “unclean”, as used in Judeo-Christian leprosy discourse, becomes entangled with the idea of the African as unclean and the white European as pure.
Writing about eighteenth-century narratives about skin-colour, literary and cultural critic Roxanne Wheeler notes:

[One] traditional frame of reference for skin color derived from Christian semiotics, which combined moral and aesthetic meanings, primarily in the binary pair pure white and sinful black. This powerful color construction referred to inner turmoil, actions, external states, and physical coloring. (2)

The “powerful color construction” to which Wheeler alludes is evident in Wright’s footnote. Indeed, Wright’s adjective “unclean” invokes the Levitican narrative about leprosy but also slips into a moral discourse on race in the context of a sick, black nurse who infects a healthy, white child. Moreover, his invocation of the nurse as “unclean” cannot be separated from her racialised identity especially in the context of Grainger’s and Hillary’s leprosy narratives that essentialise leprosy as a “Negroe” disease. The result is that sickness and blackness are entangled in Wright’s narrative and allow for a wider reading of the adjective “unclean” that refers both to the nurse’s disease and to the black nurse herself. The act of suckling the breast of an unclean nurse increases the likelihood that white children would also contract leprosy and, by extension, also become unclean.

In this context, Wright’s narrative of leprosy forms the basis of a racial cordon sanitaire separating the ‘pure’ European from the ‘unclean’ African while also demonstrating particular anxieties regarding the instability of racialised categories of difference. If white children could also contract the unclean disease, then it stands to reason that white people could also pass this African taint to subsequent generations. Moreover, the disease would cease to be an African disease. Wright’s footnote, in effect, consolidates the racial cordon sanitaire that Grainger only tentatively put in place in
1764 and may be read as moving towards the late nineteenth-century narratives that demonstrate anxieties about leprosy crossing the racial divide and finding its way back into Europe in the bodies of colonial expatriates, as I explore in the next chapter.

A disease about which not much was known but which was believed to be hereditary and/or infectious by sexual contact functioned as a cautionary tale and as a racial *cordon sanitaire*. As cautionary tale, the medical discourse of leprosy as sexually transmitted envisioned the spread of the disease beyond black bodies into white bodies through the sex act. In this moment of breached bodily boundaries the infection is envisioned as potentially passing from one victim to another, from one ‘race’ to another, according to eighteenth-century medical opinion. The belief that leprosy might also be hereditary implied that the taint could be passed on from white parents to their children, thereby potentially exposing whites to this ‘negro taint’ for generations to come.

A venereal disease that did not respond to venereal treatments and that could potentially be spread from one generation to the next functioned as a convenient moral indictment against sexual promiscuity within racial groups, but more importantly, across racial boundaries. Sexual contact between blacks and whites was dangerous, in this context, because of the risk of leprosy. But it was dangerous in another sense as well, for in eroding the body’s physical boundary that separated the African from the European, there was also the danger of eroding the ideological boundaries that separated the ‘them’ from the ‘us’, boundaries upon which the success of the imperial mission depended. Indeed, the threat of miscegenation was also the threat of blurred boundaries, of a class of people neither black nor white, but a mixture of the two, a group of people both like the self and not like the self, a dangerous group for a fledgling community that premised its
authority to rule on the basis of immutable and unbridgeable differences between white Europeans and their non-white others.

While examples of mixed race leprosy do not appear as a preoccupation of eighteenth-century medical writers, both Grainger and Hillary allude to the effects of leprosy in terms of the effects of racial blending. Hillary, for example, describes the effects of the disease on the white patient in terms of a radical change in appearance that renders him more African than European in appearance. Hillary notes that, after many years with the disease, the patient’s nose often becomes “thick and tuberous, and its Cartilage or Septum is corroded and wafted away, or falls down, and the Nose becomes thick and flat” (326). He also notes, among other more traditional descriptions including the spots on the skin, that the lips of the afflicted “grow thick” (326).

Compare this with Grainger’s description of the opposite effect, of an African afflicted with the disease: “I once saw a negro man whose wool grew whitish, and whose skin put on a farinaceous appearance. He was a hideous spectacle” (42). Here, the whiteness of the African’s appearance is what is emphasised, not the shape of the nose or the lips. On one hand, Hillary, writing about the white European in the tropics, envisions the disease as one that makes the nose “thick and flat” and the lips thick, and on the other, Grainger, writing about the African slave, focuses on the whiteness of the black leper’s skin. Taken in the context of Hillary’s and Grainger’s evocation of leprosy as a racial cordon sanitaire those afflicted seem to take on the appearance of the ‘other’: the white European becomes more like the black African and vice versa.

In each case, it is a hideous transformation, literally because of the effects of the disease, but metaphorically as well, because the disease provided a tangible metaphor of
the horrors of racial blending. The image of the racial hybrid, already a figure associated with colonial anxiety, here becomes even more horrific as it is associated with disease. While the racial hybrid was often evoked in relation to narratives of sterility, as Robert Young has shown, the leper hybrid is associated with pathogenic reproduction, in other words, with a fertility that breeds sickness. In each case, the underlying narrative associates the figure of the hybrid with illicit sexual activity: the racial hybrid is the product of an ‘improper’ union between white and black parents and the leper hybrid supposedly contracts the disease either through sexual intercourse (leprosy as sexually infectious) or through ‘unclean’ parents (leprosy as hereditary).

See Robert Young’s *Colonial Desire: Hybridity in Theory, Culture and Race* for his discussion of the narratives associated with racial hybridity in the nineteenth centuries, including notions of infertility associated with the offspring of mixed race couples.

Altogether, Hillary’s association of leprosy with the African slave is more overt and vehement than Grainger’s short statement of origin. Indeed, contemporary writers such as Richard Sheridan and J. Edward Hutson even go so far as to praise Grainger’s sympathetic tone. Sheridan, in his 1985 publication *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834*, writes of Grainger’s “spirit of understanding and compassion for the lot of the blacks” (31). Similarly, Hutson was impressed with Grainger’s “enormous empathy for the slaves” (xi) as recorded in the introduction to his 2005 edited collection of pre-emancipation disease narratives.

This sympathy appears to unfold as early as Part 1 of *Essay*, when Grainger urges that Negroes should at no time be treated with rigour; but new Negroes, in particular, must be managed with the utmost humanity. To put a hoe in the hands of a new Negroe, and oblige him to work with a seasoned gang, is to murder that Negroe. (11) The word “murder” holds the planter culpable for his actions. In this light, the slave is not merely chattel, but a human being, albeit less valuable than a European. Grainger’s seemingly humane emphasis, however, does not lead to his condemnation of the system of slavery, a feature of his writing for which the English lexicographer Samuel Johnson criticises him (cited in Goodwin ¶ 6). Instead, Grainger seems to suggest that slavery is a necessary evil, but one that could be less troublesome to the African on the plantation: In clearing the islands which of late have been ceded to us, many Negroses will inevitably perish: a mournful consideration, especially where the land thus to be cleared, is to be purchased of the government for money. It is, however, in the power of medical science to diminish, and greatly too, the number of those who must otherwise be sacrificed to the pursuit of riches. (11)

For Grainger medical science can - and should - be put to work in the interest of the imperial mission. His attitude with regard to slave casualties, however, exposes the limits of his empathy and compassion. Indeed, for Grainger, the slave is a “sacrifice”; he is expendable (“a mournful consideration”) only because it is for the greater good, in this case, for the “clearing of the islands”. This image of clearing, of cutting back the wild vegetation, of bringing the land under cultivation, is a conventional trope of the colonial mission, and a variant of the ‘bringing order and civilisation to the wild peripheries’ motif. Indeed, while Grainger is always cautious in his description of the disease, his writing is never value free and often implicitly succumbs to the value judgments inherent in the medical discourse with which he identifies.
Geographical Boundaries

In addition to demarcating racial boundaries leprosy was part of a larger colonial medical discourse that helped to construct a geography of difference separating Britain from her colonies. This geography of difference was partly constructed through a Manichean narrative that helped to create and maintain the image of the dominant metropolitan culture as wholesome and that of the British West Indian colonies as insalubrious and, ultimately, destructive to the colonists’ physical and moral health. This geography of difference becomes even more pronounced in the tropical fever narratives, as I demonstrate in chapter 5.

For many eighteenth-century physicians, including Grainger and Hillary, leprosy was associated with heat. Grainger, for example, writes that leprosy “frequently arises from being overheated, and suddenly getting too cool” though he acknowledges that it “oftenest breaks out without any visible cause” (41). Similarly, Hillary is confident that “[t]he Lepra Arabum is indisputably a Disease which is peculiar to such Countries as are situated within the Torrid Zone” (322). He reiterates this idea several pages later: “…a hot Climate is the Parent and Producer of this Disease” (334). While it is true that leprosy was prevalent in the countries of the so-called Torrid Zone, such pronouncements are not merely statements of fact. Just as the disease as prevalent among the African evolved to an understanding of the disease as an African disease, the prevalence of the disease at particular geographic locations also evolved into a philosophy of the inherent characteristic of these locations. Indeed, the idea of leprosy as a disease of hot climates is

While Hillary’s biases are explicit to contemporary readers Grainger’s neutral tone and tempered language help to conceal these judgments.
connected to imperial narratives that apotheosised particular climates - those most closely associated with ‘home’ - and pathologised those associated with the ‘other’.

Situating the disease within the Torrid Zone, Hillary’s use of the word “Parent” resonates with his earlier pronouncement of leprosy as a hereditary disease. Rhetorically, by evoking leprosy as the offspring of a hot climate, Hillary continues to personify the disease, in keeping with his earlier trope of the disease as a stowaway in the African’s body. But more than this, the parent/offspring image has the effect of naturalising the idea of the tropics as the birthplace of leprosy. Here, the hot climate provides the appropriate conditions to breed the disease and the ‘Torrid Zone’, originally a climatic description of a region that was cartographically situated between the Tropics of Cancer and Capricorn, is the geographical boundary cordoning the place of pathological reproduction, marking it as sick and separating it from more salubrious regions.

But the hot climate of the Torrid Zone is not merely the place where the disease thrives; medical philosophies associated with hot climates also became conceptually entangled with a moral condemnation of the people living there. The hot climate of Spain, for example, was associated with an excess of choler and was believed to produce a race of choleric people associated with excess of emotion. On the other hand, the English saw themselves as a moderate people living in a moderate climate (Kupperman 4). In other words, the temperateness of the English climate was believed to influence the people of the land who were temperate as well in their behaviour. It was a picture of an

25 The extent to which this description is based on cultural and political rivalries is not relevant for the purposes of my argument since it was a belief that entered into and survived in humoural medical discourse. This, of course, demonstrates how medical discourse is never divorced from cultural and political spheres.
ideal, of a land and its people in perfect humoural balance, unlike the Torrid Zone and its inhabitants who were prone to the effects of heat-related diseases.

Hillary’s declaration that the disease is the offspring of a hot climate (334), combined with his earlier pronouncement of leprosy as an African disease (324), implicates the African, the one whom Hillary insists brought the disease to the islands, with the Torrid Zone, the “Producer of this Disease”. On one hand, the African is parent of the disease, having brought it from Africa and having reproduced it across generations, but on the other, the Torrid Zone is also parent since it provides the conditions appropriate for the disease to thrive. Just as Hillary seemed to equate the African with the disease, the role of the African becomes conceptually entangled with the role of hot climates in Hillary’s understanding of leprosy: for him, leprosy was a disease of hot climates and of the peoples who inhabited them. In this context, the pronouncement of leprosy as a disease of the Torrid Zone functioned as a moral indictment of the place itself.

Grainger also suggests that the disease is caused by extremes in temperature, although he focuses on the temperatures within the human body and not of the climate. This belief underlies his advocacy of humoural medicine: extreme changes in temperature push the body out of balance. As historian Karen Kupperman notes, humoural physicians believed that,

\[
\text{good health resulted from the proper balance of [the four] humors, but each climate created its own characteristic balance. Therefore a move to a radically different climate could cause profound distress while the body}
\]
tried to adjust. Choler, corresponding to fire, predominated in hot areas…

Furthermore, the body eliminated excess humours through emissions such as perspiration. Profuse perspiration, however, was believed to leave “the ‘inner parts,’ of the body, particularly the stomach, cold and debilitated” (Kupperman 9-10). Drinking cold water and taking cold baths were sometimes seen as dangerous as it was feared that the body would cool too quickly. Grainger’s comment that leprosy “frequently arises from being overheated, and suddenly getting too cool” (41) seems to follow this tradition, even as he is willing to accept that there might be another cause for high temperatures in the body.

But why was leprosy associated with choler? What characteristic about the disease suggested that it was related to heat? It is possible that the age-old association of leprosy with venery became metaphorically entangled with the notion of excess sexual passion as choleric. Humoural medicine taught that the pursuit of sexual pleasure was caused by ‘hot blood’, an excess of choler in the body. According to Grainger, excess heat in the body is sometimes associated with leprosy. But given the close association of leprosy with venery, and of venery with choler, the association of leprosy with intense heat seems to be logically and conceptually related to the idea of leprosy as a sexually transmitted disease, thus pointing to the entanglement of a moral discourse of sexuality within the medical discourse of leprosy.

In this light, Grainger’s pronouncement that leprosy “frequently arises from being overheated, and suddenly getting too cool” is conceptually entangled with Hillary’s belief that “… a hot Climate is the Parent and Producer” of the disease since both writers
associate the disease with the intense heat of the tropical environment. Each writer enacts a Manichean narrative by which the tropical colonies are identified with a climate that is linked to disease and that is juxtaposed with the climate of England.

This Manichean binary is only inferred from Grainger’s association of leprosy with heat. Hillary, however, is explicit in his evocation of this binary and in his apotheosis of England as a salubrious place: “O the happy Climate of England, which is totally a Stranger to this, and some other miserable Diseases!” (327). Hillary also suggests that moving to a colder climate “may considerably contribute” to his patients’ recovery (333). While it is true that by the eighteenth century cases of leprosy were extremely rare in England, Hillary’s pronouncement of leprosy as a stranger to the climate of England has the rhetorical effect of ideologically polarising England and the West Indies.

Medically, leprosy was found in the West Indies and was extremely rare in England in the eighteenth century. But this pronouncement of one region and its inhabitants as prone to sickness and another as health-giving was connected to a discourse that already ascribed moral value to particular places and the people who lived there. Furthermore, the *cordon sanitaire* separating one region from the other mirrored the geo-political boundaries of the day, boundaries that separated the colonisers from those whom they colonised. In so doing, such disease narratives helped to create a cartography of difference that associated the colonisers and their motherland with general good health and the colonised and their lands with disease.

Part of the white man’s burden was to heal the sick, that is, to bring the colonised peoples to a state of health, both literally, in terms of the work of tropical physicians in
the colonies, and metaphorically in terms of bringing the fruits of civilisation to the savage places of the earth. As a fruit of civilisation, Western medicine did not merely heal. As literary and cultural critic Alan Bewell notes, “[d]isease narratives provided a means of differentiating colonisers from the colonised” by providing “an apparent racial or biological basis for asserting [difference]” (17). Drawing attention to the importance of context in disease narratives Bewell argues:

> Whether a place or a people is described as healthy or sick substantially depends on who is doing the describing. A ‘healthy’ physical or social environment for one people may be ‘unhealthy’ for another, and cultural history, with all its moral evaluations, has largely been written by the ‘healthy’. (5)

Here, the label ‘health’ is desirable and refers not only to a state of physical wellness but also to a position of privilege. ‘Sickness’, on the other hand, literally refers to ill-health and is also a metaphor for taint, as in the case of leprosy. Indeed, both Hillary and Grainger contribute to the essentialist idea of particular places (and peoples) associated with particular diseases on account of some inherent flaw, an argument which lent support to the imperial mission and its fantasy of bringing the gifts of civilisation to the savage - and hot - places of the world.

**Professional Boundaries: Leprosy and the Emergence of Tropical Medicine**

In the eighteenth century, leprosy presented particular opportunities for tropical physicians to distinguish themselves from their metropolitan peers since it was a disease

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26 By the nineteenth century, however, this confidence that leprosy was a disease of particular places gave way to fears about leprosy ‘retainting’ Europe. See Edmond’s *Leprosy and Empire* for a detailed analysis of narratives of leprosy in the late nineteenth century.
that was rarely seen in England but was known in the West Indian colonies. The opportunity to find a cure would undoubtedly distinguish the tropical physician, whose position in the West Indies - and in other colonial posts - was seen as peripheral to the more prestigious positions of mainstream practitioners in England. Indeed, the tropical physician of the eighteenth century had a vested interest in demarcating the boundaries of his profession. Leprosy, “the disgrace of art”, along with other so-called tropical diseases, provided an excellent opportunity for doing so.

Referring to the elusiveness of leprosy in the preface to *Essay*, Grainger notes that the tropical colonies “contain many medicines of high efficacy, not known in Europe; and doubtless a much greater number still remain to be investigated by future inquiry” (7). That the tropics contained ‘new’ medicines was not a novel idea. Given that particular diseases were identified as tropical diseases it was expected that the islands of the Torrid Zone would have the resources they required to cure their own disease. Given that European physicians could not be expected to know of such medicines Grainger’s statement may be understood as an attempt to demarcate the turf of the tropical physician whose professional repertoire included experiences with diseases and medicines not known in Europe.

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27 See Douglas Melvin Haynes’ article, “Social Status and Imperial Service: Tropical Medicine and the British Medical Profession in the Nineteenth Century” for his analysis of the politics of tropical medicine and its periphery status among other branches of Western medicine.

28 The idea of a cure to be found in close proximity to the disease was an established part of popular medical theory. In his *Natural History of the Island of Barbados* (1750), for example, the Reverend Griffith Hughes introduces a similar argument: “I make no doubt but indulgent Providence hath provided Plants and Minerals, in the same Climate, which upon thorough Search into their Qualities, are capable of affording not only great Relief, but also most effectual and specific Remedies. That they are not already found is rather an Argument, that we have not been sufficiently inquisitive, than that there are no such Plants endued with these Virtues” (85).

29 By the end of the nineteenth century, heavy European loss from illness in the Tropics (in Africa and, to a lesser extent, the West Indies), helped to de-peripheralise tropical medicine. See Douglas Haynes’ *Imperial Medicine* for a critical biography of Patrick Manson, the so-called founder of tropical medicine, for an analysis of the establishment of that field as a branch of mainstream medicine.
The ‘new’ disease experiences in the tropics provided a niche for the tropical physician who sought to differentiate himself from metropolitan practitioners by his knowledge of tropical diseases. Such efforts at differentiation occurred at a time when overcrowding in the medical profession meant that not all physicians could be employed in the Metropole. Many Europe-trained physicians had to accept posts in the colonial peripheries if they expected to work as physicians. This seemed to be the case with Grainger whose London medical practice was not lucrative. Grainger’s statement may be read in light of such efforts of professional differentiation at a time when medical professionals were beginning to distinguish so-called tropical diseases from the ailments that most commonly affected European populations in Europe.30

Not surprisingly, Grainger envisions the cure for leprosy as an ultimate reward among tropical physicians. Towards the end of his section on leprosy he writes: “I am, notwithstanding, persuaded, that the antidote of leprosy is to be found in the West Indies. What profit, what pleasure would accrue to the happy discoverer?” (42). Here, the tropical physician, in finding a cure for the disease that Grainger insists “is the disgrace of art” (42) is like an explorer who has discovered new land. In his Preface to Essay Grainger explains his position more clearly:

Premiums are daily bestowed for improvements in agriculture, but no rewards have ever been offered for discoveries in material Medica; (…) And yet such discoveries would not, like many others, be confined in their influence to one nation only: The world would reap the advantage of them, for the world is interested in the improvement of medicine; and the palms

30 This is consistent with Douglas Haynes’ observation that nineteenth-century tropical physicians “…attempted to enhance their occupational position by privileging their specialist understanding of tropical disease and health” (Imperial Medicine 213).
which might be gathered by Britons in such pursuits, would be more
lastingly honourable than the laurels of their conquests. (7)

The connection of the explorer-botanist with colonial enterprise is well illustrated by
Mary Louise Pratt in *Imperial Eyes: Travel Writing and Transculturation*. Examining the
implications of Linnaeus’s classificatory system and the La Condamine expedition for the
creation of the European domestic subject Pratt argues that the recruitment of natural
history in the project of empire building helped to naturalise the concept of European
supremacy and to extend Europe’s hegemony over what it defined as the rest of the
world. This is also relevant to Grainger’s statement, which is premised on the idea of the
West Indies as *terra nullius*.

By associating the physician’s search for a cure with the explorer’s quest for new
lands, Grainger inserts the tropical physician into an existing discourse of colonial
heroism: the possibility of finding cures in the Torrid Zone could potentially bring
honour and glory to Britain in a similar way that the colonial explorer brought home the
spoils of conquest. But more specifically, a cure for leprosy is the ultimate prize. Finding
a cure for the disease was more than simply providing relief for the afflicted. In some
ways, it might even justify the efforts of these pioneer tropical physicians whose glory
would also be for the glory of the motherland. In this sense, the physician’s victory
would be “more lastingly honourable” than the “laurels of [the explorer’s] conquests”
since the latter’s victory is but one moment in time while the former conquers disease
each time a cure is required. The ideological implications of a cure would also be
important: in the context of Grainger’s and Hillary’s treatment of leprosy in *Essay* and
*Observations*, a cure for the disease would allow for a more complete means of sealing
the ‘self’ off from the ‘other’, in other words, of making the _cordon sanitaire_ more impermeable and of easing imperial anxieties.31

While Hillary does not focus on the rewards of finding a cure for leprosy, he also participates in the differentiating discourse by which the tropical physician sought to distinguish himself from the metropolitan practitioner. In his introduction to _Observation_ Hillary writes:

As to the diseases of this and the other West-India Islands, there are several both acute and chronical, which are indigenous or endemical in them, and probably to such other Countries as are situated within the torrid Zone, which are scarce ever seen, and are but little known in England, or the other European Nations. I have endeavoured carefully to observe those Diseases, and strictly enquired into them, and shall delineate them in such

31 Patrick Manson, later known as the father of tropical medicine, would use a similar idea, of the tropical physician as a hero of empire, to garner government support for his malaria research in 1897. For Manson, the opportunity to fund such research had the potential to “rehabilitate [Britain’s] national character and to point out to the rest of the world how to deal with the most important disease” (qtd. in Haynes _Imperial Medicine_ 112). If this research were not funded, however, Manson warned that “…some Italians or Frenchmen or Americans will step in and show us how to do what we cant [sic] or wont [sic] do for ourselves. They are on the track even now” (qtd. in Haynes _Imperial Medicine_ 112-113). Manson’s call for funding uses a similar rhetorical strategy as Grainger’s call for the rewarding of new discoveries in _materia medica_ in the tropical colonies. Having returned from his medical post in Amoy, Manson sees tropical medicine as a viable field that had the potential to bring prestige to those who unlock its secrets. In a similar way, Grainger envisions the tropical physician as standing on the threshold of great discoveries that would redound to the benefit of all, not just those in the colonies. In this context, both Grainger and Manson promote the idea of a specialist branch of medicine as necessary and beneficial beyond its immediate purpose in the colonies. Indeed, while the sub-discipline of Tropical Medicine did not emerge until the late nineteenth century, the writings of eighteenth-century physicians in the colonies may be understood as the early contributions to what would later become the discipline of Tropical Medicine as writers sought to come to terms with the medical needs of the colonies as distinct from the medical needs of the British public. By the eighteenth century, the otherness of the tropical colonies seemed to provide professional opportunities for the tropical physician to distinguish himself and his career from the metropolitan physician who did not encounter such diseases in the homeland. The association of leprosy with the African and with the Torrid Zone was part of this new discourse of professional difference, a demarcation of exclusive experiences and knowledge that later helped to legitimise Tropical Medicine as a branch of mainstream medicine.
That these diseases “may be known when seen by those who have not seen them before” constructs the tropical physician as having a unique responsibility: he must observe, document and classify the tropical diseases that he encounters in his work in the Torrid Zone and so advance the state of the profession in general. That leprosy defied all known categorisation and all previous medical knowledge points to the difficulty in completely knowing and curing ‘other’ diseases. In this light, leprosy was an elusive disease: though pursued by medical practitioners for personal and professional glory, no cure would be found, such that leprosy anxieties escalated by the late nineteenth century when the disease appeared to be infecting more and more Europeans.

Leprosy: An Allegory of Vulnerability

Dubbing H. G. Wells’ War of the Worlds an “allegory of vulnerability”, Alan Bewell argues:

Perhaps the western technological mastery over diseases - one of the great themes of imperial culture - was at best only temporary, and worse, perhaps a people’s ability to isolate themselves from the diseases of the colonial world might eventually make them even more vulnerable. (xiv)

Unlike tropical fever, which claimed thousands of European lives in the colonies, people did not regularly fall ill and die from leprosy though their lives were significantly affected. Indeed, incidents of leprosy seemed to be relatively low compared to other diseases affecting Europeans and Africans in the West Indies. Yet, up until the second
half of the twentieth century, leprosy continued to occupy the attention of physicians, scientists and politicians in a manner that seemed out of proportion with the threat that it posed. In this context, leprosy may be understood in terms of an allegory of vulnerability in a similar way that Bewell evokes the term: fears about the disease precipitated unprecedented action to insulate the self, deemed vulnerable, from the other, deemed infectious. Such action culminated in the decision at the first World Leprosy Conference in Berlin in 1897, to segregate lepers despite the fact that leprosy was known to be minimally contagious (Watts 68).

These fears about vulnerability were already present in the eighteenth century, though they were much less potent than leprosy anxieties in the late nineteenth century. Hillary, more than Grainger, demonstrates the nature of these early anxieties over the disease. For Hillary, leprosy was personified as a wily and surreptitious enemy, “[d]readful” (324), “terrible” (324), “miserable” (327) not only because of its effects on the human body but also because the disease infects the patient long before signs of infection begin to show. He writes:

…the infectious Miasmata of this Disease, especially when it is hereditary, are subject to lay as it were quiet and still, without giving the Patient any Uneasiness, or even without shewing any Symptoms or Remains of the Disease, for a Year, or sometimes Years, and then break out and shew its Malignity with Force again . . . (331-332)

This description is of a disease personified lying in wait to destroy its victims. Seven pages earlier he writes:
This terrible Disease generally seizes the Patient insensibly, gradually, and slowly, when he seems to be in perfect Health, without Sickness, Pain, or any Uneasiness, nay, often without the Patient’s knowing that he ails any thing, till some other person observes, that numerous Spots begin to appear in various Parts of his Body . . . (324-325)

Here, the image of the disease is that of a hidden but potent danger and the patient is vulnerable and helpless to avert what is to come. Hillary’s panic is suggested in his use of the word “seizes”, from the transitive verb ‘to seize’, conveying force, violence and, ultimately, rapid possession; to seize something is to take possession of it forcibly and suddenly. That it is “[t]his terrible Disease [that] seizes the Patient” ascribes complete volition to a disease that is personified as a stealthy menace. Here, the patient is evoked as helpless victim and his body as the object to be possessed. By “seiz[ing] the Patient insensibly” the disease takes possession of the body, claiming it as its own.

Though the move to isolate lepers did not come until the late nineteenth century, at which time plantation slavery had ended, Hillary anticipates the move for a physical *cordon sanitaire* in his call for the separation of lepers from the community. He advises that:

[A]ll leprous Persons be separated from the Commerce and Converse of the Sound, as in the Plague, and to have suitable Places allotted to them to live in, either in an Island, or somewhere near to the Sea-shore, where all communication with those who are sound, may be entirely cut off. (324)

Here, Hillary envisions complete physical separation in order to protect the sound, those still vulnerable to the ravages of the disease. Grainger too, also called for the
“distempered” to be removed “from the sound” (41), but offered no suggestion about how this should be done. Such precautions were understandable for a disease that debilitated the body and which baffled the physicians of the day. But more than this, the physical and ideological dangers associated with leprosy necessitated that a physical *cordon sanitaire* also be erected that would separate the lepers from the healthy population and that would potentially cordon off the disorder as represented in the lepers’ diseased bodies.

In this context, the vision of physical segregation was also the vision of an ordered community, where everything (and everyone) was in its place, and where boundaries were stable and strong. This is similar to Michel Foucault’s argument that the exclusion of the leper underlies a vision of a “pure community” (*Discipline and Punish* 198). At a time in colonial history when the European community was still negotiating its identity in relation to its others, the call for the segregation of lepers was a valorisation of purity, primarily racial purity. The fears of leprosy infecting the sound, but more specifically, sound European bodies, was simultaneously the fear of the ‘other’ contaminating the self.
Chapter 3

Out of Place: Lepers and Leprosy in Frieda Cassin’s With Silent Tread

By the late nineteenth century leprosy remained a matter of grave concern in the colonies. As literary and cultural scholar Rod Edmond notes, “[c]ases of leprosy contracted abroad, most commonly in India, were being diagnosed in London, demonstrated to medical audiences, and reported in metropolitan newspapers” (Leprosy and Empire 81).\(^1\) Ironically, Hansen’s conclusion, in 1873, that leprosy was infectious and not inherited might have contributed to the growing panic since he still did not know how the disease was communicated from one individual to another. In other words, by the late nineteenth century, there was no way of knowing who was vulnerable to infection.

Speculation about leprosy continued, despite the publication of several regional reports that concluded that leprosy was minimally contagious.\(^2\) Physician Gavin Milroy’s Report on Leprosy and Yaws in the West Indies, for example, presented to the British Parliament in 1873, noted that “[t]he all but unanimous conviction of the most experienced observers in different parts of the world is quite opposed to the belief that leprosy is contagious or communicable by proximity or contact with the diseased” (Milroy 97). The abstract to the substantial Leprosy Commission Report for India,

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\(^1\) Rod Edmond’s authoritative monograph begins with a brief global overview of leprosy in the late eighteenth century and moves on to an extensive medical and cultural history of the disease in the late nineteenth and early twentieth centuries. He also examines a number of literary texts by Romantic, Victorian and early twentieth-century authors such as Robert Louis Stevenson, Jack London, Graham Greene and Paul Theroux. Edmond does not examine Caribbean fiction.

\(^2\) According to current World Health Organisation statistics, leprosy is one of the least infectious of diseases (“Leprosy Fact Sheet”). Moreover, contemporary bacteriology has determined that almost 99% of people have “adequate, natural immunity” and that “[o]ver 85% of the clinical cases are non-infectious” (WHO “Leprosy Fact Sheet”). Much remains unknown about what makes the other 1% of the population susceptible to infection.
published in 1893, also supported the idea that leprosy was minimally contagious: “[T]hough leprosy must be classed amongst the contagious diseases, yet the risk of contagion is so small that it may practically be disregarded . . .” (“Leprosy in India” 925).

The colonies also contributed to late nineteenth-century alarmist narratives on leprosy. As Caribbean literary scholar Evelyn O’Callaghan observes, “[m]any references in the Antiguan press focused on the need for segregation of lepers”, including a petition to Queen Victoria printed in the *Antigua Standard* on 8 November 1890 (“Introduction” 20). Similarly, literary scholar Sue Thomas notes that one Antiguan physician vociferously called for the segregation of lepers in Antigua in 1890, noting that leprosy was hereditary and highly communicable (¶ 7).

Late nineteenth-century anxieties over leprosy were fuelled by what medical historian Jo Robertson calls “the unfortunate conjunction of a series of events” between 1889 and 1890, and which included the infection and subsequent death of Father Damien de Veuster, famous for his work among the lepers in Molokai, Hawaii; the discovery of leprosy in an Irishman; and British and American alarm that a Swedish leper had migrated to the United States before being detected (Robertson “Elusive *M. Leprae*” 29). Such incidents, widely reported in the press, helped to perpetuate the idea that leprosy was highly infectious, that more Europeans were contracting the disease than

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3 For a historical and cultural analysis of the Leprosy Commission to India see Jo Robertson’s “In Search of *M. Leprae*: Medicine, Public Debate, Politics and the Leprosy Commission to India.”

4 For a cultural and political history of leprosy in Louisiana and Hawaii in the late nineteenth and early twentieth centuries, see historian Michelle T. Moran’s 2007 monograph, *Colonising Leprosy: Imperialism and the Politics of Public Health in the United States*. Like Rod Edmond, Moran concludes that health policy associated with leprosy was connected to imperial agendas.
before and, more significantly, that the disease could travel, undetected, to another part of the world.

The first international leprosy conference held in Berlin, in 1897, sought to address some of these concerns. Rod Edmond summarises the conference’s main conclusions:

The Berlin conference had finally discredited the hereditary explanation of the disease [twenty four years after Hansen’s isolation of *Mycobacterium leprae*], and, catching the mood of the time, had encouraged ‘international parallel action’, particularly worldwide segregation. It had not, however, established how the disease was communicated or suggested any effective treatment or cure. Nor was there even complete consensus on segregation, although this was to be the dominant policy in the early twentieth century. *(Leprosy and Empire 107)*

My analysis of James Grainger’s and William Hillary’s writings on leprosy in chapter 2 provides the conceptual framework for this chapter. As we will see, the *cordons sanitaires* that Grainger and Hillary identify in relation to leprosy were still relevant by the late nineteenth century, as depicted in Cassin’s novel. First published in Antigua in the late nineteenth century, *With Silent Tread* contributes to West Indian disease narratives on leprosy in the manner in which it demonstrates anxieties over the disease and in its implicit support of leper quarantine, as Sue Thomas has shown. Focusing on the manner in which anxieties about leprosy influenced “the dynamics of gender and class in a racialized plantation culture” *(¶ 1)* Thomas is attuned to the historical resonances in Cassin’s leprosy narrative as they relate to the domestic and social spheres. In keeping
with my focus on biological images and metaphors of disease, my analysis of leprosy in
*With Silent Tread* emphasises the medico-cultural resonances of racialised identity and
pursues the argument that the novel’s leprosy narrative exposes the insufficiency of race
and class as markers of colonial privilege and demonstrates the entanglement of
biological and ideological fears of infection. I begin this chapter with a contextual section
and follow with an analysis of the major issues relating to the issue of segregation in the
novel.

**Frieda Cassin and *With Silent Tread***

In the novel’s opening vignette the narrator of Frieda Cassin’s *With Silent Tread*
voices support for the isolation of lepers from the rest of the population, supposedly out
of compassion for the afflicted. Commenting on the figure of a black leper, the narrator
writes:

Here was an object to excite universal pity and disgust. Were the pity not
so plentifully mingled with disgust, the existence of such afflicted ones
might be made less miserable among their fellow-men; were the disgust
not so unwisely mingled with pity, these unhappy beings might be
peacefully segregated from repulsion and temptation. (35)

While clearly advocateing for the quarantine of lepers, the novel focuses on leprosy in a
small, unnamed West Indian island (recognisable as Antigua) and the migration of the
disease in the body of a white West Indian creole to the small English village of Sudbury.
The movement of the disease from the West Indies to England and, by extension, into
Europe itself, fictionally evokes the route of infection envisioned by those who feared
that Europe’s contact with its tropical colonies would unleash a virulent strain of the
disease on European soil. As Sue Thomas asserts, Cassin’s novel “fleshes out those fears of disease transmission between racial communities in empire and of transmissibility back to Britain” (¶ 1). Indeed, the novel contributes to late nineteenth-century leprosy discourse by offering a fictional scenario of what might happen if lepers were not isolated from the rest of the population. The narrator’s seemingly humanitarian argument in favour of quarantine, however, aligns with a more malignant form of late nineteenth-century colonial ideology that indulged in essentialist ideas about racial purity connected to ideas about disease.

Literally, the English feared that they would become susceptible to leprosy: those who supported the medical incarceration of lepers seemed to envision quarantine as a cordon sanitaire separating them from infection. Implicit in these fears were anxieties over the permeability of boundaries: while the geographic boundaries of empire clearly separated England from its tropical colonies, colonial disease could not be contained within these cartographic lines. In other words, geographic separateness was not a prophylactic against this back draft of the colonial enterprise and could not offer the English protection against what was perceived to be the looming threat of the disease. Underpinning this panic was the fear that the empire (and all that was considered to be dangerous there) would come home to England’s shores: ‘self’ potentially entangled with ‘other’; ‘their’ diseases could become ‘our’ diseases; ‘their’ taints could also become ‘our’ own. Segregation, however, in its ideal form, potentially offered a hermetic seal to insulate the English self from the danger of reverse penetration.

More than the idea of physical quarantine, however, and in the context of late nineteenth-century colonialism, the call for segregation also provided an appropriate
metaphor to interrogate the English colonisers’ desire to re-inscribe the ideological lines separating the white imperial self from the black colonial other and, in addition to this, to inscribe new lines separating the imperial self from new white ‘others’ in the colonies. Indeed, while late nineteenth-century colonial discourse continued to recognise unbridgeable differences between racialised categories of whiteness and blackness, it also recognised a split in whiteness itself that was already becoming evident at the time that Grainger and Hillary first published Essay and Observations in the second half of the eighteenth century. As I demonstrated in my analysis of these medical texts in chapter 2, anxieties about leprosy infecting white West Indians centred on ideas of black taint associated with so-called African diseases such as leprosy. In the context of Cassin’s novel, the unstable category of whiteness is evoked in terms of two related but differentiated groups: the English white and the white West Indian.

In this context, the novel’s presentation of the late nineteenth-century leprosy panic easily translates into a cautionary tale warning against the literal, biological threat of disease as well as the metaphoric elision of categories of difference in a manner that recalls and sometimes goes beyond Grainger’s and Hillary’s association of leprosy with ideological cordons sanitaires. The focus on Cassin’s novel is on matter out of place: literally, the leper’s body as out of place among the healthy population and metaphorically, white and black colonial others as contaminants that threaten to infect the English imperial self. In each case the leper’s unruly body is the site of contestation for the enactment of these struggles to stay the disease and to insulate the self against the threat of the polluted other. In this regard, With Silent Tread attempts to demarcate a
more stable *cordon sanitaire* than was evident in Grainger’s and Hillary’s writings on leprosy.

First published in Antigua around 1890, With Silent Tread was re-issued in 2002 by Macmillan as part of its Caribbean Classics series and edited by Caribbean literary and cultural scholar, Evelyn O’Callaghan. In his preface to the 2002 edition of the novel, John Gilmore, the Macmillan Caribbean Classics series editor, notes that the novel is “an early example of a Caribbean novel by a woman writer” and that “it is probably the earliest novel of Antigua and Barbuda” (vi). Along with Lawrence Scott’s *Night Calypso* (see chapter 4) With Silent Tread is one of a small number of West Indian literary texts that reference leprosy. Given the ideological elasticity of leprosy, however, as I demonstrated in chapter 2, the novel’s presentation of biological leprosy is conceptually entangled with the metaphorical implications of the disease.

Much of Cassin’s biography is speculative and incomplete. However, O’Callaghan suggests that Cassin’s family emigrated from Bristol, that she was either a long-term resident or a member of the creole elite, that her family had lived in Nevis and Antigua and that they were landowners and merchants in the Caribbean, possibly since

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5 The exact original date of publication is not known.
6 Evelyn O’Callaghan notes that first edition copies of the book are extremely rare. Two damaged copies may be found in the archives at the Museum of Antigua and Barbuda and the Institute of Jamaica Library (“Introduction” 5).
7 Other texts that include isolated references to leprosy include Elizabeth Nunez’s 2006 novel *Prospero’s Daughter*, which is set on a leper colony, and older poems by Derek Walcott and LeRoy Clarke. In Cassin’s *With Silent Tread* - as in Scott’s *Night Calypso* - leprosy is biologically present as opposed to say, Walcott’s and Clarke’s metaphorical evocation of leprosy removed from the literal, biological image. Both poets, for example, evoke leprosy metaphorically for its ideological associations with bodily disintegration but neither text is concerned with the biological effect of the disease as an end in itself. In Walcott’s “Ruins of a Great House” the corrosive nature of the disease is co-opted as a metaphor for colonial attrition and rot, evoked as “The leprosy of empire” (line 10). In a similar trajectory, Clarke evokes a “leprous wind” (line 118) in “Here Begin . . . Each Beginning”, as the colonial legacy that remains in the present.
The December 20, 1890 edition of the Antigua Standard also lists Frieda Cassin as the editor of the Carib, Antigua’s earliest known literary periodical (O’Callaghan Women Writing 196).

Not surprisingly, given the unavailability of the text before 2002, With Silent Tread has received little critical attention. By far, O’Callaghan is most closely associated with scholarship on the text, having published a critical introduction to the Macmillan edition and having referenced the work in her 2006 monograph, Women Writing the West Indies: 1804-1939. More recently, O’Callaghan has reissued sections of her critical introduction in a 2010 article,

“The Unhomely Moment’: Frieda Cassin’s Nineteenth-Century Antiguan Novel and the Construction of the White Creole” with a particular focus on creole racialised identity. Apart from O’Callaghan, Sue Thomas’s 2006 article “Frieda Cassin’s With Silent Tread and the Specter of Leprosy in Antigua and Britain 1889-91” situates the novel in relation to the late nineteenth-century leprosy panic and concludes that “Cassin has been persuaded by alarmist accounts of disease transmission, and desires to make a highly topical intervention in Antiguan public discussion of disease control” (¶ 24).

With Silent Tread is split between two settings: the majority of the story is set in “one of the smaller West Indian Islands” but later moves to an English village. There

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8 O’Callaghan cites B. Farquhar’s “Old and New Creative Writing in Antigua and Barbuda” whose work provides some speculative biographical information. O’Callaghan’s own research of Antigua’s public records and national archives also yielded data which support these conjectures (Introduction 12-13).

9 The following is a summary of the novel: With Silent Tread opens with a physical description of “ole Pete”, a black, male leper, who is whipped by his former employer and, later, exacts revenge on this lady by rubbing his mutilated features on her three-year old daughter, Morea. Morea, we later learn, contracts leprosy from this event. The scene then shifts to the English seaside village of Sudbury. We see two boys daring a girl to jump off the seawall on to the beach. She does so and injures her ankle. A third boy, Selwyn, carries her to a cottage. We eventually learn that the girl is Marion, who later comes to visit her West Indian cousin, Morea and aunt, Mrs. Latrobe fifteen years later. Morea is depicted as vivacious and free-spirited, in stark contrast to her cousin Marion, who is more reserved. The friendship between the
is no clear temporal marker to establish an accurate historical time frame for the story. It is likely, however, that the story is set in the second half of the nineteenth century given how the text’s attitude to leprosy seems to mirror contemporary European attitudes at this time.¹⁰

**Segregation and the Return of Leprosy to Europe**

The fear that leprosy would return to Europe is associated with Morea, one of the central West Indian characters in the text. Morea’s journey to England and her subsequent engagement to Selwyn, an Englishman, have the potential to unleash the disease on English soil, according to the disease logic of the novel.¹¹ What makes Morea dangerous, however, is not merely that she is identified as a possible ‘patient zero’, the novel’s potential progenitor of the disease in England, but that the disease lies dormant in her for fifteen years. Had it not become visible three days before her wedding it is likely that she would have married Selwyn. The implication here is that Selwyn was at risk without even knowing it and, had the disease not been discovered, Morea would have continued to live among the healthy in England, potentially putting them all at risk. In other words, Morea’s body is like a Trojan horse: while appearing to be healthy she harbours a malignant force that potentially threatens them all.

cousins develops quickly and Morea introduces Marion to life on this small West Indian island. Later, Morea accompanies her cousin to England where she meets and falls in love with Marion’s cousin, Selwyn. The couple plan to marry but, a few days before the wedding, Morea learns that she has leprosy. Morea is removed to a hospital and her physical presence is erased from the story. She dies three years later. Mrs. Latrobe, who had come to England to take care of her daughter, contracts the disease and leaves England for the West Indies after Morea’s death. The novel ends with Selwyn and Marion falling in love and planning to get married.

¹⁰ O’Callaghan cites Farquhar who suggests a time frame for the novel somewhere between 1831 and 1901, given references to such events as the Queen’s birthday and the Negro education grant (*Women Writing* 196).

¹¹ The narrative requires us to assume that leprosy is highly contagious and that lepers like Pete are extremely infectious. Contemporary bacteriology, however, has proven that the disease is no longer contagious in the stage at which physical deformities become visible. But this was not yet known in the late nineteenth century.
Cassin’s story of Morea in England is a cautionary tale. Infected by Old Pete, a black, West Indian leper, Morea does not even know that she is ill before she arrives in England. This is what could happen, according to the novel, if segregation measures were not implemented in the colonies: lepers would roam free and infect innocent passers-by who might later travel to England; the disease might lie dormant for years and then suddenly awaken in the Mother country. Alternatively, if lepers, such as Pete, were safely locked away, Morea would not have contracted the disease. Read in the context of the late nineteenth-century leprosy panic, the novel’s presentation of Morea’s story supports the move for the medical incarceration of lepers.

Undoubtedly, leper segregation was attractive since it seemed to offer some degree of control: by gathering lepers into one place, popular fears about what seemed to be a virulent and ubiquitous disease might be mitigated. But underlying this impetus to gather and incarcerate is the older idea present in Grainger’s and Hillary’s narratives, of the leper’s body as unruly and the leper himself as matter out of place. The decision to segregate lepers, by no means a consensus, remained the dominant policy worldwide for the first half of the twentieth century. Inconsistent with medical knowledge, the move to quarantine hinged on the notion that the leper was matter out of place. Though heavily bureaucratised and involving (in its ideal form) an almost panoptical level of surveillance, the leprosariums of the nineteenth and twentieth centuries replaced the traditional Levitican banishment, of sending the ‘unclean’ to “dwell alone; without the camp . . .” (Leviticus 13:46).12

12 The traditional banishment model dealt with each leper as an individual threat for which exile, as an individual, was the preferred solution. Late nineteenth century ideas of segregation, however, sought to collectivise the ritual of exile and, instead of banishment away from the group, the leper’s mobility was restricted to the boundary line of the leprosarium, a liminal space technically part of the community but yet
The novel’s contribution to these debates, however, is to suggest that incarceration is in the interest of both the leper and the healthy community. While never undermining the emotional agony associated with segregation, the novel suggests that the alternative - allowing lepers to mingle freely with the healthy - is even more traumatic for lepers and their loved ones, as is demonstrated with Pete and, later, with Naomi, who comes from a family of lepers.

“‘Leper am darg, am wus dan darg’”

The novel’s case for humane segregation is most clear in the presentation of Pete, whose illness, coupled with society’s treatment of him, renders him pitiable but also dangerous. This combination of pathos and danger makes its first appearance in the novel’s opening vignette when Pete is forced to come to terms with his status as leper.

When we first see him at the beginning of the novel Pete is “lounging painfully along the hot dusty road leading to the town, in one of the smaller West Indian Islands” (35). The disease has begun to consume his body. We are told that “two joints of his fingers were missing” on one hand and on the other “two entire fingers had rotted away” (35). The visibility of Pete’s illness - his disintegrating body and his changed physical marginalized. In this context, calls for segregation in the nineteenth century were not merely calls for the sick to be banished but rather, for their bodies and movement to be regulated by those deemed to be healthy. The nineteenth and twentieth century leprosariums provided this service through a dual process of medicalising and policing the infected bodies of the lepers. The medicalisation of lepers bestowed a mantle of scientific respectability to the impetus to ostracise the infirm. The result of this was that scientific discourse became enmeshed with cultural perceptions of the disease, further burdening an already over-determined and conceptually entangled referent, with repercussions for the fate of the leper in the late nineteenth and twentieth centuries.

As with the medical texts by Grainger and Hillary, social and cultural constructions of leprosy seem to be predominantly based on the primacy of the visual: the visible effects of the disease on the human body. Advanced stage leprosy, with its disfiguring effects, is what is usually associated with literary representations of the disease, such as in Walcott’s and Clarke’s poems. This focus on the visual effects of leprosy in Essay, Observations and With Silent Tread is not surprising given that there were no known tests for the disease. Indeed, part of the horror of leprosy, according to Cassin’s novel, comes from the disease
appearance - precipitates a social diagnosis of his condition with repercussions for the quality of life he could expect to have on the island. This social diagnosis, to be distinguished from medical diagnoses (such as Morea’s later in the novel), is based on popular perceptions of the disease and often includes an entanglement of medical and cultural discourses on leprosy. Pete’s disfigured body marks him as sick and those who read the signs of his illness interpret them according to a centuries-old template slightly modified by contemporary understandings of the disease.

Altogether, the social diagnosis of leprosy leads to a sustained social response, the end result of which is the ostracism of the leper. We know, for example, that Pete used to be Mrs. Latrobe’s coachman, but that he was dismissed because of his illness. We are also told that he has no one to take care of him (36). Most telling, however, is the violence meted out to Pete by Joseph, Mrs. Latrobe’s new coachman: desperate after Mrs. Latrobe refuses to help him, Pete clings to her carriage as it begins to move. The coachman, however, “lashed the crippled limbs of the leper with his heavy carriage whip till the poor wretch was forced to let go his hold, and fell reeling into the dusty cloud raised by the flying wheels” (36). The new coachman flogging the old, sick coachman; the leper clinging to the carriage with hands that mark his illness; Pete’s decomposing hands punished by the coachman’s whip; the wounded man falling behind in the dust: each image, painfully literal, may also be read as a metaphor for the leper’s status on the island.

remaining hidden for years. In the case of Morea, it remains undetected for fifteen years. Such an emphasis on the visual effects of the disease, however, also suggests that it is not the disease, per se, that is the subject of intense emotions but rather what effects the disease is seen to have on the human body. The predominant social response is to segregate lepers, literally, keeping them out of sight, and thus removing the visual reminder of what is perceived to be the body’s rebellion against itself and the laws of nature.
Pete is flogged because he is perceived to be a public health menace and because he refuses to conform to society’s expectations of the ‘ideal leper’. After being mildly chided by Mrs. Latrobe for whipping the man, Joseph responds: “‘ Didn’t hab no time fo’ wait fo’ orders Missis’” (36). To Joseph, Pete is dangerous and must be dealt with expeditiously. For this reason, he chooses to act on his own, outside of his usual duties as coachman and beyond what is required of him as Mrs. Latrobe’s servant. Literally, Joseph whips Pete’s crippled hands so that Pete will let go of the carriage. But these hands also function as a sign of Pete’s disease, a synecdoche of what is most dangerous in him: by whipping the leper’s hands Joseph seems to target the visible manifestation of that danger.

In clinging to the carriage, the very carriage that he used to drive, Pete also clings to the memory of his former life before evidence of the disease became visible on his body. His crippled hands, however, publicly mark him as leper and bar him from ever returning to his former status. Mrs. Latrobe’s treatment of Pete - dismissing him from her service and refusing to recognise him on the street or to give him aid - is social diagnosis in action. By banishing the leper from her company Mrs. Latrobe attempts to inscribe a cordon sanitaire separating her from the diseased. Pete’s refusal to leave her presence, however, threatens the order that the cordon sanitaire seeks to impose and, indeed, reveals its permeability: the sick is not kept at bay and, consequently, the healthy is threatened with infection.

Joseph’s action, however, attempts to reinscribe the cordon sanitaire and, at the same time, to punish the transgressor for crossing a line that ought not to be crossed and for refusing to abide by the social diagnosis of his condition. Thus, Pete is punished both
on account of his disease (he is the unclean leper who must be shunned) and his unruly conduct (he inflicts his presence on the healthy and refuses to be bound by the dictates of the *cordon sanitaire*). Falling away from the carriage and into the dust is an appropriate metaphor for his social prognosis: the object of fear and scorn, his fate is to be left behind, suffering and alone.

Not surprisingly, Pete wishes only to die: “‘Why can’t I die anyway? Me weary, me empty, me poorly, me jes fit fo’ die like darg, an’ dere aint nobody fo’ look fo’ me. Leper am darg, am wus dan darg’” (36). He wants to die, but cannot and so is doomed to live a life punctuated by scorn, violence and loneliness. Often envisioned as the living dead on account of a visibly disintegrating body, the leper seems to defy existing definitions of what it means to be alive and to be human: bodily decomposition, after all, is *supposed* to occur after death, not before. The linguistic marker of this state of in-betweenness is the name itself - leper - a totalizing appellation that superimposes the ideological expectations associated with this new state upon the individual and over his old identity. Indeed, Pete represents the uneasy middle-space between life and death, between human and not-human: as I demonstrated in my analysis of leprosy and abjection in *Essay* and *Observation* in chapter 2, the leper is the abject other that defies easy categorisation.

To Sinty and Liza, for example, he is “‘leper Pete’” and “‘Dat black debbil ob’ a Pete’” (37), never simply Pete. Neither Mrs. Latrobe nor Joseph, on the other hand, ever mentions this name. It is only Pete himself who uses the old appellation: “‘me ole Pete dat sarbe you faithful fo’ nine year’” (36). It is a poignant cry for recognition, a call for Mrs. Latrobe to respond to the man she once knew, a self-declaration that the man
standing before her is still Pete. But Mrs. Latrobe remains silent: it is as though she does not recognise him. Her refusal to acknowledge Pete’s identity is part of her disavowal of him: the old Pete is no more, this creature standing before her is something else, a shadow, a ghost, a reminder of immanent death, a *memento mori* that must be kept at bay lest she become the same.

The leper is a subaltern figure, in postcolonial theorist Gayatri Spivak’s sense of the term, “a person without lines of social mobility” (28) and who is denied a space from which to speak. A social construct, the identity ‘leper’ is associated with the long cultural history of the disease by which the person with leprosy comes to personify the disease and all the horror that it has occasioned across history. The transformation of ‘Pete’ into ‘leper’ leaves him no space from which to speak other than as the cultural embodiment of leprosy. Thus, while the title ‘leper’ points to the disease that has ravished his body it is also a referent that points to - and facilitates - the superimposition of a socially constructed group identity - that of leper - over the nuanced, individualistic identity of Pete. ‘Leper’ is now his identity and ‘Pete’ is but a remnant of a former self, an effaced identity that surfaces from time to time but which is likely to fade even more as time passes.14

By opening the novel with a description of Pete and his subsequent meeting with Mrs. Latrobe and Joseph, the novel establishes the parameters of its argument: the leper is

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14 Pete’s comment that “‘Leper am darg, am wus dan darg’” (36) follows a similar trajectory leading, ultimately, to identity nullification. Using the metaphor of the leper as dog, Pete suggests that he is being treated badly, like an animal, not a human being. But this comparison escalates, in the subsequent phrase, to the leper as “‘wus dan darg’”. Present in this description is an understanding that the leper defies easy categorisation: a dog’s presence is tolerated in the society even if the animal is abused. The leper, on the other hand, is intolerable to others and Pete begins to understand that his identity is premised on society’s disavowal of his existence. With centuries of ideological legacies behind the referent, the title ‘leper’ encapsulates Pete’s social indeterminacy: he is devil, leper, worse than dog - in other words, the disease obfuscates his humanness, at least in the eyes of those who behold him.
scorned in his own land; his life is hellish and he wishes for death rather than live under these conditions. The alternative - segregation - seems more humane. Several short chapters later, the novel introduces Naomi whose experiences also lend support for the seemingly humane segregation of lepers.

Two girls come to the Browncave residence peddling fruit. Merribell Browncave buys fruit from one of the girls and gently chastises Naomi, the second girl, saying that she can never buy from her. This confuses Marion, the English observer, who questions Merribell: “‘Why didn’t you take from that other girl instead? . . . I thought her fruit much larger and fresher’” (113). Merribell’s explanation is startling: “‘That girl comes from a family of lepers, who own and cultivate grounds high up in the hills. — We dare not buy her fruits, especially cut pumpkins’” (113). Merribell continues: “‘I had to tell her plainly the other day that I could never buy from her, it was when she brought some fowls here to sell. They are almost starving, I am afraid, but it is so difficult to help people whom one is obliged to keep at a distance’” (113). The ensuing explanation for Merribell’s action is horrifying: ‘“The lepers use bread poultices on their sores, they throw them away afterwards - the fowls wander about and fatten on whatever they can find . . .’” (114).

Merribell is aware that Naomi and her family are indigent but “‘it is so difficult to help people whom one is obliged to keep at a distance’”. Like Pete, Naomi’s family is the victim of social diagnosis in action: the lepers are ostracised and they gradually lose all sources of income. The implication here is that leprosy is a death sentence in the absence of any social mechanism to tend to the basic needs of the infirm. The insertion of Naomi’s story in the narrative conforms to the narrator’s agenda of presenting a
humanitarian argument for the incarceration of lepers, namely, that among those ‘of their own kind’, the lepers would have food, shelter and medical care and they would be spared the harshness of life among those who shun and abuse them.

Such an argument for so-called humane segregation, however, is aligned with a more malignant late nineteenth-century colonial ideology that connects racially inflected colonial prejudices with fears about leprosy. Such an ideology identifies black lepers as especially dangerous on account of their proximity to white people. While the image of the dangerous leper is a persistent undercurrent in the novel’s evocations of Pete and Naomi, the racialised anxiety associated with leprosy is well demonstrated in the episode where Pete accosts Morea, Mrs. Latrobe’s three-year old daughter.

Nursing his wounds after falling from the carriage Pete sees Mrs. Latrobe’s three-year old daughter walking with her nanny along the same road:

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\ldots \text{a fiendish triumph leapt up and possessed him. With eager halting strides, he crossed the road, and catching [the] little three-year-old up in his arms, he kissed the soft mouth and dimpled cheeks again and again, and rubbed his mutilated features against her flower-face. Then, as the little one burst into a torrent of tears, he set her roughly down by the horrified nurse and laughed loud and hoarsely. (37)}
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Though Pete is pitiable, he is also unmistakably dangerous. In fact, the narrator suggests that one condition is inseparable from the next. The “fiendish triumph” that “possessed” Pete, for example, is reminiscent of William Hillary’s personification of leprosy as a disease that “seizes the Patient \ldots\text{often without the Patient’s knowing that he ails any thing . . .}” (324-325). Separating Pete, the individual, from the “fiendish triumph”, which
seems to take on a life and will of its own, the narrator suggests that Pete was not in full control of his faculties.

Associated with his recent abuse, this “fiendish triumph” is Pete’s misguided attempt to exact revenge on Mrs. Latrobe, who participated in his humiliation. At the same time, however, he represents two dangers in one body: as an unruly black man and leper the novel presents Pete as a threat to those around him. Implicit in this episode is the suggestion that he should be locked away. Indeed, moving from the seemingly benign humanitarianism of the opening paragraph, where the narrator suggests that lepers should be locked away for their own good, we move to a related though more racially-charged scenario where the leper must be locked away for the good of others, in particular, for the good of the young, innocent, “flower-face[d]”, white children, who, presumably, represent the future generation of whites on the island.

The danger posed by Naomi and her family, however, is more subtle. Unlike Pete whose mutilated features easily identify him with the disease, Naomi is an insidious threat: there are no visible marks of disfigurement on her body and she does not look sick. Merribell, in fact, never says that Naomi is ill, only that she “‘comes from a family of lepers’ ”. But this proximity to sickness is enough to indict her as a potential carrier of contagion.

Merribell’s story of Naomi supports the idea of leprosy as an ubiquitous taint, already part of the late nineteenth-century leprosy discourse. Representative of such thinking is H. P. Wright’s *Leprosy An Imperial Danger* (1889) in which he argues that the disease’s “bacilli and spores” might infiltrate the soil, contaminating it “for a period more or less lengthy” (cited in Robertson “Elusive *M. Leprae*” 28). By associating
leprosy with the land itself, Wright implies that the disease becomes part of the geographic terrain. Using this logic, Naomi’s fruits are dangerous because the disease contaminates the land, the plant and eventually the fruits themselves.\textsuperscript{15} The idea that cut pumpkins are potentially more dangerous than whole fruit is another manifestation of this logic of disease: the fruit’s edible centre, exposed more directly to the lepers’ contagion than whole fruit, theoretically absorbs a greater concentration of the “bacilli and spores” associated with the disease. Fowls, however, ingesting the disease-soaked bread that the lepers throw away, are the most dangerous of them all. In the syllogistic chain of logic, fowls eat the poultices that once soothed the lepers’ decomposing flesh. People eat the fowls. Therefore, people eat human flesh. The horror of this conclusion, however, is intensified since it is not just human flesh that would be consumed, but diseased flesh, rotting flesh, flesh from those “one is obliged to keep at a distance”. The implication is that by eating the fowls, people also eat the lepers’ flesh and therefore directly ingest the disease.\textsuperscript{16}

\textsuperscript{15} The association of leprosy with “seeds” of infection connects these episodes involving Pete and Naomi. Describing Pete’s act of “rub[bing] his mutilated features against [Morea’s] flower-face” (37) in terms of “the botanical metaphor of pollination” (¶ 9) Sue Thomas notes that “[t]he seeds of disease [now] lie dormant in the soil of Morea’s body” (¶ 10). The novel’s logic of disease as pollination is similar to Wright’s assertion that leprosy’s “bacilli and spores” could contaminate the land. While Thomas engages with the idea of disease pollination as a metaphorical construct, the image of literal seeds of infection was an artefact from humoural medical philosophies that remained relevant in late nineteenth-century understandings of leprosy, as I demonstrate later in this chapter. In other words, this logic of pollination in the novel is both literal and metaphoric.

\textsuperscript{16} For post/colonial scholar Peter Hulme, cannibalism “marked the world beyond European knowledge” (Introduction 3) from the early days of colonial enterprise. While this subtle appeal to cannibalism in Cassin’s novel may be read in light of prior colonial narratives that sought to differentiate white civility from black savagery, it is also useful for approaching the manner in which responses to leprosy help to demarcate an essential distinction between whites and blacks on the island. Compare, for example, the novel’s depiction of Naomi’s family with its presentation of Morea. The family seems nonchalant in putting others at risk while Morea is depicted as selfless for her decision to segregate herself when she is diagnosed with the disease. See the collection of essays Cannibalism and the Colonial World, edited by Francis Barker, Peter Hulme and Margaret Iversen, for diverse historical and cultural analyses on anthropophagy in European colonial territories around the world.
This image of fowls eating human flesh is taboo at its most extreme. Fowls that feed on such matter and later, people who feed on these fowls, transgress against the dictum that the human body is sacred above all other flesh and ought not be consumed as food. Such disorder implicates lepers, such as those in Naomi’s family, in taboo acts that directly contravene the Levitican code. Significantly, it is this same code that establishes Biblical precedent for the ritual isolation of the leper from the rest of the community. With rotted flesh that makes them as the living dead, lepers are also the subject of cultural taboo and must be expelled from the community lest their abomination defile them all.

Also implicit in this evocation of taboo is the idea of leprosy as an unclean disease. Bread discarded in the yard is, literally, matter out of place. But this act of mess-making also implicates the leper whose flesh, now enmeshed with the bread, is discarded as rubbish. Ultimately, the leprosarium performs a sanitarian function: as a receptacle for the safe disposal of social refuse it has the potential to restore order by removing the polluting element from the society. In other words, the disease, metonymically represented by the leper, would no longer be ubiquitous but safely contained in its rightful place away from the healthy population and among those of like nature. A further implication is that the land would eventually recuperate from the infection of its soil.

Merribell’s story of Naomi and her family therefore functions as a cautionary tale. In a land without segregation, nothing is safe from infection: humans, animals, fruit and vegetable matter and the land itself are all threatened by a pervasive and ubiquitous disease. In the absence of segregation mechanisms Merribell must rely on her knowledge of who is sick and who is healthy. Acting on that knowledge, she inscribes a cordon
sanitaire separating her from Naomi and her family whom she deems to be infectious.

But these lines of separation are not always clear. Those like Naomi are able to flow in and out of ‘healthy’ society almost seamlessly and, it might be assumed, there are others not as vigilant as Merribell who might still buy ‘infected’ goods. This begs the question: if the disease is as hidden and pervasive as the novel suggests, for how long can the infection be stayed? The novel suggests that it is only a matter of time before the healthy population becomes infected. In dealing with a still largely unknown enemy, segregation offered peace of mind: by locking away the Petes and Naomis of the island, the population at large would be spared the gamble of perpetual vigilance. Indeed, by locking away the leper, the disease would also be locked away, at least according to the logic of a discourse represented in Wright’s understanding of the disease.

The narrator’s argument for segregation reaches a climactic point in the presentation of Morea in England. But rather than unleash the full devastation of the disease upon the English public, when Morea is diagnosed with leprosy she requests that she be taken away from the family. In other words, Cassin spares England the horror of a leprosy epidemic by presenting Morea - and later Mrs. Latrobe - as ideal lepers whose sense of social responsibility requires that they segregate themselves rather than inflict their presence on others. This is in stark contrast to the novel’s presentation of Pete and Naomi, the two black lepers in the novel whose behaviour puts others at risk.

Unlike Pete, Morea understands that “‘[t]here must be no leave takings’”. She asks Dr. Travers to take her away “‘to the place you know of where I can do no harm to anyone, least of all to those I love’” (162). Mrs. Latrobe also understands that Morea now “exists only to suffer” and that death is a desirable state for one infected with the
This is something that Pete understands only after he is publicly whipped and humiliated. This difference in conduct between Morea and Pete is partly accounted for by colonial racial stereotype: in contrast to the black leper’s brutish violence and vengeful temper, the white leper’s sense of social responsibility is presented as civilised and even admirable.

But more than this, by bringing England, supposedly, to the brink of infection, by diagnosing the disease in the ‘nick of time’ and by having Morea decide to isolate herself, the novel manages to keep the focus on the tragedy that was narrowly averted. In other words, the focus is on fear before the fact and relief that Morea no longer poses a risk rather than horror after the fact, had Morea not been diagnosed in time. This focus on fear coupled with relief is appropriate for a narrative with an agenda in support of segregation measures since it ends on a note of hope that extends to the contemporary situation: there is still time to do the right thing.

Mrs. Latrobe’s self-exile to the West Indies at the end of the novel, however, has an ambivalent tone: now infected with the disease, she removes herself from England and returns to the place in which the novel’s line of contamination originates. But England is still not safe. The West Indies is still a place where lepers are free to roam. While Mrs. Latrobe takes responsibility for her disease, others like Pete and Naomi remain to infect other Moreas who might later travel to England and begin the process again. The ominous undertone is that England may not be so lucky the next time around.
That white people could be infected with a black people’s disease, and that the site of infection was the Metropolitan stronghold itself, created a potential crisis that required stringent measures to stay the impending infection. Implicit in this allegory of vulnerability is the desire to re-inscribe the old ideological lines separating ‘self’ and ‘other’. Indeed, the potential for infection threatened the ideological foundation of empire: a so-called black disease that infects white bodies troubles the notion of race as an essential and unbridgeable category of difference, violated only through the sin of miscegenation. The potential for leprosy to cross the racial divide therefore threatened the stability of notions of whiteness itself, a bastion of the myth of colonial superiority.

This idea of segregation, premised on the separation of one group from another group constructed as pathologically different, metaphorically encapsulates the English coloniser’s ideological desire to seal off the imperial self from contaminating elements in the colonies. Black colonial subjects, of course, were the traditional default others in this category of potential contaminants. But included in this category (though not conterminous with blackness) were the white colonial representatives in the British West Indian islands. Indeed, implicit in the novel’s presentation of leprosy is the notion of whiteness as an unstable category of racial identity: Morea and other white West

17 The idea of whiteness as a category denoting racial purity is a standard colonial trope. The struggle to maintain separate categories of ‘blackness’ and ‘whiteness’, for example, is well represented in Mrs. Latrobe’s decision to disown her eldest daughter Thekla, who chose to marry a mulatto man. In keeping with standard colonial narratives, ‘whiteness’ here is envisioned as purity while ‘blackness’ is the category reserved for all others deemed impure: those with no ‘white’ blood, and those like Thekla’s husband, whose hybrid status disqualifies him forever from the category of white purity. The split in the category of racial purity itself, however, is more complex. Both as a literal, biological disease and as a conceptual category denoting unbridgeable difference, leprosy is intertwined in the novel’s presentation of colonial whiteness and is juxtaposed with presentations of metropolitan whiteness: the former is associated with disease and the latter with the danger of being infected. The result is a clear split in the category of racial purity itself. It should be noted, however, that my use of the term ‘category of white purity’ does not
Indians in the novel are also ‘others’ to the English imperial self.

In *With Silent Tread* the presentation of hierarchical gradations of whiteness becomes entangled with the biological reality of leprosy in the West Indies and later, in England. One result of this entanglement of ideological and biological ideas is the novel’s construction of West Indian whiteness as pathologically different from the privileged sub-category of the white English self, a condition that perpetuates and almost essentialises the perception of difference at the same time that it constructs and validates it.\(^1\)

Marion’s observations in the West Indies emphasise the perceived differences between British whiteness and West Indian whiteness, especially with regard to English and West Indian women. Literary depictions of such differences are clear in Charlotte Brontë’s *Jane Eyre* and Jean Rhys’ *Wide Sargasso Sea*, where the otherness of the creole assume that this conceptual category was, in practice, stable, homogenous or uncontested. However, I am suggesting that the myth of a stable category of white purity exists in colonial discourse, as evidenced in concepts such as miscegenation, which takes the category of racial purity as its starting point. It is this idea of a category of racial purity in colonial discourse that I am evoking here.\(^1\)

Much has been written on the subject of white creole identity in the British West Indies, usually as figures of resistance. Significantly, these studies all focus on the figure of the female creole. Judith L. Raiskin, for example, in her 1996 publication, *Snow on the Cane Fields*, broadens the historical definition of ‘creole’ to include other British colonial territories. Focusing on four Creole writers including Jean Rhys and Michelle Cliff from the Caribbean, Raiskin argues that creole identity is “a form of cultural, national, and psychological resistance” (10) but that it “is highly ambivalent, situated as it is between national, racial, and linguistic identities” (11). Veronica Marie Gregg’s 1995 monograph, *Jean Rhys’ Historical Imagination: Reading and Writing the Creole* focuses exclusively on Jean Rhys and questions of “history, reading, writing, ‘race,’ and the self” as they relate to Rhys’ own creole identity and the creole characters in her fiction. More recent publications on white creole identity include Carolyn Vellenga Berman’s 2006 monograph *Creole Crossings: Domestic Fictions and the Reform of Colonial Slavery*, which examines the figure of the creole in canonical fiction from Britain, the United States and the Caribbean, and includes an examination of novels such as *Jane Eyre* and *Wide Sargasso Sea*. Noting that the “creole was a synecdoche within the domestic space of expanding nations” Berman asserts that “[t]he Creole was … a paradigmatic subject of colonial slavery in the antislavery era” (3). While these aforementioned works, overall, reveal a heavy focus on Jean Rhys and her works, Evelyn O’Callaghan’s groundbreaking 2004 monograph, *Women Writing the West Indies 1804-1939: “A Hot Place, Belonging to Us”* engages with a range of narratives, including novels, letters, memoirs and homilies, by white creole writers, for what they reveal about constructions of place and identity. O’Callaghan’s work is particularly useful for its focus on early, often inaccessible and marginalised colonial narratives by women. My focus in this chapter is specifically on the entanglement of disease narratives with constructions of creole otherness. O’Callaghan points to the presence of tropes of disease in creole women’s writing but associates these tropes with wider depictions of the West Indian colonies as an ambivalent space, that is, simultaneously beautiful and dangerous.
woman is pathologised as madness. Similarly, as Caribbean literary scholar Kenneth Ramchand argues, Jamaican writer H.G. de Lisser’s early twentieth-century novel *The White Witch of Rosehall* is another typical example of the deliberate juxtaposition of English and Creole whiteness (19). Ramchand further notes that the perceived inferiority of the white creole is heightened upon the arrival of an English visitor whose observations and casual juxtapositions often hold in tension the perceived differences between England and the colonies. This trope continues in *With Silent Tread*, with the juxtapositions between Marion, the English visitor, and Morea, the colourful, exotic cousin.

The notion of a split in whiteness, however, does not come from the Metropole alone but, as Cassin’s novel suggests, was already a part of West Indian culture. This is demonstrated in Marion’s conversation with Reverend Browncave - a long-standing resident of the island - concerning English and West Indian girls and highlights a salient point of contrast regarding the differences between West Indian and English standards of whiteness.

Agreeing with Marion’s observation that West Indian girls “‘are so thin’” (92) Rev. Browncave responds:

‘So they are. Lean and yellow. Their beauty, and some of them are good looking you know in their own way, is a kind to which the eye has to become acquainted. It’s quite a relief when a girl comes out fresh from England to see a sensible waist and a firm round arm and a clean pink and white face.’ (93)
This idea of variation in appearance is significant for understanding the subtle difference between West Indian and English whites in the novel. Something seems to change West Indian women, many only second-generation immigrants, after living in the colony. Their complexion becomes yellow, they grow thin and, based on Browncave’s assessment, their beauty changes. The answer to this is suggested the moment Marion steps off the steamer into West Indian territory and notices the heat of the sun.

Throughout the novel, the heat from the sun is omnipresent, making life uncomfortable and supposedly inducing slothful tendencies among the residents who sleep when they should be working and whose pace of life is significantly slower than that of the English. This idea of the debilitating effects of tropical heat, a standard trope in the writings of early colonial physicians such as Hillary and Grainger, as I demonstrated in chapter 2, originally referred to miasmatic and humoural theories of medicine that ascribed pathogenic qualities to environments that were deemed to be too hot or dry. Cassin’s novel, however, written long after such theories were no longer medically viable, still ascribes deleterious qualities to the West Indian sun. This becomes meaningful in relation to Browncave’s description of the yellow West Indian girls.

Literally, the sun blemishes the skin of these West Indian women leaving their faces sunburnt and yellow. Branded, as it were, with the scorch-mark of the tropics, their bodies mark the changes wrought by their new environment. Supposedly, the milder sun in England allows English women to keep their faces “clean pink and white” while the

Selwyn and Marion also echo these sentiments. Selwyn’s “pre-conceived idea of a West Indian young lady of the nineteenth century” closely conforms to the prevailing stereotype: “To begin with she is short and very yellow. Her eyes are black and bead-like and very seldom quite open” (129). This idea of black, bead-like eyes that are seldom open evokes the image of the West Indian white woman as orientalised other, already depicted by Browncave. On the other hand, upon returning to England, Marion is delighted to see “clear rosy faces on every side . . .” (128), in contrast to the yellow faces she met in the tropics.
harsher sun in the West Indies yellows the faces of their colonial counterparts.

Implicit in this description, however, is a subtle orientalising discourse that others the West Indian woman while establishing the English norm as the ideal. The yellow skin of West Indian girls, for example, in contrast to the pink and white faces of English women, is a recognisable feature of racialised orientalist stereotypes. Added to this pronouncement is the value-loaded description of the English woman’s face as “clean”. The implication here is that there is something dirty about the West Indians’ yellow faces just as late nineteenth-century colonial discourse insisted that there was something dirty about the African’s skin.²⁰ Read in the context of Mary Douglas’ analysis of cultural

²⁰ The association of the African with dirt takes a literal turn by the end of the nineteenth century, as depicted in advertisements for soap. A cut-out advertisement for Hudson’s soap published in Liverpool in the 1890s presents the following image: a black, smiling baby is wearing a white bib on which the advertiser presents the following words: “MERCIFULNESS. Hudson’s extract of soap is merciful to the clothes; it only removes the dirt, grease and stains, leaving the linen behind – spotlessly white, wholesome and pure. HUDSON’S SOAP” (Wellcome Trust Library Online “Hudson’s Soap”). The blackness of the baby’s face in contrast to the white bib is what stands out in the cut-out: the skin is charcoal black except for the eyes, teeth and open red lips, and the effect of light hitting the skin on the nose, cheeks, chin and forehead. The words of the advertisement, however, go beyond the visual effect of contrasting black with white and depend on the audience’s shared association of blackness with dirt and grime. The racist punch-line of this advertisement, of course, is that Hudson’s soap works so well that even black, dirty people could have clean linen.

An advertisement for Pears soap, published in London in the 1880s, is even more blatant in its promotion of racist ideology. Two pictures - a before and after model - comprise the advertisement and depict one black and one white child. In the before picture, the black child is in a bath and the white child, holding a bath scrubber and wearing an apron, prepares to bathe the black child. In the second picture, the white child holds a mirror to the black child whose body is now miraculously white though, significantly, his face remains black. (Clearly, the advertiser did not wish to suggest that black people were merely dirty white people, if even in humour.) The caption reads: “Pears Soap: Matchless for the Complexion” (Wellcome Trust Library Online “Pears Soap”). The advertisement is self-explanatory, relying on the association of black people with dirt and depending on the racist humour that they could be made clean, in this case with Pears soap. This type of racist humour appeared to have been a standard trope in soap advertisements in the late nineteenth and early twentieth centuries. See the Wellcome Trust Images archives (online) for additional examples, including one from Canada (see “Dingman’s Electric Soap”). The converse, of course was also present: late nineteenth-century soap advertisements used idyllic images of white children to advertise the gentleness and purity of its products, as depicted in advertisements by “Sunlight” and “Wright’s Soap”.

See also Anne McClintock’s chapter “Soft-Soaping Empire: Commodity Racism and Imperial Advertising” in Imperial Leather: Race, Gender and Sexuality in Imperial Conquest for a detailed analysis of the role of soap advertising in the late nineteenth century and the manner in which “Victorian cleaning rituals were peddled globally as the God-given sign of Britain’s evolutionary superiority . . . ” (207). MacClintock includes an analysis of other Pears Soap advertisements which also demonstrate a racialised message associated with ideas of cleanliness and purity.
conceptions of pollution, the faces of West Indian girls are dirty and yellow because they have been contaminated with something else. The faces of the English girls, however, unadulterated with ‘other’ traces, remain pure and clean.

That ‘something else’, according to the novel, is the West Indies itself, the Torrid Zone, where the sun and its heat function both as climatic markers of difference separating England and the West Indies and indicators of pathogenicity, according to early miasmatic and humoural theories of medicine, as argued by tropical physicians such as Grainger and Hillary. Once medical fact, miasmatic and humoural theories of deleterious climates are now transformed into metaphor. Literally, the sun yellows the faces of West Indian girls. Metaphorically, the result is likened to contamination. Ultimately, Browncave’s assessment participates in imperialist constructions of otherness by associating the English climate with health-giving properties and that of the West Indies with insalubrity such that the West Indian girls’ yellow faces and thin bodies, juxtaposed with the white faces and plump bodies of English women, suggest that English girls are healthier than their West Indian peers, the latter of whom languish under the tropical sun.

Other areas of differentiation in the novel include the food West Indians eat, the idea of a lack of culture and the suggestion that there is never anything to do, except when the English fleet comes for a visit. These markers of difference point to an unmistakable difference between the cultures and habits of West Indian and English whites. England is the centre of culture and civilised society while the West Indies simply makes do with what it has, a notion reiterated by West Indians and English alike. Browncave, for example, thinks that life in the West Indies “is stagnation for anything
more animated than a cabbage’ ” (93). In England, Morea compares English and West Indian food:

... the things in the English grocers’ shops are so fresh and nice, they don’t taste tinny, like everything out of the stores, and your butter can stand by itself, and your bread is so delicious – I think one could almost live on English bread and butter’. (144)

Marion’s exhilaration to be back in England is also narrated in terms of the stark difference between the West Indies and England:

In England again! What delight that realization gives to the weary pilgrim from the West Indies who once more rests his foot upon his native shore. How delightful to see the clear rosy faces on every side, and to hear the crisp, cheery, English tones, after the drawl of the Barbadian, and the jabber of the negro! What a pleasure it is to toss the unmistakably cockney news-boy a couple of pence in exchange for the really newest news, no longer a fortnight old. (128)

Altogether these markers of difference are part of a Manichean discourse that identified the West Indies and Europe as antipodes. This discourse of difference, however, was partly built upon the idea that the West Indies was a pathogenic space that exerted a debilitating influence on the European constitution leading, ultimately, to physical, mental and spiritual deterioration (Bewell 17-18). Europe, on the other hand, as historian Karen Kupperman demonstrates, was associated with moderate climate and behaviour (2): its atmospheric, climatic and environmental conditions were perceived to be most desirable for good health and sustenance and for the development of a superior
civilisation.

By leaving England and taking up residence in the West Indies West Indian whites metamorphosed into something else. Leprosy made visible this transformation, as historian Jo Robertson notes:

Leprosy’s representation, as bringing about a metamorphosis in the bodies of colonizers, dramatically externalized anxieties about living in tropical climates and mixing with peoples of other races. Previously healthy families or those with a constitutional predisposition, upon exposure to the soil of the colonies, ran the risk of developing leprosy. Transplanted seed could ‘grow’ in unpredictable ways. (“Elusive M. Leprae” 25)

Read together with Marion and Browncave’s description of the physical differences between English and West Indian girls, a picture of essential difference begins to emerge: the West Indies is a pathogenic space that debilitates the European; this debilitation is marked on the bodies of those Europeans and their descendents who live there; these signs of debilitation differentiate the white West Indian from the European. In other

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21 My conception of Englishness here, as an attribute that can be lost, is based, in part, on Ian Baucom’s study of English identity “as something communicated to the subject by certain auratic, identity-reforming places, as something, therefore, that can be both acquired and lost . . .” (5-6). In conjunction with other traditional race-based models of English identity, I argue that the novel interrogates this loss of Englishness/whiteness by using the trope of leprosy as a marker of pathological difference separating West Indian and English whites. Writing about Cassin’s novel as an example of “Euro-Caribbean culture” Paget Henry argues that:

[T]he Euro-Caribbean cultural system was also subject to processes of creolization. As a result of these creolizing trends, notable differences between this offshoot and the original appeared and crystallized over time. By the second half of the nineteenth century, this widening gap had become a major problem for this creolized system. It was not reproducing English identities and orientations as authentically as its members would have liked. It was as though they felt their Englishness slipping away. (qtd. in O’Callaghan, “Introduction” 15)

It is in this vein, of a crystallisation of West Indianness, that I situate my own argument that West Indian whites were perceived to be essentially different from English whites, not merely on account of cultural differences, as Henry suggests, but also on account of the perception of essential biological difference due to their prolonged exposure to the tropical environment.
words, West Indian whites were essentially different from English whites on account of their prolonged contact with the pathogenic West Indian islands. If, as H.P. Wright suggested, leprosy could infect the soil for a prolonged period of time, then it was also plausible to imagine that such infected soil could also affect the people living there who might mutate into something different from their contemporaries in England.

The novel’s presentation of a racial difference between West Indian and European whites emerges out of this larger discourse of difference and is most complete in its presentation of Morea whose appearance, dress and conduct mark her as significantly different from English girls such as Marion. Indeed, Morea is the novel’s most orientalised character, a peculiarity that is significant for her role as racialised other and, later, as leper in England. Her beauty, for example, is described as the “quaint Eastern type” (54) and her preference for Eastern styles of clothing clearly annoys her mother who would prefer that her daughter were more English in taste (64). These subtle orientalist comparisons help to perpetuate the idea that Morea, more so than other West Indian girls, is different: the styles that she admires and even her beauty carry traces of something that is not English and perhaps, not even white.

This allusion to Morea as an oriental other becomes significant, according to Sue Thomas, “[g]iven the prominence of India in the 1889-91 leprosy panic…” (¶ 19). Already othered on account of her birthplace, Morea’s disease connects her to a people long established as a racial other to the white English coloniser. The idea that West Indian whites were different from English whites, together with the idea that the leper was a biological threat to the well-being of the English, contributed to the continued pathologising of colonial subjects in the West Indies with one crucial difference: white
West Indians were also constructed as pathologically different, though not to the same degree as black West Indians.

Part of the problem stems from the proximity of whites and blacks on the island. Morea, more than any other character, blurs racial boundaries. Her extreme fondness of Mammy Doodle, her black nanny, for example, seems odd to her fiancé and Morea’s mastery of black dialect and accent point to her close association with blacks on the island. This connection to the black population is not typical of other white characters in the novel. Indeed, Morea’s closeness to black culture is significant given the cultural association of West Indian leprosy with Africans and their New World descendents, as I demonstrated in chapter 2. Her encounter with Pete at the beginning of the novel initiates this connection with West Indian blackness and, simultaneously, the association of this blackness with leprosy in the novel’s fictional milieu.

These differences are emphasised even more in England where Morea’s dark complexion and quaint habits mark her as different from her English relatives. At this time, however, Morea’s differences are benign and she is attractive to Selwyn who seems to be enamoured by her charm and exotic appeal. The malignant change only occurs when the first signs of leprosy begin to manifest on her face and her features begin to take on the racialised characteristics associated with the African. Altogether, Morea’s infection with a black disease transforms her into a liminal being whose body marks the crossing point of the disease from one racialised body to another. And it is at this point, when this liminality becomes visible, that Morea is most dangerous to cherished categories of racial purity.
Morea’s Encounter with a Black Disease: Leprosy Crosses the Racial Divide

Three days before her wedding to Selwyn and fifteen years after Pete’s attack, the infection awakens in Morea: among other symptoms her swollen lips and inflamed nostrils are prominent (155). This is in keeping with Hillary’s and Grainger’s medical observations on leprosy in the West Indian colonies where those afflicted with the disease are described as taking on the appearance of the racial other: the white European becomes more like the black African (Hillary 326) and the black West Indian takes on a “farinaceus” appearance (Grainger 42). With Silent Tread’s description of the changing facial features of Morea, read in light of Hillary’s and Grainger’s medical descriptions of the disease, provides a tangible metaphor for the horrors of racial blending. Morea seems to be in the process of a racial metamorphosis: the infection inside of her that occasions this change is from a black man; ergo, Morea has something inside of her that is black in origin. Indeed, her features take on the appearance of the black taint\textsuperscript{22} that is now part of her forever. In a literal, physical sense, but also figuratively, Morea goes beyond the Kurtzean model (and all the horror that it entails) of going native.

Contaminated by their contact with the Torrid Zone, West Indian whites were already the yellow, dirty relations of whites in England.\textsuperscript{23} But this schism in whiteness was never unbridgeable. This changes, however, with Morea’s infection with a black

\textsuperscript{22} This presentation of leprosy as black taint is conceptually related to Hillary’s declaration that leprosy is an African disease (324). Indeed, Pete’s attack on Morea may be read in this light as a personification of the white person’s encounter with leprosy in the British West Indian colonies. Morea’s chance meeting with Pete is also the date of her infection (according to the logic of the novel), when she ‘met’ with disease. More than this though, Morea’s infection further disturbs the ideological ideal of whiteness as purity.

\textsuperscript{23} In a recent article Evelyn O’Callaghan argues that the novel “offers grounds for challenging white Caribbean essentialism and acknowledging the existence of differing kinds of white subjectivities beyond those historically consolidated stereotypes that fuel simplistic adversarial discourse” (“The Unhomely Moment” 104). O’Callaghan’s observation here is based on Morea’s identity as an outsider in England, and does not extend to the novel’s depictions of Morea as racially contaminated on account of her infection with leprosy, which is the focus of my argument in this chapter.
disease. In many ways, her infection with leprosy is likened to miscegenation, the greatest sin against colonial conceptions of racial purity. 24 Pete’s infection of Morea, for example, is evoked as a sexual act, despite the fact that there was never any phallic penetration. The undertones of sexual deviance are unmistakable in what is presented as a sexualised encounter between an old black man and a white child.

In the act of lifting her up, Pete claims Morea for his own: she is his to do with as he pleases. The kisses to the mouth, an orifice that gives intimate access to the body, is Pete’s point of penetration: he enters the child’s body in an intimate way and against her will. But this is not merely an assault with sexual undertones: implicit in the description is the unstated assumption that whatever it is that makes Pete sick has the potential to pass on to Morea in this breach of bodily boundaries. Indeed, Pete’s sexualized assault of Morea seems to allude to the old association of leprosy with sexual intercourse. The

24Noting that the metaphor of infection as a trope for miscegenation was fairly standard in the literature of the colonial Caribbean “well into the twentieth century” (“Introduction” 17), O’Callaghan points us to Ella Wheeler Wilcox’s 1909 novel, Sailing Sunny Seas, as an example that “describes the horror of white families who have a ‘throwback’ child: one whose dark skin reveals African blood somewhere in the gene . . .” (“Introduction” 17). In the same article, O’Callaghan asserts that leprosy is a trope for the horror related to “the ramifications of contact between black and white in the tropics” as demonstrated in With Silent Tread (“Introduction” 17). She further notes that there is “striking . . . similarity between reactions to miscegenation and to leprosy. Both are linked with defilement of the blood, both involve ostracism of the tainted victim, and both instil a sense of moral outrage in the breast of the uninfected” (“Introduction” 20). Stopping short of noting that leprosy and miscegenation are more than just similar constructs, O’Callaghan differentiates the novel’s depiction of leprosy and literal miscegenation by noting that the latter is a subplot of the novel, presented in the Thekla strand of the narrative (“Introduction” 28). While my analysis in this chapter lends support to O’Callaghan’s observation that Cassin’s depiction of leprosy is connected to ideas about miscegenation, I differ from O’Callaghan in my insistence that leprosy is much more than a trope for miscegenation. Rather I argue that leprosy and miscegenation are entangled in the text, as fossil remains – to use Caribbean writer Wilson Harris’ term - from earlier colonial associations of leprosy with black taint. While Cassin’s novel does not associate leprosy with literal, sexual contact across the colour line it is connected to the horrors associated with racial blending in a similar manner to Grainger’s and Hillary’s evocations of the leper hybrid. By the late nineteenth century this association, of course, is metaphoric rather than literal, but a connection can still be traced between these ideas of leprosy as associated with miscegenation and older colonial narratives that insisted that leprosy was, literally, a result of black taint. In this context leprosy as trope and leprosy as biological reality are entangled with miscegenation as trope and miscegenation as biological reality in Cassin’s novel with the effect that the novel’s presentation of race and disease cannot be separated to suggest that one merely parallels the other. Rather, each is embroiled in the other, and has been in West Indian colonial discourse since at least the eighteenth century, as I demonstrated in my analysis of Grainger’s and Hillary’s writings on leprosy in chapter 2.
allusion, however, is metaphoric rather than literal since there is no phallic penetration in this act.

Pete’s attack on Morea culminates in reproductive barrenness. Robert Young’s work on the association of racial hybridity with reproductive infertility in *Colonial Desire* is relevant here. For Morea, there will be no marriage and no children, only isolation and suffering. Her genetic line dries up on account of her contact with Pete in a similar way that sexual contact with a black man was believed to forever contaminate the racial purity of a white woman and even her potential to bear children. That Morea will not bear children, however, is presented as a blessing in disguise given the implication that such children will be, metaphorically, a bastard breed, potentially inheriting their mother’s ‘black taint’. Indeed, the novel participates in colonial discourses of miscegenation as associated with infertility with the added dimension that the conditions under which a white person contracts leprosy are equated with sexual taboo.

The entanglement of leprosy and sexuality is further implied in the manner in which the English physician delivers the news of Morea’s disease: “‘The contemplated marriage must not be allowed to take place, - the bride-elect is a leper’ ” (159).²⁵

²⁵ The doctor’s interruption is reminiscent of Richard Mason’s interruption of the Rochester/Jane Eyre wedding in Brontë’s novel. In each novel the West Indian woman is associated with malignant traits - madness or disease - which are shown to take a toll on the English male. In both novels, however, the eventual death of the Creole allows the English male to find lasting happiness, in the arms of an English woman. While in Rochester’s case, Mason’s interruption prevents the former from committing the sin of bigamy, Selwyn is prevented from contaminating his racial line with the black taint of leprosy. O’Callaghan notes a similar parallel between Rhys’ Antoinette and Morea, asserting that “[a]s in Rhys’s *Wide Sargasso Sea*, the implication is that the contaminated creole wife must die before the English hero is able to make the more sensible marriage to one of his own kind” (28). Indeed, like Rhys’ Antoinette, Morea is ultimately cast as the exotic charmer, whose flamboyant personality and quaint ways - the very traits that mark her as different and ‘other’ in the novel - mesmerise and intoxicate the English man. But the differences between Morea and Antoinette are, perhaps, even more revealing. Antoinette is depicted as fragile and vulnerable such that the end of the novel is ambiguous as to whether she knowingly kills herself or whether she dies by accident. It is Morea’s strength, resolve and willing sacrifice, on the other hand, which are emphasised towards the end of *With Silent Tread*. Indeed, Morea chooses her fate in order to protect those that she loves. Moreover, Morea’s hyper-rational conduct sets her apart and allows for a
Significantly, the dictate against the marriage comes first, while the diagnosis is tacked on to the end as an explanation for why the marriage should not proceed. It is as though the prevention of the marriage is the truly urgent mission and Morea’s diagnosis is merely the cause of this urgency. More than this, though, the command, issued from a medical professional, takes the form of a medical pronouncement: implicit in the physician’s statement is the idea that Morea poses a medical danger to her husband and any children they might have. By preventing the act of consummation the danger to Selwyn is also averted.26

As a carrier of contagion, Morea’s illness marks her as irrepressibly and pathologically different from the Airds and, on account of this condition, she is an unsuitable wife for Selwyn.27 Indeed, it is this biological status that seals her fate as pathological other. In this context, the coupling of her diagnosis with the cancellation of hygienic narrative in which the leprosy danger is averted in England. Antoinette’s breakdown, on the other hand, may be read as a criticism of a cold and calculating hyper-rationality that the novel associates with the English male.

26 An associative connection between leprosy and sexual deviance is presented in Thekla’s relationship and subsequent marriage to a man of mixed ancestry who eventually develops leprosy. This storyline, however, is not developed in the space of the novel, other than the fact that Thekla’s family disowns her. The fact that Thekla does not develop leprosy, however, demonstrates a particular nuance in the novel’s entangled presentation of leprosy with miscegenation. Indeed, Thekla’s sexual relationship with a black man does not mean that she would automatically contract leprosy. The novel’s narrative of transmissibility, as we see it in Morea’s sexualised (but not sexual) moment of infection, is connected to essentialist ideas about racial taint. The act of infection is like a sex act, as there is a transfer of bodily essences but, as is the case with Thekla, actual sexual intercourse does not necessarily lead to the propagation of the disease.

27 This point is similar to Evelyn O’Callaghan’s observation that Morea’s illness “is a creole malady; in sickness, as in health, the discursive orientation which she shares with the blacks in the Caribbean, sets her apart from her English intended.” (27). But while O’Callaghan treats Morea’s disease as part of a “discursive orientation” that differentiates West Indian whites from English whites, I argue that, implicit in this discourse is the idea of a real, physiological difference, which is believed to be connected to the tropical environment. As a remnant of miasmatic and humoural theories of medicine, this entanglement of ideas has implications for Cassin’s characterisation of Morea. As Noga Arikha argues in her comprehensive history of humoural theories (and which I argue is true for miasmatic theories as well), “...humours do not survive just as linguistic habits... their explanatory power has actually never gone away” (xix). Arikha’s argument for the rest of the book demonstrates how “humours have been recycled, continually reappearing in new guises, ever-present within evolving scientific systems and medical cultures” (xix). It is this remnant of earlier systems of medicine entangled with new theories of pathogenicity, I argue, that is partly responsible for the evolution of colonial discourse to include White West Indians as others to the English imperial self in a manner that was not as evident in the early days of the colonial enterprise.
the wedding is significant since it marks the point at which she separates herself from the Airds in particular and from the healthy, in general. Her difference is marked on her body: literally, her inflamed nose and lips indicate that she is a leper. Metaphorically, they point to her entanglement with blackness and the irremediable contamination of her white ‘essence’. While her residence in the West Indies initiated this process of contamination, it was her encounter with blackness, that is, her encounter with a black disease in a black man, that renders her unbridgeably different from the ‘purer’ subset of English whiteness.

**Conclusion**

English imperial discourse constructed the white West Indian as pathologically different from the normative imperial self, partly because the former inhabited a region long associated with pathogenic qualities. As O’Callaghan argues, “these tropes of disease textually serve to mark off white creoles in the Caribbean diaspora as ultimately ‘Other’, and as an ultimately repugnant reminder of how glories of the British colonial dream could mutate in the tropics” (31-32). The experience of leprosy is one example of how the “British colonial dream” mutated in the West Indian colonies.

The threat of leprosy rendered segregation - both as physical and ideological *cordons sanitaires* - desirable in order to curb the threat of a biological disease as well as the ideological threat of racial contamination. On one hand, the call for segregation was in response to the perception that leprosy was returning to Europe; on the other, English whites sought to cordon themselves off, literally and ideologically, from West Indian whites, the latter of whom were literally associated with the feared leprosy, but who were
also perceived to be physically, spiritually and metaphorically infected by their residence in the West Indian colonies.

Cassin’s novel is an example of a colonial disease narrative in which representations of leprosy are closely associated with representations of racialised identity: white West Indian colonial subjects are shown to be biologically and ideologically contaminated by their close physical and cultural associations with the West Indies and with black West Indians. That white creoles continued to look to England as the ideal, however, points to a colonial inferiority complex reminiscent of but not identical to what Frantz Fanon identifies in relation to the black West Indian. Indeed, Cassin’s presentation of creole whiteness offers a space from which to re-examine ideas relating to colonial identity politics from the perspective of colonial narratives of disease.

In presenting its case for the segregation of lepers in the West Indian colonies With Silent Tread exposes the slipperiness of race and deficiencies in colonial categories of difference. While the perceived difference between racialised categories of blackness and whiteness remains, the ambivalence of West Indian whites who shuffle between categories of blackness and whiteness exposes the fluidity and constructedness of race discourse as a whole, as I demonstrated in my analysis of Morea. The ideological space that race occupied in early colonial discourse, however, does not remain unfilled: in its place is the binary of health and sickness, of which leper versus non-leper is one manifestation.

Conceptually more stable for enacting and perpetuating ideas about colonial difference than the less dynamic, more static category of race, the category of health versus illness accommodates ideas of racial difference even within subcategories of
whiteness, without contradicting its internal logic. In other words, race as a category
denoting difference was inadequate since it assumed a homogeneity in whiteness that
Metropolitan whites were already renouncing since at least the early nineteenth century,
as I will demonstrate in my analysis of tropical fever in chapter 5. Manichean narratives
associated with health and sickness, however, in constructing West Indian whites and
blacks as potential carriers of contagion and English whites as under threat of infection,
accommodate gradations in whiteness and construct an ideological link between black
and white West Indians situating them antagonistically to the white English imperial self.

Significantly, the novel’s vision for segregation, first voiced by Eliza after Pete’s
attack on Morea (and later voiced by the narrator after Morea is diagnosed with leprosy),
is that of an inter-racial leprosarium for black and white lepers, pointing to the
insufficiency of race as a marker of ultimate colonial privilege and belonging. In the
novel, the category ‘leper’ accommodates ideas of hierarchal gradations of difference that
allowed the English coloniser to demarcate himself as different from his white
representatives in the West Indian colonies, though not always unbridgeably so: yellow-
faced West Indians like Morea, who wear the mark of the tropics on their bodies, are still
desirable to English men like Selwyn for whom such difference is merely exotic.

The late nineteenth-century leprosy panic, however, heightened these perceived
differences. Indeed, Hillary’s image of leprosy as a stowaway in the bodies of Africans
taken from their homeland resonates with the image of the white West Indian as a Trojan
horse who could carry the disease to England. This ironic turn of events - by which it is
the white West Indian who is now associated with a narrative of suspicion and potential
blame such as was previously associated with the African slave - demonstrates the
ideological dynamism associated with the colonial period as connected to narratives of disease.

In the context of Cassin’s novel, leprosy marked the point of irreconcilable difference between English and West Indian whites. Long established as a cultural referent for difference, the leper, as depicted in the novel, is the physical manifestation of difference and disorder. Segregation, theoretically, would eliminate this risk by removing the source of contamination from the presence of the healthy population, thus protecting the integrity of cherished categories of classification. In Lawrence Scott’s *Night Calypso* such segregation measures are already in place, as I will demonstrate in the next chapter. But instead of a prophylactic against infection, leper quarantine in Scott’s novel demonstrates the manner in which the ideal of leper segregation connects to imperial fantasies of control and domination, issues that Cassin’s novel underplays in favour of its argument of benign humanitarianism.
Chapter 4

Leprosy and Ruins in Lawrence Scott’s *Night Calypso*

Leprosy, in *Essay, Observations* and *With Silent Tread*, is a biological disease with strong ideological significance. In Lawrence Scott’s *Night Calypso*, lepers continue to be marked by the various cultural narratives associated with leprosy in addition to the debilitating physical effects of the disease. But whereas leprosy was invoked in terms of an allegory of vulnerability in the colonial texts, in *Night Calypso* the presentation of the disease is associated with a scathing criticism of colonialism that is connected to the novel’s presentation of ruins. I move, therefore, from Grainger’s and Hillary’s invocation of the leper’s deformed body as evidence of black taint, and Cassin’s depiction of leprosy in relation to images of miscegenation and racial contamination to a critique of the disciplinary projects of colonial medicine.

The leper, in Scott’s novel, continues to be invoked as unruly, from the perspective of colonial authorities, in a similar manner to the colonial-era texts already examined in chapters 2 and 3. As colonial counter-discourse, however, the novel offers a sustained critique of such thinking that leads to the forced incarceration of lepers and their continued subjugation through colonial medicine. While this theme in Scott’s novel is overall, sustained and clear, strains of the old colonial narratives on leprosy are also visible from time to time, in Scott’s presentation of Dr. Vincent Metivier, the novel’s so-called heroic character who cares for the lepers and who often advocates on their behalf. In this chapter I continue to focus on leprosy narratives, as evident in Scott’s novel, and
situate Scott’s presentation of leprosy in relation to my analysis of disease narratives in chapters 2 and 3.

Published more than a century apart in different phases of leprosy’s long history, *With Silent Tread* and *Night Calypso* engage with post/colonial identity politics from different ideological perspectives. The former explores issues relating to white West Indian identity in the second half of the nineteenth century while *Night Calypso* focuses on the efforts of a diverse group of characters - descendents of African slaves, Indian indentured labourers and European plantation owners - and their shared negotiations of West Indian identity in the aftermath of colonial exploitation. Leprosy, in each text, is an entry point for interrogating post/colonial relationships. In *Night Calypso*, however, leprosy is also a metaphor for colonialism itself.¹

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¹ A summary of the novel follows: The story of *Night Calypso* spans forty-five years, from 1938 to 1983, but much of the action runs simultaneously with the second World War, from 1939 to 1945. It is set, for the most part, on the fictional island of El Caracol, a leper’s colony, off the coast of Sancta Trinidad. El Caracol, the island hospital/army base in *Night Calypso* is recognisable as Chacachacare, an island and former leper colony off the North-West coast of Port of Spain and under the jurisdiction of the government of Trinidad and Tobago. The main characters are Dr. Vincent Metivier, a Trinidad born physician and a member of the French Creole elite, Theo, his ward, the troubled ‘illegitimate’ offspring of a mulatto mother and a French Creole father, and Sr. Thérèse, a French nun of the Dominican order with a medical vocation. Sr. Thérèse works as Dr. Metivier’s assistant at the leprosarium. The main storylines involve Dr. Vincent Metivier, who, in addition to caring for his patients, is entrusted with the care of Theo whose past abuse has left him reticent and afraid. The novel takes its title from Theo’s night calypsos, his trance-like nightly performances in which he transforms into an array of characters and narrates their stories as if they are his own. Through Dr. Metivier’s love and patience, Theo eventually begins to heal. Other strands include the Dr. Metivier/Sr. Thérèse love affair, Sr. Thérèse’s questioning of her identity as a Catholic nun, growing nationalism on the island, and the advocacy of Dr. Metivier, the boatman Jonah and the leprosarium pharmacist Krishna for equal rights and better living conditions for lepers on El Caracol. My focus in this chapter is on the novel’s disease narrative, that is, its representation of lepers and leprosy. While this focus necessarily involves aspects of the main storylines, some strands are not as important for the disease narrative as others. Theo’s story, for example, for the most part, does not connect to the disease narrative on leprosy, except in a general sense as an example of woundedness. While I make reference to other narrative strands in my analysis of the novel’s presentation of leprosy my focus is on what I call the novel’s living ruins, as I demonstrate in this chapter.
Research Fellow in Arts, Letters, Culture and Public Affairs at the University of Trinidad and Tobago. According to his official website, Scott “divides his time between writing and teaching Literature and Creative Writing” (Lawrence Scott “Biography”). In addition to Night Calypso, he is the author of Aelred’s Sin (awarded a Commonwealth Writers’ Prize in 1999, for Best book in Canada and the Caribbean), Witchbroom - his debut novel - and the short story collection Ballad for the New World. His work is internationally acclaimed and he is the recipient of several awards for his writing.

While Aelred’s Sin and Witchbroom have each received some critical attention, to date, there is no critical commentary on Night Calypso apart from several early reviews. Overall, these reviews recognised the richness of Night Calypso’s fictional milieu but criticised the nature of the writer’s engagement with his material. Trinidadian journalist Debbie Jacob’s review is one of the more positive assessments. Concluding that the book is “worthwhile”, “haunting” and generally “appealing”, Jacob mildly criticises the writer for his “choppy transitions” and meandering plot (¶ 14-16). British writer Mike Phillips’s Guardian review, however, is more scathing, noting that:

Night Calypso is unique in being a serious, knowledgeable and beautifully written treatise about a little-known corner of experience and its relationship to a wider world, but in the end its vision is too narrow and its resources too limited for the reach of its ambition. (¶ 7)

My own reading of Night Calypso’s unwittingly colonialist thrust lends support to

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2 Criticism on Aelred’s Sin tends to focus on the queer identities of the novel’s main characters. This critical focus is not surprising given that Caribbean literature has only recently broadened its focus to include serious depictions of homosexual, lesbian and/or bisexual main characters - still taboo subjects in Caribbean discourse - such as in Scott’s Aelred’s Sin, Patricia Powell’s A Small Gathering of Bones and the works of Canadian/Caribbean writer Nalo Hopkinson. Scott continues to write about taboo subjects in Night Calypso in his depiction of the love affair between Dr. Metivier and the nun, Sr. Thérèse. Moreover, his focus on leprosy in the novel demonstrates a sustained focus on marginalisation across his works.
Phillips’ assessment and suggests that Scott was not always in control of the vast array of material he presents to the reader in the form of a multi-threaded narrative. Nevertheless, Scott’s novel is useful as a disease narrative in its presentation of leprosy, a topic that is not well represented in post-colonial Caribbean narratives. Moreover, Scott’s depiction of leprosy alongside images of resistance offers an interesting counter-point to earlier depictions of the disease in Essay, Observations and With Silent Tread and provides opportunities for contrapuntal readings of leprosy, disease and disability.

Ruins and Leprosy

In declaring that, “[a]llegories are, in the realm of thoughts, what ruins are in the realm of things” (178), Walter Benjamin alludes to an aesthetic hermeneutic of allegory and ruins premised on a capacity for multiple meanings. Like allegory, ruins are often associated with hidden, parallel narratives and are meaning-full beyond the sum of their individual parts. This capacity for meaning, however, hinges on acts of aesthetic enquiry that ascribe cultural significance to states of decay, dereliction and fragmentation. Often evoked metaphorically, as “history [which] has physically merged into the setting” (Benjamin 177-178), ruins render visible the passage and traumas of time or inspire nostalgic narratives of past achievement.3

3 Despite the prevalence of the image of ruins in works by philosophers such as Benjamin and writers such as Derek Walcott (as I will demonstrate later in this chapter), there is no recent theory of ruins, as such. The theory of ruin value, associated with Nazi architect Albert Speer, is a 1930s design concept that takes as its starting point the idea that buildings will eventually collapse. The ruins that they leave behind, however, could be aesthetically pleasing if the ruin is taken into account even as the new building is being built. This entailed choosing appropriate building materials that would be aesthetically pleasing, even after collapse. Speer notes in his memoirs that the concept of ruin value was of particular interest to Adolf Hitler who “liked to say that the purpose of his building was to transmit his time and its spirit to posterity” (65). Such a view of ruins takes as its starting point the idea that ruins are emblems of past achievement and symbols of a valorised past.
Images of ruins recur in *Night Calypso* as part of the novel’s criticism of colonial institutions. These ruins, however, are deployed in relation to Caribbean peoples and societies in the aftermath of plantation slavery, indentureship and other colonial experiments and do not inspire nostalgic reverie. Indeed, in *Night Calypso* images of infrastructural ruins on the island leprosarium at El Caracol conceptually intersect with metaphorical ideas of ruins.  

The ruins of the leprosarium in the novel’s opening vignette, for example, mark the decline of a colonial medical experiment, under the banner of Christian missionary care, whose project was to order, discipline and regulate individuals infected with leprosy.

Historically, island leprosariums provided unique opportunities to enact an imperial fantasy articulated through the discourses of colonial medicine and missionary colonialism, as Rod Edmond notes in his cultural study of leper colonies:

American philosopher Robert Ginsberg, however, recently attempted to articulate another aesthetic theory of ruins. Identifying two general attitudes towards ruins, namely, Classical and Romantic, Ginsberg demonstrates how each approach depends on a view of ruins as incomplete structures. Arguing that the Romantic approaches the ruin “as [a] remnant of an irrecoverable past . . . weighted with the burden of loss” (315) while the Classicist “…sees the remnants as the valuable parts that suggest the whole retrievable on site by the activation of disciplined imagination” (319), Ginsberg suggests a third aesthetic posture, by which he argues that the ruin can be appreciated aesthetically, as an entity in itself, with its own unity of purpose separate from that of the original (xvii). Ginsberg’s view, however, is similar to aspects of Speer’s theory of ruin value, which also envisions ruins as separate and complete aesthetic entities. Moreover, Ginsberg’s position is not entirely different from the two aesthetic positions that he criticises. Indeed, while it is possible to appreciate the ruin as an entity in itself, out of its historical and cultural context, such forays are necessarily individual and self-reflexive in the sense that the individual transposes his own history upon the ruin in order to achieve an aesthetic response rather than juxtaposing the ruin with the historical and cultural context out of which it emerged. In other words, Ginsberg’s aesthetic posture merely substitutes the group response (the ruin as an emblem of particular cultural values) with the individual’s response (the aesthetic response to the ruin conditioned by the individual’s prior experiences) but retains the metaphorical focus, similar to Benjamin’s ruins, in the sense that the individual reads his own history in the figure of the ruin rather than the history of a nation or culture.

This association of infrastructural ruins with colonial degeneration is a conventional trope in West Indian literature. Walcott’s dilapidated Great House in “Ruins of a Great House” and Mittelholtzer’s ruined Dutch plantation in *My Bones and My Flute*, for example, associate infrastructural decay with the decline of colonial hegemony. Michelle Cliff’s concept of “ruination” in *No Telephone to Heaven* functions in a similar way though the term references overgrown landscapes, such as cane fields, instead of infrastructural ruins. Using the concept of “ruination” Cliff attempts to recuperate pejorative colonial ideas of the Caribbean as a savage and wild place by associating “ruinate” landscapes with the gradual decline of colonial authority and the reclamation of the land from those forces associated with the trauma of slavery (“Caliban’s Daughter” 40).
Within the leper settlement the truly powerless native subject could be isolated, reconstructed and incorporated into a community whose authority structure was a model of the ideal colony. This figure of the leper was doubly colonized, disfigured and disempowered by disease, and controlled through the dispensation of medical, material and spiritual aid. By learning to be ‘a leper’ and accepting the loss of other identities, the patient became an ideal type of the colonial subject: marooned and dependent. (“Abject Bodies” 138)

Set apart from the community proper and under the stewardship of Christian missions and medical professionals, island leprosariums were, in theory, ideal colonies for producing submissive, dependent colonial subjects and for enacting the colonial mission of attending to sick natives in need of the white man’s cure. The ruins of the leprosarium in Night Calypso, however, are a poignant reminder of the failure of this experiment.

In addition to more conventional images of infrastructural ruins, however, Night Calypso presents images of damaged, scarred and disabled bodies as part of its sustained critique of colonial politics and cultures. While such images of damage are sometimes connected to the narrative’s larger messages of hope and empowerment, the novel’s depictions of the leper maroons, among the most destitute and damaged of all individuals on the island, tend to replicate ablest narratives that associate agency with able-bodied potential. In this chapter I argue for a contrapuntal reading of such images of human dereliction and propose the metaphor of living ruins as a means for interrogating the narrative’s implicit assumptions about postcolonial agency as associated with able-bodied potential and for engaging differently with the complex identities of colonial subjects
who have been variously identified in relation to images of sickness and disability in Caribbean literature.

In deploying the culturally charged signifier ‘ruins’ I evoke traditional cultural conceptions of the leper’s body as fragment and as tragic remnant of a previously intact biological frame that hinges on cultural associations of leprosy with living death. Such narratives metaphorically invoke lepers as ruins of their former selves, in the sense that their bodies have disintegrated considerably, often rendering them either unrecognizable and/or associated with abject horror. The adjective ‘living’, however, interrupts this deficit discourse by underpinning a latent agency and hope for survival and troubling traditional invocations of ruins as static objects to be viewed. Instead, my insertion of ‘living’ is intended to disturb the debilitating and homogenising cultural discourses that superimpose the socially constructed group identity ‘leper’ over the nuanced, individualistic identity of the individual by alluding to organic potential.

Through my metaphor of living ruins, I interrogate the relationship between lepers and colonial medical authorities (physicians and Catholic medical missionaries), as presented in the novel, and trouble dominant ablest discourses that associate particular manifestations of sickness and disability with irreparable tragic loss. I end with a brief discussion of the implications of my analysis in the context of Wilson Harris’ metaphor of fossilisation and its philosophy of rhythmic regeneration relevant to Caribbean peoples and cultures.
The Leprosarium in Ruin

Set in 1983, more than thirty years after the leprosarium is torched and abandoned, the novel’s opening vignette focuses on the fragments that remain:

The fire had not taken all the buildings. Collapsed jalousies allowed the light to paint in broader strokes. There were shards of shattered glass on the floor. The weather had since intruded on the rooms and corrupted the papers, damp and mildewed, lying on desks and in drawers, dusty with wood-lice. Rain and light had done their work. The surfaces of windowsills and tables were sticky and grainy with salt. Cupboards still held bottles and vials of medicine. The contents had spilt, or evaporated. Others were still there, lurid and labeled. *Chaulmoogra Oil*. Filing cabinets had been rifled, thrown to the ground, with their personal records pulled out and strewn on the floor. Syringes were now glass dust. (17)

The syringes, vials of Chaulmoogra oil and other debris metonymically allude to the medicalisation of lepers’ bodies, as presented in the novel. Scattered within the ruins’ walls, these items evoke disorder and collapse juxtaposed with the leprosarium’s role in order and discipline thirty years before. Indeed, spilt and evaporated medicines, crushed glass and mildewed paper are remnants of another time when, stored in their ‘proper’ place, such items might have been useful. By alluding to an order that no longer exists, and that is associated with filing cabinets and personal records, the ruins of El Caracol

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5 Chaulmoogra oil was a popular - though ineffective - medicine used for the treatment of leprosy in the late nineteenth and first half of the twentieth century. Once used as an instrument of control it is now reduced to waste, one shard amongst many of a monumental ruin that has outlived its usefulness after the living ruins have gone.
mark the decline of a colonial entity, under the banner of Christian missionary care, whose project was to order, discipline and regulate bodies infected with leprosy.

Functioning like a framing device, these ruins delineate the ideological parameters of the rest of the novel. On one hand, in the novel’s 1983, the leprosarium is in ruin. On the other, from the late 1930s to the late 1940s - the novel’s main temporal setting - the leprosarium is intact and fully operational. By framing the story in the remains of the leprosarium, the ruins perform an allegorical function: as an edifice that will be destroyed by fire, the leprosarium’s regulatory power is undercut by the knowledge that its destiny is ruin.

The connection between leprosy and ruins in the novel is premised on images of physical deterioration and deformity. That the building that once housed the deteriorating and deformed bodies of lepers is now itself associated with physical degradation suggests that the novel intends to reappropriate and critique the structures that enabled the systemic abuse of people with leprosy. Unlike William Hillary’s vision of a place for lepers where “all communication with those who are sound, may be entirely cut off” (324), or that refuge, as envisioned by Cassin’s narrator, where “unhappy [lepers] might be peacefully segregated from repulsion and temptation” (35), Night Calypso begins with an image of the leprosarium in ruins. In Scott’s novel the question of quarantine is no

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6 This idea of the ruin as a framing device is indebted to Robert Ginsberg’s notion of the aesthetic value of ruins. Writing about the use of ruins as framing devices Ginsberg notes: A great formal resource of ruins is their unintended self-framing. A hole in the wall may select a striking feature to be isolated for its formal qualities. (...) The frame, itself jagged, may contribute its shape to the seen. We stop at the right point for this framing to occur, so you might say that we are using the ruin for our aesthetic framing. In this case, are the forms within us or are they out there, in the ruin? Both. The ruin frames itself in our experience. (20) Using this literal idea of framing I evoke the ruins of the leprosarium metaphorically, as a framing device through which we experience the rest of the novel.
longer relevant since the physical integrity of the leprosarium is compromised and the buildings can no longer function as a cordon sanitaire.\(^7\)

The image of the ruined leprosarium that cannot perform its medical and ideological functions invokes another image associated with leprosy, ruins and colonialism, in Caribbean Nobel laureate Derek Walcott’s poem “Ruins of a Great House”, in which the image of leprosy as a corrosive disease is deployed as a metaphor for the decline of colonial power. Surveying the “disjecta membra” (line 1) of the ruined plantation house, the speaker perceives the smell of rot and likens it to “the leprosy of empire” (line 10). As a remnant of British colonialism the decayed infrastructure of the Great House metonymically evokes the collapse of empire. Moreover, the title, “Great House” - a relic of colonial naming protocols - is rendered ironic in light of its present ruined state. Such irony defuses the symbolic power of the so-called Great House such that its former association with plantation-style order and discipline is now but a memory of a bygone era - a ghost story that haunts the time-beaten façade.\(^8\)

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\(^7\) This image of the landscape reclaiming the colonial edifice recalls Michelle Cliff’s idea of ruination and its positive connotations with respect to the task of West Indian Peoples to reclaim the land in the aftermath of colonial experience. Like Cliff’s colonial-era cane-fields, which invoke the memory of slave labour on the sugar plantations, the leprosarium is also associated with memories of colonial exploitation. The difference between the two images - Cliff’s cane-fields and Scott’s leprosarium - is that while the former is an iconic image associated with European exploitation of African and Asian descended peoples in the West Indies, the latter image is much lesser known. Yet, the image of the vegetation within the ruined leprosarium buildings functions in a similar way to Cliff’s evocation of ruinate landscapes in the sense that Scott is also invested in the task of reclamation, that is, of re-envisioning the present in light of the diminished capacity of colonial authority in El Caracol.

\(^8\) The image and symbol of the ruin recurs in Walcott’s poetry and prose, as in “The Muse of History” and in his Nobel lecture, “The Antilles: Fragment of Epic Memory”, as a critique of an aesthetic posture by which Caribbean writers struggle to immerse themselves in Old World pasts - European, African, Asian - from which they are already severed. As New World peoples, Walcott argues, history starts in the aftermath of the shipwreck, a metaphor for the originary event that brought the ancestors of the Caribbean people to the New World. To focus on the shipwreck itself, Walcott argues, rather than on what ensues, “produces an oceanic nostalgia for the older culture and a melancholy at the new”, a condition, he claims that “can go as deep as a rejection of the untamed landscape, a yearning for ruins” (“Muse” 42). This “yearning for ruins” metaphorically encapsulates Walcott’s criticism of those who yearn for Old World cultures, who identify themselves in relation to an ancestral past in Asia, Africa or Europe from which they are now at an
Such evocation of ruins, similar to Scott’s presentation of the ruined leprosarium, functions as a critique of a philosophy of history as denoting sequential time and incremental, accumulated progress and that is often associated with narratives of colonial achievement. By demonstrating, literally, that the colonial edifice could not endure, Walcott and Scott invite us to consider the possibility that the institution of colonialism and even its lingering effects are also subject to the corrosive effects of time.\(^9\)

In “Ruins of a Great House” the speaker’s connection of this decline with leprosy suggests that the empire crumbled from within, alluding to the idea that individuals might be infected with leprosy and not know it for years. Indeed, Walcott’s evocation of ruins, as associated with leprosy, is premised on an association of leprosy with horror and stealth that is similar to William Hillary’s evocation of the disease as “seiz[ing] the Patient insensibly, gradually, and slowly, when he seems to be in perfect Health, without Sickness, Pain, or any Uneasiness, nay, often without the Patient’s knowing that he ails any thing . . .” (324-325). Depending more on the cultural stereotype associated with the disease, Walcott’s allusions to leprosy are purely metaphoric and are unconcerned with the disease as it affects human bodies. Scott, on the other hand, connects his critique of colonialism to the biological disease as experienced by colonial West Indians. From this perspective, the ruins of the leprosarium in *Night Calypso* are meaningful in the context.

\(^9\) Other images of infrastructural ruins in *Night Calypso* include the abandoned cocoa house on the Metivier estate in Sancta Trinidad. These ruins function in a similar way to Scott’s evocation of the leprosarium and Walcott’s evocation of the ruined Great House by pointing to the disintegration of colonial power. Significantly, the Metivier family house is eventually converted to accommodate Dr. Metivier’s village medical practice and is presented as a welcoming space for the mostly black villagers. While this house was never in ruins, its conversion to a space of healing is connected to the novel’s association of colonialism with ruin. That the new structure is associated with healing rather than exploitation is part of the novel’s presentation of the metaphorical possibilities of building afresh in the wake of the traumas of the colonial past.
of the novel’s concerns with the biological and ideological legacies of colonialism whereas Walcott’s poem evokes ruins in relation to colonialism as an ideological construct that continues to occupy space in the Caribbean imaginary and that Caribbean peoples must move beyond.  

Scott’s novel also alludes to the ruin of colonialism in the image of mildewed papers strewn within the ruins of the leprosarium, which identifies writing as a ruined attempt at imposing order. In light of the novel’s colonial medical themes such an act as writing, in effect, transforms an individual’s personal history into medical history and is part of the process by which colonial medicine transformed ‘individuals’ into ‘patients’. More specifically, such records identify the patients at El Caracol as lepers and initiate their entry into the over-determined world associated with the disease.

The word “corrupted” used in reference to these papers, suggests, literally, that the papers are physically debased. But read more widely, in the sense of “destroy[ing] the purity of (a language), the correctness or original form of (a written passage, a word,

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10 Walcott’s concept of Adamic freshness, of the possibility for newness, is antithetical to what he identifies as the attitude of those who idealise ruins. Celebrating the Caribbean Adams for whom the past is defused of its power, Walcott describes the process of willful amnesia and its potential for creative possibilities: . . . [awakening on] the gently opening morning of his possibility, his body touched with dew, his nerves as subtilized to sensation as the mimosa, his memory, whether of grandeur or of pain, gradually erasing itself as recurrent drizzles cleanse the ancestral or tribal markings from the coral skull, the possibility of a man and his language waking to wander here. (“Muse” 53) These ideas, however, are not without controversy. Criticising Walcott’s recourse to figures such as Adam and Crusoe, literary and cultural critic Ian Gregory Strachan writes: “In many ways, Walcott’s attempts at redeeming or revising patriarchal, imperialist metaphors [such as Adam and Crusoe] are built on a dangerous assumption: that such archetypes can be willfully drained of all their ideological insidiousness” (206). Furthermore, Strachan points to a contradictory element in Walcott’s work, namely his emphasis on Edenic and paradisiacal metaphors which seem to substitute a Caribbean Eden for notions of pre-colonial Edens that Walcott criticizes. Strachan’s criticisms are indeed noteworthy. While Walcott’s concept of Adamic freshness points to the recuperative and creative potential of the Caribbean individual in the aftermath of colonial encounters, Walcott’s philosophy is heavily invested in the present moment. As Strachan notes, “[e]very glance toward Africa is not a backward or nostalgic one” (221). These criticisms of Walcott’s philosophy, however, do not detract from his treatment of ruins. Indeed, while Walcott’s critique of an Old World yearning for ruins is undoubtedly connected to his apotheosis of ideological newness in the Caribbean, it is his focus on ruins as metaphors for fragmentation and splintering that is my focus in this section, rather than his philosophy of history as amnesia, which remains problematic and contentious.
the word “corrupted” points to the debasement of writing itself. Judged against the standard of the original (the uncorrupted text) the ruined papers can no longer convey the intent of the writer and, in effect, point to the failure of the colonial bureaucratic machinery and its record-keeping imperative. Literally, the ruined buildings expose the papers to ruin on account of their subjection to the elements. Metaphorically, the act of further ruination (due to the elements) points to the gradual though persistent diminishment of colonial authority over time and, in particular, gestures towards the ideological impermanency even of writing, as an instrument of that authority.

We move from leprosy as an allegory of vulnerability, in the leprosy narratives of Grainger, Hillary and Cassin, to Scott’s deployment of the ruins of the leprosarium as an allegory of political decay. Vulnerability, in Night Calypso, is connected with the experience of colonialism rather than with fears associated with leprosy. Indeed, leprosy is relegated to the background of the novel’s opening vignette, which focuses instead on the remains of the failed colonial experiment.

In Night Calypso, infrastructural ruins are palpable signs of the ultimate failure of the colonial experiment at El Caracol and invite us to imagine the possibilities of building over the ruins of the past. Ruins such as the derelict leprosarium in the novel’s opening vignette offer a vision of hope: what may eventually be built over the ruined fragments will literally re-place the colonial edifice but the metaphorical implications for building over the past are also unmistakable and underpin a desire for re-structuring Caribbean society in the aftermath of colonial politics. This idea that contemporary Caribbean societies must, metaphorically, build over the ruins of the past resonates with Wilson Harris’ philosophy of the dynamic entanglement of past with present and opens the
possibility for creatively engaging with ideas associated with loss, ruin and trauma that are relevant to my readings of living ruins in the novel.

While Scott never directly evokes the novel’s lepers in relation to images of ruin, the parallels between the leper’s body as ruin and actual infrastructural ruins are clear. Both are associated with corrosion and are marked by time in the manner suggested by Benjamin in his statement on ruins and allegory. Indeed, the image of the leper’s disfigured body - the body in ruins - functions as a memento mori reminding onlookers of their own vulnerability to collapse, as I demonstrated in my reading of the character of Old Pete in Cassin’s With Silent Tread. Unlike Scott’s presentation of the ruins of the leprosarium, however, the figure of the leper in the novel is ambivalent, caught between the novel’s post/colonial critique of colonial structures and its replication of disabling narratives that implicate the text in colonial-type narratives of its own, as I demonstrate in the remaining sections of this chapter.

**Leper Maroons**

The image of disease-deformed people “hiding in the hills like maroons” (79) away from the leprosarium is the novel’s clearest presentation of living ruins and an indictment of colonial medical authorities. Having left the leprosarium the leper maroons live secluded in the hills, many of them in advanced stages of the disease. They reach out to Dr. Metivier and Sr. Thérèse “with what was left of their arms” (80); one individual was “only a torso in a bundle of rags” (81). The narrator notes: “These people had retreated here out of shame. It was a shame which had started in some village when they were first detected with the disease” (80).
On one level, this image of human ruins facilitates one of the novel’s central motifs, namely, that the Dominican Sisters continue to perpetuate traditional cultural narratives that are connected to the leper maroons’ feelings of intense shame. On the level of the narrative, however, the image of the leper maroons implicates Dr. Metivier - whom the narrator often invokes as heroic and subversive in his relationship with Mother Superior - in other debilitating narratives that uncritically promote ideas associated with able-bodied potential even in his efforts to challenge the dominant Catholic missionary culture at El Caracol.

The West Indian maroon prototype, as Trinidadian writer and theorist Cynthia James notes, is that of the “African slaves who harried the British during the seventeenth and eighteenth centuries from forested enclaves, eventually securing autonomous existence in territories such as Dominica and Jamaica” (8). Often fleeing the horrors and confinement of the sugar plantation, the maroons eked out a precarious existence as hunted freemen in the hills rather than submit to life as slaves on the plantations. The novel’s simile of lepers “hiding in the hills like maroons” (79) likens the leprosarium to a pre-emancipation sugar plantation, and the lepers to those who flee abuse and injustice.\(^1\)

\(^1\) In the history of leprosy in Trinidad, on which the events of the novel are loosely based, the French Dominican Sisters were invited by the British Colonial Government in Trinidad to care for the lepers. Sr. Marie Therese Retout’s text, Called to Serve, based on the journals of the Dominican Sisters at this time, includes some stories of their experience among the lepers, some of which closely resemble events in Scott’s fictional narrative. While Scott acknowledges Sr. Therese’s text at the end of Night Calypso, he includes the disclaimer that “the leprosarium and convent of this novel, with all its characters, is entirely fictional” (Acknowledgements 417).

\(^2\) The figure of the maroon in West Indian literature is typically evoked in relation to a heroic narrative associated with strength and endurance, as exemplified in Lorna Goodison’s titular, historical character, Nanny, in the poem of the same name, and Michelle Cliff’s allusions to maroons in the novel Abeng. Kamau Brathwaite’s evocation of the term continues in this trajectory. In his 1970 essay “The African Presence in Caribbean Literature” Brathwaite associates maroonage with both “physical and psychological” responses to the trauma of slavery and colonisation (228). Outlining particular trends in West Indian literature in a 1992 article, Caribbean literary scholar Gordon Rohlehr evokes Brathwaite’s notion of the Caribbean self-in-maroonage in relation to what Rohlehr terms a revolution in self-perception that “began with the inner resistance of the slaves to the self imposed on them by the plantation system and slavery.”
On one hand, the term maroon is often associated with those who live in the cracks of the system: the pre-emancipation maroons existed in a dialogic though antagonistic relationship with the plantation system that they left behind, with the maroons often raiding the plantation for supplies. The leper maroons also exist in the cracks of the system: in a similar way to their pre-emancipation namesakes, the leper maroons survive by stealing rations from the leprosarium stores. Such acts of subterfuge and strategies of survival recall the earlier, enslaved West Indians and point to the agency of even the most infirm to articulate the terms of their survival. At this point, however, the novel departs from the more traditional heroic image of the pre-emancipation maroon. Retreating to the hills out of shame, the leper maroons are the most destitute of lepers and are not depicted as a heroic contingent of rebels: for the leper maroons, maroonage is the final step in their internalization of a self-defeatist discourse in which they do not deem themselves worthy of a better life. Retreating to the hills in shame, only pain, suffering and, eventually, death remain.

In the novel, the Dominican Sisters are complicit in creating a culture at the leprosarium that rests upon debilitating stereotypes, including ideas of Christian suffering that associate the lepers’ bodies with ruin and sin. By focusing on the disease through the lens of mystical suffering the nuns adopt an attitude of “pious resignation”, as Dr. Metivier calls it, choosing “prayer and faith” (58) over advocating for better medicines or teaching the lepers about the biological reality of the disease. As Mother Superior notes:

(1). For Rohlehr, this ongoing “revolution in self-perception” affirms “the self-in maroonage” and is related to the literature that emerged in the aftermath of plantation slavery. More recently, Cynthia James has argued for a widening of the term ‘maroon’ to include other ethnic groups besides the African. Such a concept, James argues, provides a useful conceptual metaphor for approaching Caribbean literature as maroon literature. See James’ 2002 monograph The Maroon Narrative: Caribbean Literature in English Across Boundaries, Ethnicities and Centuries in which she traces what she terms the maroon sensibility of Caribbean literature.
“They [the lepers] know more than any of us, how to suffer and to accept the cross Christ has given them to carry. We can assist in that” (73).

Invoked in the book of Leviticus in the Old Testament, leprosy is identified as an unclean disease (T’sarath) and as punishment for sin. Unlike Dr. Metivier’s insistence on medically appropriate practices of hygiene, the Levitican preoccupation with ‘unclean’ refers to a metaphorical association of images of physical perfection with spiritual purity, as Mary Douglas has argued (64-65). The leper’s blemished and corroded body marked him, metaphorically, as impure and unclean, in other words, as the embodiment of abomination and disorder in the community, as I demonstrated in my analysis of Essay and Observations in chapter 2. By sending the afflicted into exile the abomination is also ritualistically and metaphorically expelled from the community. In the New Testament, the leper is depicted as experiencing the grace of Christ and is healed of his affliction (Matt. 8.2-4; Mark 1.40-45). From the Old Testament, where leprosy is associated with sin, to the New Testament, where its cure is evidence of divine grace, the figure of the leper is appropriated in relation to Biblical ideas about imperfection and disorder.

The nuns’ allegory of Christian suffering and grace emerges out of these larger Biblical discourses of leprosy. Indeed, on the island of El Caracol, it is Mother Superior and her cohort of nuns who determine that the lepers must “bear their cross” by learning to live with the physical, psychological and cultural implications of the disease. While the nuns are not responsible for the infection itself (leprosy is, after all, a biological disease) they consent to and assist in the perpetuation of the stigma of the disease (leprosy as Biblical allegory) at the same time that they assist the afflicted in dressing their wounds and provide them with their daily rations.
Mother Superior’s way keeps the lepers dependent on the care of the nuns by restricting knowledge about the disease to the nuns alone, thereby keeping the lepers themselves in ignorance about their own bodies. These conditions of knowing and not-knowing place the nuns and their patients in an asymmetrical relationship by which the former group constructs itself as indispensable to the survival of the latter. By teaching the lepers how to bear their suffering quietly the nuns, in effect, teach them to accept their station in life and co-opt them to maintain the status quo. In such a paradigm lepers are poor, helpless sufferers in need of saving grace while the religious, performing their Christian duty, teach them how to acquire this grace.

Such a trope was common in the leprosy memoirs of the late nineteenth and early twentieth centuries, such as British writer Kate Marsden’s *On Sledge and Horseback to Outcast Siberian Lepers* (1892). Envisioning her journey to Siberia as a quest, Marsden’s task is dual: caring for the Siberian lepers and converting them to Christianity (Marsden 5-6). Even more suggestive is Trinidadian physician Dr. de Verteuil’s summary of the Dominican Sisters’ work among the lepers at Chacachacare Island, the leper colony on which Scott’s novel is based. Cited in Dominican Nun Sr. Marie Retout’s *Called to Serve: A History of the Dominican Sisters in Trinidad and Tobago 1868-1988*, de Verteuil likens the nuns’ work at the leprosarium to a divine mission:

For six months I had the opportunity of working at the Asylum with my father, Dr. F. A. de Verteuil, the Medical Superintendent (for 15 years). I have seen these ladies day after day, without a word of complaint, with cheerful smiling countenances, dressing foetid ulcers, fleshy stumps - remains of what were once hands and feet - work from which even the
most stout hearted would recoil in horror. (...) They shun publicity, are reluctant to an extreme degree of allowing anything to be said or published in praise of their glorious, I should almost say divine, mission. (cited in Retout 58)

Dr. de Verteuil’s evocation of a divine mission translates the Sisters’ work into an already existing New Testament Biblical discourse with its ideal model of Christ among the lepers. Invoking the nuns as missionaries of Christ whose work includes “dressing foetid ulcers [and] fleshy stumps” Dr. de Verteuil’s emphasis is on the nuns’ courage, not the people who experience the debilitating effects of the disease. On the contrary, the lepers are written out of the narrative: only “fleshy stumps” and other remnants of previously ‘intact’ bodies remain.

This particular invocation of the remnants of lepers’ bodies suggests that these individuals are somehow incomplete in their present state, in relation to what is invoked as an unspoken standard of human ‘wholeness’. In other words, Dr. de Verteuil narrates the lepers as ruins, as physically derelict individuals who are reduced, in essence, to the sum of their physical condition. The juxtaposition of the nuns’ agency (they dress wounds, smile and shun publicity) with the passivity of the “fleshy stumps” (whose wounds are dressed) is highly evocative, particularly in light of recent theories of disability which criticise medical models that define disability in terms of “an individual defect lodged in the person, a defect that must be cured or eliminated if the person is to achieve full capacity as a human being” (Siebers 3). By invoking the agency of the nuns in relation to the passive, almost vegetative state of the lepers (the “fleshy stumps”), Dr. de Verteuil invokes a conventional medical disability narrative that conflates the
disability itself with the individual with the disability. In this particular case, the individuals with leprosy are identified, in essence, with the effects of the disease while the able-bodied nuns occupy the narrative’s centre, cast as heroic figures who care for the less-than-human lepers.

Such a narrative resonates with the novel’s evocation of the nuns at El Caracol who also envision their work as acts of charity and good will and the lepers as those who require such charity in order to survive. While it is true that many lepers require additional assistance, Mother Superior opposes Dr. Metivier who seeks to teach the lepers about their disease and how to take care of themselves. Such opposition, already suspicious in its motives, enacts a disabling Manichean binary that constructs the nuns as medical and spiritual caretakers and the lepers as disempowered and helpless victims of their disease.

Historically, such propaganda helped to mystify the disease, making it especially malleable to cultural interpretations beyond its biological effects, including the notion that the disease was a shameful burden that must be hidden away. Indeed, while prayers and faith might help the lepers to accept their condition such recourse does little to change the perception of the disease as a shameful burden. On the contrary, Mother Superior’s advocacy of prayer and faith calls for fatalistic but virtuous resignation to suffering and does not challenge the debilitating cultural legacy of the disease which associates leprosy with sin and shame and which perpetuates the idea that lepers are defective human beings on account of their physical disability, in a similar manner to Dr. de Verteuil’s narrative about the historic Dominican Sisters on Chacachacare Island.
In *Night Calypso*, the nuns encounter the lepers as the disease personified, in other words, as ruins of human beings and not as individuals with hopes, dreams and living potential. By continuing to approach the disease through their Christian lens and by imposing a paradigm of holy suffering upon the infirm, the nuns are complicit in the creation and perpetuation of what I call the living ruin, a metaphorical evocation of dereliction, based on cultural perceptions of the disease. The leper maroons emerge out of such stereotypes, which align physical disability with human imperfection. As ruined peoples they are without further use in themselves, though the nuns find use in this idea of human dereliction to further their own missionary agenda.

This debilitating narrative of illness and disability, however, is not restricted to the novel’s presentation of the Dominican sisters. Dr. Metivier is also implicated in another debilitating cultural narrative that appears to associate images of disability with ideas about unredeemable damage. In the novel, such a narrative emerges as an encounter between able-bodied doers - Dr. Metivier and Sr. Thérèse - and the leper maroons whose disease-ridden bodies render visible the passage and trauma of time and disease.

In introducing the leper maroons, the narrator’s language is similar to Dr. de Verteuil’s invocation of the lepers’ bodies as ruined fragments. Indeed, the able-bodied doctor and his assistant encounter parts of arms and bodies (80-81) rather than full human beings. We are told, for example, that Dr. Metivier did not know how many people were present in the small, dark room, or even which bodies were male or female (80). Instead, the narrator’s description focuses on an agglomeration of partial body parts, largely as a comment on the injustice that precipitates such conditions, but, in effect, de-emphasising the humanity and individuality of the persons within the room.
The narrator’s depiction of the leper maroons, as presented in the encounter with the Doctor and his assistant, promotes the novel’s agenda in several ways: in addition to embodying the worst effects of leprosy and its cultural stigmas, the leper maroons provide opportunities for demonstrating Dr. Metivier’s compassion for his patients and for differentiating his philosophy of medical treatment from the nuns’ ideas. Such a narrative stance, however, replicates the worst features of ablest discourses of illness and disability even as it seeks to reappropriate the image of the leper from Christian discourses about sin, disease and redemption.

Indeed, the language of the encounter is reminiscent of the language of colonial exploration narratives and evokes James Grainger’s rhetoric of the physician as explorer and conqueror in *Essay* (see chapter 2). Writing about Dr. Metivier and Sr. Thérèse the narrator notes: “There was still much of the island that they both had to explore, and there were stories that some patients had escaped from the compound, and were hiding in the hills like maroons” (79). Dr. Metivier’s will to explore, his physical mobility and his access to all parts of the grounds lead to the ‘discovery’ of the leper maroons and the subsequent narration of an encounter with an ‘other’:

Vincent [Metivier] noticed several figures that had retreated far into the corners of the hut, covering themselves, hiding in the gloom, not wanting to show themselves. (…) ‘There’s no need to be afraid. I want to help you.’ He repeated this phrase. ‘Help you, help you.’ (80)

Reminiscent of traditional narratives of colonial exploration and first contact, the doctor’s encounter with the leper maroons is narrated as an encounter with abject difference. The lepers are “hiding in the gloom” and they are afraid: like cowering natives they react to
the doctor/explorer’s invasion of their space. Indeed, in this episode, the acts of physical exploration, discovery and even the offer of assistance oddly evoke colonial narratives of exploration that precede related narratives of conquest. These narrative elements, however, are never interrogated in the space of the novel.

One of the first acts of the leper maroons, we are told, is to extend “what was left of their arms” to the doctor and his assistant, and those “who still had fingers clasped them in a prayer” (80). While these acts point to the leper maroons’ desire and relief that others have come to help them, another reading is also plausible. Indeed, the lepers’ outstretched and clasped hands help to fulfil the narrative’s fantasy of the doctor as saviour, whose willingness to ‘save’ is conveniently matched by the leper maroons’ desire to be saved. By focusing on body fragments the narrator constructs the leper maroons as ruins of human beings in a similar manner to Dr. de Verteuil’s narrative. The implication is that these are mere fragments of people who need to be saved. Moreover, the leper maroons are never important to the development of the narrative except to reinforce the idea that Dr. Metivier cares for his patients. From this perspective the narrative appears uncritically to accept traditional associations of disability and disease with ideas of human dereliction while promoting traditional and even colonialist representations of able-bodied agency associated primarily with Dr. Metivier.13

This ablest heroic discourse is replicated in other areas of the novel, such as in Dr. Metivier’s involvement with the political movement for change at El Caracol. Once again, the narrative constructs lepers as passive entities who largely rely on others, like

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13 While Dr. Metivier expresses amazement at these people’s ability to survive away from the community, the images of the leper maroons seem designed to elicit pity (they don’t even have arms to reach out) and horror that the human body could be so reduced. Such constructions of physical disability as lack take as the norm the body in its imagined state of physical perfection and align individuals with disabilities with proverbial freaks and monsters, or objects to be pitied.
the doctor, to advocate on their behalf. The doctor, the pharmacist, and the boatman, on
the other hand, are the doers who are separated from the masses on account of their
political fervour and plans for change. Coincidently, these leaders are among the few
healthy, able-bodied figures on the island, apart from the nuns. The lepers, on the
contrary, are depicted as reactionary followers who cannot control their emotions and
who commit heinous acts, such as murder, in fits of uncontrollable rage (116-117). Such
narrative constructions continue to align agency and appropriate conduct with those
characters such as Dr. Metivier, whose role of tending to the sick masses, it seems,
naturally extends to his advocating for political change on behalf of his patients.

The Doctor and the Living Ruins

The role of Dr. Metivier in the novel is complex. As one who opposes Mother
Superior’s philosophy and as the chief proponent of an education drive to teach the lepers
about their disease and how to take care of themselves Dr. Metivier is juxtaposed with
Mother Superior and also functions as the novel’s ethical centre. This dual role is evident
throughout the novel and is demonstrated in the doctor’s kindness and patience with
Theo, his troubled ward, as well as his posture of humility and service to the peoples of
El Caracol. Indeed, Dr. Metivier’s stance, of encouraging his patients to engage in regular
activities potentially dismantles the ideas of ruin that encapsulate their identity.

By treating the lepers as ordinary people infected with an illness, rather than as
the embodiment of the illness itself, Dr. Metivier encourages them to participate in events
beyond the day-to-day treatment of their disease. In so doing, he refuses to treat his
patients as ruins, in the manner of Mother Superior, and recognizes their right to
articulate the terms of their residency on the island. In this sense, Dr. Metivier is an atypical white character in the novel: as a white French Creole, he chooses to forgo his political and cultural privilege, opting instead to serve the people at the leprosarium, a job held in contempt by other members of his profession.

Juxtaposed with these positive attributes, however, are several tropes that implicate Dr. Metivier in other types of hegemonic relationships and which call into question his author-sanctioned place in the novel’s ethical centre. Chief among these tropes is the image of Dr. Metivier as a heroic, priest/Christ-like figure who walks among the lepers in El Caracol and which is related to narrator’s representation of the doctor’s encounter with the leper maroons.

Early in the novel we are told:

After a priest in the [Metivier] family, he was the next best thing, a doctor. If not the consecrated fingers to bring Christ down upon their altars, at least a physician, to keep them in good health, to do some good . . .. (90)

Theo’s introduction of the events at El Caracol goes further and evokes Dr. Metivier as a Christ figure and the lepers as the people of Galilee. Speaking to his therapist about the events of the past Theo notes: “There are those [stories] about Krishna Singh, Jonah the boatman, the other boy, Ti-Jean, and the crowd from Galilee congregating under the almond tree, waiting to be healed” (18). Close to the novel’s end the priest-like image becomes even more explicit. In a tender moment that precipitates a breakthrough in Theo’s process of psychological recovery, Dr. Metivier echoes the Catholic priest’s invitation to the faithful to partake of the consecrated host:
Then Vincent came close and touched Theo’s back saying, ‘Theo, Theo, come, drink some water, eat this bread.’ Theo leapt up from his bending-over position and knelt in front of Vincent. He knelt with his mouth open like a child, waiting for the priest to place the host on his tongue at Holy Communion. (363)

These images are sustained and create a consistent discourse throughout the novel that is problematic (and contradictory) with respect to other messages about leprosy.

Such an invocation of the physician as priest, already critiqued by Michel Foucault in *The Birth of the Clinic*, aligns the medical professional with wisdom and powers to the extent that the doctor is envisioned as an elevated human being. According to Foucault, “[t]he years preceding and immediately following the [French] Revolution saw the birth of two great myths”, one of them being “the myth of a nationalized medical profession, organized like the clergy, and invested, at the level of man’s bodily health, with powers similar to those exercised by the clergy over men’s souls” (36). Foucault explains that this myth involved “the strict, militant, dogmatic medicalisation of society, by way of a quasi-religious conversion . . .” (36). Such a myth helped to ingrain the stark separation of the categories of ‘doctor’ and ‘patient’, and, over time, helped to systematise and normalise the asymmetric hierarchy of power that privileged the physician and helped to construct him as a necessary and even indispensable figure.

By continuing to perpetuate the myth of the doctor as an elevated, ablest individual and his patients as the disabled faithful in need of his healing touch, *Night Calypso* potentially mythologises the role of the doctor as healer in a manner that is uneasily reminiscent of the discourse of the white man’s burden, whereby the white
colonizer and his missionaries were envisioned (and often envisioned themselves) as
saviour figures among the savage populations of the colonial hinterlands.

Another problem, of course, is the nature of the religious imagery itself. While the
novel criticizes Mother Superior’s faith-based care of those in her charge, the image of
Dr. Metivier as a secular Jesus-figure among the lepers continues to associate leprosy and
lepers with Biblical discourse. This has implications for our reading of the novel as a
whole. Dr. Metivier, the self-professed atheist, cast as saviour/priest-figure, is juxtaposed
with Mother Superior, the Catholic nun, suggesting that the former’s secular philosophy
and code of ethics are, in essence, more faithful to principles of social justice than the
latter’s performance of her Catholic spirituality. It is an easy juxtaposition to make,
ever especially in light of the doctor’s good works and his opposition to what is clearly a
hegemonic system under Mother’s Superior’s regime. But by using the trope of Dr.
Metivier as saviour/priest the novel also invokes the dominant Biblical discourse
associated with leprosy and is at odds with Dr. Metivier’s own profession that the disease
must be met with science and not religion. This contradiction problematises the novel’s
criticism of Mother Superior’s policies in relation to its characterisation of Dr. Metivier
as a secular man of science opposed to spiritual interpretations of illness and suffering.

This contradiction is not the only problem with Vincent Metivier’s role in the
novel. Dr. Metivier claims to be interested in helping the lepers to help themselves,
arguing that the lepers should be educated about their disease and how to take care of
themselves: “It is more a question about education in hygiene, awareness of their
conditions and truth about their disease” (58). Dr. Metivier’s action, however, contradicts
this message, as demonstrated in the issue of the painful Chaulmoogra oil injections, an
ineffective but popular leprosy medicine in the late nineteenth and early twentieth centuries. The nuns still encouraged these injections as a placebo, arguing, in the words of Sr. Thérèse, that the patients “think it does them good” (71).

Dr. Metivier protests, however, that the injections unacceptably contributed to the patients’ suffering without tangible medical benefit (71). Yet, he continues to administer these injections to his patients, despite the knowledge that they do not work, citing the excuse, articulated by the narrator, that “it was the common treatment of the time. In the absence of the new Sulfa drugs they had heard about, it was all they had” (71). In other words, Dr. Metivier continues to use a procedure that he knows to be ineffective and painful because there is no substitute. The difference between Sr. Thérèse’s and Dr. Metivier’s logic for continuing the injections is negligible: both parties assume that they know what is best for the patient whose consent and knowledge of the procedure are never taken into account.

Night Calypso’s presentation of Dr. Metivier as hero and savior implicates the novel in the replication of stereotypes associated with the disease as well as in the substitution of one form of hegemony - missionary colonialism - for another - colonial medicine. While these flaws do not necessarily diminish Dr. Metivier’s good works among his patients, they trouble any attempt at neatly juxtaposing Mother Superior with the doctor. More than this, however, these flaws trouble the narrative’s uncritical representation of the doctor as a model of ethical leadership.
Living Ruins and Fossil Identities

The implications of my analysis of living ruins are indebted, in part, to Wilson Harris’ metaphor of fossilisation to the extent that Harris’ metaphor offers a nuanced vision of the enmeshment of past and present moments. Described by Bill Ashcroft, Gareth Griffiths, and Helen Tiffin as a metaphor evoking a palimpsestic motif (Post-Colonial Studies 175), Harris’ notion of fossilisation “invoke[s] a rhythmic capacity to re-sense contrasting spaces and to suggest that a curious rapport exists between ruin and origin as latent to arts of genesis” (Fossil and Psyche 1). For Harris, individuals are living fossils, in the sense that they carry within them living traces of antecedent experience that have the capacity to deepen and revitalize the present.

This potential, however, is not automatic: psychic regeneration will come when physical (material) forces recede “to erase a build-up of suffocating ‘exterior’ limits” (Fossil and Psyche 3) and to present rich alternatives in the present moment that could not be sensed before. It is in this space of infinite potential that I focus my own interrogation of the metaphor of living ruin, with the argument that a contrapuntal reading of the novel presents opportunities for profoundly deepening present engagements with woundedness and disability in Caribbean discourse.

While ‘ruins’ and ‘fossil’ technically refer to different concepts - ruins for example are more easily recognisable in relation to what is deemed to be a prior state of integrity while fossil invokes a more complete enmeshment of past and present forces - Harris’ metaphor of fossil identities is meaningful to my metaphor of living ruins in its

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14 The layers of the palimpsest and the metaphor of fossilisation seem to be the points of reference in this comparison. Unlike the metaphor of the palimpsest, however, in which the image of overwritten text is important, Harris’ metaphor of fossilisation does not privilege a linguistic-based understanding of colonial experience and points towards a more complex and complete enmeshment of past and present traces such that it is impossible to identify any point of origin.
philosophy that the traumatic present (or past) is always incomplete in itself. Indeed, fossil, in Harris’ philosophy, evokes a state of being that is associated with hopeful and creative possibilities beyond the damaged state of ruins as evoked in Night Calypso. In this context, fossil does not refer to obsolescence, but to a latent dynamic potential that resonates with my own invocation of living ruins.

The leper maroons’ damaged and debilitated bodies are among the novel’s most poignant images of living ruins. But there are also other living ruins such as Theo, Dr. Metivier’s ward, whose body bears the scars of years of abuse and whose emotional withdrawal points to the trauma of a past that still lingers. Just as the ruined buildings of the leprosarium metaphorically allude to the ruin of the colonial experiment at El Caracol, Theo’s damaged body is evidence of the trauma that continues to debilitate him for most of the novel. In other words, Theo’s physical scars point to deep psychological damage wrought by enduring years of abuse.

By confronting his past through his night calypsos, however - his dramatic and eerie narrations of the stories of his abuse - Theo summons the past in the novel’s present in acts of empowerment and creative reclamation that precipitate his healing. Such exemplary personal victory may be read allegorically as Theo’s willingness to build a meaningful life both in spite of and out of the ruins of the past. As living ruin, however,

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15 For Harris this is because it is the future, not the past, which is the parent of time; “When the future parents the past – as the ancient Maya may have perceived it in my understanding of their stelae or milestones that are not milestones in a progressive or linear sense – then fiction acquires new, creative roots in time and the past presents itself as ceaselessly partial and unfinished” (Roswell Interview 195). This idea troubles notions of linear progressions of time emanating from the past, envisioned as hermetically sealed from present and future time. Instead, Harris suggests that history itself can never be fixed since it is always already being reborn.

16 Not surprisingly, the narrative hints that it is Theo who sets fire to the leprosarium. This act of destruction connects to Theo’s personal breakthroughs in the novel. It is as if Theo confronts this emblem of colonial authority in the place of his own human abuser, and is able to move forward from the traumas of his own past by destroying the power of the leprosarium to regulate, discipline and punish. The novel, though, is careful not to tout this as a heroic act despite the welcome concessions that follow for all inmates of the leprosarium, including outpatient treatment.
Theo’s body continues to bear the scars of past wounds for, as the novel insists, we embody our histories. In Harris’ terminology, we are the sum of our fossil identities. In *Night Calypso*, there is no getting over the past: as living ruins, we must build over, among and with the fragments that remain.

Other manifestations of living ruins include Ti-Jean, a young boy resident at the leprosarium and whose body bears the effects of advanced stage leprosy but who also demonstrates the possibility for overcoming debilitating conditions to make meaningful contributions to the community. Indeed, despite Ti-Jean’s gradual physical deterioration he is known to be cheerful, helpful and is referred to as “the wonder child who gave them all hope” (376). By associating other living ruins with acts of agency and personal and communal upliftment the novel articulates its post/colonial message in terms of a desire to move forward in spite of the debilitating legacies of the past.

This message of hope and empowerment, however, does not extend to the novel’s presentation of the leper maroons who remain, literally and metaphorically, on the margins of the community and the narrative. Unlike Theo and Ti-Jean, whom the novel associates with empowerment and acts of creativity, the narrative constructs the leper maroons as irreparably damaged. In the remainder of this chapter I point to ways in which the leper maroons might also be read differently, taking as my starting point their permanent physical impairment as well as the cultural burdens of their disease that connect to their shame and self-exile. It is in this double emphasis on physical disability as biological reality and on cultural and psychological burdens that the leper maroons are potentially important figures for deepening ongoing conversations about empowerment and agency in Caribbean discourse.
Given the frequently invoked trope of colonialism as trauma, it is not surprising that many Caribbean narratives engage with disability and illness as metaphors for the lingering and incapacitating effects of colonial experience. Ideas of colonialism as pathogenic are prevalent in West Indian literature in forms such as phantom pregnancy (Erna Brodber’s *Myal*), mysterious and debilitating illness (Jamaica Kincaid’s *Annie John*), festering wounds (Derek Walcott’s *Omeros*) and fevered hallucinations (Edgar Mittelholzer’s *My Bones and My Flute*). In these and other examples illness and disability are temporary and gesture towards a hope that West Indians might also be healed, metaphorically, from the wounds and damage of the colonial past that still linger in the present.

In seeking to find a language with which to critically engage with the unwanted effects of colonial enterprise such narratives appropriate images of sickness and disability as a backdrop for more immediate concerns with Caribbean identity formation. Recovery, in this model, is often connected to some form of enlightenment, as in *Myal*, or, as in *Annie John*, precipitates a choice to embrace or reject one’s Caribbean heritage. In *Night Calypso*, while some forms of illness and disability are associated with acts of self-empowerment the most extreme cases are invoked as secondary to the novel’s more pressing concern with endorsing Dr. Metivier as a new Caribbean leader capable of initiating great change. I propose that the leper maroons’ illness and disability are meaningful for what they teach about different experiences of colonialism rather than as merely pointing to other more pressing concerns or as metaphors that anticipate more desirable states to come.
Like Theo and Ti-Jean, the bodies of the leper maroons render visible past and present traumas. Unlike Theo and Ti-Jean, however, who are fully integrated in the community in which they find purpose and some comfort, the leper maroons retreat to the hills in fulfillment of their roles as marginal beings. On one hand the novel’s presentation of this marginality opens a space for criticizing colonial authorities, as I demonstrated in my analysis of the nuns. On the other, however, the novel is also guilty of marginalizing these individuals whom the narrator invokes primarily in relation to a troubling discourse of heroic medicine associated with Dr. Metivier.

Clearly, the novel does not romanticize the courage and endurance of the leper maroons: while they are able to survive, their choice to forgo medical care at the leprosarium facilitates the rapid deterioration of their bodies. That a choice had to be made between medical care and community versus a sense of human dignity is an indictment, not only of the administration under whose jurisdiction the leper maroons fall, but also of the other inmates at El Caracol. Indeed, leper maroons exist because they are marginalized both by their own people and those agents of colonialism responsible for their care. Such an indictment admonishes Caribbean peoples to recognize their own complicity in ongoing acts of injustice and marginalisation even as they continue to come to terms with a long history of colonial exploitation.

Defining disability in relation to social and infrastructural environments, theorist Tobin Siebers suggests that disability is not “an individual defect” but “the product of social injustice” which “requires not the cure or elimination of the defective person but significant changes in the social and built environment” (3). This articulation of disability as the product of socio-cultural institutions is useful for reading the leper maroons’ self-
exile. Indeed, their decision to leave the leprosarium is connected to the burdens of the “social and built environment” in the larger community. Rather than live in perpetual shame the leper maroons choose a precarious existence in the hills.

On first reading, such an act of self-inflicted exile is pitiable, especially given their advanced disease. But the choice to leave might also be read as an act of empowerment in the sense that they have chosen survival on their own terms. Ideally, there should be no such group as leper maroons who must choose between dignity and community. However, perhaps the state of maroonage is what is required for survival in lieu of more appropriate accommodations in the “social and built environment”. Like the pre-emancipation maroons, the leper maroons choose flight and precarious existence rather than submit to other people’s terms. While the narrator and Dr. Metivier suggest that the leper maroons leave the leprosarium primarily because of shame, the narrative’s tendency to collapse on itself, especially in its presentation of Dr. Metivier, leaves a space for readers to imagine such self-exile differently even as it also points to defeat. Perhaps such ambiguity leaves room for recognizing organic potential even in states of ruin.

Indeed, the survival of the leper maroons in the cracks of the system requires fortitude and ingenuity, characteristics celebrated in Caribbean figures such as Brer Anansi, the trickster, whose creativity helps him to survive. The novel later evokes Anansi as part of a heroic discourse associated with Ti-Jean, whose dying act is to strap on stilts to his badly damaged feet in his performance of the Moko Jumbie, a traditional character of the Trinidad carnival. By the end of his performance the reality of Ti-Jean’s illness takes its toll and he collapses and dies. By presenting Ti-Jean’s last act in the
exaggerated legs of the Moko Jumbie costume with its “nimble Anansi spider dance” (377) the novel seems to connect creative potential with the ability to overcome physical disability. Furthermore, the triumphalist narrative associated with Ti-Jean’s “nimble Anansi spider dance” (377) is troubling in its suggestion that individuals with disability could overcome impediments, if only they tried.

The survival of the leper maroons, however, lacking the easy mobility that is key to Anansi’s survival, and choosing to live on their own terms, troubles conventional maroon narratives and other narratives of survival, such as Anansi stories, and even Night Calypso’s triumphalist discourse associated with disability. Indeed, the leper maroons of El Caracol provide an alternate image of survival under extreme conditions that takes physical disability as its starting point and not as a temporary impediment that must be overcome. And it is this image of survival that potentially opens a space for engaging with disability differently and in more just ways by pointing to the manner in which stakeholders in the “social and built environment” (Siebers 3) valorize conformity (‘model’ individuals like Ti-Jean who learn to live in an environment that only cursorily accommodates their disability) and consent to marginalization (‘deviant’ individuals like the leper maroons who do not conform to this environment).

The metaphor of the leper as living ruin serves as a poignant example of the experience of disability as transphenomenal, evolving and enduring within and across multiply-embedded cultural discourses that implicate many groups in acts of injustice and hegemony. The enmeshed identities of the leper maroons as colonized subjects and as individuals with disabilities are especially appropriate for interrogating ideas related to the lingering effects of colonial experience on the minds and bodies of colonial subjects,
and, at the same time, for drawing attention to the complicity of other colonised subjects, such as Dr. Metivier, in creating abject others even as they seek to challenge oppressive regimes.

The study of discourses of ability and disability has the potential to invigorate and deepen present critical discussions related to issues of post/colonial identity that might also begin to clear a space from which individuals with disabilities can articulate their identities differently from what is otherwise considered to be the norm. Such a critical move challenges writers and theorists to move beyond the whitewashing of disability and sickness as metaphors pointing to the trauma of colonial experience, as was demonstrated in the novel’s treatment of the leper maroons, and towards a more nuanced approach that recognizes sickness and disability as states of being in and of themselves. It is a hopeful beginning that Dr. Metivier brings medical treatment to the leper maroons in their huts, away from the leprosarium, though the novel does not satisfactorily address the conditions that lead to such marginalization in the first place, including Dr. Metivier’s imperialist positioning as colonial physician.
Conclusion to Part 1

Disease narratives on leprosy in *Essay, Observations, With Silent Tread* and *Night Calypso* point to the complex entanglement of multiple discourses that converge on the figure of the leper. Whether associated with racial taint, as in *Essay* and *Observations*, ideological and biological contamination, as in *With Silent Tread*, or with colonialist narratives of disability, as in *Night Calypso*, the leper is a marginalised figure that is relegated to the periphery of mainstream society. While this marginalization is not unexpected in the colonial-era texts, *Night Calypso*’s participation in this Manichean narrative demonstrates a revealing contradiction in its criticism of colonialist structures even as it contributes to an ablest narrative. Indeed, the ideological legacies of colonialism can - and must - be interrogated alongside colonialism’s more material effects, such as experiences of disease, if there are to be more nuanced - and inclusive - representations of post/colonial identities, as my reading of living ruins in *Night Calypso* has shown.

I continue my interrogation of these material and ideological implications in Part 2 of this dissertation, which focuses on representations of tropical fever in James Lind’s medical treatise, *An Essay on Diseases Incidental to Europeans in Hot Climates With the Method of Preventing Their Fatal Consequences* (1792) and Harold Sonny Ladoo’s novel *No Pain Like This Body* (1972). As we will see, Lind’s narrative of tropical fever continues to present the West Indies as a pathogenic space, though tropical fever was not deemed to be contagious or infectious in the manner suggested by Grainger, Hillary and Cassin’s narrator for leprosy.
While the colonial-era texts associated leprosy with contaminating biological essences Lind presents tropical fever as a problem of contaminating environments. The results, however, were similar to those associated with leprosy: tropical fever was also associated with a contaminating racialised essence but one that was deemed to be tolerable for the sake of the colonial mission.

Overall, ideas of contaminating essences distinguish colonial-era disease narratives from post-colonial disease narratives such as Ladoo’s No Pain Like This Body, Scott’s Night Calypso and Jamaica Kincaid’s My Brother, in the manner in which the former are concerned with biological, environmental and ideological contamination. On the other hand, the post-colonial texts examined in this dissertation engage with and, to some extent, subvert dominant hegemonic representations of disease. Night Calypso, for example, successfully exposes the manner in which Christian missionary medicine was invested in the idea of living ruins, despite the novel’s at times ambivalent presentation of Dr. Metivier. No Pain Like This Body also ‘writes against’ a dominant, hegemonic metaphor of disease, in this case, associated with tropical fever. Engaging with the sacred narratives of Mother India, which the novel suggests exert a debilitating influence on the New World Indian immigrant, No Pain Like This Body offers a counter-narrative of illness, as I demonstrate in chapter 6.
Chapter 5

‘The Disease Most Fatal to Europeans’: Tropical Fever in James Lind’s

*An Essay on Diseases Incidental to Europeans in Hot Climates*

Abraham James’ aquatint, *The Torrid Zone. Or, Blessings of Jamaica* (1800), presents a startling image of yellow fever in the West Indian colonies: allegorised as monster, Yellow Fever is a composite figure possessing an amphibian’s legs, an insect’s engorged abdomen, spidery arms and, possibly, a human skull. Tongues of fire fan out behind him. In one hand he holds an hourglass and in the other (outside the boundary of the picture itself) a scythe. As *memento mori*, Yellow Fever reminds the onlooker that tropical pleasure is fleeting and, beneath it all, death, disease and torment await the European in the Torrid Zone.2

In many ways, James’ aquatint summarises Europeans’ fears and beliefs about tropical fevers in the eighteenth and early nineteenth centuries. The artist’s placement of Yellow Fever, for example, hidden, out of sight of the colonialists in the upper region, was similar to the way Lady Nugent invoked the disease:3 writing between 1801 and

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1 Abraham James, a lieutenant in the 67th Regiment of the British Army, was stationed in the West Indies between 1798-1801 (Rogers 25). He is also known for other political caricatures such as *Johnny New-Come in the Island of Jamaica* (1800), currently housed in the National Library of Jamaica (cited in Ward 195). Another piece, reproduced in *Lady Nugent’s Journal*, caricatures the Jamaican militia in the early nineteenth century. Both *Johnny New-come in the Island of Jamaica* and *The Torrid Zone or the Blessings of Jamaica* focus on European disease experiences in the West Indian colonies. Candace Ward references both caricatures in her work on fevers in English Georgian Culture.

2 While this example is specific to Jamaica, the notion of the Torrid Zone as a pathogenic space implicates all islands in the West Indies, though to varying degrees. Jamaica, according to Lind, one of the unhealthiest of Britain’s West Indian colonies (*Essay* 8), in general represented the worst pathogenic traits of the region. In *Essay* Lind also invokes Jamaica as an example of interest to all colonies (212). This emphasis on the global application of his directions for good health suggests that there was some blurring of the general differences among tropical colonies, though notions of specific differences also remained viable.

3 Maria Nugent was the wife of General George Nugent, Governor of Jamaica from 1801-1806. *Lady Nugent’s Journal of her Residence in Jamaica from 1801 to 1805*, republished by The University of the
1805 she is often alarmed at how the disease ‘strikes’ and kills its white ‘victims’ when only the day before they seemed healthy and in good spirits. Indeed, the figure of the monster itself - amphibian, insect, human, demon - points both to the looming dread that the disease occasioned as well as the fact that, by the end of the eighteenth century, the aetiology of the disease was still unknown. This unknowability is encoded in the monster’s composite appearance: familiar in its parts, it is, on the whole, alien and terrifying, with the potential to enact severe injury to those whom it encounters.4

Reputed to be “the disease most fatal to Europeans, in all hot and unhealthy climates” (Lind 9), tropical fever was an incalculable risk for the European in the Torrid Zone. In An Essay on Diseases Incidental to Europeans in Hot Climates With the Method of Preventing Their Fatal Consequences (henceforth called Essay on Diseases, to be distinguished from Grainger’s Essay), Lind recounts how the French and later, the English, abandoned their posts in Galem seven hundred miles in the African interior “on account of its extreme unhealthiness” (37-39). From a European perspective, unhealthy countries were those in which the European suffered from the effects of diseases,

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West Indies Press in 2002, documents her impressions of life in Jamaica from her arrival in 1801 to her departure in 1805.

4 While the term yellow fever was being used at this time it is unlikely that present day yellow fever and what was known as yellow fever in the eighteenth century referred to the same disease. The same is true of malaria. As historian Douglas Haynes notes:

For practitioners in the tropical world, malarial fever served as the default category for disease. As such, it mirrored the possibilities and limitations of the representation of disease. From the clinical perspective, the term malaria referred to the presentation of a familiar set of signs of disease, such as the onset of fever or the enlargement of the spleen. (43)

Indeed, while malaria was the colonial disease of interest in the later nineteenth century, the term was not used in the eighteenth century in reference to a particular type of fever but to the pathogenic quality associated with noxious air (from the Italian mala aria, literally, ‘bad air’). The term ‘malaria’, used as early as the mid eighteenth century, originally referred to malignant fever in Italy (OED “Malaria”). Other qualifying adjectives, however, such as remitting, intermitting, continuous, bilious and malignant were used to identify each patient’s experience of fever, according to what the physician observed. Altogether, tropical fever in the eighteenth century was poorly understood and the all-encompassing term ‘fever’ likely referred to many different diseases, including present-day yellow fever, malaria and other infections.
especially fever, while healthy regions were those in which they enjoyed comparative good health.\(^5\) Tropical fever,\(^6\) on the whole, was the disease that was most feared because of its prevalence, its devastating effects and the fact that it was poorly understood.\(^7\)

As Lind’s example of Galem suggests, disease was an obstacle to the colonising mission.\(^8\) Unhealthy places, however, could be made healthier, or at least less unhealthy, if the trees were cut down, if swamps were drained and woods cleared in order to minimise the emission of pathogenic noxious vapours.\(^9\)

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\(^5\) According to Alan Bewell, “one of the primary distinctions between the loosely termed ‘settler’ and ‘conquest’ colonies was epidemiological; settler colonies were those in which the exchange of pathogens, and the power that lay within that exchange, favoured Europeans” (8). Countries such as Canada, according to Lind, are “remarkably healthy” (30) while the diseases of West Florida “approach still nearer to those of our West Indian islands” (32). Altogether, those environments classed as tropical or tending towards tropical were deemed most unhealthy to Europeans.

\(^6\) Fever was also common in England. It often presented as a symptom in ague, among other illnesses. In general, however, tropical fever was deemed to be more dangerous and intense than English fever, as Lind himself notes in his comparisons of English and tropical fever.

\(^7\) While eighteenth-century humoural physicians mistakenly believed that fever was caused by excessive heat and noxious effluvia from woods, swamps and marshy lands, their descriptions were similar to a contemporary practitioner’s. For Lind, a fever was:

- an indisposition of the body, attended commonly with an increase in heat; a thirst; often with a head-ach; more frequently with a remarkable quickness of the pulse, or at least a great change from its natural state; and, for the most part, with various other symptoms of distress…(13-14)

Other symptoms might include headaches, nausea, chills, pains in the loins, stomach and back, and those symptoms peculiar to the humoural physician’s interpretation of matter, such as the vomiting of green or yellow bile or black humour (\textit{Essay} 122-123). Treatment frequently involved the purging of the noxious substance from the body through sweating, phlebotomies and by inducing vomiting and, on first remission of the fever, the administering of the cinchona bark, the febrifuge long used by Peruvian Indians, as Hans Sloane acknowledged in his 1707 botanical treatise (cxli). In general, however, treatment and even diagnosis remained uncertain.

\(^8\) Africa was reputed to be the unhealthiest place in the world for the European. Historian Philip Curtin notes that in pre-1860s Africa the probability of death by disease was fifty percent for the European in the first year of his arrival and twenty five percent in his second year (\textit{Disease and Empire} 1).

\(^9\) While humoural medicine was inaccurate in its conception of bodily humours and their role in disease, there was benefit to be derived from the association of swampy lands with illness. Such places would later be identified as breeding grounds for mosquitoes and mosquito-borne illness such as yellow fever and malaria. Praising Lind’s “careful inductive reasoning, based on empirical evidence” geographer Frank Barrett argues:

[Lind] shows how a careful consideration and evaluation of site, location, and characteristics of place, as well as comparative regional examination, lead to a better understanding of how the chances of sickness can be reduced at a time when the specific cause is unknown. (125)

Indeed, humoural medicine was helpful in identifying particular locations with fevers. At the same time, however, the imprecise nature of humoural constructions of pathogenicity meant that vapours could, in theory, extend their noxious influence beyond their immediate source. Lind advises individuals to remain
of Grenada, Tobago and the Grenadines, for example, Lind notes: “It is to be hoped, that these new settlements will become more healthy, when the stagnating water is drained off; an effect which the heat of the sun itself would in some places produce, if the woods were cut down” (114). Barbados, “perfectly freed from trees, underwood, [and] marshes (50) was Lind’s West Indian model of how to make unhealthy places healthier. Jamaica, on the contrary, was ranked among the unhealthiest in Britain’s West Indian empire (8). In the context of humoural philosophy, colonisation - in this case, the act of clearing the land and making it more habitable for European settlement and occupancy - and colonial tropical medicine went hand in hand.\(^{10}\)

As with leprosy, the experience of tropical fever helped to demarcate cordons sanitaires separating Britain from her tropical colonies. Envisioning England as healthy, largely on account of its temperate climate, humoural physicians, such as Lind, ascribed pathogenic qualities to hot environments.\(^{11}\) Marked by its position between the Tropics one hundred yards away from the vapours emanating from marshes (16). Wind, too, was believed to carry noxious effluvia away from its source. The identification of particular places as breeding grounds for disease, in the context of humoural medicine, ultimately became a pronouncement of the disease potential for particular places in light of the belief that noxious vapours could travel some distance across the land, borne by winds and intensified by the tropical sun.

\(^{10}\) Bewell’s analysis of colonial regions as “‘sick’ environments that needed curing” is helpful in approaching Lind’s hierarchy of healthy and unhealthy places. As Bewell notes, [M]edical geography provided a scientific rationale for making colonial ecologies more like those of Europe and thus introducing European methods of land use, social organisation, and resource management. The colonisation of bodies thus proceeded from, and was largely supported by, the medical colonisation of physical space. If colonial peoples were sick, they could be cured by changing their environments. In this way medical geography was instrumental in shaping how Europeans looked at landscapes and the peoples who inhabited them. (34)

\(^{11}\) David Arnold notes, however, that the tendency to identify the tropical colonies with essential pathogenic qualities was relatively new: Early works on the natural history and diseases of the West Indies, such as Thomas Trapham in 1679 and Hans Sloane some thirty years later, saw nothing exceptionally unhealthy or threatening about the West Indies. But by the time William Hillary wrote his medical Observations on Barbados in 1759, a stark contrast was being made between temperate and tropical climate and disease. Over the next fifty years the contrast was further developed in a great outpouring of medical treatises. (Problem of Nature 151)
of Cancer and Capricorn, the Torrid Zone was characterised by intense heat, at least in the popular imagination. This is clear in Abraham James’ *The Blessings of Jamaica*, where the colonists languish under the midday sun, whose image of fiery heat connects to the image of more intense fire emanating from the Yellow Fever monster.

Unlike leprosy, however, which was classed as an African inherited disease to which the European in the tropics *might* be susceptible if he were not careful, tropical fever was a lived reality. The 1835 Army Medical Board Report, for example, noted that while more white troops died from fevers than any other disease (approximately fifty percent) lung diseases killed the most black troops, with fever accounting for less than twelve percent of deaths (cited in Sheridan 13-14). Data from eighteenth- and early nineteenth-century medical tracts also suggest that fever was more problematic for Europeans in the tropics than for African or native populations.

Richard Sheridan’s comparison of early Caribbean medical texts, for example, reveals that physicians tended to focus on fevers in their manuals for Europeans in the

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It is likely that medical texts helped to naturalise the value-laden distinction between tropical and temperate climates, though other factors, such as travel narratives, might have also assisted in hardening such distinctions.

12 The regions located in between the Tropics and Cancer and Capricorn have a variety of climates including the hot and wet climate most commonly associated with the tropics. Other climatic variations include tropical rainforest, savannah, alpine and equatorial. The association between heat and disease led many to assume that those places where Europeans were most susceptible to disease were also characterised by intense heat, despite the variation in the region’s climate:

> [P]eople who had never been to West Africa assumed that very high mortality meant high heat and humidity. The African coast took on the popular reputation of a blazing furnace, and it held this reputation in spite of occasional travellers’ reports to the contrary. (Curtin “White Man’s Grave” 98)

13 Benjamin Rush, supposedly influenced by other published accounts of the 1773 yellow fever outbreak in Philadelphia, initially believed that the black population was immune to the disease. He cites another physician who explained this perceived anomaly in immunity to constitutional differences between black and white populations. Later, Rush acknowledges that his initial assessment was wrong, and that the disease affected both blacks and whites, though “[t]he disease was lighter in [in the black population], than in white people” (73).
West Indian colonies (28). While some writers, such as David Collins, focused on fevers and fluxes for both slaves and Europeans (Sheridan 32), other slave manuals, such as James Grainger’s *Essay* identified diseases such as chigres (16), coughs (17), worms (18) and dropsy (29) as commonly affecting African slaves. Fevers also affected the African on the plantation, but, as Grainger notes, worms were often more fatal (20). The European’s experience of tropical fevers appeared to be proof that hot climates were unhealthy for Europeans unlike the African who appeared to adapt well to other hot places outside of Africa.

Predictably, such experience of dangerous disease easily evolved into metaphor. But while leprosy was unique in its metaphoric elasticity and for its complexly intertwined, centuries-old cultural associations across Judeo-Christian and medical boundaries, the metaphors associated with tropical fevers are comparatively less supple, though still powerful and lasting in the manner in which they helped to pathologise tropical environments and the people who lived there. Indeed, Lind frequently invoked metaphors of attack and invasion in relation to the Europeans’ experience of tropical fever in *Essay on Diseases.*

As I will demonstrate in my analysis of *No Pain Like This Body* in chapter 6, such metaphors continue to be deployed in the novel’s tropical fever narrative, but in a

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14. More than this though, the popular belief that Africans were innately immune to particular diseases, a stronghold of eighteenth- and nineteenth-century racialised medicine, was based on fallacy and improper correlations. Curtin explains using the case of West Africa:

    Nineteenth century Europeans believed that most West Africans had a [sic] innate, racial immunity. Recent evidence is that all races are equally susceptible, with the possibility that some resistance inherited from an infected ancestor could have passed on for a few generations (…) In nineteenth-century West Africa, immunity from childhood infection seems to have protected most Africans most of the times, but not always. In the Senegal epidemic of 1830, Africans on Gorée died in at least the same proportions as the Europeans. (*Disease and Empire* 11)

15. In writing about fevers in this chapter I sometimes use words that denote attack and warfare but only in the context of the European construction of the disease as enemy.
different way. Whereas Lind focuses on tropical fever as an enemy, in Ladoo’s novel
tropical fever is merely the manifestation of vulnerability as associated with a precarious
life. Indeed, despite some overlapping imagery, Ladoo’s and Lind’s narratives of tropical
fever take very different forms, as will become evident in my analysis of the novel. While
Grainger’s and Hillary’s medical texts provided a framework that was relevant for my
reading of leprosy in *With Silent Tread* and *Night Calypso*, there is no overarching
ideology of tropical fever that spans *Essay on Diseases* and *No Pain Like This Body*.16

Overall, though metaphors of attack and invasion were common in popular and
medical discourse in reference to many diseases - including leprosy, as I demonstrated in
chapter 2 - fever was most pressing in relation to the colonial mission. More than this,
though, metaphors of attack and invasion become particularly meaningful in light of the
disease experience of British troops in the West Indian colonies - those whose language
of warfare literally included terms such as ‘attack’ and ‘invade’ - and in the construction
of otherness among white populations living in tropical environments.

Indeed, like leprosy, the experience of fevers also enabled a distinction to be
made between white British subjects in the tropics and white British subjects living in
England, in a manner that called into question the very concepts of an essential English or
white identity. Prolonged residence in the tropics, I will demonstrate, was associated with
a changed European constitution that, in essence, was believed to have retained aspects of
the tropical world in a literal, biological way. While this trope of losing one’s English
essence was more metaphoric with the experience of leprosy (and indeed, based more on
ideological fears about breached boundaries than lived reality) the trope is painfully real

16 I suggest reasons for this in my conclusion to Part 2 of this dissertation.
with respect to fever, at least within the parameter of eighteenth-century humoral medicine.

**“Preserving the lives of Seamen”: James Lind and Tropical Fever**

Born in Edinburgh, Scotland in 1716 to an upper middle class family, James Lind was an eminent physician and writer of medical treatises on naval and tropical medicine. He is credited with performing the first clinical trial as a ship’s surgeon on board the HMS *Salisbury*, in which he proved that citrus juice was an effective prophylactic against the dreaded scurvy. His most famous writing, *A Treatise of the Scurvy* (1753) was later followed by *An Essay on the Most Effectual Means of Preserving the Health of Seamen* (1762), both of which are foundational in the history of naval medicine. His less cited treatise, *Essay on Diseases*, first published in 1768, also falls in this genre. Indeed, Lind himself acknowledges in the Introduction to *Essay on Diseases* that the work was a sequel to “what [he has] already published on the most effectual Means of preserving the lives of Seamen, and such as undertake Voyages to distant Countries” (1).

After apprenticing to an Edinburgh physician from 1731-1739, Lind entered the naval service as a surgeon’s mate, and was eventually promoted to the rank of surgeon. In 1748 he retired from the navy to read for his medical degree in Edinburgh. An important

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17 The naval physician James Lind should not be confused with his cousin of the same name who was a natural philosopher and physician of tropical medicine. This Lind cousin was born in 1736 and died in 1812. Known for his work in Bengal and his tutelage of the young Percy Bysshe Shelley, Lind (1736-1812) is also remembered for his connection to Erasmus Darwin. See Mark Harrison’s *Medicine in an Age of Commerce and Empire* for a brief historical survey of Lind’s (1736-1812) work.

18 Lind is also credited with inventing a simple method to distil sea water (he includes a detailed description of this process in the appendix to *Essay*) and, according to Louis H. Roddis, “was the first to recommend the measures now universal in all navies, that put a stop to much of the typhus fever afloat”, namely, the idea of receiving ships to quarantine and outfit new recruits, who were also to be medically examined, and re-clothed in government issued apparel (Roddis 88). Roddis, former captain in the medical corps of the US army, calls Lind’s breakthrough “a landmark in the history of nautical medicine” (2).
milestone in his medical career was his appointment as Physician in Chief at the Royal Naval Hospital at Haslar in 1758 until 1783 (Tröhler 2003). At Haslar, one of the largest hospitals of its kind in Europe, Lind treated (and supervised the treatment of) British naval officers, many of whom fell ill from so-called tropical diseases. In Essay, Lind refers to his time at Haslar in relation to his expertise in tropical medicine derived from visiting “many thousand patients labouring under fevers” (171). Convinced that fevers were contagious, even after the patient’s death, Lind also advocated for the separation of the ill from the convalescing long before such practices became the norm. Altogether, Essay is the work of a man devoted to scientific empiricism, (as it was practiced within a humoural framework), and whose conclusions are supported by observation and anecdotal evidence from other physicians.

Unlike Grainger’s An Essay on Diseases Incidental to Europeans in Hot Climates (1764/1802), which focuses on the diseases common among African and African descended slave populations, Lind’s Essay on Diseases, like Hillary’s Observations

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19 In his lifetime, Lind was well respected, judging from his prestigious position at Haslar and his induction into the Royal College of Physicians at Edinburgh in 1750 (Roddis 148). However, his findings on scurvy were not put into general practice until after his death. Bewell notes that his works, on the whole, would become very influential in the nineteenth century. Contemporary biographies, such as David I. Harvie’s Limeys: The True Story of One Man’s War Against Ignorance, the Establishment and the Deadly Scurvy and Louis H. Roddis’ James Lind: Founder of Nautical Medicine, tend to focus on Lind’s contribution to scurvy. Both texts, written by a film editor/writer and a captain in the US Medical Corps respectively, are similar in their often unbalanced heroic depiction of Lind, and sometimes “bombastic” language as medical historian Kenneth Kiple notes of Limeys. Today, the James Lind Library, attached to the Royal College of Physicians of Edinburgh, associates Lind’s name with the principles of fair testing (jameslindlibrary.org).

20 Lind recounts an interesting story related to him by Mr. Robertson, a ship’s surgeon, whose patient was dying of fever on board the ship:

This gentleman, when feeling the pulse of a boy dying in the fever, immediately as he expired received a shock, as though electrified, attended with a disagreeable sensation, not easily to be expressed, and quickly followed by a protraction both of strength and spirits, so that he had almost fainted before he reached his apartment; and afterwards suffered a very severe attack of the fever. (182)

Lind uses this example to support his hypothesis that infection (in this case, the fever itself) could pass through clothing as well as from one body to another. He concludes three pages later that “fever may be communicated by contagion” (185) and recommends, among other things, that sick quarters should be clean and dry (186).
(1766), is directed towards the diseases affecting the European in the tropics. Divided into three parts and an appendix *Essay on Diseases* surveys the diseases of the globe to which Europeans are most susceptible but focuses on the diseases of Britain’s tropical empire. In addition to providing detailed descriptions of each disease he also advises on remedies and preventative measures. Not surprisingly, the majority of the treatise focuses on fever, with significant attention devoted to environmental and humoural causes.

Lind’s writing on the British West Indies is my focus in this chapter.

Lind’s *Essay on Diseases* was revised in six editions and was translated into Dutch, German and French (Roddis 160-162). The fifth edition (1792), which I use in my analysis, was the last to be published in his lifetime. Lind died in 1794. As with *Essay* and *Observations*, commentary on *Essay on Diseases* typically references the text for historical details relating to tropical fever and tropical medicine. Alan Bewell’s four-page summary of the medical ideas present in *Essay on Diseases*, given by way of introducing general themes associated with early tropical medicine and as an introduction to his analysis of Romantic fiction, is an example of how the text is usually evoked in the critical literature. My analysis in this chapter focuses on the historical, cultural and literary dimensions of the text for what they reveal about constructions of identity in the post/colonial Caribbean.

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21 Other examples include Mark Harrison’s brief historical overview of James Lind’s work. Harrison notes that *Essay on Diseases* was the first of its kind to suggest that temperate and tropical lands were “epidemiologically distinct . . . requiring different methods of preservation and treatment” (72). In a similar vein, geographer Frank Barrett analyses Lind’s contribution to eighteenth-century medical geography and geographical medicine (117). Like Harrison and Barrett, historian Peter Elmer asserts that *Essay on Diseases* is exemplary among eighteenth century medical texts that “mapped the world in terms of health and disease” (319). Historian Philip Curtin’s historical account of *Essay on Diseases* follows a similar trajectory as the aforementioned studies. Engaging in an historical analysis of Lind’s medical philosophy and method of disease classification (*Image of Africa* 72-87) Curtin notes that “James Lind gave the idea of racial immunities the prestige of medical opinion” (84).
Lind, Fevers and Humoural Theory

At the beginning of section two of his survey of diseases of the globe, Lind writes: “In the West Indies, as in other unhealthy climates, fevers and fluxes are fatal to Europeans. The disease which is commonly called yellow fever is particularly destructive” (118). One page later, Lind explains the prevalence of disease in these lands: “They in general proceed from intense heat and a peculiar unhealthfulness of the air, though a gross habit of body, excessive drinking of spirituous liquors, and being overheated in the sun, may perhaps sometimes dispose to them” (119). In other words, yellow fever is prevalent in the West Indies due to environmental factors - “intense heat” and “a peculiar unhealthfulness of the air” - though the habits of Europeans also exacerbate their vulnerability to such disease.22

A proponent of humoural medicine, Lind subscribed to the notion that human bodies comprised a mixture of the four humours whose equilibrium was necessary for the maintenance of good health. These humours were influenced by the environment (external factors such as heat and vapours) as well as what one took into the body, in the form of food and drink. In the case of the latter, Lind is clear that excessive consumption of “spirituous liquors” would not cause disease, but could make the overindulgent more vulnerable to an ‘attack’. Each individual was believed to have a particular balance of humours that helped to determine personality traits and temperament. Likewise, whole climates were also associated with particular humoural mixtures that helped, in part, to determine the cultural traits of inhabitants. A complex philosophy of how the

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22 The association of fever with intense heat and unhealthy air was common. American physician Benjamin Rush, for example, traced Philadelphia’s 1773 yellow fever epidemic to putrid coffee. Rush also noted that “[t]here was something in the heat and drought of the summer months” preceding the epidemic, which was uncommon, in their influence upon the human body” (13).
environment affected the individual’s humoral equilibrium existed, which provided some guidance for the maintenance of good health as well as a framework for interpreting disease and advising on remedies.²³

According to humoral philosophy diseases endemic to a particular land did not affect native populations as severely as they would a stranger since the native’s constitution²⁴ ensured that his body was in sync with the home environment. A change in environment, however, such as from a temperate land to a tropical one, exposed the stranger to an environment that his constitution was unfamiliar with and therefore unprepared for. Europeans were susceptible to tropical fevers because their constitutions had not yet adapted to the tropical environment in the manner of the native population. Seasoning, the process by which the European’s constitution gradually adapted to the new climate, was necessary in order to survive the onslaught of tropical diseases, such as fever.²⁵

Using the metaphor of plants and soil, Lind explains this in Essay:

Men who thus exchange their native for a different Climate, may be considered as affected in a manner somewhat analogous to plants removed into foreign soil; where the utmost care and attention are required, to keep them in health, and to inure them to their new situation; since, thus transplanted, some change must happen in the constitutions of both. (2)

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²³ See Noga Arikha’s Passions and Tempers: A History of the Humours for an extensive study of the history and evolution of such beliefs from Hippocratic medicine to contemporary biomedicine. Arikha notes, in the form of a chart, that each humoral category, at one time, corresponded to “a time of day, a color, a taste, a type of fever, a main organ, governing musical modes, a tutelary planet, and a set of astrological signs” (11).

²⁴ In humoral philosophy the term ‘constitution’ refers to the health qualities associated with each individual’s mix of the four humours and his prolonged exposure to particular climates and environments.

²⁵ For Lind, “One merchant, factor, or soldier, thus seasoned to the country, becomes more useful, and his services may be depended upon, than ten newly arrived, unseasoned Europeans” (196).
The verb ‘to transplant’, referring to the act of uprooting a plant from one space/soil and planting it in another, was already a metaphor for European immigration, as recorded in Dr. Johnson’s *Dictionary* (“Transplant”). There are several points of interest, however, in the metaphor of settlers as transplanted people. Literally, the settler moves from one environment to another, but such a ‘transplantation’ was associated with pathogenic qualities. Indeed, Lind’s plant image associates the immigrant with extreme vulnerability: the strange soil could cause illness. Implicit in this metaphor is the notion that the soil acts as contaminant. In other words, disease is everywhere in the tropical colonies and the European, like a foreign plant, is exposed to illness merely by entering the Torrid Zone. For this reason, “utmost care and attention are required, to keep them in health”. Of course, such an image rests on the notion of the relative helplessness and passivity of the settler in the new environment and alludes to a constant gardener, that is, the physician of tropical medicine, who will tend the transplanted organism. Lind’s *Essay* attempts to provide such guidance.

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26 This image of the plant evokes another popular image, of contagion as seed, a trope that sixteenth-century poet and physician Hieronymi Fracastorii famously expounded in his treatise *De Contagiosis*. A humoural physician, Fracastorii invoked the image of *seminaria contagionum*, or seeds of contagion in his explanation of disease (10). Such metaphors have since remained a part of medical discourse. Indeed, Lind’s contemporary, American physician Benjamin Rush, associated fever metaphorically with seeds. Writing about the 1773 Philadelphia epidemic which Rush believed was connected to putrid coffee, he notes: “The seeds of the fever, whether received into the body, from the putrid effluvia of the coffee, or by contagion, generally excited the disease in a few days” (28). Such metaphorical associations of contagion with seed would linger (in altered forms) even beyond germ theory in the second half of the nineteenth century. Stig Brorsen’s article “The Seeds and the Worms: Ludwig Fleck and the Early History of Germ Theories” provides a comprehensive compilation and analysis of different seed/disease metaphors from ancient times until the advent of germ theory.

27 While leprosy provided unique opportunities for distinguishing physicians of tropical medicine, as I demonstrated in chapter 2, specialist physicians were also needed to ease Europeans into the tropical environment, according to Lind. In this context, tropical fever also provided opportunities for physicians of tropical medicine to distinguish themselves from their metropolitan peers, though in different ways. While Grainger envisions the curing of leprosy as an eternal prize for a heroic physician (*Essay 7*) Lind evokes the tropical physician in terms of a narrative of functionality: such a professional could, potentially, save thousands of European lives. In both cases, the physicians assert the importance of tropical medicine as a specialist medicine with specialist practitioners, in effect, demonstrating the emergence of a consistent
The first of Lind’s five signs of an unhealthy climate was a “great alteration in the air at sunset” from hot to chilling, accompanied by heavy dew. Other signs included “…thick, noisome fogs, arising chiefly after sunset, from the vallies, and particularly from the mud, slime, or other impurities”; flies and insects from stagnated air and woods; the corruption of meat, metal and corpses in a short time and “…a sort of sandy soil” (132-135). According to this model, tropical countries were unhealthy because they were subject to intense heat, which in turn caused the putrefaction of meat, metal and corpses, but also because they were largely uncultivated territory whose stagnant, putrid air bred flies and other insects. These ideas are also clearly conveyed in Abraham James’ 1800 aquatint, which demonstrates a connection between the Yellow Fever monster and the tropical sun. The insects that travel in the underworld of disease also point to the essential unhealthiness of Jamaica. Such images also demonstrate that Lind’s philosophy of unhealthy environments was not restricted to medical practitioners alone but, by the late eighteenth and early nineteenth century, was already a part of popular tropical discourse.

The belief that hot climates were unhealthy for Europeans evolved from the idea that so-called temperate lands, such as England, were inherently healthier than those associated with extremes of temperature, including extreme cold.28 ‘Temperate’ here refers to a belief that such countries benefited from an ideal mix of hot and cold, moist and dry, due to the changing seasons. Tropical countries, on the other hand, from the point of view of the European, were literally ‘intemperate’ in the sense that tropical climate was characterised by extremes: extreme heat and hurricanes and cyclones. This narrative associated with tropical medicine long before the end of the nineteenth century at which time the specialism was officially recognised.

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28 Lind is clear that intense heat and intense cold have the same effect in that “[cold] shuts up every pore of the skin, and entirely stops the perspiration of such as are exposed to it” (137).
humoural pronouncement of the climate as ‘intemperate’ however, easily slides into a moral comparison of the value of two different regions of the world, as is evident in Essay on Diseases:

It is now a well known and certain truth, that of such Europeans, as have fallen victims to the intemperance of foreign climates, nineteen in twenty have been cut off by fevers and fluxes: these being the prevailing and fatal diseases in unhealthy countries through all parts of the world. (9)

The word ‘intemperate’, defined by lexicographer Samuel Johnson as “Immoderate in appetite; excessive in meat or drink; drunken; gluttonous” but also “Passionate; ungovernable; without rule” suggests at least two meanings with respect to Dr. Lind’s pronouncement: that tropical climates are excessive in some way and that this excess is possibly associated with some ungovernable quality. Certainly, Lind believed that tropical colonies were excessively hot places. The meaning ‘excessive’, however, suggests that there was some ideal, climatic norm. That England provided such a model was not surprising.

The second meaning of intemperance, however, “Passionate; ungovernable; without rule”, might also inadvertently allude to the problems of the colonial mission itself: clearly, fevers prevented maximum occupation and colonisation of Britain’s tropical territories. That the environment was perceived to be an obstacle to the colonising mission easily translated into representing the environment as unruly. In other words, the environment was ungovernable because it did not yield to the colonists. Indeed, obstacles to the colonising mission, often labelled as threats, are here interpreted through the lens of humoural medicine: the climate is ‘intemperate’, ungovernable,
unruly, because the European had no immunity to its diseases. By prefacing his pronouncement with a statement of validation - what he is about to say is a “well known and certain truth” - Lind endorses and propagates a medicalising/moralising discourse about other climates, backed by the knowledge and respectability afforded him as a physician of tropical disease.

Historian David Arnold traces the origin of such Manichean binaries of healthy and unhealthy places to the Hippocratic school, arguing that “we need to understand the tropics as a conceptual, and not just physical, space” (Problem of Nature 142) in a similar vein to Edward Said’s revisionist understanding of Orientalism. Arnold continues:

[C]alling a part of the globe ‘the tropics’ (or ‘torrid zone’) became over the centuries, a Western way of defining something culturally alien, as well as environmentally distinctive, from Europe (especially northern Europe) and other parts of the temperate zone. The tropics existed only in mental juxtaposition to something else - the perceived normality of the temperate lands. Tropicality was the experience of northern whites moving into an alien world - alien in climate, vegetation, people and disease. (142-143)

The European’s experience of tropical fever made such experience of otherness terrifyingly real: a disease that seemed to exacerbate the worst symptoms of the English ague and which too frequently ended in death was a painful reminder that the tropics and England were starkly different. Not surprisingly, the nature of this difference hardened over time as the European’s interpretation of disease reinforced popular discourses on biological and environmental determinism, and vice versa, such that by the eighteenth
century, a complex philosophy of the pathogenic qualities of tropical regions had already evolved.\(^{29}\)

Such pathologising of hot climates, though, did not begin with the tropical colonies. On the contrary, Lind refers to pathogenic heat in Europe in places such as Madrid and Naples, where there was evidence of devastating fevers in the past. The Spaniards and the Italians, however, were already deemed to be constitutionally ‘other’ to the English on account of the formers’ hot climate: the stereotype of the fiery Spaniard and hot-blooded Italian was long a part of popular English discourse. The idea that one’s constitution determined, in part, one’s temperament in addition to one’s susceptibility to particular diseases, allowed medical discourse to slip easily into a racialised comparison of different cultures in which temperate climates, such as England’s, became the standard against which intemperate climates were measured.

Indeed, while English climate was believed to be characterised by temperance and ideal balances, intemperate ones - including those of the tropical colonies - were associated with sloth, venery, and other traits also blamed on the tropical environment. Lind writes:

> Upon the soil, the temperature of the climate, the colour, strength, and activity, the constitutions and health of the inhabitants greatly depend.

This truth is well known to those who trade for slaves on the African coast. The negroes they purchase are dull and stupid, lively and ingenious,

\(^{29}\) See Karen Kupperman’s “Fear of Hot Climates in the Anglo-American Colonial Experience”, for example, in which she writes about the alienating effect of tropical environments on the European from as early as the sixteenth century:

> Beyond the fear of death and debility was a distaste for an environment so different from their own - a distaste strongly conveyed by their reports of repellent rodents, reptiles, insects, and uncontrollable strange vegetation. The English saw this alienating milieu as the product of intemperate heat. (17)
sickly or robust, long or short-lived, according to the nature of the soil in 
the country from whence they are brought. (205)

Constructed through determinist biological and environmental philosophies, eighteenth-
century medical terms such as ‘fever’ and ‘constitution’ easily acquired moral 
connotations in excess of their biological effects.

Significantly, Lind also acknowledged that the years 1765 and 1766 were 
noteworthy on account of “an uncommon appearance of intermitting and remitting fevers, 
in most parts of England” (16). But this is the exception that proves the rule. Indeed, Lind 
is clear that England’s climate should not be considered unhealthy since the fever was 
limited to a specific marshy geography and that it was “the unusual frequency of an 
unwholesome easterly wind” (16) which brought the pathogenic vapours to English soil. 
In other words, such pathogenicity is, literally, foreign to England whose fevers are 
generally mild and annoying but not malignant. The ideological connotations of “easterly 
wind’ however, are important. Not only is England, in essence, a healthy place, but 
pathogenic elements from the unhealthy East - both as place and as ideological construct 
denoting otherness - are responsible for England’s fever epidemic in 1765 and 1766.

Later, by making a distinction between one unhealthy spot in England and the 
general healthiness of Great Britain as a whole Lind reiterates the point that Great 
Britain does not have an unhealthy climate:

30 Geographer Frank Barrett claims that Lind’s nuanced notion of healthy and unhealthy places confronted 
the more popular myth of the ultimate insalubrity of particular regions: “The idea that an entire region was 
unhealthy, or that unhealthy locations were dangerous throughout the whole year, was a popular European 
concept that Lind challenged. He believed that places dangerous to health were site-specific and season-
specific” (120). While, on the whole, particular regions might have been cast as ultimately insalubrious, 
from as early as Defoe’s Robinson Crusoe, (first published in 1719), ideas about the relative health of 
particular places were already well established and circulating in the popular imagination. Writing about 
the placement of his first hut, for example, Crusoe notes:
A foreigner who fixes his abode upon a sickly spot in England, as for example at Hilsea barracks, in the island of Portsea, must not reckon the climate of Great Britain unhealthy, because he suffers from being placed in so bad a situation. (159)

Here, Lind uses the example of Hilsea to suggest that inattention is also to be blamed for sickness, suggesting that similar logic must be used in choosing a dwelling place in the tropical colonies. The difference between Hilsea and a West Indian colony, however, is that one is, in essence, temperate while the other, located in the Torrid Zone, is inherently more dangerous to the European constitution. In other words, healthiness and unhealthiness in *Essay on Diseases* are deictic in effect: the terms are always relational to a fixed position, occupied by the normative British self, with all other climates and peoples radiating outwards from this ideological centre.

While Lind is clear that the tropical colonies were extremely insalubrious for newly arrived Europeans, but not for seasoned Europeans, native populations or African slaves, the experience of Europeans in the tropics (and the vicarious experience of those reading popular travel and fictional accounts as well) inevitably blurred the distinction between the newly arrived European’s susceptibility to disease and the notion that the region was essentially unhealthy. Popular novels such as Daniel Defoe’s *Robinson Crusoe* (1719) and Jonathan Swift’s *Gulliver’s Travels* (1726) both invoke tropical fevers in relation to the perils of the West Indian climate. On his first voyage to the Guinea coast

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I soon found the place I was in was not for my settlement, particularly because it was upon a low moorish ground near the sea, and I believed would not be wholesome; and more particularly because there was no fresh water near it. So I resolved to find a more healthy and more convenient spot of ground. (Defoe 73)
Crusoe’s misfortunes include his experience of calenture, an early variant of tropical fever at sea:

[Y]et even in this voyage I had my misfortunes too; particularly, that I was continually sick, being thrown into a violent calenture by the excessive heat of the climate; our principal trading being upon the coast, from the latitude of 15 degrees north even to the line itself. (15)

Similarly, in part four of *Gulliver’s Travels*, Gulliver, former ship’s surgeon and now captain of the *Adventure*, notes: “I had several men who died in my ship of calentures, so that I was forced to get recruits out of Barbadoes and the Leeward Islands. . .” (Swift 235). Crusoe also experiences a life-threatening fever soon after he is shipwrecked on the island. These popular invocations of tropical fever demonstrate that ‘fever’ and ‘tropics’ were entangled in the eighteenth-century popular imagination.

As with other humoural medical jargon, referents such as ‘constitution’, ‘healthy’ and ‘fever’ described what were perceived to be factual circumstances: individuals were constituted by humours; a state of good heath was evident by the absence of disease; and fever, as Lind’s definition demonstrates, was accompanied by a set of verifiable symptoms. But in addition to their medical usage such terms had already entered popular moralist discourses. Indeed, like the epithets ‘healthy’ and ‘unhealthy’, fever was also deictic in the manner in which it marked particular persons in distinct ways and in relation to particular environments: a European was healthy in his own climate, in which

31 Calenture is defined by Dr Johnson as: “A distemper peculiar to sailors, in hot climates; wherein they imagine the sea to be green fields, and will throw themselves in it” (“Calenture”).

32 For an analysis of fever literatures in Georgian England see Candace Ward’s *Desire and Disorder: Fevers, Fiction, and Feeling in English Georgian Culture*. In a section on colonial writings, the author discusses “the impact of disease and slavery on the colonial man of feeling” in works such as Sarah Fielding’s *Volume the Last* (1753) and Sarah Scott’s *History of Sir George Ellison* (1766) (Ward 27).
there was an *absence* of malignant fevers. In the tropics, he was *prone* to ill-health unless precautionary and sometimes, inconvenient measures were taken.³³ As Peter Hulme has demonstrated for words such as ‘hurricane’ and ‘cannibal’ in *Colonial Encounters*, ‘fever’ also came to be associated with the savagery of tropical environments, as something that Europeans ‘encountered’ away from home in the hostile tropical colonies, which their temperate English constitutions, unseasoned to the climate, could not ward off.

**Metaphors of Invasion**

Not surprisingly, the threat of tropical fevers was often invoked using the language of colonial military engagement, underlying the perception that the British felt themselves to be under threat in a real and specific way. Lind’s invocation of tropical fever is typically associated with a particular lexical field in which metaphors of warfare are used. While this is not atypical for disease discourse on the whole (including contemporary discourses), Lind’s use of such metaphors demonstrates the extent to which Europeans constructed tropical fever as an unvanquished enemy at the same time that real, colonial armies were establishing a strong presence in the tropical colonies. The coincidence of such metaphoric invocations of fevers at the time of colonial military engagement is also meaningful in light of the fact that Lind’s *Essay* is the third of his three texts devoted to nautical medicine and the diseases that affect the British navy in the Torrid Zone.

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³³ Among other directions, Lind advises residents to relocate to mountainous areas during the unhealthy rainy months (206).
Noting an “affinity between political and biological thinking” (4) in the nineteenth century, Laura Otis comments on what she perceives to be cell theory’s reliance on “the ability to perceive borders” under a microscope (4). In Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science and Politics she writes:

[T]o see a structure under a microscope means to visualize a membrane that distinguishes it from its surroundings. Germ theory, the idea that infectious diseases are caused by living microorganisms, encourages one to think in terms of ‘inside’ and ‘outside’ to an even greater extent. If one believes that invisible germs, spread by human contact, can make one sick, one becomes more and more anxious about penetration and about any connection with other people - the same anxieties inspired by imperialism. (4-5)

This idea of penetration that Otis visualises for post germ-theory science and imperialism is also meaningful in the context of eighteenth-century humoural medicine, though through an inverted logic. Indeed, unlike Otis’ perceptible membranes of disease, tropical diseases, including fever, were not confined to clearly defined categories. Furthermore, humoural medicine focused on macro-structures: pathogenic spaces and environments on the whole were believed to cause disease. The boundaries separating inside - the assailable human body - from outside - the disease-causing entity - could not remain unbreached: the very act of residing in the tropics exposed the European to the onslaught of tropical disease. The assailable European self seemed small and vulnerable in relation to the region as a whole and its identification with pathogenic qualities.
Indeed, tropical fever was an ubiquitous problem for which humoural medicine did not have the answers. Not surprisingly, tropical fever narratives often appropriated the language of military engagement and the trope of Europeans under attack. Unlike leprosy narratives, however, such as James Grainger’s and William Hillary’s, which also invoke disease using the language of violence and assault, the military language associated with fevers coincided quite literally with the British Army’s military activities in the West Indian colonies. Indeed, as I demonstrated in chapter 2, the association between leprosy and violence was metaphoric; Lind’s fever narrative, on the other hand, blends metaphors of assailment with literal images of military engagement, blurring the discursive boundaries between acts of colonial expansion and settlement and imperial medicine’s construction of tropical climates as pathogenic. In this light, the physician and Britain’s military personnel were both engaged with the problem of colonial expansion: while the military was invested with the task of expanding Britain’s geo-political empire it was the physician’s duty to ensure that tropical disease was kept at bay on the frontier-line as well as within the colonies, thus making colonial expansion and settlement possible.

In the introduction to Essay on Diseases, for example, Lind writes that he is concerned with “the most effectual methods of preventing [fever’s] attack” (9). On the same page, he writes of Europeans as having “fallen victims” to fevers (9) and, one page before, of “the number of English sacrificed to the climate” of Jamaica (8). In his signs of an unhealthy country Lind uses a passive voice construction to describe a typical victim of yellow fever, noting that after the “ghastly yellow colour quickly diffused itself over the whole body” the patient is “carried off in less than 48 hours” (135). Other adjectives
such as “seize” often refer to fevers (120-121), while vapours and fog are personified as malignant entities with descriptors such as “mischievous” (146). Lind notes that the symptoms of fever could also be “deceitful” (n149).

Such language, common throughout Essay on Diseases, personifies the disease and the environment out of which it emerges as an enemy, and the European as vulnerable to attack. In a colonial environment in which it is the European who penetrates, who establishes order and good governance, the experience of tropical fever produced an incongruous experience of vulnerability whereby the politically dominant group now perceived itself to be the target of an enemy who attacked and ravaged their bodies.

Not surprisingly, Lind connects the experience of tropical fever with the threat of native uprisings in the colonies. Writing about the experience of Portuguese explorers in the fifteenth and sixteenth centuries, he notes: “They suffered more by sickness than by shipwreck, though on an unknown coast, and even more by it than they did, by their wars with the natives, and every other accident” (3). Two hundred years later, Lind invokes the experience of the Portuguese, partly to demonstrate that not much has changed vis-à-vis the European’s susceptibility to tropical fever. Rhetorically, however, such a statement also connects literal, military warfare with the hazards of colonial exploration and the metaphor of disease as war. The latter, according to Lind, was even more devastating than actual war.

Lind’s contemporaries also made links between literal warfare and pathogenic wars. Quoting an extract from a letter of a “gentleman” on the Havana expedition of
October 24, 1762 (in what would later be known as the Seven Years’ War) Lind includes the following:

‘I think myself extremely happy in being among the number of the living, considering the deplorable condition we are now in. You will hardly believe me, when I tell you, that I have only 33 men of my company now alive, out of 100 when I landed. Our regiment has lost 8 officers, and 500 men. They mostly died of fluxes and intermitting fevers, the general diseases here’. (130-131)

Emphasising the number of lives lost the extract, at first glance, appears to be a letter from a military man describing the casualties of war. The final line, however, makes it clear that it was fever and other diseases that devastated the regiment and not warfare with the human enemy in Havana.\(^3\)

Such a connection between disease and literal warfare was poignant. Indeed, Lind ends the extract (and his section on diseases of the West Indies) with the following observation by the letter writer: “‘The appearance of this country is most beautiful, and its natural advantages are many; yet a man’s life in it is extremely uncertain, as many are in health one morning, and dead before the next’” (131). Similar to Abraham James’ caricature of the Torrid Zone, the writer associates Havana with hidden danger and even ambivalence similar to what David Arnold and Evelyn O’Callaghan describe in their

\(^3\) Yellow fever also severely weakened Napoleon’s army in St. Domingue in the early years of the nineteenth century. Among its casualties was General Charles Leclerc, commander in chief of the 1802 expedition to St. Domingue and brother-in-law of Napoleon Bonaparte.
studies of tropical narratives: lulled by the beauty of the environment the men are attacked and killed in the silent ambush of disease.

But Lind’s inclusion of the extract, indeed, his decision to end part 1 of Essay on Diseases with the words of the letter writer, is meaningful beyond this notion of Havana’s ambivalence. In addition to ending with the image of a deceptive environment Lind allows a survivor to tell his own tale. As in literal war, the letter writer is also the validating eyewitness: his tale reminds the reader that tropical disease requires perpetual vigilance. To fall victim to its deceptive beauty is to allow yourself to be seized and “carried off”. In other words, physicians of tropical medicine, such as Lind, provide such narratives as evidence that all he has said is true. Indeed, the extract presents a double

35 David Arnold and Evelyn O’Callaghan have both written on European ideas of tropical ambivalence in the British colonies. O’Callaghan notes:

Pre-scripted notions of the West Indies as exotic but dangerous, even fatal, inform descriptions of its hostile climate. While it is true that travel/adventure narratives conventionally increase the value of the narrator’s exploits by insisting on hardships endured and dangers faced, travellers to the Caribbean consistently portrayed the climate as (quite literally) deadly. (75)

Similarly, writing about European’s writers’ aesthetic ambivalence in evoking the tropics Arnold notes:

[The] appreciation of the ‘sublime’ and the ‘picturesque’, rather than contradicting the image of the perilous tropics, served, paradoxically, to give it even greater weight, for behind every enticing view and pleasant vista lurked a lethal miasma. The tropics were treacherous as well as dangerous, their beauty a deadly deception. (155)

36 Writing about English fevers in Georgian England, Candace Ward refers to Steven Sharpin and Simon Schaffer’s invocation of “virtual witnessing” a late seventeenth century rhetorical strategy adopted by some natural philosophers and associated with Robert Boyle’s air-pump experiments. Virtual witnessing aimed to produce “in a reader’s mind . . . such an image of an experimental scene as obviate[d] the necessity for either direct witness or replication. Through virtual witnessing,’ argue Shapin and Schaffer, ‘the multiplication of witnesses could be, in principle, unlimited. It was therefore the most powerful technology for constituting matters of fact.’” (qtd. in Ward 19). Ward applies the concept of virtual witnessing to Georgian fever texts, many of which, she argues, emerge from a scientific tradition similar to Boyle’s, “particularly in the way that writers attempt to present the fevered body by re-enacting its sufferings, both on the page and in the reader’s mind, and to thereby legitimate their texts as realistic and authoritative” (20). Lind’s strategy of the eyewitness experience is similar, but does not conform to Sharpin and Schaffer’s model of virtual witnessing. The difference between the eyewitness account, as I invoke it in Essay, and virtual witnessing is in the subject matter and the credentials of the writer: in the former, the writer is a military man with first-hand experience in war. His writing is an asset for Lind’s argument primarily because Lind himself was never in combat, though he served as a surgeon in the Royal Navy. By a process of transference, the eyewitness account validates Lind’s work by suggesting that the casualties of war include those killed and debilitated by disease. The virtual eyewitness, however, reconstructs experiments using rhetorical strategies that diminish the conceptual space between the reader and the text so that the act of reading is analogous to the act of witnessing the experiment as it was being performed.
narrative, in which two threats - war and disease - converge in the body of the letter-writer. Just as the bodies of those who succumb to tropical fever provide evidence of the disease, the implied body of the letter writer and also, the body of his text, rhetorically re-create the experience of colonial disease in the aftermath of war. Each text - the physician’s treatise on fever and the eyewitness’s account of survival - reinforces the disease experience outlined in the other: tropical environments are pathogenic spaces and tropical fever is especially deadly to Europeans.37

In this light, the physician’s ‘war’ against tropical disease, the ubiquitous and powerful enemy, assumes a patriotic dimension in its bid to preserve the lives of seamen and other military heroes whose bodies made the advancement of Britain’s empire possible. Indeed, Lind reiterates his commitment to naval officers in *Essay on Diseases*, such as his suggestion that British convicts, African slaves or free natives be employed in dangerous tasks like the clearing of woods and lands, since such activity, typically associated with the military, exposed Europeans to disease: “It does not seem consistent with British humanity to assign such employments to a regiment of gallant soldiers, or to a company of brave seamen” (143). Furthermore, Lind directly addresses those “commanders in chief” whom he claims are “highly blameable” in the loss of thousands of their men on account of their “ignorance of these important matters” (152-153).

By demonstrating, through the eyewitness and participant of war, that fever is even more deadly and therefore of even greater concern than the casualties of literal

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37 David Arnold notes that medical writers tended to use narrative and not disease statistics before the nineteenth century (“Disease” 9). Indeed, Lind’s *Essay* includes rhetorical strategies such as his use of this extract, to support his own argument. Such strategies, along with his more usual scientific deference for fact over speculation, helped Lind narrate what he deemed to be the disease experiences of Europeans in the tropical colonies.
warfare, Lind intensifies his argument and, at the same time, suggests that tropical fever is the underestimated enemy whose viciousness impacts negatively on other spheres of colonial enterprise. By ousting the Spanish from Havana, the British, in effect, extended their empire. But, as the letter extract demonstrates, death by disease was the cost at which such accolades were won. Indeed, the incongruity of both experiences - victory in literal war and heavy casualties in the other, both ‘fought’ in the same geographic space - provided a standard against which to measure colonial progress. Until that time when Britain claimed victory over that most devastating disease, tropical fever, the triumphs of colonial enterprise would be always marred by its cost in British lives.

Tropical disease, on the whole, ‘othered’ the European’s experience of his own body, in the sense that the disease, constructed as enemy, took control of that which is most personal and intimate: the individual’s entire being. Unlike other diseases, such as leprosy, the perceptible medical effects of which were confined to physical deformity, tropical fevers, associated with physical and mental debilities, enacted a coup d’état by which the individual was eyewitness to his own painful and often swift demise. Indeed, tropical fever involved the body and mind, that representative of Britain itself in small, in a war against itself.

Invoking H. G. Wells’ *War of the Worlds* as an “allegory of vulnerability” Bewell finds parallels between the Martians’ eventual defeat by disease and the anxieties of the British based on their disease experiences in the tropical colonies. A similar allegory of vulnerability is evident in the popular association of tropical fever with metaphors of

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38 Contemporary historian Norman Roger Buckley notes that *coup de soleil* “is the description that [British] soldiers used more than any other to characterise the relationship between heat and disease” in the West Indian colonies (25). This idea of a *coup* of the sun is appropriate for our discussion of Lind’s writings on fever, with its emphasis on a sudden, violent uprising that overthrows the body.
warfare. Such metaphors underscore the anxieties of the British empire, if its tentative
control over its tropical colonies should slacken and the colonial experiment go horribly
awry.

*Cordons Sanitaires and Altered Constitutions*

Leprosy, as I demonstrated in chapters 2 and 3, helped to demarcate the white
West Indian as other to the white European in the context of eighteenth- and nineteenth-
century anxieties about the disease. Quarantine measures became a predictable response
to the notion that leprosy could travel from the tropical colonies to Europe in bodies of
European expatriates returning home. Unlike leprosy, which was understood as a disease
of particular peoples and a result of their sexual and domestic lifestyle, tropical fever was
understood as a disease of hot places: there was no such fear that tropical fever would
cross the Atlantic. There was still concern, however, about Britain’s representatives in the
tropical colonies, those casualties of tropical fever, such as sailors and soldiers, who died
in the service of empire. Of concern too were those categories of Europeans who
survived disease or developed some immunity due to their prolonged exposure to the
tropical environment. The bodies of these people represented in little the site of
ideological contestation in which discourses of tropicality\(^3\) and temperateness collided.

Writing about the epithet ‘yellow’ with respect to a particular type of West Indian
fever, Lind notes:

> I have perused many English accounts, both in manuscript and print, of
> this fever, in most of which the authors have agreed only in the common

\(^3\) A term coined by David Arnold, ‘tropicality’ refers to “the complex of ideas and attitudes” that, since the
fifteenth century, helped to develop a distinction between temperate and tropical lands (*Problem of Nature*
142).
The yellow appearance of the skin, according to Lind, does not distinguish one tropical fever from another but is a feature of many such fevers. While the yellow appearance should diminish as the patient recovers, Lind notes that repeated exposure to fevers could injure the constitution and render the individual permanently impaired (155). In this light, the temporary yellow complexion of a European with fever may be read as a sign of impending danger in two ways: from the disease itself, should the illness be severe and, if the patient recovers, from repeated illness of a similar kind to which unseasoned Europeans were particularly susceptible.

Significantly, a second image of yellow-skinned Europeans connects with these images of Europeans with yellow tropical fevers. The “proof of the salubrity of [Montserrat’s] air” according to Lind, is to be found in the “colour of the European Inhabitants” (114). Presumably, such skin to which Lind refers retained its European hues and was not darkened by the sun, that most potent harbinger of disease. Frequently used to describe the appearance of Europeans resident in the tropics, the adjective ‘yellow’ denotes images of tanned or sunburnt skin as distinct from the lighter complexion of those Europeans fresh from England.40 Yellow skin, though, was already associated with

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40 Examples of yellow-skinned Europeans are plentiful in nineteenth- and early twentieth-century literature. Sir Arthur Conan Doyle’s collection of short stories, *His Last Bow*, for example, contains several European characters who, having lived in tropical environments, are marked by their yellow skin, including the Sumatran planter Culverton Smith, Sherlock Holmes’ nemesis in “The Adventure of the Dying Detective”. Watson describes Smith as having “a great yellow face, coarse-grained and greasy…” (147). Other examples include the figure of Richard Mason, the “West India planter and merchant (329), in Charlotte Brontë’s *Jane Eyre*, whom the protagonist describes as “sallow”, having “just arrived in England . . . from
heat by the seventeenth century. Quoting the unknown author of *De spermate* Arikha notes that sperm, if “‘discharged in hours of choler’”, could produce children of a “‘red and white complexion, tending towards yellowish brown’” (82). Associated with heat and humoural imbalance, such choler darkened the complexion of even unborn children.

In the tropical colonies, however, yellow skin was associated primarily with exposure to the sun. In Frieda Cassin’s *With Silent Tread*, for example, the Rev. Browncave prefers the white and pink faces of English women to the sallow, yellow faces of West Indian girls (93). By associating the former with good health and the latter with tropical languor, such a depiction invokes earlier discourses that associated the tropical sun with pathogenic qualities. Indeed, skin colour, in humoural philosophy, was in part environmentally determined. Literally, the sun burned skin, but more importantly, heat and dryness affected the body’s humoural balance and exerted a strong influence on biological and cultural characteristics. Humoural philosophy helped to explain what it deemed to be essential differences among races and cultures. Implicit in such philosophies, of course, was the notion that the European’s skin was ideal in hue, and that other ‘races’ such as Africans, were dark partly because of different humoural mixtures, determined, in part, by overexposure to the tropical sun.

Literally, the European’s tanned skin was evidence of prolonged exposure to the sun. For humoural medicine, however, with its belief in pathogenic tropical heat, darkened skin indicated the possibility of other sun-induced traits, such as an altered constitution: to expose oneself to the potentially harmful rays of the sun and not be stricken with illness implied that one’s constitution was already well-adapted to the

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some hot country . . .” (270). Marlow, in Joseph Conrad’s *Heart of Darkness*, also has a yellow complexion on account of his sea-faring ways.
tropical climate.\textsuperscript{41} Hence Lind’s pronouncement that the colour of the Europeans in Montserrat was proof of the salubrity of the air: less potent in Montserrat, the sun does not leave its mark as in other West Indian islands.

Yellow/tanned skin as a marker of constitutional change and yellow skin as a sign of tropical fever both associate the European with degrees of tropical otherness, though in relation to different centres. The newcomer from England, for example, develops a fever because he is an ‘other’ in the tropical climate. His yellow appearance - the sign of the fever - marks his alienation from this environment and, by extension, a biological affinity with his countrymen in England. Indeed, susceptibility to tropical fever demonstrated the European’s outsider status in the tropical colonies: as one accustomed to a temperate climate, the intemperate tropical environment ‘assailed’ the European upon arrival marking the geographical space of the tropics as pathogenic.

In this Manichean narrative the unhealthy centre is the Torrid Zone and the health-giving periphery is in Europe.\textsuperscript{42} As Lind notes:

\begin{footnotesize}
\begin{itemize}
\item The idea that different climates promoted different constitutions was based on the belief that one’s humoural mix was, in part, determined by where one lived: a particular mix of the humours over a period of time enabled natives of particular regions to be minimally affected by endemic diseases. As Karen Kupperman notes, “[c]hange in the balance of the humors may have been what was meant by use of the word seasoning to describe the acclimatization of an English person . . .” (4).
\item The German physician, Leonhard Ludwig Finke’s three-volume \textit{Versuch einer allgemeinen medicinisch-praktischen Geographie (Essay on General Medico-Practical Geography)} (1792-1795) is usually credited as the text that established the genre of medical cartography. But, as Frank Barrett notes, Lind’s \textit{Essay} not only predates Finke’s work but “is clearly a medical geography - in fact, if not in name” (95). Interest in medical geography would peak in the 1830s, according to cultural historian Rainer Brömer, “when a cholera epidemic threatened Europe” (176). As medical historian Lloyd G. Stevenson has shown, however, it was the yellow fever epidemics on the Eastern seaboard of the United States which provided the impetus for the earliest spot maps of disease distribution. The earliest known spot map of the yellow fever was published in 1798 in \textit{The Medical Repository} as illustrations to Valentine Seaman’s detailed article on the 1796 fever epidemic in New York (Stevenson 233). Given the strong correlation between disease epidemics such as cholera and yellow fever and early attempts at epidemiologic maps historian Saul Jarcho concludes that “the cartography of disease owes its genesis to the abrupt, terrifying challenge which epidemic outbreaks presented” (138). The first known map identifying global patterns of disease is that of Swabian physician Friedrich Schnurrer (1784-1833) (Brömer 176). Altogether, physicians were closely aligned with medical cartography and nosography, beginning with the highly influential Hippocratic text,
\end{itemize}
\end{footnotesize}
Some Climates are healthy and favourable to European constitutions, as some Soils are favourable to the production of European plants. But most of the Countries beyond the limits of Europe, which are frequented by Europeans, unfortunately prove very unhealthy to them. (2)

The European’s outsider status in the tropical colonies was a mark of his cultural and biological privilege, though by entering the zone of pathogenicity such ‘advantage’ mitigated against him. Paradoxically, it did not seem possible to perform one’s colonial duties without becoming infected by the colonies. Such infection, however, was literal, as with fever, but also ideological, as with the seasoned European whose yellow appearance was evidence that he was already less European than before.

While the newcomer’s yellow skin demonstrated his affliction with fever and his unsuitability to the tropical climate the yellow hue of the colonial resident demonstrated his adaptability to the foreign climate and his immunity to some tropical diseases:

Europeans, when thus habituated, are generally subject to as few diseases abroad, as those who reside at home; insomuch that many persons, dreading what they may be again exposed to suffer from a change of climate, choose rather to spend the remainder of their lives abroad, than to return to their native country. (155)

The benefits of seasoning were similar across Dutch and French tropical colonies. Based on the fever texts of two French doctors Lind concludes that St. Domingo “is healthy to the natives, and to such Europeans as have been seasoned to the climate” but is “so peculiarly fatal to Europeans, on their arrival in the West Indies” that physicians “do not

Airs, waters and places, which informed many humoral physicians’ ideas about the pathology of place (Jarcho 138).
seem to have had proper opportunities for observing the worst symptoms” (125). In this light the tanned/yellow appearance of the European resident in the tropics marked his difference from the newly-arrived European (and those in Europe) and his affinity with the native and African populations who were also reputed to have immunity to tropical fevers. Indeed, his yellow skin might also have been vaguely reminiscent of the darker skin tones of these subjugated peoples whose constitutional makeup he now seemed to share in part.

In the context of humoural philosophy, tropical invalids⁴³ - those weakened by tropical illness - and creolized Europeans - those seasoned to the tropical environment - gradually experienced an alteration in their bodies’ internal terrain. By landing in the West Indies, the tropical environment initiated a process by which such persons’ internal mechanisms slowly adapted to the new environment. Those who succumbed to illness did not yet adapt to their new environment for which their bodies were as yet unsuited. Seasoned Europeans, however, gradually experienced the alteration in their bodies’ internal mechanisms that allowed them to live and work in the tropical colonies. In both cases, the influence of the tropical environment initiated a process by which the European’s body was either debilitated by its exposure to foreign disease, or, in the case of the seasoned colonial, modified in part by the new environment.

It is ironic, however, that the seasoned colonial was rendered less English than before on account of his altered, more tropical constitution, given the belief that

⁴³ I am using the term tropical invalids in the sense invoked by Alan Bewell as “figures of colonial return” (13). Bewell explains:

In these people, the British saw not only the extent of their involvement in colonial activity but also its negative effect on their constitutions. Colonial disease was therefore something that existed ‘over there.’ It was continually registered in the bodies of sailors, soldiers, colonial clerks, missionaries, women, and administrators who had been to the tropics and returned. (13)
seasoning allowed such Europeans to live and work in the colonies, in the service of the empire. This contradiction, however, is not unexpected. Each individual - the ill, yellow newcomer and the yellow/tanned resident - embodied Europeans’ fears about tropical climates: exposure to debilitating tropical illness and the gradual loss of one’s European/white essence.

The yellow skin of the newcomer stricken with fever was a contradictory omen: if one did not succumb to frequent bouts of illness the yellow colour of disease would be traded for the yellow skin of the seasoned European, who, in turn traded in his European essence for the ability to live and work in a foreign climate deemed hostile to temperate constitutions. Indeed, seasoning may be understood, both literally and metaphorically, as that process that stripped the European of his temperate “essence,” replacing it instead, with something else. That something else, the tropical essence that grants immunity against tropical disease, marks the European as an ambivalent figure, that is, as one who occupies the interstitial space in between Europe and the tropical colonies, who is neither fully one thing nor the other and who is not what he used to be.

**Conclusion**

Bhabha’s theory of interstitial spaces is traditionally evoked in relation to the hybrid identities of postcolonial cultures. My analysis of tropical fever, however, demonstrates that such constructions of interstitial identities are not limited to ideological notions of culture. For eighteenth-century physicians such as Lind, the belief that Europeans underwent physiological and mental changes in the Torrid Zone was irreproachable medical science. As my analysis of *Essay on Diseases* suggests, tropical
fever facilitated constructions of otherness in Europeans resident in the tropical colonies based on ideas of biological difference.

Leprosy accomplished a similar goal but through a reverse logic: Europeans deemed themselves vulnerable to a ‘black’ disease and reacted with intense and even irrational anxiety. The lived reality of tropical fever, however, largely affected the white European in the tropical colonies. Furthermore, there was no fear of person-to-person vulnerability as there was with leprosy. Yet, tropical fever othered the European in the West Indian colonies. Its mark - the yellow tinge on the skin - was associated with the yellowing effect of the sun on the complexion of European expatriates from the tropical world.

Unlike the threat of leprosy, however, which was imagined as a transatlantic threat, fever threatened only those Europeans in the geographic space of the Torrid Zone. In the context of colonial disease, Englishness was still ‘safe’ in the geographic space of England, as long as colonial lepers were kept at bay. As I demonstrated in chapters 2 and 3, leprosy provided a conceptual medicalised category for denoting differences between Europeans in Europe and Europeans in the tropical colonies. Fever, that most devastating of tropical diseases, likewise helped to construct difference between Europeans in Europe and those in the tropical colonies, but also among Europeans in the colonies - those newcomers whose susceptibility to fevers was proof of their English essence and those whose tanned skin was evidence of their adaptability to the Torrid Zone.

In designating particular places healthy or unhealthy, eighteenth-century colonial medicine helped to inscribe *cordons sanitaires* demarcating the wholesome core from the infected edges which, inevitably, contaminated England’s representatives abroad. Such
medicalised discourses of purity depended, in part, on the evolution of a separate conceptual category in which these interstitial persons—Britain’s representatives abroad—could be placed, those who were both English and tropical, who were neither English nor tropical. Such a category allowed the illusory though cherished ideals of racial and cultural purity to remain intact by demarcating a zone of contamination, that is, the Torrid Zone, far from England’s shores.

Lind’s example of the early Portuguese explorers who “suffered more by sickness, than by shipwreck . . . [and] their wars with the natives” ends on a cautionary note:

In many places on the coast of Guinea, where they were formerly settled, we can now hardly trace any vestige of their posterity, but such as are of the Mulatto breed. A corruption of their language, under the name of Lingua Franca, is the only memorial that they have left behind them. (3)

The mongrelization/contamination of the ‘race’ and the language of the European explorer is the fate of those Europeans defeated by tropical disease. Indeed, the fate of the Portuguese in Guinea is the potential fate of all Europeans in the tropics, whose very presence in the Torrid Zone initiated a process by which they either succumbed to disease or adapted to the tropical environment. The unstated anxiety, however, is that the colonial mission, on the whole, infected European peoples and their cultures in ways for which they were unprepared.
Chapter 6

Fever and Anti-Myth in Harold Sonny Ladoo’s No Pain Like This Body

From James Lind’s medical treatise on tropical fever I move to Harold Sonny Ladoo’s invocation of fever as connected to an anti-mythic Indo-Caribbean narrative. While fever, in No Pain Like This Body, is a small section of the complete narrative, my combined analysis of Essay on Diseases and No Pain Like This Body allows for a nuanced engagement with fever narratives from two different Caribbean perspectives - the European physician and the descendent of Indo-Caribbean immigrants.

My engagement with myth in No Pain Like This Body takes as its starting point French philosopher Roland Barthes’ assertion that “myth is a type of speech” (emphasis in original Mythologies 131), a “metalanguage” (emphasis in original; 138) that is both “a system of communication” and “a message” rooted in human history (131-132). Exploring the myths associated with popular culture, Barthes asserts that myth has a double function: “it points out and it notifies, it makes us understand something and it imposes it on us” (140). Barthes’ conception of myth as part of a semiological system is connected to my deployment of the term in No Pain Like This Body in which I invoke ‘myth’ as used by Barthes, and not in the popular sense of a fanciful story or ancient legend disconnected from the present.¹ I further situate my reading of myth in this chapter in Caribbean mythopoetic philosophy, as exemplified in the works of Caribbean

¹ There is substantial scholarship on myth from the nineteenth and twentieth centuries associated with anthropologists such as James Frazer and Claude Lévi-Strauss, psychoanalysts such as Sigmund Freud and Carl Jung and religious and cultural theorists such as Joseph Campbell and Mircea Eliade. Barthes’ invocation of myth - one of many theories of myth- is most appropriate for my engagement with fever as narrative in Ladoo’s novel given Barthes’ emphasis on myth as an act of speech and as metalanguage. This connection of myth to language is in keeping with my overall emphasis in this dissertation on narrative representations of disease.
artists and intellectuals Wilson Harris and LeRoy Clarke, both of whom evoke myth in
terms of a matrix of dynamic, enduring narratives\(^2\) that simultaneously influence and are
influenced by culture.

Both Harris and Clarke are concerned with dismantling colonial and neo-colonial
myths that they see as limiting the present potential of Caribbean peoples. Their works
create new cultural narratives inspired in part by narratives of the past in a form that is
sometimes fluid and slippery and which draws attention to the artists’ critique of notions
of fixed identities. This fluid, slippery form becomes part of the artists’ resistance to prior
myths and the means by which each seeks to enact a different philosophy of being and
engagement in the post/colonial world. While these new narratives do not have the
endurance or naturalised cultural status required of myths in Barthes’ sense of the term,
Harris and Clarke present these new narratives as alternate, creative possibilities that, in
time, could initiate a psychic and creative transformation of the individual and society.\(^3\)

In the context of Barthes’ definition of myth as “a type of speech” these
Caribbean artists’ preoccupation with language as the means for interrupting old myths
and creating new narratives becomes meaningful. Indeed, mythopoesis - literally, the art
of myth making - is a defining characteristic in the works of both Harris and Clarke

\(^2\) For the purpose of this chapter, ‘narrative’ is connected to ‘myth’ in the sense that myth comprises many
interlocking narratives that, over time, are taken for granted as ‘the way things are’. Myth, as Barthes
asserts, is both a means of communication within a given culture, as well as the message itself. My
deployment of narrative is consistent with Barthes’ evocation of the term. In a later article, for example, he
notes that “[t]here are countless forms of narrative in the world” conveyed through a variety of media and
which are present in myth as well as other genres (“Structural Analysis” 237).

\(^3\) Language is central to Harris’ and Clarke’s vision of cultural and psychic transformation. According to
Bill Ashcroft, Gareth Griffiths and Helen Tiffin, Harris believes that “[l]anguage must be altered, its power
to lock in fixed beliefs and attitudes must be exposed, and words and concepts ‘freed’ to associate in new
ways” (Empire Writes Back 149). Indeed, Harris’ novels demonstrate his commitment to transforming and
exploding the limitations of language. For Clarke, it is the artists of society whose task it is to “destroy all
masks” in order to “cultivate imagination” (“All is Falling Down” 129). Clarke also envisions this potential
transformation through the language of art, in terms of “grand dialogues that inspire new eruptions” (“All is
Falling Down” 129).
which seek to engage individuals’ psychic and imaginative faculties in addition to the intellect. Harris’ mythopoetic impetus, for example, guided by his belief in the regenerative potential of the creative imagination, engages with cultural fragments and plural identities to create a dreamscape of images through which he focuses on issues of representation, imagination and consciousness. For Caribbean philosopher Paget Henry, Harris’ work is best characterised as “an imagistic, mythopoetic phenomenology in which Harris’ dazzling ability with images takes precedence over conceptual representations of the movement of consciousness . . .” (92).

Clarke’s mythopoetic vision, evident in his paintings, poetry and essays, also relies on images of fragmentation and is supplemented by the artist’s critical engagement with Afro-Trinidadian mythology in his efforts to demarcate a sacred space for the spiritual redemption of Afro-Caribbean peoples. Indeed, Clarke’s interest in “obeahing the world”, and in the “alchemy of words” defines the nature of his mythopoetic impetus to transmute base images into transcendent ones that “give off flavor and scent” (qtd. in Boyce Davies 5). This idea of the “alchemy of words” centres on the artist’s desire to transform the linguistic sign into a synesthetic experience that exceeds its initial capacity for meaning and, indeed, the boundaries of traditional language and resonates with Barthes’ definition of mythical speech as a “metalanguage” (138). In the context of Caribbean mythopoetics, this troubling of prior narratives ultimately aims to clear a space

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4 For more detailed analysis of Harris’ mythopoetics see Paget Henry’s chapter “Wilson Harris and Caribbean Poeticism” in his 2000 monograph Caliban’s Reason: Introducing Afro-Caribbean Philosophy. While CLR James and Gregory Shaw situate Harris’ work within European philosophical traditions, namely, those associated with Heidegger and Hegel, Henry argues that “Harris’ philosophy is [rooted] in the philosophical tradition of Caribbean poeticism” (92).

5 In this context, Clarke’s self-proclaimed project is similar to Walcott’s idea of the Caribbean artist’s Adamic capacity for harnessing new possibilities through language. See Carol Boyce Davies’ article “Caribbean Griot - LeRoy Clarke’s Power of Word and Image” for an analysis of Clarke’s philosophy of language.
for Caribbean peoples to imagine and create different possibilities from the Euro-centric
canon and to move beyond the limitations of the present.

Harold Ladoo’s *No Pain Like This Body* follows in the tradition of these forebears
of Caribbean mythopoetics in his critique of prior myths in a form that is both slippery
and, at times, elusive. Like Harris and Clarke, Ladoo is also concerned with troubling the
debilitating myths of the past and in opening a space for imagining different identities
unyoked from burdensome mythologies. In this chapter, I examine the mythopoetic
capacity of *No Pain Like This Body* from the point of view of anti-myth, that is, working
against the grain of a prior myth, in this case the *Ramayana*. Anti-myth, in this context,
does not mean without myth, or even against myth, but is deployed as a deictic marker
that distances the novel’s agenda from its presentation of particular old-world myths that
continue to endure in the Caribbean.

In the introduction to an edited collection of recent *Ramayana* scholarship,
specialist in South Asian studies Mandakranta Bose notes that the ancient epic “continues
to influence the social, religious, cultural, and political life of modern South and

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6 The characteristics of each artist/writer’s work, however, are distinct. While Ladoo and Clarke both evoke
elements of Old World mythology in their works each focuses on a different culture - for Ladoo it is Indian
mythology; for Clarke, African. Moreover, while Clarke evokes aspects of African mythology, ultimately
his work is concerned with articulating an Afro-Trinidadian identity. While Clarke’s work retains elements
of African myth it also incorporates new elements specific to a Trinidadian context. Clarke’s invocation of
El Tucuche - one of the highest points of elevation in Trinidad - for example, is a recurring image and
symbol in his works associated with spiritual ascendance. Harris’ mythopoetics can also be differentiated
from Ladoo’s and Clarke’s. Focusing on latent psychic and creative potential in mankind, as opposed to a
specific identified ethnic group, Harris’ work resists single ethnic markers such as are present in works by
Ladoo and Clarke. These differences among Ladoo, Harris and Clarke, however, are not relevant to my
present discussions. I situate Ladoo as a mythopoetic writer among other mythopoetic writers, such as
Harris and Clarke, in order to demonstrate that it is possible and necessary to expand current conceptions of
Caribbean mythopoetic literature and art.

7 Anti-myth is, perhaps, an appropriate description for Caribbean mythopoetics on the whole and its politics
of writing back to old-world canons.
Southeast Asia” and that it is often invoked “as a guide to everyday conduct” (3). Indeed, the *Ramayana* is no mere story to many Hindu believers. Bose continues: “Not a year passes that at least one of my students of South Asian origin does not tell me how she was exhorted by her mother to try to be like Sita” (3). One of India’s most popular epic narratives, the *Valmiki Ramayana*, according to *Ramayana* scholars Robert Goldman and Sally Sutherland Goldman, is perhaps “one of the three or four most important and most widely influential texts ever written” (75). Presenting the story of Hindu deities such as Rama and his wife, Sita, the epic is myth, in Barthes’ sense of myth as a type of speech that is both “a system of communication” and “a message” rooted in human history (*Mythologies* 131-132). Important to Ladoo’s anti-myth is Rama, the

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8 See Victoria L. Farmer’s 1996 article “Mass Media: Images, Mobilization and Communalism” in which she asserts that a serialized version of the *Ramayana* on Indian state-controlled television in the late 1980s “was fundamental to the project of [Indian political] fundamentalism, creating a shared symbolic lexicon around which political forces could mobilize communal praxis” (102). Indian film-maker Ramanand Sagar’s internationally-renowned 78 episode *Ramayana* aired weekly on the state-controlled Doordarshan station from 1987-1988. A similar idea is raised by *Ramayana* scholars Robert Goldman and Sally Sutherland Goldman who note that “political leaders ranging from Mahatma Gandhi to Rajiv Gandhi and the ideologues of the resurgent Hindu right have frequently raised the slogan of ‘Ramrajya,’ the idealized integral Hindu polity, as a mobilizing strategy” (87).

9 The original version of the *Ramayana* is attributed to the Indian sage/poet, Valmiki. Many variations of the text exist, including the immensely popular Tulsidas version that was first translated into a variant of Hindi in the sixteenth century. The Indian indentured labourers brought both versions to the West Indies. The Tulsidas Hindi version, however, is more popular, presumably because of the greater accessibility of Hindi.

10 This assessment is based on the impact of the work in Asia and beyond as well as on the “countless other works it has inspired upon the religions, arts, and . . .social and political thought . . .” (Goldman and Goldman 75).

11 The *Valmiki Ramayana* is an ancient Sanskrit epic poem usually divided into seven *kandas* or books each focusing on one aspect of the titular character’s chronological life. A general summary of the *Ramayana* story follows: Rama is an incarnation of the Hindu deity Vishnu and favoured son of Dasaratha, the King of Ayodhya. He arouses jealousy in Keikeye - his step-mother and one of the King’s three wives - who learns that the King has named Rama as his successor. Desiring that her son be made King instead Keikeye demands that Rama be sent into exile for 14 years, in fulfilment of a boon owed to her by Dasaratha. The King is dismayed but honour-bound and reluctantly agrees to Keikeye’s request. In exile Rama is accompanied by his wife, Sita and one of his brothers, Lakshmana. Much of the plot develops during Rama’s exile during which time he vanquishes many demons or Rakshasas. In exile, Sita is abducted by Ravana, the Rakshasa king and, after many trials and battles, Rama rescues her and kills Ravana. Rama’s arrival in Ayodhya after exile is triumphant and initiates Ayodhya’s golden age.

The *Valmiki Ramayana* contains two controversial episodes that are sometimes omitted from later versions of the *Ramayana*. Rama questions Sita’s chastity after rescuing her from Ravana prompting an impassioned Sita to prove her innocence by walking through a ring of fire, which leaves her unharmed.
young child who develops a fever and later dies at hospital and the namesake of the
Ramayana’s eponymous epic hero. Invoking the Ramayana, the novel demonstrates an
incongruity between the epic’s traditional values and the reality of life in the Caribbean.\footnote{12}

I begin my analysis of anti-myth in this chapter with two contextual sections on
the author and his works and Caribbean indentureship respectively, and proceed with my
analysis of the novel as anti-myth.

\textbf{Harold Sonny Ladoo and No Pain Like This Body}

Born around 1945\footnote{13} in Calcutta Settlement, Central Trinidad, Harold Sonny
Ladoo immigrated to Canada with his wife and young son in 1968 (Questel ¶ 1). While
working as a dishwasher and short order cook, he attended Erindale College (now the
University of Toronto, Mississauga campus) where he read for his bachelor’s degree in

\footnote{12}The Ramayana and other sacred Hindu texts continued to occupy a revered place among the Indians of
the Diaspora, in places like Guyana and Trinidad. Trinidadian historian Brinsley Samaroo, for example,
points to the common practice among Indo-Caribbean Hindus to name their children after Indian epic
heroes of the Ramayana and Mahabharata (“Indian Connection” 107). The Ramayana, in particular, is
especially dear to the Hindus of Trinidad, on which Ladoo’s Carib Island is based. Indeed, the popular
Ramleela celebrations, invoked by Derek Walcott in his Nobel Laureate address, enact the story of the
Ramayana and climax at the point at which Rama defeats Ravana. In this festival re-enactment, a giant
effigy of Ravana is set ablaze by the fire arrows of the actor portraying the hero and the festival ends with
the spectacle of the burning effigy. Colin Clarke and Gillian Clarke’s recently published ethnographic
study of Indians in South Trinidad also supports the view that the Ramayana was an important aspect of
Hindu culture and communal identity. The revered place of the Ramayana in the lives of Southern
Trinidadians in the 1960s is clear in the study’s myriad references to communal readings of the epic text.
The practice of communal readings continues today in rural Hindu communities.

\footnote{13}There is some contention about the exact date of Ladoo’s birth. Peter Such, for example, in his short
biographical essay on Ladoo, acknowledges that Ladoo’s insurance company did not accept his proof of
age (¶ 1).
Literature. No Pain Like This Body is the first of Ladoo’s two published novels. First published in 1972 by the House of Anansi Press, it was reissued in 2003 with an introduction by acclaimed Trinidadian/Canadian writer, Dionne Brand, who attended Erindale College at the same time as Ladoo. Yesterdays, Ladoo’s second novel, was published posthumously in 1974, also by House of Anansi Press. Both novels focus on different phases of Indo-Caribbean experience: No Pain Like This Body is set in 1905 during the period of Indian indentureship while Yesterdays focuses on a similar Indo-Caribbean community fifty years later. According to friends and fellow writers Peter Such and Dennis Lee, Ladoo intended to write an epic third novel spanning Carib Island and Canada, a theme that is introduced in Yesterdays, with Poonwa’s proposed Hindu mission to Canada. Ladoo died in Trinidad on August 1973 without completing his trilogy.

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14 Trinidadian poet, and filmmaker, Christopher Laird, one of the early, favourable reviewers of Ladoo’s novels, notes that: “In the six years he was in Toronto, Harold . . . wrote at least 10 novels, only two of which were published and the fate of the other manuscripts remains a mystery” (“Uncompromising Eye” ¶ 2). Ladoo’s friend, Canadian writer Peter Such, writes in his posthumous tribute that Ladoo burned “[t]wo full suitcases” of manuscripts after his first submission to Anansi Press was rejected and he was advised by its then editor Dennis Lee, to “[w]rite about the things you know” (qtd. in Such ¶ 8).

15 Peter Such notes that this was the name Ladoo wanted for his first novel. The title, No Pain Like This Body, taken from the Dhammapada, the Hindu/Buddhist text, was one of Ladoo’s favourite quotable lines (Brand viii).

16 Lee was also Ladoo’s editor at House of Anansi Press.

17 According to Peter Such Ladoo believed that this third novel was “the epic he felt everything else had been leading up to, one that would involve research into all the facets of the different cultures during the slavery and indentured labour times - a vast saga like Faulkner’s that would cover the events right up to modern times with the immigrants to Canada” (¶ 31). This notion of Ladoo’s epic intentions is supported by Daniel Coleman, who, in the Encyclopedia of Literature in Canada, notes that Ladoo’s “two published novels . . . were intended, along with the nine uncompleted novels left in his estate, as part of a vast historical saga about the descendents of Indian indentured labourers whose families are now divided between the Caribbean and Canada” (601-602).

18 The circumstances surrounding Ladoo’s death remain mysterious (Laird “The Novels of Tomorrow” ¶ 1), though it is officially listed as a ‘hit and run’ (Laird “Uncompromising Eye” ¶ 1). Peter Such and Dennis Lee both write about their perceptions of the circumstances leading to Ladoo’s sudden death. Lee’s response, in the form of a lengthy elegy, was published as “The Death of Harold Ladoo” in 1976.
Trinidadian filmmaker Christopher Laird notes that the publication of *No Pain Like This Body* was inspirational for dishwashers and restaurant workers in Toronto:\(^{19}\)

As young people, children of immigrants, students and aspiring artists *No Pain* was a symbol of what could be achieved by a dishwasher and an immigrant to boot. According to Ron Benner, “You couldn’t be a dishwasher in Toronto at that time and not have *No Pain Like This Body* pass through your hands.” (‘Uncompromising Eye ¶ 8)

To date, however, there are few critical engagements with Ladoo’s work apart from a handful of essays and early critical reviews. This apparent contradiction is acknowledged by Daniel Coleman who notes, in the *Encyclopedia of Literature in Canada*, that Ladoo’s work “indicates a powerful young talent lost to Canadian and Caribbean literatures” (602). In recognition of Ladoo’s literary contributions the University of Toronto (Mississauga) offers “The Harold Sonny Ladoo Book Prize for Creative Writing” for students in the departments of English and Drama in memory of Ladoo “whose promising writing career was tragically cut short by his early death in 1973” (‘University of Toronto’).

Early reviews and critical interpretations of *No Pain Like This Body* were mixed in their assessment of Ladoo’s achievement.\(^{20}\) In 1974, for example, Canadian critic L. R.

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\(^{19}\) In 2002, Christopher Laird began research for a documentary on Harold Ladoo, which includes interviews with friends, family, and others, in Trinidad and Canada (“Banyan News”).

\(^{20}\) A summary of the novel follows: Focusing on a small nuclear family of rice-planters - Ma, Pa, and four children, Balraj, Sunaree and twins, Rama and Panday - and set in Tola Trace, one of the communities of the larger Tola District, the events unfold in August 1905 during the rainy rice-planting season. At the beginning of the novel, the drunken father beats his wife and eldest son, Balraj; mother and son then flee the home to escape further punishment. The twins and Sunaree, witnesses to this ordeal, flee as well, out of fear of their father. As it begins to rain mother and children shelter under a tree but Rama begins to cough. Ma sends Sunaree and Balraj to ask for Ma’s parents’, Nanny and Nanna’s assistance and eventually takes the shivering, naked twins home at which time Rama has developed a strong fever. The adults try to heal the child using traditional folk remedies and prayers but without success. Later, both Rama and Balraj are
Early described the novel as “a striking depiction of humanity” (174) though he criticized *Yesterdays* as “badly flawed [and] an embarrassment rather than a tribute to Ladoo’s memory”(174). Christopher Laird, on the other hand, was effulgent in his praise, arguing that Ladoo’s novels represent “the most significant contribution to Trinidadian literature since the fifties” (“Novel of Tomorrow” ¶ 1).  

Trinidadian critic and writer Victor Questel, in an early review of Ladoo’s novels, suggested that “NO PAIN, adds a new dimension to the West Indian novel” in its exploration of “a fragment of the world of the Trinidadian East Indian which has not been previously done”, though he criticized some of Ladoo’s narratorial techniques (¶ 5). Canadian critic Clement K. Wyke, even more critical of Ladoo’s style, argued that:

> In the process of dealing with the forces of rage and the years of cultural conflicts and evils, Ladoo often seems to lose artistic control over his material. The result is that his satirical intent becomes unclear at times, his images (especially in *No Pain Like This Body*), become excessive and incoherent. (41)

Wyke’s criticism however, seems to stem largely from his desire to read the novel in relation to the work and style of other writers such as Naipaul, Selvon and Brathwaite, and not on its own terms. Furthermore, Wyke reads the novel through a realist lens, which may not be entirely appropriate for such a work, which, as I will demonstrate, is

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stung by scorpions, and, after much difficulty on account of the storm, are taken to the Tolaville hospital where Rama dies. The rest of the narrative focuses on the wake and the stories of the drunken villagers and on Pa’s continued abuse of his family. The novel ends with Ma going mad and venturing into the Tola forest, which, we are told, is home to many dangerous and poisonous creatures.

Trinidadian writers/filmmakers Tony Hall, Christopher Laird and Errol Sitahal, working in conjunction with Caribbean television and film company, Banyan Productions, completed a script version of *No Pain Like This Body* in 2000 with the intention of producing a film. Banyan’s webpage notes that the film project “[has] stalled for lack of finance [sic]” but that “[d]evelopment of the project continues as we search for partners and resources to actualise this project.”
strongly mythopoetic in character. Indeed, as I will demonstrate in my analysis of *No Pain Like This Body*, aspects of Ladoo’s style, including the depiction of violent excess, are meaningful within a narrative that is concerned with the politics and representation of Indo-Caribbean culture and are not, as Wyke contends, an indication of the writer’s inadequate control over his material. On the contrary, *No Pain Like This Body* is an exemplary text in its presentation of psychological realism alongside its mythopoetic concerns and in Ladoo’s multi-faceted depiction of Indo-Caribbean subjectivity.

Other readings of Ladoo’s work generally focus on feminist and psychoanalytic critiques of violence, such as Paula Morgan and Valerie Youssef’s comparative chapter on *No Pain Like This Body* and Shani Mootoo’s *Cereus Blooms at Night*, in their larger work on violence in Caribbean discourse. In her feminist reading of the novel in her article “Images of Women in Indo-Caribbean Literature”, Aruna Srivastava asserts that *No Pain Like This Body* is a “scathing . . . indictment of male privilege” (108). Adama Coly’s comparison of the novel with Jean Rhys’ *Wide Sargasso Sea* takes as its starting point the idea of the woman as scapegoat. Coly, however, does not demonstrate a nuanced understanding of the Caribbean context, as is demonstrated in his reading of Ladoo’s snake motif through a Christian lens. Apart from Morgan and Youssef’s chapter there are no recent publications on *No Pain Like This Body*.

Another problem with Wyke’s readings is his attempt to read Ladoo’s life into that of his characters: “As Ladoo tries to piece together the saga of alternate but contiguous worlds, Canada and Carib Island, he becomes the living embodiment of the contradictions and conflicts of his own fictional creation” (Wyke 41). Altogether, Wyke’s commentary on *No Pain Like This Body* is an over-simplified reading of a much more complex text.
East Indian Indentureship in Trinidad

No Pain Like This Body focuses on a group of indentured labourers and their immediate descendents at the turn of the twentieth century in the fictional Carib Island in the British West Indies. From the historical and geographical epigraph, however, Ladoo’s Carib Island is recognisable as Trinidad. Between 1838 and 1917, approximately five hundred and fifty one thousand East Indians were brought as indentured labourers to work in the Caribbean at a time when the Afro-Caribbean population was moving away from the plantation and into the towns (Dabydeen and Samaroo 1). Almost half of these labourers were sent to British Guiana with Trinidad receiving approximately one hundred and forty four thousand (Ibid). As historian Basdeo Mangru demonstrates, “irregularities such as kidnapping, substitution, misrepresentation, secret embarkation and illegal confinement were prevalent” among recruiters in India (164). While some indentures were lured by the promise of money, others were misled by the fantasy spun

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23 Jangli Tola, for example, the larger settlement to which Tola Trace is attached, is an historical Indo-Trinidadian settlement in central Trinidad. Helen Myers, in her monograph on the music of Hindu Trinidad, notes: “Modern Felicity has resulted from the growth and merger of five small adjoining villages (‘districts’) - Cacandee Settlement, Casacu, Jangli Tola, Union Village, and Peter’s Field” (45).

24 The first Indian indentured labourers were brought to John Gladstone’s Demerara sugar estate in British Guiana in 1838. The export of Indian labourers, however, soon came to a halt due to “shocking reports . . . on the coolies’ treatment” both in the West Indies and Mauritius (Tinker “Origins” 66). This ban was lifted in 1844. Theophilus Richmond was employed by Gladstone as ship’s surgeon on board the Hesperus which brought the first Indian labourers to Gladstone’s estate. His diary The First Crossing, published in 2007 by Derek Walcott Press, gives an insider’s account of the cholera outbreak, among other things, on board the ship bound for the West Indies.

25 Malcolm Cross notes that this was especially true for Trinidad and Guiana where land was plentiful beyond the sugar-estates after emancipation (15).

26 East Indian indentured labourers were also brought, in smaller number, to Guadeloupe, Jamaica, Surinam, Martinique, French Guiana, Grenada, Belize, St. Vincent, St. Kitts and St. Croix. Approximately 1.4 million East Indian indentured labourers were also sent to Natal, Kenya, Uganda, Mauritius, Fiji, Malaysia, Reunion and the Seychelles during the same period (Dabydeen and Samaroo 1).

27 Brinsley Samaroo’s research further supports the idea that Indians were sometimes duped or coerced into boarding ships bound for the Caribbean. In 1838, for example, Samaroo notes that John Gladstone was assured by his recruiters in India that the Indians were “‘perfectly ignorant of the place they agree to go to, or the length of the voyage they were undertaking’” (“Two Abolitions” 28).
by recruitment officials (arkatis) about an easy life in the land of sugar. Other indentures were misled about the location of the British West Indies, how long the journey would take or that the voyage was by sea. On board the ships bound for West Indian plantations, the new recruits also suffered abuses including sexual assaults and beatings.

Abuses continued on the plantation where labourers were punished harshly for minor offences and were subject to restrictive regulations. The Vagrancy laws in British Guiana, for example, prevented the worker from testifying against his employer. As Trinidadian historian Brinsley Samaroo notes, “[s]o restrictive were these laws that an immigrant who came to Georgetown to give evidence against his master could be himself arrested and jailed for being absent from his estate” (“Two Abolitions” 26). According to

28 Some Indians were told that they would be going to ‘Chinitat’, a linguistic corruption of ‘Trinidad’, but meaningful in Hindi as the “land of sugar”, implying that life would be easy there. Over time, the term has developed ironic connotations. As lexicographer Lise Winer notes, the term was “a name for [Trinidad] originally designed to attract sugar workers, [and is] now sometimes used ironically to emphasize that life was or is more difficult than people promise” (“Chinidat, Chinitat”).

29 The Indian emigrants named the waters separating India and the Caribbean the kala pani, literally, the dark waters. The term is still used in reference to these historic journeys and in the context of various transformations from India to the Caribbean, especially in relation to ideas about caste and other forms of cultural pollution. Caribbean sociologist Patricia Mohammed argues that caste pollution might be viewed as disruption rather than loss, as is traditionally invoked. “In Trinidad” Mohammed maintains, “the traditional Indian system of occupational and social differentiation was never fully lost, but instead underwent a transformation and regrouping” (17). In No Pain Like This Body this notion of transformation and regrouping is clear as characters like the Pundit are accused of caste trickery.

30 Maharani’s Misery: Narratives of a Passage from India to the Caribbean (ed. Verene Shepherd), for example, is a collection of maritime and other documents that point to the rape and subsequent death of Maharani, a young Indian woman, on board the ship from India to the Caribbean. Such violence was fairly common. Trinidadian historian Kenneth Parmasad notes that rapes, beatings and physical confinement were common on board the ships transporting Indian emigrants to the Caribbean plantations. For Parmasad, the treatment on board the ships was similar to how the Indians would be treated on arrival on the plantation (177).

31 Badseo Mangru likens the abuse the Indians endured on the plantations to the abuse of slaves: Accustomed as they were to a mentality of coerced labour, the planters were mainly interested in acquiring effective control over labour to ensure it was readily available so as to boost production and maximise profits. With control they could use labour to depress wages or overcome any pressing emergency. Control was exercised through the plethora of laws and regulations which penalized workers for every minor infraction of the law, subjected them to arbitrary arrests and imprisonment, violated the sanctity of their homes, denied them redress at court and restricted their movements even during leisure. (166)
Dabydeen and Samaroo, the white plantocracy continued to view the Indians as a cheap and disposable labour force in a similar way to the slaves (3-4).  

Most of the Indian recruits were Hindu, although there was also a small number of Muslims. These emigrants continued to practice religious and cultural traditions brought from India, a factor that contributed to their isolation from the predominantly Christian population. Indeed, as Samaroo notes, “anti-Indian feeling” was stirred by the Indians’ physical, religious and cultural differences from the rest of the population (“Indian Connection” 107) while Caribbean sociologist Patricia Mohammed points to problems associated with language differences among Indians and other Caribbean peoples (Mohammed 2).  

Initially, indentures were expected to work for five years after which they were free to return to India. The cost of this return trip was to be paid by the employer. After 1869, if the worker chose to remain in the West Indies he was to receive a piece of land in lieu of the passage to India (Tinker “Origins” 70). Indian communities began to emerge in the last three decades of the nineteenth century (Tikasingh, cited in Mohammed 6). As Mohammed notes, this period is also associated with the establishment of an Indian peasantry and the accompanying withdrawal of these Indians.

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32 Building on Hugh Tinker’s seminal work, A New System of Slavery: The Export of Indian Labour Overseas 1830-1920, which compares aspects of Indo-Caribbean indentureship with Afro-Caribbean slavery, Samaroo suggests that slavery and indentureship were similar with respects to abuses, including recruitment methods, pious justifications for both systems, harsh punishments and the trajectory of the anti-indenture campaign (Samaroo “Two Abolitions” 25-27). While, the Indian Government demonstrated “sporadic bouts of concern” (Mangru 166) imperial investigators into the conditions of indentured Indian workers found ample evidence of ill-treatment (Mangru 167).

33 Mohammed notes that while the official language was English, a French Patois was spoken by the majority of the population but only by a minority of Indians (2).

34 Tinker notes that the incentive to remain in Trinidad was made even more attractive in 1873 in “offering the alternative of £5 in cash, and five acres and £5 to all wives – or ‘females with their husbands,’ as Trinidad law did not recognize Indian marriage” (“Origins” 70). Historian Malcolm Cross estimates that for the period 1848 to 1916 “66140 Indians returned to India from Guiana and 29448 from Trinidad, usually with free or later with assisted passages” (17).
from barrack life on the estates and into villages on lands that many received in lieu of the return passage. At this time, many Indians turned to rice production to supplement their income. *No Pain Like This Body*, set in 1905, focuses on a fledgling Indo-Caribbean community at a time when wet-rice production was still in its infancy in the Caribbean.35

These early Indian communities were generally insular with little sustained contact with other racialised groups, including the African communities who associated the Indians with competition for work on the estates and depressed wages (Samaroo “Indian Connection” 107).36 Poverty, alcoholism and domestic abuse were also common among indentures and their descendants in the early twentieth century. Such facets of indentureship are well documented in Ladoo’s narrative, in the depiction of Pa and in the narrative’s almost exclusive focus on one Indo-Caribbean community. Indian indentureship schemes to the Caribbean came to an end in 1917 partly because of rampant abuses within the system (Mangru 171) but also because, by this time, sugar production was already in decline.

**Anti-Myth in No Pain Like This Body**

In the *Valmiki Ramayana*, Lord Rama, exiled prince and later, King of Ayodya, is an incarnation of Vishnu, the preserver god of the Hindu pantheon. Widely regarded as

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35 The location of these farming lands in close proximity to the sugar estates allowed the Indians to work on their own farms and to provide seasonal labour on the sugar plantations to supplement their income. As historian Glenroy Taitt has shown, many Indians were wet rice farmers (175), a technique they introduced in the Caribbean. Indeed, rice farming was a common occupation among Indian emigrants: by 1897, Taitt notes, Indians produced most of the rice in Trinidad (176). These rice fields required much intensive labour, which sometimes coincided with the busy sugar season (Taitt 181) when the estates still depended on Indian labour.

36 Historian Bridget Brereton notes that “…Indians remained marginal to Creole society. For many decades after their initial arrival, they were viewed as a group of migrant labourers, birds of passage, who would not remain to form a permanent part of the population. Even when, after the 1870s, it became clear that substantial numbers had chosen to settle permanently, the Indians remained largely outside Creole society” (2).
the ideal Hindu man, Rama is traditionally invoked as a model of perfect devotion to dharma.\(^{37}\) By killing the Rakshasa\(^{38}\) King Ravana Rama fulfils the chief purpose of his birth, as decreed by the gods, and liberates human and celestial beings from Ravana’s tyranny. At the end of his exile the prince returns to Ayodya in a glowing celestial carriage and is welcomed and honoured by his people. In the world of the Ramayana perfect virtue is rewarded, good overcomes evil and light triumphs over darkness.

Ladoo’s *No Pain Like This Body* invokes aspects of the Ramayana and other sacred Hindu texts brought by the indentured labourers from India to the Caribbean, but troubles the Ramayana’s quintessential sense of divine order. This is partly accomplished through Ladoo’s anti-myth of Carib Island in which strains of the old narratives become visible for brief, fleeting moments, after which they are supplanted by more dominant images of chaos, darkness and violence. In this world, Ladoo explodes binary notions of good and evil, of order and balance in the universe, and toys with morally laden images of light and darkness such as are found in the Ramayana. These themes are most clearly conveyed through the anti-parallel narrative between Lord Rama and his young New World namesake and, more particularly, through the events leading to the child’s sickness and subsequent death.

New World Rama is a boy of eight. Both Ramas are banished from the family home, but while the epic hero is unwillingly banished by a loving father, the child flees his home fearful of Pa. Both Ramas undergo trials in their period of exile. The prince,

\(^{37}\) Vasudha Narayanan, in his monograph on Hinduism, notes that the Sanskrit word ‘dharma’ is associated with multiple levels of meaning, including “righteous behaviour”, “truth” and “law”, concepts that “are embedded in the great Hindu epics, the Ramayana and Mahabharata” (16). This idea of Rama as a model of Hindu perfection persists despite his harsh treatment of Sita, including his banishment of her while she was pregnant.

\(^{38}\) The Sanskrit word Rakshasa is commonly translated in English as demon.
demonstrating his skill in war and his favour among gods, successfully vanquishes
demons and other evildoers and, at the same time, proves his worthiness as a Kshatria
and King. The child Rama is also tried in exile: his adversaries are invoked as wind,
rain and even scorpions, and the father who initiates the child’s self-inflicted exile.
Unlike his epic namesake, however, the child is not victorious: he becomes ill and later
dies at hospital. Indeed, while Lord Rama saves others using medicinal herbs and prayers,
similar treatments do not save the child. In Carib Island, there is incongruity between the
sacred mythology that informs cultural habits and everyday reality: here, herbs do not
heal and prayers are not answered and, instead of the bright celestial chariot that brings
Lord Rama home, the child arrives on a donkey-cart, wrapped in burial cloths and cut
from neck to belly. Both Ramas arrive just before dawn, but while the new day heralds
the start of Ayodya’s golden age, the child’s death brings further misery and tragedy to
his mother and siblings.

**Cosmic Adversaries**

While Lind evokes tropical climates as hostile and pathogenic to Europeans, the
novel’s invocation of a hostile environment is connected to its wider concerns with
violence and abuse in the Indo-Caribbean community. In *No Pain Like This Body*
Ladoo’s anti-myth takes shape partly through his invocation of pseudo-cosmic
adversaries, such as wind and rain, against whom the child Rama has no recourse. Unlike
the *Ramayana’s* grand battle between the forces of good and evil, in *No Pain Like This
Body* the players are less consequential and the struggle more prosaic. By reducing the

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39 According to Hindu caste philosophy, Kshatria refers to the warrior and ruler class. Narayana notes that Rama is often invoked as the ideal King (40).
Ramayana’s cosmic adversaries to such everyday entities as wind and rain Ladoo troubles the Ramayana’s grand narrative of the battle between good and evil and its clear-cut moral paradigm and provides another, less idealistic though more complex reading of adversity that points to perpetual suffering and injustice.

Invoking the wind and rain as pseudo-sentient entities the narrator proclaims that “[t]he rain didn’t care about Tola”; that it “was pounding the earth”(19); that “raindrops touched [the children’s] skins as needles”(20); and that the wind was “blowing with such force and temper,

. . . just to cause trouble and hate” (35). Indeed, the wind and rain “pound”, “touch” and cause strife, suggesting deliberate action. Examples such as these, laden with personification, are frequent in the first half of the novel up to when we last see Rama alive and contribute to the notion that the wind and rain intend to cause suffering.

Later, the narrator also associates the wind and rain with random acts of anger and violence. We are told that “[t]he rain was falling [on Rama, Panday and Sunaree] as if God was cleaning out the sky with water and rage” (20). Water and rage, semantically linked in the narrator’s simile, both come from God. But unlike Ma’s God who lovingly “guid[es] the lightning through the darkness and the rain” (20), this God is oblivious to

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40 The meta-theme of the Ramayana - the triumph of good over evil - is the focus of the popular Ramleela celebrations, which culminate in Rama’s vanquishing of Ravana. While the epic continues beyond this defeat, the act of defeating Ravana is a rallying symbol of the power of goodness - Rama - to defeat evil - Ravana - and functions as the cathartic moment in the Ramleela celebrations. This clear cut morality has been invoked and manipulated by various political regimes in India and elsewhere, as Victoria Farmer discusses in her 1996 article, “Mass Media: Images, Mobilization and Communalism”. A typical popular reading of the characters of the Ramayana is presented in S. Nagaiah’s monograph Valmiki Ramayana: An Appreciation, in which he advises readers that “[t]he characters in the Ramayana are to be considered men and women with human frailties and limitations but morally superior to us and so serve as examples for our guidance in life” (4). Robert Goldman, however, resists this popular reading in his article “Resisting Rama: Dharmic Debates on Gender and Hierarchy and the Work of the Valmiki Ramayana” in which he argues for “[a] close reading of the forensic strategies of the poet and his characters, taking them as more than mere set pieces in the narrative flow . . .” (41). While Goldman’s article is a good example of recent critical trends in Ramayana scholarship, my focus in this chapter is on popular conceptions of the Ramayana and the novel’s criticism of the cultural values associated with the Ramayana as myth.
the suffering his actions cause. The rain, according to the narrator’s simile, is evidence that God does not care about the people. Indeed, linking this image with other images of the wind and rain’s intentional violence a more complete picture begins to emerge: the rain is both evidence of a neglectful God as well as a manifestation of indifferent brutality.

Significantly, the narrator also connects the wind and rain to Pa’s domestic abuse. When Ma meets the children in Tola Trace we are told that she “was shocked. She thought all the time that they were safe inside the house, safe from the wind and the rain, safe from Pa too” (20). Once more, the wind and rain are semantically connected to a violent father from whom the children need protection. Like Pa, the wind and rain harm the children. But Ma is wrong in associating the home with safety. Indeed, the connection between the father’s abuse and the violence associated with the elements is most complete in the narrator’s description of the family home:

Ma kept lighting the flambeau. Each time she did, the strange winds outed it. Rain began to fall through the holes in the roof, soaking their heads. Some of the needle grass was blown off the roof by the wind. Rain poured through the holes more and more. Inside the kitchen, the floor was getting slippery; almost too slippery to stand. There were small holes in the earthen floor. They were filling up with water. Ma kept lighting the flambeau; it was no use.

“Like Pa send dat wind,” Balraj said. (35)
In this passage, Balraj connects the father with the wind and rain that wreak havoc in the home: each violates the domestic space by assaulting its occupants and by making their lives difficult and uncomfortable.

Furthermore, the violence of the father, the wind and the rain is associated with undeserved punishment: like Pa’s brutality against Balraj and Ma at the beginning of the novel, the force of the wind and rain seems like too much to bear. Both the father and the rain perform similar actions: they beat, pound and inflict bodily pain on the children and their mother, often inspiring fear. Furthermore, the metaphor connects with the narrator’s earlier simile, of God “cleaning out the sky with water and rage” (20). Indeed, Pa’s hatred is here invoked as a god-like rage that sends the wind to inflict further injury on the family. This metaphorical association of Pa with the violence of the elements is meaningful in the context of Rama’s illness, for while Rama’s pneumonia likely develops from his initial and subsequent exposure to the wind and rain, it is his fear of Pa that drives him naked into the coming storm.

Not surprisingly, the mother’s efforts do little against such manifestation of patriarchal abuse: we are told that she is little more than “a thin living stump” as she “faced the wind and the rain” under the mango tree, presumably to shield Rama and Panday from the elements (21). Mirroring the mother’s inability to protect the children from Pa’s physical violence, the image of the “thin living stump” recalls Ma’s earlier action when she tries to shield Balraj from Pa. But a thin living stump is an inadequate shield: unable to withstand the father’s force she is beaten and almost drowned and must flee for her life. Ma cannot protect the children from the wind and rain just as she cannot protect them from her abusive husband.
In Ladoo’s fictional world, wind and rain exceed their usual, everyday capacity for meaning. Instead of their typical realist invocation as forces of nature or even as vehicles for pathetic fallacy, Ladoo’s narrative demands that they be acknowledged as characters in their own right, usually as manifestations of patriarchal violence. By connecting the force of the wind and rain to the violence of God and Pa, the narrator juxtaposes such brutal force with the relative vulnerability of Ma and the children. Indeed, the wind and rain seem to complete what Pa merely haphazardly begins on his own: unlike Pa, the rain and wind can follow the family everywhere. While the children are safe from Pa, outside the home there is no safe space from the storm.

The idea that the wind and rain target Rama is conveyed through the narrator who focuses on the family’s anxiety and unsuccessful attempts to shelter the sick child: the wind and rain seem to infiltrate all manner of make-shift shelters, including the coffin-like ricebox in which Rama is placed. The heavy rains also render the road to the hospital impassable, making it necessary for Nanna to cross the river with the children on his back. Continuously exposed to the elements Rama’s cough and fever become much worse, undoubtedly precipitating the pneumonia from which he eventually dies. By focusing on the perils of a sick child who cannot find a dry place to rest, and, worse, is delayed and even obstructed from seeking medical attention, the narrator presents the early narrative as a struggle to save the life of the dying child whose illness worsens on account of his continuous exposure to the wind and rain. This telescoping technique

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41 Rama is drenched from the beginning of the novel, when he tries to escape from Pa, to when we last see him alive, crossing the Tola River on Nanna’s back. Even after his death, his twin brother, Panday, continues to associate him with water, insisting that the spirit of the dead child roams the waters of the riceland outside the family home. This is meaningful in light of Morgan and Youssef’s comment that in No Pain Like This Body “persistent rain, not in its beneficent form to bless the earth and cause it to produce, but in the form of an engulfing deluge without end” is “[o]ne manifestation of an inimical world” (139).  
42 While the elements also appear to torment others in the novel, it is only Rama who becomes ill.
highlights the child’s experience and downplays the experiences of the rest of the family, save for their combined efforts to alleviate Rama’s pain and fever.

Clearly, the wind and rain are not literally alive and they do not literally plan and execute an attack. In Ladoo’s narrative they are invoked mythopoetically, as elements in an anti-mythic narrative, in which the author bestows life-like qualities on inanimate elements, such as wind and rain, as part of his presentation of an extra-ordinary world. In this extra-ordinary world, wind and rain are invoked allegorically as malevolent entities that are connected to the abusive father and a seemingly indifferent God who batter the child and his loved ones, pounding and pricking them and deliberately causing strife.

This image of a hostile environment recalls Abraham James’ presentation of the Yellow Fever monster (see chapter 5) as a naturalized part of the Caribbean landscape. But whereas colonial representations of tropical fever - such as in James’ aquatint and Lind’s medical narrative - begin with the idea that the Caribbean environment is inherently hostile and that, more often than not, the European will become ill, the novel’s presentation of the hostile environment is connected to vulnerability associated with the domestic space. Indeed, it is the fear of the father that forces mother and children to leave the home in the first place: the violence of the wind and rain is associated with Pa’s abuse of his family.

On one hand, Ladoo’s narrative presents a series of fairly ordinary events that lead to a child’s illness and subsequent death: forced to flee from an abusive father, the child and his siblings are caught in a tropical storm whose effects are compared to the
domestic abuse the children already endure. ⁴³ Even after returning home, the child, now ill, finds no warm dry place: the wind and rain infiltrate the family home and continue to drench the sick child. On the other hand, the story takes on additional significance given the narrative’s subtle invocation of mythic elements, though reduced in scale and in effect. Ladoo’s presentation of the wind and rain as willful entities and of Rama, as their principal victim, falls within this larger mythic pattern of an individual assailed by cosmic forces beyond his control. Indeed, the idea of the wind and rain as tenacious beings that seek out Rama and his family is meaningful within Ladoo’s mythopoetic narrative, in that it points to an omnipotent and omnipresent force against which the family has no hope of escape. This all-pervasive force, however, is a self-conscious construct whose function is anti-mythic.

Indeed, the extra-ordinary world of Ladoo’s narrative is the anti-parallel equivalent of the Ramayana’s ordered mythic universe. And it is this anti-parallelism that allows for the easy juxtaposition of one world with the other. Instead of cosmic battles for the good of the universe, in Ladoo’s world a simple family struggles to save a sick child. Instead of mighty celestial warriors and formidable demons, there is only wind, rain and an abusive father. By deflating the cosmic adversaries of the Hindu epic to wind, rain and a drunken man, Ladoo’s anti-myth grates against the mythic narrative of the Ramayana by focusing on the evils of this world, such as poverty and domestic abuse, which, compounded by the harsh tropical environment, lead to Rama’s illness and eventual

⁴³ For Morgan and Youssef, such depictions correspond to “how a traumatized sensibility perceives its world” (139). Indeed, the narrator seems to become enveloped in the trauma and turmoil he narrates to the extent that the world is invoked as perpetually harsh and violent, especially in relation to those most vulnerable characters for whom there is no safe space. The children and Ma, for example, are perpetual victims in the novel, whether of Pa, the villagers or the world itself. That these traits are mirrored in the environment suggests that the narrator continually rehearses patterns of abuse, lending support to Morgan and Youssef’s identification of the narrator’s “traumatised sensibility”.

death. Indeed, the fact that Rama had no dry clothes and no dry place to rest is a problem of poverty. Furthermore, the fact that he left the family home in the first place implicates Pa in his illness. In this anti-myth, the great evils of the world do not concern cosmic battles between gods and demons but the ordinary made extra-ordinary through Ladoo’s mythopoetic engagement.

That the child Rama shares the name of the quintessential Hindu hero is, perhaps, the most pronounced tragic irony in the new narrative: instead of a hero who will effect the necessary change we have a helpless child who becomes ill and later dies in hospital. In this world the gods do not come to the aid of the innocent and there are no heroes to rescue the afflicted. On the contrary, the gods of the old myths are shown to be complicit in acts of abuse, of sending down the rain that overwhelms the family. By suggesting that the gods have abandoned the people, Ladoo’s anti-myth troubles the order of the older narrative associated with divine benevolence. Instead, the anti-myth demonstrates what Panday already knows to be true, that “God playing de ass now”(48). While Lord Rama initiates a golden age, in the world of Ladoo’s anti-myth only darkness remains.44

The Darkness

In the Ramayana darkness is invoked as a metaphor for worldliness, sin, disorder and disobedience, in short, behaviour that is contrary to the principles of dharma and the

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44 Shades of Kali Yuga, the last of the four great cyclical cosmic ages in Hindu philosophy, are present in the narrative’s invocation of persistent darkness, violence and chaos. This cosmic age is most easily juxtaposed with Satya Yuga, the first of the four ages, commonly associated with perfection and order. Lord Rama, according to Hindu mythology, reigns during the Satya Yuga.
attainment of spiritual perfection. In Ravana’s presence, we are told, “the sun ceases to shine” (vol. 1 39). Similarly, Indrajit, one of Rama’s Rakshasa adversaries “filled the sky with a darkness and smoke” and “shroud[ed] himself in a dense fog” (vol. 3 236) as he attacked Rama and Lakshmana. Other evildoers such as Tataka also find strength in the cover of darkness: taking refuge in forested areas made dark by taint and impurity (vol. 1 57), she ravages the land and the people (vol. 1 59). After her death the dark forest “looked as charming as the [celestial] woods of Chaitaratha” (vol. 1 61). Humans too are associated with darkness. Kaikeye, for example, is compared to “the blackest dye” (vol. 1 191) for her betrayal of Rama and King Dasaratha.

Not surprisingly, the forces of good are associated with light. Vishnu the Preserver God, “resembl[es] the sun “ and is as “bright as the blade of a lighted brazier” (vol. 1 41). Similarly, Rama and his three brothers, all incarnations of Vishnu, “were endowed with every good quality, handsome, bright as the Purva, Uttara and Bhadripata Stars” (vol. 1 45). Even Rama’s righteous wrath on learning of Sita’s abduction is described as blazing brilliance: “As the rising sun obscures the splendour of the moon, so will my . . . naked splendour blaze forth” (vol. 2 136). In the battle against Indrajit, Rama and Lakshmana’s arrows are “as bright as the sun” (vol. 3 236), a description that is consistent throughout the narrative and which connects to one of the Ramayana’s central metaphors of the triumph of beneficent light over darkness. The sun also renders visible defects that might have been hidden before: in Lanka, Kingdom of Ravana, we are told that the brightness of the sun “accentuat[ed] the swarthiness of the titans, those eaters of flesh” (vol. 2 347).

45 This is also true of other Hindu texts. In the Dhammapada, for example, wise men are admonished to “leave the darkness behind and follow the light” (6: 87-88). Similarly, the Dhammapada teaches that “[I]n this dark world, few can see” (13:174).
The queen’s sin, the darkness associated with demons and even the swarthy complexions of the titans, in the context of the *Ramayana*, are markers of the compromised morality of those who seek self-interest rather than follow the laws of dharma. Light and brightness, on the contrary, are beneficent and associated with goodness and those whom the gods favour, whose task it is to banish evil doers and restore divine order. In *No Pain Like This Body* Ladoo’s invocation of the darkness interrupts such balanced binary equations and suggests, instead, that darkness is everywhere. Indeed, in Ladoo’s narrative, there is little light to permeate the darkness: literally, the flames of the flambeau are continuously extinguished in the wind and, with the exception of flashes of lightning, the thick darkness of the night remains until we last see Rama alive, crossing the Tola river.

The trope of darkness in the novel evokes other such imagery in Joseph Conrad’s *Heart of Darkness*. In Conrad’s novella, darkness is literally associated with the journey into the African interior but also refers to the unknown limits of the mind and self. In Ladoo’s novel, the darkness is also associated with the unknown and is connected to an ominous heaviness beyond the individual’s control. Furthermore, as in the novella, darkness in Ladoo’s novel is metaphysical - in *No Pain Like This Body* the darkness is part of a cosmic allegory that is connected with “the void” (50).

Early references to this darkness are immediately associated with Rama’s fever. Upon returning from the cane-field to the house, for example, Ma tells Panday to lie next to his sick brother while she tenders the cow. The narrator describes the scene:

Panday was afraid. He was not afraid that Rama was going to die in the house so much; he was afraid that an evil spirit was going to kill him; one
of those headless jumbies that lived on the silkcotton trees in the forest; the spirit was going into the house and eat Rama, then it was going to eat Panday too. He rested on the ricebags in fear, just waiting for the spirit to come into the house. But no spirit came. Panday stretched his hands and felt Rama’s chest. It was hot. A dark fear came over him. He got up and ran outside bawling ‘Ay Ma!’ (…) ‘I fraid a spirit eat me!’ (24)

Panday’s fear of evil spirits becomes blurred with his dark fear that Rama is seriously ill. While we are never told what Panday’s dark fear is he seems to associate it with the fear of death, here articulated as a spirit who will eat him. This idea of the darkness as all consuming death is developed incrementally for the duration of the narrative. Later, Nanny mentions a “blackness” that “choke[s] Tola from all sides” and makes life difficult (34). Here, the darkness is again associated with a snuffing out of life: like the pseudo-cosmic wind and rain, the darkness is also invoked as a malignant entity that destroys.

A few pages later, when the adults try their best folk remedies on the ailing child, the flambeau is extinguished in the wind. The narrator’s description is again significant:

They saw the night bolted against the sky; they witnessed the total darkness rebelling against the light and life; the night loomed and loomed and loomed as a mountain of wet coals before them. They heard the wind ripping Tola as a claw from the shapeless darkness; there was the thunder too, reaching through the night as a potent god to clout them. In the darkness they felt the fear pinching their hearts. (43)
Here, literal darkness of setting becomes blurred with a more metaphysical darkness associated with fear and the anticipation of suffering in a similar way to the narrator’s invocation of the wind and rain. But while the wind and rain are associated more with overt violence and abuse, the darkness, like a suffocating blanket, is quietly insidious. That the darkness rebels “against the light and life . . . like a mountain of wet coals” points to the narrator’s sense of the futility of resistance. Indeed, wet coals cannot bring light but more than this, the looming image of a mountain of such coals suggests both a burden on the land and a monolith that cannot be moved: like Indrajit’s dark, shadowy clouds, something ominous lies over the village. Working in concert with the rain whose damp ensures that the coals can never be lit, the ripping wind and the pounding thunder are bestowed with the power to maim and destroy.

Even more menacingly, the darkness is invoked as shapeless, suggesting that it is potentially omnipresent and can infiltrate any space. In this context, the darkness complements the omnipresent wind and rain. This invocation of the amorphous, omnipresent darkness attains its greatest literary effect a few pages later, the last time we see Rama alive. Ma, Nanny, and the children watch Nanna take Rama and Balraj across the Tola River on his back:

46 The image of turbulent waters in this passage evokes other such images in works by Wilson Harris and LeRoy Clarke. In Harris’ *Palace of the Peacock* the turbulent river throws the ship’s crew overboard and initiates their psychic awakening. In Clarke’s poem, “Secret Insect of a Bird Deep in Me and Wanting to Fly” the “turbulent purge of water” (4.5.48) is associated with the trauma of the middle passage. All three invocations of rough waters are differentiated by the writers’ philosophical perspective. Harris’ evocation of rough waters is connected to his wider landscape motif as associated with latent psychic and imaginative potential of the peoples. Clarke’s reference is related to the poet’s invocation of a traumatic originary moment for Afro-Caribbean peoples that is also associated with the possibility of new birth, For Ladoo, the waters evoke the *kala pani* journey and, in this light, bear some similarity to Clarke’s depiction of a “turbulent purge of water”. Ladoo’s image, however, is overwhelmingly ominous with little room for hopeful possibility.
Then the time grew long; long like a rope, and tied them like a rope too. Their bodies formed one great beast reaching up to the sky. And the clouds opened and out of the middle came water; water that washed away the earth into the mouth of the darkness. And the winds became hot and carried death into all the corners . . . then the rope caught fire and the great beast danced to the tune of death between darkness and the void. The beast danced even though it knew it was going to die . . . it danced and danced, till the void and the darkness strangled the beast . . .. (50)

Perhaps the most nihilistic moment in the narrative, the passage aligns darkness with futility and death. Here the darkness is metaphorised as a beast in whose mouth the earth is falling, like a morsel of food, and fulfilling Panday’s earlier association of Rama’s impending death with his fear of being eaten. In addition to this darkness, however, the humans are besieged by a horde of pseudo-cosmic adversaries such as clouds, winds and time, the combined presence of which contributes to a sense of foreboding that the human congregation will be overwhelmed.

Of particular significance is the narrator’s invocation of the rope of time. Indeed, time stretches visibly, binding the humans together. But this is not linear, analogue time. On the contrary, this apparition of time is cosmic and, in its manifestation as rope, connects the humans with the darkness and the void. The rope of time is an image of imprisonment, connected to an earlier image of the lightning as a golden rope that lassoes a tree (18). The blurring of one image into the other, of both lightning and time as rope, points to the punishing potential of each: the lightning terrifies and
accompanies the storm that batters the children and their mother and time imprisons them in this hellish world where they suffer.

Each movement in this passage is instinctive and ritualistically significant. The transformation of the humans into the beast tethered by the long rope of time, for example, is for the purpose of sacrifice. In this image, any hopeful illusions are dispelled for the beast totters precariously close to the darkness and the void. Indeed, the dance of death is the dance of life in this place, an eerie recognition that one must go on, though each forward step takes us closer to the gaping mouth of the darkness that lies in wait, silently, inevitably. The transformation of the humans into the beast, the terrible dance, the struggle between the darkness and the beast, together create a cosmic narrative whose implications stretch far beyond the fate of the sick child: time is tyrannical, the human being is assailed, death and destruction are inevitable, not just for Rama and his family, but for all. This is the moral of Ladoo’s cosmic allegory. Here, there is no beneficent light, no arrows “as bright as the sun” to dispel the darkness. Only the destructive fire remains, consuming the long rope of time and those humans bound in its tyranny. In the

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47 A trope of darkness is present in some Caribbean novels, such as Jamaica Kincaid’s *Annie John* and Edgar Mittelholzer’s *My Bones and My Flute*, but it is invoked in different ways. In *Annie John*, it is invoked as the “black thing” that comes between the adolescent girl and her mother. The darkness here is not an all-consuming entity, as it is in Ladoo’s novel, but a manifestation of the hostility and anger that Annie feels towards her mother but which she does not yet have the language to express. In this context, it is not surprising that the darkness in *Annie John* is sporadically present in times of conflict between mother and daughter unlike the looming darkness in Ladoo’s novel. In *My Bones and My Flute*, there is “an evil shadow thing” (137) that Milton, the diarist, also calls the “phenomenon”. This shadow, however, is sentient, unlike the darkness in Ladoo’s text, which is personified as sentient. In Mittelholzer’s text the shadow is literally and metaphorically a ghostly remnant from the colonial past; in Ladoo’s text the darkness is invoked as part of the novel’s cosmic narrative through which the writer criticizes the place of Old World myths as a way of life for the New World Indian immigrant. In all three novels, however, the darkness is invoked in relation to an oppressing entity: for Annie that entity is her mother; for Milton it is the ghost of the Dutchman that is the cause of their troubles; in Ladoo’s text, the darkness is a thematic element that binds old and new worlds mythologies. Ladoo’s novel, in effect, criticizes the power of such mythology to perpetuate debilitating cultural habits, as I examine in the rest of the chapter.
narrative, Rama’s fevered body, literally, his body heated to excess, connects with this image of the destructive fire.

**Fever and the Destructive Fire**

In the *Ramayana* “the fever of existence” (vol. 1 40) refers to earthly suffering and points to the idea that life is burdensome. When the young Lord Rama is consecrated and purified by holy water, however, the Sage Vishvamitra promises to teach him “the Science of Bala and Atibala”, a collection of sacred formulae (n1 54), so that “[n]either fatigue, fever nor age will then affect [him]” (vol. 1 54). Such immunity will come because Rama is deemed worthy of such tribute and because he is chosen by Brahma to destroy Ravana, the most fearsome and powerful manifestation of evil in the *Ramayana*. Sickness in the *Ramayana*, while referring to literal, biological phenomena, acquires metaphysical intonations as spiritual sickness characteristic of the not-yet perfected man still enveloped in cycles of birth and death.48

Unlike Lord Rama, luminous human incarnation of Vishnu, the child burns with fever: his illness is associated with a destructive heat, like the fire that burns the rope of time, and not with beneficent light. Here, there are no sacred formulae to render him immune. Clearly Rama suffers on account of his illness: unable to speak or move, he is listless except for his weeping. In the context of the narrative’s association of cosmic fire with death and destruction, Rama’s fever - invoked metaphorically as a destructive fire that burns within - is the signal that the child will also be consumed.

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48 This idea of fever is also strongly present in the Hindu Sacred text, the *Bhagvat Gita*. In chapter three Krishna, another incarnation of Vishnu, speaks to the epic hero Arjuna about the duties of human beings: “Performing all actions for my sake, completely absorbed in the Self [atman], and without expectations, fight! – but stay free from the fever of the ego” (3: 30).
Significantly, Rama’s fevered body is both a metaphor for and manifestation of material suffering and the link connecting Ladoo’s extra-ordinary and ordinary worlds. In Rama, the darkness, the burning fire and the debilitated human body come together. But, in addition to this, it is Rama’s fever that draws us back to the ordinary world where poverty and domestic abuse indirectly cause illness. Indeed, *No Pain Like This Body* metaphorically connects Rama’s fever to the fever of earthly existence, a theme that is also present in the *Ramayana* and which is alluded to in the sacrificial scene on the banks of the Tola river in Ladoo’s narrative: as the first sacrifice to the gaping mouth of darkness, Rama represents human vulnerability and the precariousness of life itself. This invocation of sickness and darkness, however, gestures towards the problems of this world - poverty and domestic abuse - that are implicated in Rama’s illness, and not towards a utopic afterlife beyond pain and disease.\(^4\) While the *Ramayana*’s invocation of fever as earthly suffering reminds the Hindu that heavenly bliss awaits the faithful sufferer, *No Pain Like This Body* does not gesture beyond the earthly realm: the narrative never palliates or ennobles earthly suffering in any way. Instead, the narrative focuses on

\(^4\) It is in this context that Ladoo’s epigraph to the novel becomes meaningful:

| There is no fire like passion; |
| there is no losing throw like hatred; |
| there is no pain like this body; |
| there is no happiness higher than rest. (v) |

Taken from the *Dhammapada*, the Hindu Buddhist text from which Ladoo also takes his title, the epigraph points to the hope of eternal life without pain, hatred and violence. Such philosophy underlines Hindu beliefs in the transience of the material world and the permanence of the world beyond and finds meaning in suffering though it is after death that the self-actualised individual will be rewarded. In *No Pain Like This Body*, such philosophy is rendered ironic in the context of Ladoo’s anti-mythic engagement. By pointing to the endless repetition of images of violence and abuse, of a father who neglects his children and of dire poverty, the narrative troubles this philosophy of the *Dhammapada*, and other such texts, and demonstrates that there is nothing mystical about earthly misery. Indeed, Ladoo’s anti-mythic project is also a demystifying one by which he engages with the human causes of suffering and pain. The pain that Rama feels, the fever which never leaves him, are all signs that point to Ladoo’s ultimate message: that there is no pain like this body, there is no pain like this life, that there is no grand cosmic order to make sense out of our earthly misery. In Ladoo’s novel, the statement is no longer an invocation to look beyond earthly transience and points, instead, to the complicity of others like Pa in the family’s suffering.
the spiral of suffering which continues after Rama’s death and which is most poignant in Ladoo’s presentation of madness.

**Madness and Anti-myth**

Ma’s madness is Ladoo’s final, definitive anti-mythic statement and the means by which he reiterates that there is no escape from the darkness. The novel ends with Nanna, Nanny and the children about to enter the Tola forest to search for Ma, now mad with grief after Rama’s death. We are told:

> The sky twisted like a black snake and the clouds rolled and rolled and rolled as a big spider; the wind shook Tola in a rage and the rain pounded the earth; the lightning came out of the mouth of the darkness like a golden tongue and licked the trees in the forest and the drum ripped through the darkness like a knife. They moved deeper and deeper into the forest, and they felt the rain falling upon their heads from heaven. (126)

Here, the mouth of the darkness re-emerges, just as when we last saw Rama alive on the banks of the Tola River. The implication is that the darkness is going to swallow Ma, just as it swallowed the child. Moreover, the repetition of words in this passage - “rolled” and “deeper” - evokes a sense of ominous finality: the clouds are unrelenting and the people move deeper and deeper into the dark unknown.

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Ladoo’s presentation of Ma’s madness recalls Jean Rhys’ depiction of Antoinette’s madness in *Wide Sargasso Sea*. As with Ma, Antoinette is the victim of patriarchal violence though, in this case, the violence is more psychological than physical. Patriarchal violence in Ladoo’s novel exists in a variety of forms. Interestingly, both Ma and Antoinette exit their respective novels by walking into oblivion. For Antoinette, it is the walk down the dark corridor that presumably leads to her death. For Ma, it is the walk into the dangerous forest. By ending each novel with the mad woman walking towards a nebulous future, the novels also depict them leaving behind the worlds associated with their abuse. Indeed, the act of walking into the forest or along the corridor may be read as demonstrating volition and resolve and even rebellion against the norms of the patriarchal world. See Aruna Srivastava’s “Images of Women in Indo-Caribbean Literature” for an analysis of female characters in *No Pain Like This Body*. 
In the context of Ladoo’s engagement with myth and anti-myth, Ma’s madness indicates her severance from the mythic universe in which she was previously immersed, that is, the world of conservative Hindu values apotheosised in the Ramayana. In this mythic world perseverance, obedience and tolerance of suffering are qualities associated with the ideal Hindu wife, of which Sita is the prototype. Indeed, Ma’s refusal to leave her abusive husband and her insistence that “‘by the grace of God dese same chirens goin to come man and woman in dis same Tola’” (33) may be read in light of a mythic narrative that values patience and tolerant suffering and which depends, in part, on the individual’s belief in a benevolent God and in divine order. Lost to the darkness, however, Rama shatters her faith in such a narrative. Indeed, the incongruity between myth and reality forces Ma to confront a “terrible truth” (237), that innocence and goodness do not always prevail and that the world is chaotic and violent. Her madness is evidence of an abrupt and violent transformation from obedient Hindu wife to a broken women thrust from the womb of mythology.

51 Sita is a model of Hindu obedience and loyalty to her husband. Despite her flawless conduct in the context of the Ramayana, she submits to her husband’s tests of her virtue after her abduction and again, even after she is pregnant with his sons. The notion of the long-suffering but virtuous Hindu wife continues to endure in Indian cultures. Indeed, writing about his treatment of his wife in their early marriage Ghandi suggests: “Perhaps only a Hindu wife could tolerate these hardships, and that is why I have regarded woman as an incarnation of tolerance” (10-11). This logic also underpins Sita’s insistence that she remain at her husband’s side and is the criterion by which her virtue and perfect devotion to dharma are judged. In the context of the Ramayana suffering is acceptable, and even virtuous, interpreted through the lens of dharma: a wife’s duty is to her husband, first of all. Significantly, Ma’s parents try to convince her to leave Pa, suggesting that the old couple is more critical in the practice of their faith than their daughter.

52 In conjunction with this, Ma’s unwillingness to leave her abusive husband is evidence of possible psychological trauma wrought by years of domestic abuse. See Morgan and Youssef’s chapter, “Gendered Descriptions of Indo-Caribbean Family Violence” for an analysis of the domestic violence in No Pain Like This Body.

53 Discussing Foucault’s early writings on mental illness John Caputo writes: “The mad . . . have experienced a terrible truth, they sail on dangerous seas, have been released from ordinary constraints; (…) The mad speak of a truth to us for which we have neither the nerve nor the ear, which is the truth about who we are” (237). Both Caputo’s notion of the terrible truth and anthropologist Joseph Campbell’s idea about misbirth from mythology, discussed in the next paragraph (above), associate psychological disturbances with the individual’s disconnection from larger belief systems, here invoked as systems of mythology.
Anthropologist Joseph Campbell’s metaphor of the womb of mythology, referring to the individual and community’s immersion in culture specific belief systems, is meaningful with reference to Ma’s madness at the end of the narrative and in the context of Ladoo’s anti-mythic intent. Arguing that rites, “together with the mythologies that support them, constitute the second womb, the matrix of the postnatal gestation of the placental Homo sapiens” (21), Campbell notes that the womb of mythology “leads the libido into ego-syntonic channels” (22). Referring to the psychological unity of values, behaviours and self-image in the individual and in the community as a whole, ego-syntonic acts depend, in part, on personal narratives in sync with larger culturally based ones.

Denoting a safe space, the womb of mythology facilitates the psychological development of the individual in sync with the development of the community. Misbirth from the womb of mythology, for Campbell, corresponds to “neuroses and psychoses... all the young men, for whom life is a problem” (22) and who do not participate in the larger network of cultural beliefs. Likewise, Ma is out of sync with the rest of the community but more than this she comes to personify the chaos and disorder present in the darkness and which remains hidden under the rituals of the existing mythology that support belief in an ordered universe.54

Rama’s death forces Ma out of the mythical womb and into what the novel calls the void - that space beyond the safety and predictability of myth where the individual

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54 In this context Ladoo’s characterization of Ma is similar to other depictions of mad/mentally disturbed females in Caribbean literature, including Antoinette in Jean Rhys’ Wide Sargasso Sea and Annie in Jamaica Kincaid’s Annie John, both of whom are out of sync with those around them and who come to embody the “terrible truth” about life in the Caribbean. While Annie eventually recovers from her condition, her decision to leave Antigua takes her away from the community that is out of sync with itself, and towards England, the place from which ideas about synchronicity emanate. Antoinette, however, like Ma, never recovers in the context of the narrative. Furthermore, both women are pronounced mad by their uncaring husbands who are shown to be complicit in their wives’ misery.
recognises a startling incongruity between myth and lived reality. Not surprisingly, Ma’s realisation of this incongruity is accompanied by a cessation of regular behaviour and her performance of acts that are inappropriate in the community and culture, such as eating dirt and defecating on the floor: the rituals of the prior world - cooking, bathing, taking care of the family - are no longer meaningful to her. By ending the narrative on the brink of the Tola forest, the place where wild, dangerous animals are said to live, Ladoo ends with a *Heart of Darkness* image, the uncharted savage territory of the unconscious, an appropriate destination for those expelled from mythology’s womb and who come to embody the terrible truth.\(^5\) It is a nihilistic moment since the individual’s expulsion from the womb will likely lead to her demise, though her prior belief was also debilitating. The unknown forest, however, may be read as offering some hope since it remains unknown, even to the reader, and accessible only through rumour. Ma’s journey into the forest offers new possibility that may or may not end tragically.

**Ladoo’s Caribbean Mythopoetics**

In *No Pain Like This Body* Ladoo’s anti-myth grates against the myth of the *Rāmāyana* with an excoriating effect that renders visible the gaps within the prior narrative.\(^6\) The text invites us to read with these spaces in mind. Indeed, in *No Pain Like
This Body meaning itself is unstable in between the ever-shifting tiles of a slippery narrative in which wind and rain blur into the violence of an abusive father and where the Ramayana cannot hold its shape when tested against the everyday reality of Ma and the children.

On the day of the funeral, the pundit, “pulling out his Ramayana” prepares to “say some prayers for Rama” (86). In this act, the old epic and the new grate most jarringly against each other with ironic effect. Indeed, the Ramayana, celebrating triumph and order, is inappropriate at the last rites for the deceased child whose life and death explode the epic’s quintessential sense of order and the triumph of good over evil. In one of the narrative’s most troubling ironies the dead child is dressed in new clothes when, in life, he sometimes went naked because there was nothing to wear (23). This incongruity between Rama’s life and his treatment in death points to the larger incongruity of a religious culture that is out of sync with the everyday reality of the people. Indeed, Nanna and Nanny unhesitatingly use their meagre savings to pay for new clothes and other accoutrements for the pundit’s ceremony though the text makes it clear that they too are poor.

Yet another grating irony involves the villagers’ participation in sacred rituals juxtaposed with their bawdy and raucous behaviour at the wake. Such behaviour is

focus on “the meaning of modernity as seen from the ‘margins’ of the modern world system” and its “strugg[e] to connect modernism, as a theoretical category, to colonialism and nationalism . . .” (ix). Gikandi’s work explores the Modernist identities of a range of Caribbean writers, including George Lamming and Samuel Selvon. Charles Pollard’s 2004 monograph New World Modernisms is a more recent example of critical explorations of Caribbean literary Modernism. Pollard focuses on the poetry of Derek Walcott and Kamau Brathwaite, among others, in relation to T. S. Eliot’s Modernist principles relating to poetry and tradition. Maria Cristina Fumagalli’s 2009 work Caribbean Perspectives on Modernity differs from Gikandi’s and Pollard’s texts, in its desire to redefine Modernity from a Caribbean perspective. Altogether, these works demonstrate convincingly that Modernist perspectives offer useful insights into many Caribbean works. While my focus on myth in this chapter may also yield interesting insights from a Modernist perspective I choose, instead, to focus on Ladoo’s text from the perspective of postcolonial disease narrative, as I outlined in my introduction to this dissertation, in keeping with my theoretical focus which foregrounds the entangled relationship between colonizer and colonized.
incompatible with the posture of respect and discipline required of the sacred texts for the ritual offering to be acceptable. Out of sync with the sacred world invoked in Hindu myth, these rituals are hollow. But the villagers perform them anyway. That the villagers choose to retain the sacred texts as figureheads of a professed though unlived spiritual ethic is evidence of a hollow spirituality that sometimes cloaks a more insidious and uncritical individualism that is demonstrated in their almost hedonistic attachment to rum-drinking, sexual scandal and village gossip, often at the expense of others.\textsuperscript{57} Indeed, in Ladoo’s anti-myth, these villagers replace the demons of the \textit{Ramayana} who are marked by their compromised morality and their pursuit of material pleasure.

Ladoo’s anti-mythic narrative belongs to a Caribbean tradition of such narratives, which trouble Old World mythologies in relation to Caribbean culture. Walcott’s engagement with Homer’s \textit{Odyssey} in \textit{Omeros}, for example, interrogates the heroic structure of the epic form itself while Harris’ \textit{Palace of the Peacock} disturbs and, indeed, explodes European mythological narratives such as the search for El Dorado, the lost city of Gold, as well as the seminal Conradian image of the journey into the heart of darkness. Ladoo’s critique, along these lines and yet specific to the experience of Indo-Caribbean indentureship, interrogates the values traditionally associated with sacred Hindu mythology.

\textit{No Pain Like This Body} critiques a posture of engagement, of those like Ma, who uncritically accept the traditionally extolled values of the sacred texts, and of others like

\textsuperscript{57} The villagers’ careless self-indulgence and their uncritical acceptance of village gossip point to a larger failure, that is, their complicity in perpetuating debilitating stories which, over time, become part of the larger cultural mythology, as Ladoo demonstrates with the story of Ama spanning \textit{No Pain Like This Body} and \textit{Yesterdays}. Ama’s so-called insatiable lust, mere village gossip in \textit{No Pain Like This Body} (and, one suspects, not true at all given the fantastic series of events that end with the story of the pundit and Ama having a weekly sexual rendezvous), is transformed over time and, fifty years later, she is remembered as the village whore and the mother of many prostitutes.
the villagers whose values are incongruent with the rituals they perform. More generally, *No Pain Like This Body* may be read as pointing to the hegemonic power of myth - in Barthes’ sense of myth as “a type of speech” and as a “metalanguage” - and to blind faith and hollow spirituality within the early Indo-Caribbean community that perpetuate systems of abuse. These themes are reiterated and intensified in Ladoo’s second novel, *Yesterdays*, set approximately fifty years later in the same geographic region now populated by even more self-serving individualists who swindle and manipulate others for their own advancement and comfort and who continue to perform their Hindu faith in an even more spiritually debased manner.

Indeed, *No Pain Like This Body* suggests that early Indo-Caribbean communities were complicit in acts of injustice and neglect against their own people, demonstrated in the conditions leading to Rama’s illness and death and Ma’s madness. By relegating European colonialism to the background, the narrative focuses, instead, on the entanglement of debilitating cultural practices with the difficulties associated with poverty in one Indo-Caribbean community in the early twentieth century and opens a space for more complex and critical engagement with issues relating to Indo-Caribbean identity that takes into account both material and psychological effects of indentureship from within the community itself.

Like Walcott, Ladoo suggests that the Caribbean individual - in this case, the Indo-Caribbean - should not remain exclusively focused on the culture and narratives of the prior homeland, a concept that is particularly meaningful in light of the Indo-Caribbean community’s historically strong identification with ‘Mother India’. Such

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58 The white colonial masters make a brief appearance in the villagers’ story of the ghost of a colonist who punishes a village worker without reasonable cause. The arbitrary nature of the punishment recalls Pa’s abuse of his family, connecting the abuse of colonial authority with Pa’s domestic abuse of his family.
ethnic and nationalist identification influenced the shape of Indo-Caribbean culture, which remained relatively closed to ethnic outsiders for the first half of the twentieth century. While Ladoo does not engage deeply with non-Indian ethnic elements, aspects of a slowly creolising Indian culture are already evident in the narrative, in African folkloric elements such as jumbies (24) and in the villagers’ stories involving other ethnic characters. These brief insertions are evidence of small cracks in the bubble-like Indo-Caribbean community and point to the latter’s inability to retain an ethnic-based cultural purity in the midst of a multi-ethnic society.59

In this context No Pain Like This Body is an important contribution to Caribbean literatures in general and Caribbean mythopoetic literature in particular. Indeed, Ladoo’s anti-mythic engagement with Indian/Hindu texts potentially re-conceptualises the shape of Caribbean mythopoetics, in particular, its association with Afro-Caribbean philosophy,60 and opens a space for the study of other cultural forms within the genre of Caribbean mythopoetic art and literature.

Ladoo’s presentation of fever both as literal phenomenon and metaphysical concept is closely connected to the novel’s mythopoetic achievement. But whereas Harris and Clarke focus on hopeful possibilities in their work Ladoo’s text does not rest on the potential for healing and is not invested in imagining alternate possibilities. On the contrary, Rama’s fever and subsequent death and Ma’s madness overwhelm any hopeful resonances in the narrative, including the ambivalent journey into the forest at the novel’s

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59 No Pain Like This Body lends support to Patricia Mohammed’s identification of a creolized Indian community even though such communities closed themselves to other cultures and peoples in the early stages of their development. Afro-Trinidadian folklore characters, such as jables and duennes mingle with more traditional Indian lore, such as the churail, in the domain of the Ladoo’s text, suggesting that the Indian community was affected by outside cultural influences, though it remained ethnically homogenous.

60 See Paget Henry’s Caliban’s Reason: Introducing Afro-Caribbean Philosophy.
end. This sense of hopelessness is largely due to the novel’s anti-mythic engagement with Rama’s fever and death: while such events might have been meaningful in a world where there was order and justice, there are no such defining principles in the village of Tola where children live in fear and where there is no shelter from violence and the effects of poverty.

Indeed, the novel’s presentation of fever focuses on vulnerability and gradual collapse in keeping with other disease narratives examined in this dissertation. The manner in which the novel defines vulnerability, however, differs from other texts: Cassin, Scott and physician-writers such as Grainger, Hillary and Lind focus on vulnerability as directly related to the effects of disease, with the colonial-era writers emphasising vulnerability in relation to biological and ideological contamination. Ladoo, however, evokes vulnerability in terms of a precarious existence related to basic human needs and not primarily in relation to disease. Fever, in No Pain Like This Body, is one manifestation of the novel’s primary concern with themes of abuse, poverty and injustice and is not the focus of the text. Nevertheless, the novel’s presentation of fever demonstrates the manner in which Caribbean writers continue to invoke illness for engaging with issues relating to Caribbean identity. Moreover, the fever narrative in No Pain Like This Body is a poignant reminder that other Old World narratives continued to influence the values of New World peoples alongside the imperial narratives of the British colonists, a feature that post/colonial theorists must take into account as they engage with the multifaceted ideological legacies associated with the Caribbean region.
Conclusion to Part 2

While the marginalized figure of the leper is a consistent trope in the three leprosy narratives that I examined in Part 1, the experience of tropical fever offered fewer overlapping themes from one narrative to the next. This is partly because fever is open to a range of metaphorical interpretations unlike leprosy whose metaphoric elasticity is premised on one general theme - the leper as other. With tropical fever, however, the range of response is more diffuse. Lind’s medical narrative demonstrates a continuation of the general theme that was also present in James Grainger’s *Essay* and William Hillary’s *Observations*, namely, that the European is under attack from disease.

While Ladoo’s narrative also evokes fever in relation to attack, the focus is quite different: the attack is not primarily the attack of diseases, but the violence associated with a dysfunctional family. In Ladoo’s novel, Rama’s dangerous enemy is Pa; the child’s fever is the unintended consequence of the father’s violence that sends the children cowering and naked into the storm that leads to Rama’s illness and death.

In *Essay on Diseases* and *No Pain Like This Body* fever is both literal and metaphoric. Literally, it causes death. Each writer’s representation of fever as metaphor, however, demonstrates the entanglement of disease with other narratives. Tropical fever in Lind’s colonial medical narrative allowed for a demarcation of difference among white Europeans both as literal fact and metaphorical concept, as I demonstrated in chapter 5. Ladoo’s invocation of fever, unlike Lind’s, is not the focus of his narrative, but a means by which he demonstrates a central idea, that Indo-Caribbean experience in the early twentieth century is best characterized in terms of its precarious state in-between two cultural worlds. Indeed, Rama’s fevered body is one of the strands in Ladoo anti-mythic
narrative that invokes ideas associated with metaphysical darkness and existential displacement.

One divergent emphasis in both writers’ representation of fever involves the idea of preventative measures. For Lind, the physician of tropical medicine acts as a potential buffer between the individual and the pathogenic space by providing essential medical information for the European resident in the tropics. Ladoo’s anti-mythic mapping of space, however, draws attention to the role of community as the potential buffer against the violence and abuse that Rama, his mother and siblings endure. Indeed, the tragedy in No Pain Like This Body is the idea that Rama’s death did not have to happen. If only he did not run out into the storm . . . if only his father were at home to take the sick child to the hospital . . . if only the domestic space were safe and warm . . . The novel invites us to consider that Rama’s sickness and death might have been prevented if only he lived in a more nurturing community.

These differences in foci are important for what they reveal about each narrative’s construction of racialised Caribbean identity connected to particular philosophies of disease. For the European physician, Lind, tropical fever is primarily a manifestation of the body’s infection with disease on account of its exposure to pathogenic environments; Lind’s metaphor of fever as enemy remains secondary to a primary focus on the physiological effects of tropical fever among Europeans. The idea that tropical fever initiated profound and often irreversible physiological change is connected to other imperial narratives that depend on a demarcation of essential difference between European and non-European peoples. Indeed, fever narratives further legitimised the idea
that non-European peoples were essentially different from Europeans, though a grey area existed for the European resident in the Torrid Zone.

This Manichean logic of contamination - also present in other colonial-era medical narratives examined in this dissertation - allowed for a more subtle demarcation of essential difference for the European resident in the tropics than was the case for non-European peoples and allowed ‘contaminated’ Europeans to continue the work of empire in the tropical colonies even as they were also marked as other. Moreover, such gradations of acceptable otherness facilitated the continuation of narratives of essential difference, which justified the subjugation of non-European peoples by demonstrating a provable hypothesis backed by cutting-edge scientific principle: non-European lands were essentially pathogenic as evident by their effects on European bodies, ergo, non-European peoples’ prolonged exposure to such conditions inevitably resulted in permanent physiological and other deficiencies. Such logic - also exemplified in James Grainger’s list of desirable traits among African slaves from “[t]he different nations of Guinea” (Essay 9) - was premised on the idea of Europe as the healthy norm. Deviations from this norm became defining markers of otherness¹ and, by extension, helped to construct the illusory image of the ideal imperial self.

Ladoo’s novelistic depiction of fever also begins with physiological markers of illness, namely, Rama’s hot skin, the accompanying cough and the child’s general discomfort and lethargy. In addition to these symptoms, however, the novel presents a parallel metaphoric narrative in which the trope of fever is related to vulnerability and

¹ See Alan Bewell’s Romanticism and Colonial Disease, for an analysis of the manner in which “susceptibility to specific diseases was one of the primary means by which differences between peoples were conceptualised” during the colonial period (6) as demonstrated in selected Romantic literary texts.
precariousness beyond the child’s experience of illness. In *No Pain Like This Body* fever is metaphorically associated with the difficulties of poverty and domestic abuse and is a means by which the novel challenges particular tenets of Hindu philosophy, including belief in divine order and benevolence as buffers to human suffering.

This metaphorical engagement with fever is meaningful in the context of Ladoo’s presentation of early Indo-Caribbean immigrants whose identity was premised on the retention of Old World Indian values. By presenting the Indo-Caribbean community on the verge of collapse the novel advocates for cultural transformation if there is to be any hope for the future. If we read *Yesterdays* as Ladoo’s second instalment in his intended trilogy, this sense of impending collapse becomes even clearer in *Yesterdays*’ depiction of a progressively more debased and dysfunctional Indo-Caribbean community. Both novels’ anti-mythic engagement with the *Ramayana* highlights the manner in which the communities’ values are out of sync with the needs of the present. In *No Pain Like This Body* one effect of this incongruity is exemplified in the image of the vulnerable, suffering Rama, who falls victim to this precarious life. Indeed, in its sustained critique of hegemonic, prior narratives Ladoo’s novel may be read as a postcolonial revisionist text in the vein of other Caribbean texts such as Walcott’s *Omeros*, Jean Rhys’ *Wide Sargasso Sea* and, as I will demonstrate in the concluding chapter to this dissertation, Jamaica Kincaid’s *My Brother*. 
Chapter 7

This “chupidness”: Representing HIV/AIDS in Jamaica Kincaid’s *My Brother*

The wood engraving of the soldier resting beneath the mosquito net that we examined in Chapter 1 was a useful starting point for approaching representations of disease in Caribbean medical texts and works of fiction because of the way the image evokes a Manichean narrative implicating the soldier in ordering and disciplinary colonial projects in the unruly tropical hinterlands. From leprosy narratives, discussed in chapters 2, 3 and 4, to representations of tropical fevers in chapters 5 and 6, the trope of the West Indies as an unruly space emerges as a theme of post/colonial disease narratives. Indeed, while early Caribbean medical texts and some works of fiction, such as Frieda Cassin’s *With Silent Tread*, helped to construct a Manichean narrative of the West Indies as a pathogenic space, other texts by post/colonial writers such as Harold Sonny Ladoo and Lawrence Scott trouble such simple binary logic by writing against the grain of dominant representations of disease.

As the conclusion to my study of disease narratives, I turn now to Jamaica Kincaid’s memoir, *My Brother*, as an example of a post/colonial narrative that resists a binary logic of disease, but also to demonstrate the manner in which earlier narratives on leprosy and tropical fever linger in different forms as evidenced in popular narratives associated with HIV/AIDS. Leprosy and tropical fever were exemplary in the manner in which they helped to construct West Indian identity based on Manichean binaries of vulnerability and taint; narratives of HIV/AIDS follow a similar trajectory, activating related though not identical Manichean narratives that hinge, once again, on a familiar
construction of otherness as associated with earlier Caribbean narratives of disease. As the conclusion to my study of disease narratives, my focus in this chapter is on the manner in which Kincaid’s post/colonial narrative opens a space for engaging with difference, even as it acknowledges the often debilitating discourses associated with HIV/AIDS and homosexuality in the Caribbean. Scott’s novel ultimately failed to create such a space given its participation in ablest colonialist narratives associated with leprosy. Ladoo’s novel begins promisingly in its nuanced engagement with myth and anti-myth but stops short of providing a space for imagining different identities. Indeed, Ladoo’s novel tends towards nihilism in its almost fatalistic presentation of tragedy and vulnerability as a way of life.

Jamaica Kincaid’s memoir, \textit{My Brother}, however, is exemplary in the manner in which it negotiates front-burner issues relating to HIV/AIDS in the Caribbean by interrupting dominant, Manichean narratives about the disease. In the memoir, the unruly site is the text itself, which defies any simple ordering or meaning-making impetus and which invites the reader to seek meaning beyond the simple binaries associated with HIV/AIDS in Caribbean discourse, including the idea that the Caribbean is “an unruly and promiscuous place” (Kempadoo 1).\footnote{In \textit{Sexing the Caribbean: Race, Gender and Sexual Labor}, sociologist Kamala Kempadoo argues that “a hypersexual image [of the Caribbean] has been construed as ‘fact’ by social chroniclers, travellers, historians, sociologists, and anthropologists, to represent its ‘backward’ and ‘undeveloped’ condition, and the region has been variously lusted after for its natural wealth, sun-drenched sand beaches, sparkling blue seas, and tropical sensuousness” (1). Kempadoo’s advocacy for a “different lens for thinking about Caribbean sexuality” is relevant in the context of current HIV/AIDS debates about the Caribbean in that it challenges sexual stereotypes associated with HIV/AIDS and opens a space for meaningful dialogue based on a more complex understanding of the socio-cultural conditions connected to the epidemic in the Caribbean.} By shifting the site of unruliness and disorder from the Caribbean to the text, the memoir emphasises the issues and challenges of
writing and speaking about HIV/AIDS in the Caribbean rather than the Caribbean as a site of unruliness and infection.

This idea of an unruly text recalls Harold Sonny Ladoo’s slippery narrative in *No Pain Like This Body*, which, as I argued in chapter 6, was evidence of a traumatised consciousness. Kincaid’s unruly text, however, is a site of creative engagement with Caribbean narratives on HIV/AIDS. Incorporating the binary logic of disease into the text but moving constantly between each pole, Kincaid’s representation of HIV/AIDS in *My Brother* never remains still: the narrative is contradictory and vacillates between geographic and temporal settings. Furthermore, the narrative bubbles up with memory - stories and issues from an unsettled past - which contributes to the aura of constant movement. This turbulence of the text interrupts any binary reading and ensures that there can be no simple conclusions for the story never really ends.

This constant movement, I argue, is meaningful for interrogating the complex phenomenon of HIV/AIDS in the Caribbean beyond the binaries of healthy/unhealthy, survivors/deceased, first world/third world, heterosexual/homosexual, through a narrative that grapples with issues of representation, self-knowledge and knowledge of the other in the context of the writer/narrator’s turbulent negotiation of her transnational post/colonial identity as an Antiguan-American. As an AIDS memoir, *My Brother* clears a space for discussing issues relating to AIDS in the Caribbean, including issues relating to homosexuality, in a manner that takes into account and explodes the binary logic that continues to inform Caribbean cultural narratives on homosexuality and HIV/AIDS.²

² As Lorna Down notes, Caribbean writers have produced few works of fiction on HIV/AIDS in stark contrast to the large corpus of works from the United States (16). *My Brother* belongs to a small but growing corpus of creative works on HIV/AIDS by Caribbean writers and artists. In addition to Kincaid’s text, other works on HIV/AIDS in the Caribbean include American-Jamaican writer Patricia Powell’s
Situating HIV/AIDS in Caribbean Disease Narratives

HIV/AIDS cases in the Caribbean are second only to those in Sub-Saharan Africa (UNAIDS “Universal Access”), with current per capita infection rates highest in the Bahamas, Haiti and Trinidad and Tobago (UNAIDS “Keeping Score” 14). With Haiti at the centre of early narratives about the disease, HIV/AIDS has been synonymous with the Caribbean region since the early 1980s and, along with Africa, was the setting for several HIV/AIDS origin stories including the theory that the disease spread through voodoo blood rituals in Haiti. By the early 1990s Haitians were banned from donating blood in the United States, further engraining and naturalising the association of HIV/AIDS with Haiti in the public imagination. As cultural theorist Barbara Browning notes, this policy “served to augment North Americans’ voodoo beliefs” resulting in “increased discrimination, including a surge in violent attacks on Haitians [in the United States]” (101). Cultural and medical historian Sander Gilman goes further to suggest that “[b]eing Haitian in New York City meant that you were understood to have AIDS” (264).

As with early Caribbean disease narratives on leprosy and tropical fevers, medical fact blurred with cultural understandings of the disease. It was a fact that the rate of HIV/AIDS infection in Haiti and other Caribbean countries was high. Efforts to make sense of this fact, however, left much to be desired. The Haitian voodoo theory of

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fictional account of the early AIDS epidemic among Jamaican homosexuals in A Small Gathering of Bones (1994). The Swinging Bridge, a novel by Canadian-Trinidadian writer Ramabai Espinet, follows the female protagonist Mona, now resident in Canada, as she re traces her roots in Trinidad against the background of her brother’s illness and subsequent death from AIDS. More recently, Jamaican Rosemarie Stone published an autobiographical account of her infection and life with HIV/AIDS in No Stone Unturned (2007). Godfrey Sealey, Trinidadian playwright and AIDS activist, wrote and produced the first Caribbean play about HIV/AIDS, One of Our Sons is Missing. Another of Sealey’s productions, the pantomime, AIDA, the Wicked Wench of the World, was performed in 1989 at the Fifth International Conference on AIDS in Montreal. To date, Sealey’s plays have not been published for general circulation.

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HIV/AIDS was one such effort that sought to provide an explanation for the high incidence of HIV/AIDS in Haiti. As with other early Caribbean disease narratives on leprosy and tropical fevers, knowledge about the disease was one way of exerting some control over what was deemed to be a malignant and uncontrollable enemy. Narratives about the disease, however, often blended scientific fact with exotic stereotypes that rested on situating the source of infection geographically and ideologically as far away as possible from the West.

This story was not new: from the early days of colonial enterprise, the West Indian colonies were marked as pathogenic spaces. Medical science, promoted by those forebears of modern tropical medicine such as William Hillary, James Grainger, James Lind and others, helped to popularise and legitimise the idea that the West Indies made Europeans sick. American virologists and other experts in the 1980s followed a similar trajectory: in their desire to find an origin for the epidemic, and, further, to provide an explanation for the ‘new’ devastating and seemingly erratic disease, the Caribbean, along with Africa, was again fingered as a site of infection. Indeed, the binary logic of infectious others and vulnerable selves evident in the early Caribbean medical narratives on leprosy and tropical fevers re-emerged in the narratives about HIV/AIDS in the Caribbean with Haiti, in particular, as the site of potential infection.

Such narratives, however, obfuscated the socio-political conditions that facilitated the rapid spread of the disease in Haiti and the wider Caribbean. Anthropologist, physician and AIDS advocate Paul Farmer, for example, critical of “facile claims of causality, particularly those that scant the pathogenic roles of social inequalities” advocates for dynamic, systemic, and critical perspectives on diseases such as HIV/AIDS
that are attuned to how “…poverty and other social inequalities come to alter disease
distribution and sickness trajectories through innumerable and complicated mechanisms”
(13).

UNAIDS statistics lend support to Farmer’s argument. A December 2009
epidemic update estimates that 97% of new cases of HIV/AIDS occurred in low- and
middle-income countries in 2008 (UNAIDS “Epidemic Update Core Slides” 10). By
focusing on HIV/AIDS as a disease associated with social and other inequities Farmer
follows the lead of medical historian David Arnold who also criticises the geographic
focus of tropical medicine from the late nineteenth century. Noting that the term ‘tropical
medicine’ “is in many respects anomalous, if not erroneous” Arnold argues that “[m]any
so-called tropical diseases are not inherently confined to the tropics, though they may
now have been banished from more temperate lands” (“Disease and Imperialism” 3-4).
Like Farmer, Arnold explains that such diseases are “in practice, diseases of poverty,
social deprivation, malnutrition and insanitary conditions” (“Disease and Imperialism”
4).

Farmer, Arnold and others, sensitive to the severe limitations of geographic
disease models, clear a space for more complex engagement with the phenomenon of
disease in the so-called third world. The tendency of geographic models to oversimplify
complex phenomenon, however, does have its ideological uses: emanating from the
United States, geographic models implicating the Caribbean locate the source of infection
away from the self and within the space of a clearly identifiable other. By facilitating
causal narratives on HIV/AIDS geographic disease models offer the hope that the threat
could ultimately be contained through the principle of the *cordon sanitaire* (see chapter 2).

Literally, the US and other countries closed their borders to non-nationals with HIV/AIDS in the eighties and early nineties (UNAIDS “Restrictions on Entry”). Only recently, in January 2010, did the United States remove visa travel restrictions for persons with HIV/AIDS (US Dept. of State “HIV Final Rule”). By demarcating lines of contamination that coincide with political boundaries such policies, in effect, contribute to a racialised geography of infection by which a category of undesirable typically non-white immigrants from the so-called third world are marked as infected and as a threat to the health of those desirable citizens on the other side of the border. Such modern day medical geography naturalises the association of HIV/AIDS with ‘other’ peoples and re-traces the *cordon sanitaires* inscribed by earlier narratives of tropical medicine, as I demonstrated in my analysis of leprosy and tropical fever narratives in this dissertation.

Not surprisingly, as with colonial leprosy, medically sanctioned quarantine was also an issue in the early days of the HIV/AIDS epidemic. Undoubtedly, binary logic is useful for soothing the disease anxieties of a population that envisions itself under siege by a strange, rapidly mutating disease, as we saw in Hillary’s, Grainger’s and Cassin’s narratives on leprosy. By associating HIV/AIDS, in part, with the ‘exotic’ Haitian other, early disease narratives located the disease as geographically and ideologically distant and allowed the illusion of an intact, coherent self to remain, even in the midst of what was quickly becoming a devastating pandemic.⁴

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⁴ There is a substantial body of diverse criticism on HIV/AIDS ranging from the academic to the popular. History of medicine scholar Jonathan Engel’s 2006 publication *The Epidemic: A Global History of AIDS*, for example, traces popular, medical and political narratives associated with HIV/AIDS since the early 1980s and is both accessible and well researched. Investigative journalist Celia Farber aims to provide an
HIV/AIDS and Leprosy

Geographical representations of HIV/AIDS conformed to the general pattern already associated with earlier tropical diseases, such as tropical fevers, that characterised the Caribbean as a pathogenic space. More particularly, however, representations of HIV/AIDS are comparable to early Caribbean representations of leprosy in the manner in which the latter marked the otherness of tropical peoples in relation to those more ‘temperate’ citizens of the metropoles. The image of tainted blood, for example, is a common trope in both leprosy and HIV/AIDS narratives. As I argued in chapters 2 and 3, leprosy was closely associated with tainted blood and ideas about miscegenation became entangled with ideas about the transmission of the disease through family bloodlines.

Similar narratives on HIV/AIDS focus on the image of contaminated blood though it is widely known that HIV is transmitted by bodily fluids and not by blood alternate history of the epidemic in her 2006 book, An Uncensored History of AIDS, which combines investigative journalism with Farber’s personal experience as an AIDS journalist in the early days of the epidemic. A number of Caribbean specialist texts on HIV/AIDS has also recently been published, usually by Caribbean publisher Ian Randle. These generally focus on sociological concerns such as Christine Barrow, Marjan de Bruin and Robert Carr’s 2009 edited collection of essays Sexuality, Social Exclusion and Human Rights: Vulnerability in the Caribbean Context of HIV, which calls for multidimensional approaches to HIV/AIDS in the Caribbean. Michael Kelly and Brendan Bain’s 2003 monograph, Education and HIV/AIDS in the Caribbean, promotes education as key to stemming the pandemic. Such works are part of an international trend in HIV/AIDS scholarship to approach the epidemic through a multidisciplinary and even transcultural focus paying close attention to issues of marginality related to sexuality, poverty, gender and other political hierarchies. Critical theory about HIV/AIDS includes Paula Treichler’s influential concept of AIDS as a disease of signification, discussed later in this chapter. More recent theoretical perspectives include sociologist Didier Fassin’s concept of political anesthesia which he develops in his 2007 monograph When Bodies Remember: Experiences and Politics of AIDS in South Africa, with an emphasis on writing about “bodies and memory” and “the inscribing of historical time onto flesh . . .” (xv) in a South African context.  

5 Sander Gilman argues convincingly that there are unmistakable parallels in historical representations of syphilis and contemporary representations of AIDS (248) and that these parallels are not random (258). This analysis, however, is not appropriate for the Caribbean region where syphilis was not a major problem on the plantation (as opposed to, say, in the contemporary Caribbean). Popular plantation medical manuals by James Grainger and William Hillary do not even mention syphilis in their description of diseases. For the Caribbean region, leprosy seemed to provide the parallels that Gilman identifies in relation to historic syphilis narratives in North America and Europe, but more so as a narrative construct evident in the historical narratives, as I demonstrate in this chapter.
alone. Envisioning both leprosy and HIV/AIDS as blood-based diseases allowed for an articulation of fears of spilt blood, along with metaphorical connotations of the ultimate dissolution of the self - the self as having come undone such that its very life force becomes a site of infection as well as a potential source of contamination for others. Fears of contact with spilt blood also facilitated essentialist notions of blood as associated with bloodlines and ethnicity. From this perspective, it is not difficult to understand the logic of disease that sought to locate HIV/AIDS in the bodies of black others whose contaminated blood was both a source of disease as well as the metonymic location of essential difference. In this context, the mixing of bloods, with its early colonial associations with miscegenation, but also with its biomedical connotations of danger, must be guarded against at all costs.

Another common trope concerned the issue of surveillance. As with early Caribbean leprosy narratives there was, predictably, early advocacy for surveillance and sometimes quarantine for individuals infected with HIV/AIDS, in the context of global travel networks that facilitated the spread of the disease across the world. Cuba, for example, initiated widespread screening for the disease by the mid-1980s. In the United States, the Centre for Disease Control acknowledges that “AIDS surveillance has been

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6 Associated with AIDS narratives from the early eighties, the colour red evokes the image of blood infected by HIV. Visual AIDS, initiators of the 1991 Red Ribbon Project, explain that the colour red was chosen for its “connection to blood and the idea of passion - not only anger, but love, like a valentine” (qtd. in UNAIDS “Wear Your Red Ribbon”). This synesthetic representation of love, passion and anger with the colour red comes together in the image of infected blood. Indeed, the Red Ribbon Project, according to its founders was intended “to demonstrate compassion for people living with AIDS and their caregivers” (Visual AIDS “The Ribbon Project”). Associated with the image of infected blood, the colour red is part of an internationally recognisable narrative of HIV/AIDS that both alludes to and contradicts epidemiological narratives of the disease. Indeed, HIV is transmitted through bodily fluids and not merely through blood, though the latter remains an extremely viable port of transmission. By associating the disease with the colour red, a parallel narrative emerges alongside the epidemiological one – indeed, entangled within the epidemiological narrative – that correctly associated HIV/AIDS with infected blood but which also participates in wider cultural narratives about HIV/AIDS that do not rely on epidemiological accuracy.

7 For commentary on the characteristics and effects of Cuba’s quarantine policy, see R. Bayer and C. Healton’s 1989 essay, “Controlling AIDS in Cuba: The Logic of Quarantine”.

the cornerstone of national efforts to monitor the spread of HIV infection in the United States and to target HIV-prevention programs and health-care services” (“Guidelines”). Indeed, the envisioning of individuals infected with HIV/AIDS as mobile threats whose movements must be restricted or brought under strict surveillance is part of a colonialist narrative of disease in which the *cordon sanitaire* is deemed both a medical necessity as well as an instrument of national security. In a similar manner to early Caribbean leprosy narratives, the desire to render the disease less mobile has often blurred into a parallel narrative in which the bodies of those with HIV/AIDS are deemed to be part of the ‘threat’ that must also be contained.⁸ These narratives are prominent in the early days of the AIDS pandemic, as demonstrated in the enormous corpus of cultural texts that take as their starting point the image of a mobile and dangerous virus embodied within a mobile and dangerous body, both of which required swift, decisive action.

Like leprosy, HIV/AIDS is also entangled in moralistic narratives about sexual behaviour. The idea of HIV/AIDS as a disease of homosexuals intensified the already overburdened stigma of the Caribbean ‘batty man’ one of the results of which was a slow government response to the crisis.⁹ While Caribbean leprosy and tropical fever narratives

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⁸ This containment, in effect, would fulfil what Priscilla Wald identifies as a crucial characteristic of the outbreak narrative. In *Contagious: Cultures, Carriers, and the Outbreak Narrative* Wald writes:

> The outbreak narrative – in its scientific, journalistic, and fictional incarnations – follows a formulaic plot that begins with the identification of an emerging infection, includes discussions of the global networks throughout which it travels, and chronicles the epidemiological work that ends with its containment. (2)

Ultimately, the containment of the ‘rogue’ disease facilitates the creation of powerful narratives, including heroic ideas about the triumphs of modern science over the ‘unruly’ disease. For Wald, however, the HIV/AIDS pandemic “had all the makings of an outbreak narrative, except one: it could not be contained” (27). The desire to contain HIV/AIDS, and the bodies of those infected with the disease may be understood through Wald’s framework as a desire to initiate some kind of action by which the disease might be monitored and eventually brought under control.

⁹ Indeed, “Keeping Score”, a 2007 UNAIDS publication on Caribbean responses to the AIDS epidemic notes that “[t]he association of AIDS in the region with homosexual and bisexual males and, later, prostitution and promiscuity, linked in particular to the tourist industry, made most governments and the private sector reluctant to deal openly with this topic” (17).
helped to further destabilise the racialised category of whiteness in the Caribbean, HIV/AIDS narratives in effect further marked black Caribbean homosexuals\textsuperscript{10} as deviant, reinforcing ideas of heterosexual citizenship as desirable in the Caribbean.\textsuperscript{11}

Indeed, HIV/AIDS fulfilled what the late nineteenth-century leprosy panic only threatened: a virulent pandemic that followed the lines of trade. Like Morea, in Frieda Cassin’s \textit{With Silent Tread}, who unknowingly carried leprosy into England, the so-called patient zero of HIV/AIDS was believed to have been one source of infection among homosexual men in North America (Auerbach et. al. 489).\textsuperscript{12} Unlike Morea, whose disease status is discovered before she infects anyone, Gaëtan Dugas came to embody the virulence of the disease and its high rate of transmissibility. While Cassin’s cautionary narrative remains at the level of what might happen if ‘the leper problem’ went unchecked, the CDC’s identification of patient zero appeared to describe the terrifying reality of an uncontrollable disease unleashed within the continent. Patient zero/Gaëtan Dugas quickly became the figurehead for an epidemiological nightmare: a virulent

\textsuperscript{10} While HIV/AIDS was first identified among the homosexual population in the Caribbean, it quickly moved into the heterosexual population (UNAIDS “Keeping Score” 14). UNAIDS notes that false beliefs that AIDS was a homosexual disease facilitated its transmission throughout the Caribbean (“Keeping Score” 14). Recent UNAIDS statistics estimate that “unsafe sex between men is believed to account for about one tenth of reported HIV cases” in the Caribbean (“Keeping Score” 14).

\textsuperscript{11} See sociologist Andil Gosine’s chapter “Speaking Sexuality: The Heteronationalism of MSM” for an analysis of how “dominant HIV and AIDS analyses and policies in the Anglo-Caribbean . . . facilitate, rather than challenge, heteronationalism (the processes through which citizenship is premised on racialised and gendered heterosexuality)” (97).

\textsuperscript{12} Dubbing “a non-Californian” as “[p]atient 0” (later identified as Gaëtan Dugas in Randy Shilts’ \textit{And the Band Played On}) who “appeared to link AIDS patients from Southern California and New York City” epidemiologists at the Center for Infectious Diseases argued that “[i]f the infectious-agent hypothesis is true, patient 0 may be an example of a ‘carrier’ of such an agent” (Auerbach et. al. 489). Priscilla Wald critiques both the CDC’s and Randy Shilt’s identification of a patient 0, arguing that such narratives helped to “restore a sense of agency” through the effects of stigmatizing which allowed for “isolating and containing a problem, such as a devastating epidemic” (226). For Wald, The identification first of a mysterious new syndrome and then of its presumed viral source generated a need for explanatory narratives that could make scientific and social sense of the unexpected events becoming known as “the AIDS epidemic”. (214)
infectious disease without a cure, able to cross political boundaries virtually undetectable in the body of an unruly male homosexual.

Published in 1997, one year after Devon Drew’s death from AIDS-related complications, Kincaid’s *My Brother* engages with some of these early narratives associated with HIV/AIDS but never settles into a sustained narrative in support of any one view. Unlike Cassin’s *With Silent Tread*, which depends on Manichean disease logic to fan anxieties about leprosy, *My Brother* struggles to clear a space from which discussions about HIV/AIDS could be articulated in terms other than the binary logic that has come to characterise the Caribbean in some post/colonial disease narratives.

**Critical Trends**

*My Brother* takes the form of a memoir that gives an account of the author/narrator Jamaica Kincaid’s recollection of her brother’s life and death. Coming after such works of fiction as *Annie John*, *Lucy* and *The Autobiography of My Mother*, *My Brother*, at first glance, appears to diverge from Kincaid’s previous work.¹³ For Maria Helena Lima, however, Kincaid’s work is “cumulative rather than linear: when seen together her characters constitute a single bildung - that of the writer” (857). Indeed, *My Brother* continues along Kincaid’s previous writing trajectory in the manner in which it grapples with issues related to the writer’s relationship with her mother and the land of her birth. Moira Ferguson’s 1994 monograph, *Jamaica Kincaid: Where the Land Meets the Body*, was the first to examine the parallels between the mother/daughter relationship

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¹³ Kincaid herself admitted in a radio interview with Larry Mantle that the process of writing the memoir was different from anything else she had done (cited in Lizabeth Paravisini-Gebert 37).
and the relationship between coloniser and colonised in Kincaid’s early novels, a trajectory that continues with critical scholarship on My Brother as exemplified in Ramón Soto-Crespo’s close reading of the garden motif in “Death and the Diaspora Writer: Hybridity and Mourning in the Work of Jamaica Kincaid”. Arguing that “Kincaid analogizes AIDS, the multisymptom illness spreading throughout her brother’s body, with the spread of colonialism throughout the West Indies” Soto-Crespo suggests Devon’s “subaltern body becomes bereft of life in postcolonial Antigua, just as the West Indies were depleted of their flora during colonization” (343).

Gerise Herndon also connects Kincaid’s depiction of AIDS to a critique of colonialism, arguing that “AIDS becomes personified in the same way as the English colonizers, as parasitic insects killing a passion fruit tree [and] like the tiny red ants killing her brother not from the outside, but from the inside” (¶ 24). Katherine Stanton’s article “Ethical Ennui and the AIDS Epidemic in Jamaica Kincaid’s My Brother”, pointing to Kincaid’s “diasporic guilt” and sense of obligation to those she left behind (44), demonstrates another common thread running through more general scholarship on Kincaid’s work. Indeed, Kincaid’s relationship with Antigua and her identity as a diaspora writer have long been focal points in Kincaid scholarship as exemplified in such works as J. A. Brown-Rose’s 2009 chapter “Jamaica Kincaid: The Caribbean Subject in the US, Living in Conflict”, which asks the question “[h]ow do Caribbean writers negotiate the local space in light of their position as transnational subjects?” (39). Curdella Forbes’ “Selling that Caribbean Woman Down the River: Diasporic Travel Narratives and the Global Economy”, focusing on the “sale of [Caribbean women’s]
voices in the global economy” (1), is another example of critical emphasis on issues relating to diaspora in Kincaid’s works.

Yet another critical theme across Kincaid’s work involves the role of autobiography. Criticism on My Brother, however, focuses more on the destabilisation of genre boundaries between biography and autobiography in the memoir as opposed to Kincaid’s novels. In “Death and the Biographical Autograph in My Brother”, for example, Jana Evans Braziel draws attention to the destabilization of genre boundaries between biography and autobiography in the memoir (129-130). This article, situated within a larger work on Kincaid’s writings, advances this theme of autobiography as characteristic of Kincaid’s writing as a whole.

Similarly, Alison Donnell argues that My Brother should be read as auto/biography and not as biography. Quoting Liz Stanley on auto/biography, Donnell argues that My Brother should be read as “a work that draws attention to the way in which ‘accounts of other lives influence how we see and understand our own and that our understanding of our own lives will impact upon how we interpret other lives’ ” (224). Louise Bernard, arguing that the memoir is “postmodern in both form and sensibility,” also suggests that the memoir “disrupt[s] and thus strip[s] away any simple definitions of generic categories” (116).

Critical engagement with Kincaid’s depiction of HIV/AIDS in the memoir have focused on AIDS as a metaphor for Antigua, such as in Derek Smith and Cliff Beumel’s essay “My Other: Imperialism and Subjectivity in Jamaica Kincaid’s My Brother”. Others such as J. Brooks Bouson engage with the memoir as a shame narrative that tries to aestheticise the experience of AIDS to “invest [Devon’s] life with a kind of narrative
Another common theme centres on Kincaid’s depiction of homosexuality. Typical among such critiques are Alison Donnell’s and Jennifer Rahim’s separate treatment of the text as a heterosexist narrative. Donnell, for example, asserts that “ultimately the text is a confirmation of a heterosexual self that actually participates in the process of othering [Devon] in terms of his sexuality” (224) while Rahim argues that “homosexual subjectivity is relegated to the ambivalent territory of unknown and known knowledge [in the text] that is subject to a persistent heterosexual overwriting of its surfacing” (18). Dorcia Smith, on the other hand, while acknowledging problems in Kincaid’s representations of homosexuality, suggests that Kincaid’s accomplishment resides in “drawing attention to the problematic nature of openly adopting a homosexual identity” in a homophobic society (153).

These examples point to a tendency among cultural and literary critics to read HIV/AIDS in *My Brother* often as a metaphor for engaging with more traditional postcolonial themes. My engagement with the memoir as a disease narrative, however, takes as its starting point the writer/narrator’s depiction of HIV/AIDS as a biological event and not as a metaphor for engaging with other issues relating to postcolonial identity and politics. In analysing the text as a disease narrative I am concerned with the structural elements and the text itself as they create an image of HIV/AIDS and not with issues of biological accuracy or the veracity of the personal narrative. While Kincaid’s depiction of HIV/AIDS is, undoubtedly, entangled among the memoir’s major themes, including issues relating to identity, home, diaspora and mourning, my analysis begins with a picture of HIV/AIDS that Kincaid creates in her narrative, and then engages with issues that emerge out of such a depiction. In other words, as with my analysis of leprosy
and tropical fevers, my focus here is on the representation of the disease first, and the wider implications of this representation second.

**Contradictory Narratives: Representing the Human Immunodeficiency Virus**

Early in the memoir Kincaid suggests a connection between two seemingly disparate events: Baby Devon, attacked by “an army of red ants” (5) and Devon, thirty years later, dying from HIV/AIDS. Kincaid’s story of the ants takes place the day after Devon is born:

That very next day, while they were both asleep, he snuggled in the warmth of his mother’s body, an army of red ants came in through the window and attacked him. My mother heard her child crying, and when she awoke, she found him covered with red ants. If he had been alone, it is believed they would have killed him. (5-6)

Shifting back to her visit with her adult brother in the hospital, Kincaid reminds her mother of the story and remarks to her readers that she was only wondering if it had any meaning that some small, red things had almost killed him from the outside shortly after he was born and that now some small things were killing him from the inside. (6)

Several issues layer in this passage, including conventional ideas of disease as enemy, an association of disease with imminent collapse and an image of disease mobility.

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14 As soon as she reveals this, however, Kincaid claims not to ascribe such parallel meaning to the two events: “I don’t believe it has any meaning, this is only something a mind like mine would think about” (6). This assertion, however, does not negate her prior statement of analogy as a representation of the disease but, rather, points to her desire to make sense out of her brother’s sickness even when she knows that her analogy itself also might not seem to make logical sense.
The collective noun, army, evoking images of synchronous action geared towards a common end, sets the context for Kincaid’s comparison. Envisioning the ants as a disciplinary force Kincaid ascribes volition and intent to the insects’ action and emphasises the baby’s vulnerability and ultimate helplessness in the face of this formidable opponent. The baby’s incapacitation, agony and woundedness, juxtaposed with the silent deadly agency of the army of ants, are meaningful in light of Kincaid’s evocation of the “small things [that] were killing [her brother] from the inside” (6) thirty years later. Presenting a conventional trope of disease-as-enemy, Kincaid’s understanding of the disease at this point in the memoir is mediated through her memory of an army of ants that ‘attack’ the sleeping child.

Kincaid’s descriptions of adult Devon, helpless and prostrate on the hospital bed, and her invocation of HIV/AIDS as “small things” inside Devon’s body suggests that, like his one-day-old self, Devon is the target of an attack. A remnant of a binary logic of disease that constructs the self as vulnerable and the disease as a hidden enemy, the story of the ants presents a dualistic moral paradigm: the child is an innocent victim and the ants are villain-type creatures that cause unwarranted, arbitrary hurt and suffering. For Kincaid, adult Devon is also a victim of “small things” inside his body: like the silent ants that enter through the window and attack the sleeping child, the disease-as-enemy invades Devon’s body and attack from within. Both the sleeping child and the prostrate patient, for Kincaid, are sites of assailment and the confirmation of human frailty and vulnerability.

This trope of disease as enemy is not new: as I have shown for leprosy and tropical fevers, a disease for which there is no cure, and about which much is still
unknown, is easily envisioned as an enemy that attacks its victims. The same narrative constructs the individual ‘attacked’ by disease as an innocent target. Indeed, Kincaid’s analogy directs blame away from Devon and towards the disease itself: like the baby Devon, adult Devon is a victim of circumstance for, like an army of ants, the “small things” attack, take control of his body and mark their presence on his skin, tongue, and the various sores and lesions about his body.\(^{15}\)

This image of HIV/AIDS as a mobile and hidden enemy and Devon as its innocent victim, however, is not consistent in the memoir. An alternate, contradictory narrative thread presents Devon as a mobile, dangerous enemy who potentially passes the virus to others. Early in the memoir Kincaid writes that she is not surprised that Devon has AIDS because he lived carelessly. On hearing of her brother’s illness from a family friend, Kincaid writes:

> If she had said he had been in a terrible car accident, or if she had said he was suddenly stricken with a fatal cancer, I would have been surprised, for he did not drive a car – I knew that. What causes a fatal cancer? I do not know that. But he lived a life that is said to be typical in contracting the virus that causes AIDS: he used drugs (I was only sure of marijuana and cocaine) and he had many sexual partners (I only knew of women). He

\(^{15}\) Devon’s body registers the progress of the disease, marked by the thrush in his mouth, the blackness of his face and the scabs on his skin. It is as if the markings on the body are not a part of Devon himself, but of something alien to him (the disease) which enters his body, makes him sick and alters his body’s appearance and functioning. The disease as agent appropriates and claims Devon’s body. Indeed, the idea that Devon’s body is not his own is persistent throughout the memoir with Kincaid comparing the blackness of his skin to a mask (150). Both Kincaid and her mother also agree that Devon’s dead body did not look like he did in life (181). In this scenario, Devon’s essential identity as brother and son is associated with a healthy body while his body bearing the effects of AIDS seems alien to those who know him. It is an image of an enemy that enters the body and takes over control, in a similar way to what Kincaid envisions with the analogy of the army of ants.
was careless; I cannot imagine him taking the time to buy or use a
condom. (7)

Drawing a distinction between unforeseeable events (car accident, cancer) and AIDS,
Kincaid implies that Devon could have avoided infection had he been more disciplined
and careful. Blaming Devon’s drug and sexual lifestyle, Kincaid’s moralising tone
suggests that Devon is responsible for his present condition.

This parallel narrative of blame becomes more damning as the memoir
progresses. Devon’s careless attitude continues at the hospital (43) and even at the
doctor’s office (58) where he continues to try to seduce women. Denying that he even has
AIDS (58, 65) Devon refuses to use sexual prophylactics or even to tell his partners that
he is ill. For Kincaid, this is because Devon is selfish. Writing about his relationship with
“a girl from Guiana” with whom he was having unprotected sex Kincaid notes: “he did
not tell her [that he was infected with HIV], because if he told her he thought she might
not want to have sex with him at all” (66). Even at a family outing Devon flirts with
tourist women (71-72). Kincaid remarks:

I don’t know . . . what he expected of them; it was only that he could not
help himself, he had seen some women, he had made himself seen by
them; the outcome would always be the same: sometimes women had sex
with him, sometimes they didn’t. (71-72)

Kincaid’s statement that Devon “could not help himself”, however, is not an
acknowledgement of his innocence but a recognition of Devon’s lack of self-control. This
makes him especially dangerous since he cannot be trusted in the public domain. Not
surprisingly, the writer/narrator’s conclusion, that “sometimes women had sex with him,
sometimes they didn’t” presents the potential for infection as a Russian roulette-type danger. Already diagnosed with HIV/AIDS, Devon’s behaviour puts others at risk and removes the possibility of consent with full knowledge.

These descriptions of Devon’s behaviour construct an image of a virulent, mobile patient zero whose body unleashes a dangerous enemy every time he has sexual intercourse. Indeed, Devon’s protestation that “he could not live without sex, that if he went without sex for too long, he began to feel funny” (66) recalls Randy Shilt’s presentation of Gaëtan Dugas, the so-called patient zero of AIDS in North America, whose sexual liaisons allegedly numbered in the thousands. Like Dugas, Devon is presented as recklessly endangering the lives of others. By identifying Devon as a source of danger and those like the Guyanese girl as his potential victims, Kincaid constructs yet another dualistic moral paradigm in which Devon is cast as pathologically anti-social. In this context, Devon as dangerous enemy clearly aligns with the “small things” that Kincaid also associates with her brother’s HIV/AIDS though this dangerous Devon is no longer envisioned as an innocent victim.

On one hand, the story of the ants constructs HIV/AIDS as an aggressive and even cruel disease. On the other, Kincaid peppers her narrative with examples of Devon’s own aggressive sexual behaviour. The aggressive disease, it seems, eventually translates into an aggressive individual infected with HIV/AIDS, with the infected person assuming the characteristics of the “small things” such that he becomes a hidden, dangerous enemy whose deadly agency is juxtaposed with the relative passivity and vulnerability of potential ‘victims’.
Devon’s mobility clearly affects Kincaid’s assessment of danger. The narrative of the ants and the “small things” depends on the physical incapacitations of the central figure: confined to a bed, the relatively immobile bodies of a baby and a dying man allow for the construction of a narrative of innocence that focuses on the action of another entity - the ants or the virus/disease - upon Devon’s body. Indeed, the image of Devon in the hospital bed may also be read as an image of the ideal patient of HIV/AIDS: as I demonstrated with my analysis of Old Pete in Frieda Cassin’s *With Silent Tread* (see chapter 3) the threat of contagion is personified in the figure of the mobile disease-carrier who represents an unpredictable threat to public safety. Confined to the hospital bed, however, Devon’s risk of spreading the disease is minimised, indeed, almost completely removed, on account of his physical incapacitation and the surveillance offered by the medical institution. Not surprisingly, the image of Devon on the hospital bed inspires the writer/narrator’s kindest thoughts about her brother as a victim of a lethal disease.¹⁶

Mobile Devon, on the other hand, the seducer of women, is not confined to one bed, but potentially invades many beds in the course of his sexual relationships by facilitating the movement of the disease-enemy from one body to others: like the virtually undetectable ants that enter through the bedroom window, Devon exposes his sexual partners to HIV without their knowledge and in the intimacy of the private space.

¹⁶ Ivette Romero-Cesareo provides an alternate reading of the image of the bed in her essay, “Moving Metaphors: The Representation of AIDS in Caribbean Literature and Visual Arts”. Romero-Cesareo identifies the metaphor of the bed “first occupied and then vacant, as the central image from which all other remembrances of the lost loved one arise” and which “reveals a[n] . . . intimate and profound meditation on loss” (109-110). On the image and metaphor of the bed in Kincaid’s memoir she notes: “Moving back and forth between the hospital bed and the bed at home (the bed metaphor being, at this point, an ‘inhabited’ bed) the narrative ties in the memories invoked by Kincaid’s brother’s imminent death” (110). Indeed, upon seeing her brother in the hospital for the first time, Kincaid remembers the story of the ants and it is at this point that she tries to form a connection between what she remembers and that with which she is trying to come to terms.
Literally, mobile Devon is responsible for exposing his sexual partners to HIV/AIDS. The onus of responsibility, however, easily shifts to a blame narrative in which both Devon and HIV/AIDS become associated with a hidden terror made more dangerous on account of Devon’s unrestricted movement.

Kincaid’s contradictory narrative stance mirrors typical HIV/AIDS debates that vacillate around these two extremes. In his role as sexual aggressor and as the disease personified, Devon’s mobility is fearsome and is a mark of his carelessness and irresponsibility as a member of a community. But in his role as victim, Devon’s body is envisioned as the battleground for the mobile disease-enemy whose coup d’état claims the patient’s body. In each case the individual’s body is either pitied or feared depending on whether it is envisioned as a discrete container for the disease or as a conduit for infection. Devon’s friends, who remain at the doorway when they visit him in the hospital, function as the memoir’s clear examples of the typical reaction of the Antiguan public in encountering the disease. Motivated by fear of contagion, the measured response of these onlookers is to limit bodily contact with the infected individual. Kincaid’s reaction to her brother is more complex, although, as with Devon’s friends, the disease triggers in her a fear of collapse.

From the vantage point of Devon’s bedside, and surveying the immobile, dying body of her brother, Kincaid can construct a narrative of innocence because she does not perceive herself to be at risk. In the case of the aggressive sexual predator, however, the writer/narrator recognises the vulnerability of other bodies and, by extension, her own. That Devon’s sexual partners are ignorant of his illness is a source of anxiety for Kincaid who enlists the help of a social worker to speak with Devon (66). While Kincaid’s
concern may quite likely stem from her consideration of those like the Guyanese girl, there are times in the narrative when she envisions herself as vulnerable to collapse and penetration, perhaps because her brother’s condition signifies more than just the epidemiological reality associated with HIV/AIDS.

Indeed, for critical theorist Paula Treichler “the AIDS epidemic is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification” (11). For Treichler, “[b]oth epidemics are equally crucial for us to understand, for, try as we may to treat AIDS as an ‘infectious disease’ and nothing more, meanings continue to multiply rapidly and at an extraordinary rate” (11). In a similar way to leprosy and tropical fevers, such as I discussed in the preceding chapters, AIDS far exceeds its biological identity. In My Brother, Kincaid attempts to find meaning in her brother’s illness and death by ascribing personal meaning to HIV/AIDS that hinges on ideas of order and integrity: as innocent victim, Devon’s illness violates the order and integrity of the human body; as sexual aggressor, however, Devon is a force of disruption and disorder himself.

Kincaid acknowledges this willingly. Responding to an AIDS counsellor’s suggestion that she take Devon to the United States for treatment, Kincaid responds:

I said, Oh, I am sure they wouldn’t let him in, and I didn’t know if what I was saying was true, I was not familiar really with immigration policies and HIV, but what I really meant was, no, I can’t do what you are suggesting – take this strange, careless person into the hard-earned order of my life: my life of children and husband, and they love me and love me again, and I love them. (49)
The writer/narrator’s emphasis on her family’s love reads like a mantra: she retreats to the comfort, security and domestic order of her Vermont life where love is unequivocal and predictable. For Kincaid, Devon, threatens this “hard-earned order” because he is careless and strange, a remnant of an unruly life she had long left behind. Indeed, alongside Kincaid’s criticisms of Devon’s carelessness are comments about Antigua as a place of disorder: the hospital has no medicines (34); the “Dead House” had to be torn down because “it could no longer contain the smells of the dead” (24); people are never punctual (32); and the stop lights are broken and unfixable (24). It is also the place where Kincaid’s mother resides who, Kincaid is sure, once wanted her daughter dead (131). For Kincaid, Devon is part of the disorder of this topsy-turvy world where parents hate their children and people and things do not function as they should. Devon’s illness confirms Kincaid’s sense of her brother’s carelessness and, by extension, functions as a signifier of the disorder that is Devon’s life.

In Antigua, Kincaid feels threatened by an overwhelming sense of disorder that she identifies in relation to the disease and her brother. Having viewed images of people “emaciated by disease” (36) at an informational lecture on HIV/AIDS, for example, Kincaid writes:

[T]hey looked like the remains of a black hole, something that had once burned brightly and then collapsed in on itself. These images of suffering and death were the result of sexual activity, and at the end of Dr.

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17 For additional commentary on the AIDS/Antigua parallel, see Derek Smith and Cliff Beumel’s “My Other: Imperialism and Subjectivity in Jamaica Kincaid’s My Brother”. Noting that, “[a]t times Antigua and Kincaid’s brother cease to exist as separate entities, but serve as two halves of a bifurcated symbol” connected by images of sterility and decay, Smith and Beumel argue that “[l]ike her brother, Antigua’s ills are incurable; the island is caught in an irredeemable decline” (106).
Ramsey’s talk, I felt I would never have sex again, not even with myself.

(38)
Translating images of the disease associated with other bodies and other people into something that is meaningful to her - her own sexual experiences - Kincaid feels that she “would never have sex again”. This reaction points to her fears of collapse and an acknowledgement of her vulnerability and human frailty in response to a disease that has hitherto remained at the fringes of her life. Her close encounter with HIV/AIDS in the person of Devon, however, ruptures the membrane that previously separated her from the disease such that her response to these images triggers a defensive reaction that she articulates as a loss of sexual desire. If Devon’s carelessness and, by extension, other people’s careless behaviour lead to HIV infection (“These images of suffering and death were the result of sexual activity”), Kincaid’s desire to seal her body from penetration is a logical response to the perceived threat of a disease of breached boundaries.

Kincaid reacts in a similar way when Devon returns home from the hospital. Standing at her brother’s bedside, Kincaid is startled when her brother shows her his penis:

[Devon] suddenly threw the sheets away from himself, tore his pajama bottoms away from his waist, revealing his penis, and then he grabbed his penis in his hand and held it up, and his penis looked like a bruised flower that had been cut short at the stem; it was covered with sores and on the sores was a white substance, almost creamy, almost floury, a fungus. (91)

In a moment of anxiety and panic Devon demands a response from his sister: “When he grabbed his penis in his hand, he suddenly pointed it at me, a sort of thrusting gesture,
and he said in a voice that was full of deep panic and deep fear, ‘Jamaica, look at this, just look at this’” (91). Kincaid responds with bewilderment:

   Everything about this one gesture was disorienting; what to do, what to say; to see my brother’s grown-up-man penis, and to see his penis looking like that, to see him no longer able to understand that perhaps he shouldn’t just show me – his sister – his penis, without preparing me to see his penis. I did not want to see his penis; at that moment I did not want to see any penis at all. (91)

Her conclusion, that “[she] did not want to see any penis at all” recalls her earlier response to the images of genitalia and emaciated AIDS patients at Dr. Ramsey’s informational lecture. Indeed, the word “penis”, repeated nine times in Kincaid’s narration of this episode, is what remains at the forefront of her memory. While before the word “love” becomes a mantra that reminds her of the order and comfort that await her return to Vermont, here, she is unable to move beyond the penis that is the source of her bewilderment, discomfort and dismay.

   Devon’s penis makes visible the effects of the disease on his body. Unlike his blackened skin and blood red lips, however, the penis is both a site of taboo for the sister, as well as a reminder of the sex act that she assumes led to his infection. By revealing what ought to remain hidden Devon forces his sister to confront his suffering in a manner that she does not expect but which is important to Devon who chooses to share his panic with her. Indeed, Devon’s actions violate the terms of Kincaid’s spectatorship of sickness and demand a different kind of participation.18

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18 Ann E. Wallace, in a 2007 essay, “‘Look at This, Just Look at This’: Melancholic Remains in Jamaica Kincaid’s My Brother.” argues that Kincaid’s “colonizing stare” seeks to make sense of her brother’s body
As a spectator of the sick, Kincaid expects the patient to remain confined to the space of the sick bed and to perform the part of the ideal patient who allows himself to be viewed. Devon’s aggressive gesture, however, interrupts the expected sickroom role-play. Instead, the patient’s behaviour is unpredictable and he demands a different response from the viewer who feels violated by the new performance. Indeed, the sight of Devon’s penis disrupts the ideal role-play by demonstrating an agency that Kincaid hitherto associates with Devon’s sexual conquests. Ignoring the boundaries of ‘proper conduct’ Devon’s action initiates an unwanted intimacy for Kincaid. Not surprisingly, this violation recalls Kincaid’s response after Dr. Ramsey’s lecture and re-initiates her desire to seal her body from penetration (“I did not want to see his penis; at that moment I did not want to see any penis at all” [91]).

The early image of Devon as a baby used as a parallel to Devon as a patient with HIV/AIDS presents a simple scenario that becomes increasingly more complex as the memoir progresses. Adult Devon showing his penis to his adult sister is quite different from the adult Devon in the hospital whom Kincaid meets on her first visit. Early representations of the disease based on the analogy with the ants are gradually revealed to be inadequate in representing Devon who, in revealing his penis to his sister, demonstrates a dimension of suffering that the onlooker cannot articulate or comprehend. Such complex encounters leave a space for imagining suffering but, at the same time, remind the reader that the memoir is, ultimately, based on Kincaid’s vicarious experience of HIV/AIDS. The suffering of the other is unknowable. Indeed, Kincaid’s bewilderment as a passive entity, by reading it in relation to her lost past. She notes: “In the act of staring, Kincaid is asserting her difference from her brother, looking at his body as alien, a passive object to be comprehended and made sense of” (122). For Wallace, this episode marks the first time that Devon “meets the stare and challenges his sister” by insisting that she look at “his soft wounded flesh” (122).
on seeing her brother’s penis results in a breakdown of language and cognition (“what to do, what to say;” [91]) and a momentary reliance on the sensory experience alone. This collapse of her higher-order faculties is what partly distinguishes the early writer/narrator who first approaches HIV/AIDS through a simple analogy about ants and “small things”, from the more experienced one whose encounter with HIV/AIDS reveals her own vulnerability and failures as a writer, sister and human being.

The contradictory narrative that collapses on itself mirrors the writer/narrator’s fear of collapse but also points to the ultimate unknowability of the disease. The revelation of Devon’s homosexuality at the end of the memoir adds yet another dimension to the narrative, the reading of which must be constantly revised to accommodate additional information. Indeed, the slipperiness of meaning itself is a cue to the complexity of the HIV/AIDS phenomenon and to the futility of reading strategies that seek to pin down a single meaning. Rather than a collapse of meaning itself, the narrative is meaning full, a condition that is even more evident in Kincaid’s naming of the disease.

**Naming the Disease**

The tension between AIDS as an epidemiologically specific condition and AIDS as a disease of signification is conveyed through a well-critiqued section of the memoir in which Kincaid and her brother each name the disease differently. Recalling a conversation with her brother upon seeing him in the hospital for the first time, Kincaid writes: “He said to me that he couldn’t believe he had AIDS (‘Me carn belieb me had dis chupidness’). Only he could not say the words AIDS or HIV, he referred to his illness as stupidity (‘de chupidness’)” (29).
Much has been written about Kincaid’s inclusion of her brother’s creole speech in parentheses, next to her own standard English translation.

Arguing that Devon’s creole “comes across as foreign and unintelligible” Ann E. Wallace criticises Kincaid’s framing of his words “in such a way that as readers we feel almost thankful that she has provided the key to his incomprehensible speech” (117). For Jennifer Rahim, “Kincaid participates in [Devon’s] ostracism by negating his Creole speech with her standard English” (10) while Maria Helena Lima argues that Kincaid “seems to devalue the creole form” (858) in the context of Kincaid’s comment that Devon’s English revealed the humiliations of history. Ever mindful of the asymmetrical and historically antagonistic relationship between standard English and creole, these writers criticise what they interpret as Kincaid’s sanitisation of her brother’s speech and assume that Kincaid replicates the old linguistic hierarchy. As with other representations of HIV/AIDS in the narrative, however, the issue is much more complex.

Early in the narrative, Kincaid is careful to follow ‘proper’ naming protocols for the virus and the disease: she writes about “people who are suffering from the virus that causes AIDS” (23), of a person “infected with HIV” (47), about “full-blown AIDS” (52) and about her brother’s “HIV-positive” status (65). In each of these examples, Kincaid maintains a clear distinction between the virus that causes AIDS and AIDS, demonstrating a literacy about the disease and a confidence in using the medical jargon. By the end of the memoir, however, this certainty vanishes and she is suddenly unsure about what to call the disease. Writing about another man who had recently died she notes that he “also had died of AIDS, or the virus that causes AIDS, or something like
that, whatever is the right way to say it, he had died of the same thing as my brother” (183-184).

The shift from medically appropriate naming protocols to an acknowledgement that she no longer knows what is the “right way to say it” points to the writer/narrator’s growing acceptance of the uncertainties that she associates with the disease. It is not that she no longer knows what is the medically appropriate thing to say, but only that such labelling is no longer appropriate for signifying what has come to be her harrowing encounter with HIV/AIDS. Indeed, My Brother may be read as Kincaid’s search for a language to convey her story. Whereas examples of her linguistic certainty point to an attempt to confront the disease through the ordering mechanism of a language backed by epidemiological knowledge and certainty, meaning and language collapse when she is confronted with images of the disease for which she is not prepared. Her loss of sexual desire after Dr. Ramsey’s talk and her bewilderment when confronted with her brother’s deformed penis contribute to this collapse in the manner in which each incident removes her from her comfort zone.

That this comfort zone is language itself is not surprising given Kincaid’s confession that words have saved her life:

I became a writer out of desperation, so when I first heard my brother was dying I was familiar with the act of saving myself: I would write about him. I would write about his dying. When I was younger than I am now, I started to write about my own life and I came to see that this act saved my life. When I heard about my brother’s illness and his dying, I knew,
instinctively, that to understand it, or to make an attempt at understanding his dying, and not to die with him, I would write about it. (196)

An example of this “attempt at understanding” comes early in the narrative when we learn that the writer/narrator has a therapeutic attachment to the term AIDS: “I wanted it to be real to me, that my brother was suffering and dying from AIDS; hearing that he was sick and dying was new to me and so every opportunity I got I would say it out loud: ‘My brother is sick and dying of AIDS’” (30). For Kincaid, the linguistic sign AIDS gives shape and structure to what is otherwise an overwhelming experience. Her preoccupation with words, in this case, on saying AIDS out loud, is not to flaunt her North American sophistication in a society where “families are ashamed to make their suffering known” (30) but an attempt to come to terms with HIV/AIDS through the familiarity of language. From this perspective, I propose that Kincaid’s inclusion of her brother’s speech in parentheses be read differently in light of her own bewilderment and her coping strategies that seek to understand Devon’s illness and death.

Devon’s naming of his disease “‘de chupidness’”, juxtaposed with Kincaid’s more formal naming protocol, in effect draws attention to the gap between the two words and, by extension, the worlds of each speaker. While Kincaid’s “AIDS” and Devon’s “chupidness” both refer to the same epidemiologically identifiable disease, each person experiences the disease differently: Devon experiences the effects of the disease while Kincaid experiences the disease vicariously through her brother’s suffering. For Devon, the disease is “de chupidness” because, as many have suggested, he does not seem to take it seriously and continues to engage in risky behaviours even after his diagnosis. But

19 Part of this coming to terms with HIV/AIDS is through speaking aloud the name as a kind of warning. For Kincaid, this is true for other names as well. We are told that when she calls her children’s name out loud it was “as if their name itself was a warning . . . or as if their name itself held regret” (98).
“chupidness” ought not be measured solely against its standard English translation: while Kincaid translates “chupidness” as “stupidness” - still a West Indian creole term though closer to the acrolect than the basilect on the creole continuum\(^{20}\) - “stupidness” is still recognisable by non-creole speakers. Each translation, however - chupidness to stupidness, and, implicitly, for Kincaid’s standard English readers, to some variant of stupidity - increases the gap in meaning from Devon’s initial utterance to Kincaid’s translation and, ultimately, the non-creole reader’s further translation of the term.

In Caribbean parlance, however, “chupidness” does not always intersect neatly with standard English translations of “stupid”. Though lexicographer Lise Winer defines “chupidness” in Trinidadian creole as “stupidity”, she also includes other definitions such as “bad behaviour; wrong-headedness; [and] unworthiness” (“Chupidness, Stupidness”).\(^{21}\) Reading ‘chupidness’ as a term of annoyance, we may engage with Devon’s utterance in relation to the disruption the disease causes in his life. The difficulty, indeed, the deficiency in Kincaid’s translation that waters down the brother’s creole into a more legible form of speech emphasises the unbridgeable difference between her vicarious involvement with HIV/AIDS and her brother’s unknown and unknowable lived experience.

It should also be noted, however, that Kincaid’s deployment of the term “AIDS” is also fraught with uncertainty. Indeed, her invocation of her brother’s disease as the

\(^{20}\) See Derek Bickerton’s 1973 essay, “The Nature of a Creole Continuum” for a review of the dominant creole continuum theories put forward by pioneers in Creole linguistics such as R. Alsopp, B. Bailey and D. De Camp. Bickerton argues for a “need for a different theoretical orientation … [to] replace static synchronic models of polar dialects with a single dynamic model incorporating both these and all the intermediate variations” (640). Bickerton’s term for these “intermediate variations” between the acrolect and basilect is the mesolect.

\(^{21}\) While the term ‘chupidness’ may have subtle variations in meaning across the Caribbean region, my argument rests upon a more stark distinction between the terms ‘chupidness’, as understood by speakers of Caribbean creole, and the standard English noun ‘stupidity’. As such, distinctions between Trinidadian and Antiguan creole variants are not relevant to my argument here.
“small things” inside his body, and later as simply the “thing”, alternates with her use of the terms AIDS and HIV, pointing to a difficulty in conceptualising her brother’s condition and in finding a language to speak about it. While this uncertainty is easily discernible in her use of imprecise descriptors such as “the small things”, her use of the term “AIDS” in the memoir tends to obfuscate this uncertainty: the acronym “AIDS”, coinciding, as it were, with the epidemiological name of the disease, is virtually indistinguishable from Kincaid’s deployment of the term “AIDS” though Kincaid’s use of the term is associated with a range of experiences beyond the epidemiological reality of the disease. The gap between AIDS as an epidemiologically specific disease and Kincaid’s invocation of AIDS as part of a narrative of uncertainty is not easily visible. By contrast, the gap between Devon’s evocation of his disease as “de chupidness” and the epidemiological term AIDS is clear.

On one hand, Kincaid’s use of the term “AIDS” points to her immersion in a culture where politically correct language - calling things by the appropriate name - is an index of her participation in and identification with the educated middle class. On the other, however, this political correctness obfuscates the tensions that simmer beneath the coherency of the single sign. Devon’s term for his disease, ‘de chupidness’, effectively separated from Kincaid’s prose, interrupts the smooth reading of his sister’s politically correct standard English pronouncement and, in effect, destabilises the narrative by demonstrating a gap in meaning in each construction of the disease. Part of this gap is, undoubtedly, due to the socio-political positioning of each speaker within the community: Devon, the unemployed, homosexual drug addict versus Kincaid, the internationally acclaimed and respected writer. But in a narrative that is concerned with finding a
language with which to write about AIDS, the gap in meaning also points to the unequal weighting of each speaker’s words and problems of voicing.

By including Devon’s creole speech in parentheses Kincaid in effect replicates the socio-political constraints that forced Devon to conceal the fullness of his identity in his community. Each parenthesis, quotation mark and other marker of difference that separates Devon’s creole speech from Kincaid’s mirrors the isolation and ostracism of homosexual males and AIDS patients in the community and replicates in narrative form the closet as social space from which Devon never emerges in his lifetime.22

Eve Sedgwick’s assertion that “[t]he closet is the defining structure for gay oppression in [the twentieth] century” (71) is relevant here. By marking Devon’s speech as separate and different from her own mainstream, middling prose, Kincaid re-presents the conditions of the closet that made it difficult for Devon to speak, to be heard and to live in the fullness of his identity. Indeed, the memoir’s fidelity to the constraints of the closet replicates in narrative form the very constraints that prevent Kincaid, and indeed the reader, from ever engaging with Devon except as a partial character, reminiscent of the treatment meted out to Pete in Cassin’s *With Silent Tread*.

The narrative’s replication of these constraints is also meaningful in the context of Sedgwick’s assertion that “modern Western culture” is “not merely incomplete, but damaged in its central substance to the degree that it does not incorporate a critical analysis of modern homo/heterosexual definition …” (1). The incompleteness that

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22 I am indebted to Jennifer Rahim’s essay “The Operations of the Closet and the Discourse of Unspeakable Contents in *Black Fauns* and *My Brother*” for this idea of the closet as a social space. Defining “[t]he phenomenon of the closet” as a “social structure engendered and maintained by the stigma attached to same-sex orientation as a mark of deviant or ‘sub-human’ nature” Rahim argues that the closet functions both as a “necessary space of survival against the fear of discrimination and rejection” as well as “a prison house of privacy or a disciplinary apparatus, ideologically and legally enforced by a heterosexist culture to justify the exclusion of same sex orientation from ‘real’ or legitimate human experience” (2).
Sedgwick identifies in relation to modern Western culture also extends to Kincaid’s readers who stand, so to speak, on the other side of Devon’s closet. Furthermore, the choppy narrative and its tendency to collapse on itself point to the “damaged” and “incomplete” state of the memoir as an artefact of a Western heteronormative culture. From this perspective, it is productive to read Kincaid’s translation alongside Devon’s constrained creole as a complex didactic moment pointing to the difficulties of speaking and of being heard in a heteronormative culture rather than merely as evidence of Kincaid’s condescending attitude towards her brother and their island home.

By drawing attention to the text as a contested site where different voices jostle to be heard, the memoir opens a space for engaging with difficult knowledge, such as homosexuality in the Caribbean, in a manner that replicates the political effect of constraining cultures on the individual and by focusing on the text itself as an unruly space rather than on the ‘deviant homosexual body’. Indeed, critics who identify an injustice in Kincaid’s translation and separation of her brother’s creole rightly respond to an injustice at the level of the text in which Devon’s voice is less privileged than Kincaid’s. The sense of injustice is made even more acute in the context of the memoir in which Kincaid’s voice is more audible than Devon’s even when he speaks about his illness. The political import of this injustice of the text, however, is made clearer by the end of the memoir when Kincaid learns about her brother’s sexual lifestyle.

At a book reading in Chicago not long after Devon’s death, Kincaid learns of her brother’s homosexuality from a woman who offered her home on Sunday afternoons to “men who loved other men” so that they could “enjoy each other’s company” (166). Kincaid is overcome by “[a] great sadness” whose source
was the deep feeling I had always had about him: that he had died without ever understanding or knowing, or being able to let the world in which he lived know, who he was; that who he really was - not a single sense of identity but all the complexities of who he was - he could not express fully: his fear of being laughed at, his fear of meeting with the scorn of the people he knew best were overwhelming and he could not live with all of it openly. (162)

Kincaid’s “deep feeling” that her brother could not express his complex identity connects back to her bracketing of his creole speech earlier in the memoir but also, surprisingly, to her own writing:

His homosexuality is one thing, and my becoming a writer is another altogether, but this truth is not lost to me: I could not be a writer while living among the people I knew best, I could not have become myself while living among the people I knew best. (162)

Kincaid’s success as a writer is matched by her brother’s unrealised potential as, unlike her, he was never able to leave Antigua. That Kincaid’s words are read and that they are even highly acclaimed, is her evidence that she has “become [her]self”. The connection

23 While Kincaid’s juxtaposition in this passage is intended to mark her new understanding of the constraints of Devon’s life, her articulation of this difference in terms of a Manichean binary of place continues to associate Devon and the Caribbean with unproductive potential that is perhaps, characteristic of a more general anti-Caribbean attitude that she demonstrates in her works. While these facets of the narrative are not relevant to my discussions of the text as a disease narrative, they do, nevertheless, point to Kincaid’s enmeshment in contradictory narratives about the Caribbean such that a post/colonial reading of images of flowering and sterility in the memoir, (writing about her brother Kincaid notes: “…in his life there had been no flowering, his life was the opposite of that, a flowering, his life was like the bud that sets but, instead of opening into a flower, turns brown and falls off at your feet” [162-163]) might reveal a different overall emphasis than what I argue for her presentation of HIV/AIDS in the memoir. See, for example, Alison Donnell’s reading of the memoir in which she asserts that Kincaid “packages Devon, alongside Antigua and her mother, as a threat to all that she has achieved, a kind of atavistic presence that must be managed appropriately” (225).
she feels to Devon on learning of his secret life is based on an understanding of Antiguan society: had she remained in Antigua, she implies, she too would have had to shut parts of her identity away. That she escaped the limitations of Antiguan life and made her mark as a writer makes her mourn Devon’s life and death in a different way than before, because she realises that his life could have been hers.

Kincaid’s choice to represent Devon’s creole speech in parentheses, and, at other times, to simply paraphrase what he has said in her own style of prose reveals a sensitivity for the position from which Devon spoke as a closeted homosexual. Moreover, these sections work in tandem with what is potentially a cathartic outing close to the memoir’s end. On one hand, the revelation of Devon’s homosexuality reveals Kincaid’s prior judgements of blame or innocence to be woefully uninformed and therefore unviable. Instead of a victim invaded by a lethal and mobile enemy, or a sexually aggressive personification of the disease itself, we are invited to see Devon as unknown and unknowable, locked away in the social space of the closet. What he says, even how he speaks, cannot stand for Devon, for, as Kincaid comes to recognise, “he had died without ever understanding or knowing, or being able to let the world in which he lived know, who he was” (162). By including Devon’s speech in parentheses Kincaid’s narrative is truthful to the tensions of the closeted space from which Devon spoke (and did not speak) when he was alive.

Conclusion

In their roles as tropical physicians, Grainger, Hillary and Lind adopt an attitude towards disease as though it were a conquerable territory. These physician-writers begin
with the assumption that increased knowledge would render the unknown enemy - 
leprosy and tropical fever - knowable and therefore domesticable. The form that these 
colonial disease narratives take, following standard scientific writing conventions, 
emphasises and facilitates incremental increases in knowledge and, as such, presents the 
disease terrain as one that could be conquered at a future time. As I have shown, these 
characteristics of the colonial medical narratives continue in contemporary narratives 
about HIV/AIDS and other diseases. Unfettered by the conventions of scientific 
narratives, Kincaid’s memoir adopts a different position, namely, that HIV/AIDS is 
ultimately unknowable to the vicarious bystander.

In Frieda Cassin’s *With Silent Tread*, this unknowability about leprosy is cause for alarm. For Vincent Metivier in *Night Calypso*, this unknowability propels him to devise experiments to know more about the effects of the disease on the human body. *My Brother*, however, shifts the conversation away from knowledge - what we know about a devastating disease - to gaps in knowledge - what we don’t know about it - though these gaps focus on personal rather than epidemiological narratives. Indeed, Kincaid’s memoir speaks out by not speaking out. By ventriloquizing her brother’s words, by translating them and by isolating them in the body of the text, Kincaid is the witness who survives to tell the story: literally, because she does not have HIV/AIDS, but allegorically as well, as she belongs to and identifies with a heteronormative culture in which she is a wife and mother.

By including her brother’s words, albeit bracketed and isolated in the text, Kincaid bears witness to the difficulties for closeted men like Devon to speak out in the still largely homophobic cultures of the Caribbean. Indeed, the memoir’s inclusion of the
story of Freeston, who comes out of the closet to educate the Antiguan public about HIV/AIDS, demonstrates the fate of those who try to resist the status quo: Freeston dies an object of scorn and ridicule (146-147). Devon’s voice - and even Freeston’s story - gestures towards the untold stories of HIV/AIDS. Just as those like Freeston and Devon are isolated in the hospital, in the community and even in death - we are told that Devon and another AIDS patient are buried on the margins of the cemetery, the space historically reserved for community deviants such as those who commit suicide - Kincaid’s structural marginalisation of them in the body of the memoir gestures towards another story that must be read in between the printed words. In this context, Kincaid’s narrative invites us to read HIV/AIDS differently from the general manner in which it continues to be read in homophobic Caribbean communities.

The slippery, ever-shifting narrative ensures that meaning remains unstable for the duration of the memoir. What remains clear, however, is the difficulty of speaking - and writing - about HIV/AIDS, even for someone like Kincaid who claims refuge in the power of words. For Caribbean literary scholar Sandra Pouchet Paquet, the memoir may be read as an “extended conversation with the dead” (244). Her assertion that writing about and for the dead is an attempt at “establishing a defensive position against death and annihilation” (245) points towards one paradoxical effect of the memoir: though Devon was unable to freely live the complexity of his identity when he was alive, he does so in the contested space of the memoir in which his spectral presence continues to haunt each page.
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