

# 'Monstrous births' and the making of race in the nineteenth-century United States

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From the Middle Ages to the Enlightenment, "monstrous births"—malformed or anomalous fetuses—were, to Western medicine, an object of superstition. In 19th-century America, they became instead

an object of the "modern scientific study of monstrosity," a field formalized by French scientist Isidore Geoffroy Saint-Hilaire.

This clinical turn was positioned against the backdrop of social, political, and [economic activity](#) that codified laws governing slavery, citizenship, immigration, family, wealth, and access to resources.

In a new article published in *Isis*, "[Monstrosity in Medical Science: Race-Making and Teratology in the Nineteenth-Century United States](#)," Miriam Rich demonstrates how scientific interest in monstrous births served as a mechanism for stabilizing notions of race and racial hierarchy, and shaped modern medical discourse into a project of making race.

Rich presents three frameworks, or "logics of race," that structured the study of monstrous birth, beginning with the schema of development in the field of teratology. Teratology, informed by the theory of epigenesis, proposed that monstrosity was caused by an arrest in the development of a fetus before it could reach its final, more perfect form.

This model was predicated on a belief in both teleological progress and a hierarchy of being. It overlapped with taxonomies of race that placed white Europeans at the top, and therefore implied a correlation between infant "monsters" and the racialized subjects who fell farther down the continuum of species. As Rich writes, "Through the scientific framework of teratological development, monstrosity gained specificity as a way to articulate the nature of racial difference—as hierarchical, temporalized, and biologically embodied."

The second logic of race articulated by Rich is that of the monster as "a race apart." The "race apart" framework proposed that monstrous births comprised their own species, distinct even from human race categories, and was supported by the fact that monsters could be born to women of

any race. Rich draws upon the examples of an enslaved Black woman in Georgia and a white English woman in Philadelphia, both of whom gave [birth](#) to infants with anencephaly.

As she notes, "Within a leading taxonomic cosmology of the era's [medical science](#)...the two women in these cases did not belong to the same species as one another—but, remarkably, their monstrous infants did." Rich suggests that despite the departure this theory represents from contemporary notions of race as congenital and immanent, the "race apart" thesis was ultimately used to legitimize a system of racial hierarchy.

The third and final logic of [race](#) examined in this article is that of "monstrosity as racial degeneracy." In the aftermath of Emancipation, fears on the part of white hegemony regarding the destabilized racial categories that slavery had once upheld were transmuted into fears regarding social and evolutionary decline.

Since the favored model of Darwinian evolution at this time was one of progress, and the theory of teratology had conflated fetal developmental progress with whiteness, monstrous births in this period were seen as signs of atavism, and thus of regression into non-whiteness. In addition to reinforcing the racial boundaries of the late 19th-century, Rich writes, this schema of monstrosity would also pave the way for early 20th-century eugenics.

In this article, Rich argues that the interpretation of monstrosity used by 19th-century scientists had significant implications for the racial caste system in the United States and for medicine as a discipline. The study of monstrous births shaped [human reproduction](#) into a site of the inscription of fixed racial difference, and embedded within modern medical discourse a practice of racial hierarchy.

**More information:** Miriam Rich, Monstrosity in Medical Science: Race-Making and Teratology in the Nineteenth-Century United States, *Isis* (2023). [DOI: 10.1086/726315](https://doi.org/10.1086/726315)

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