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# “The Picture of Health”: The Public Life and Private Ailments of Mary Church Terrell

Alison M. Parker<sup>1</sup>

**T**HROUGHOUT AMERICAN HISTORY, both in slavery and as free women, African American women have confronted the problem of whether to disclose or hide their bodies’ illnesses and pains. For some, redemptive suffering and pain served as a powerful metaphor that openly inspired their reform activism.<sup>2</sup> For others, the risk of disclosure seemed too great, especially if their physical problems had a sexual or reproductive dimension that could be construed in a racist light by the dominant white American society. In this paper, I confront the question of how, when, and why Mary (Mollie) Church Terrell privatized pain and illness.

Mary Church Terrell (1863-1954) spent at least fifty years in the public eye in several different capacities: she was one of the first African American women in American history to earn a four-year Bachelor’s degree from a predominantly white college, Oberlin; a teacher in the “coloured” public schools in Washington, DC; the first black woman to be appointed to the District of Columbia’s Board of Education; the first president of the National Association of Colored Women (NACW); a delegate to several international conventions in

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Europe, which she addressed in fluent German and French; a charter member of the National Association for the Advancement of Colored People (NAACP); a suffragist who picketed the White House with the National Women's Party; a paid speaker on the black and white lecture circuits; an author of many newspaper articles and speeches; and the initiator of a boycott and lawsuit against segregated restaurants in the nation's capital in the late 1940s and early 1950s. A prominent African American woman whose career depended upon her public image, Terrell was reluctant to reveal much about her private life. In particular, she consistently suppressed information about her health and illnesses.<sup>3</sup>



*Mary Church Terrell,  
photograph courtesy of the US Library of Congress.*

At a basic level, writing a biography means following a person's life from birth through death. It also means confronting the significance of illness and aging in a life story. Although health and illness rarely openly define the public lives of either prominent or less well-known individuals, they are often unseen, unacknowledged influences on an individual's life, philosophies, or personality. Historian Mary Felstiner challenges scholars to carefully interrogate the way pain and illness is hidden; she asks us to think, especially, about "the way trouble is privatized." Drawing on the example of her own struggle with rheumatoid arthritis, Felstiner suggests that "harm is done, over time, by leaving illnesses unspoken and that good might come of knowing the ingenuity it takes to deal with them."<sup>4</sup>

As a person whose body was designated as black and female, Terrell knew that she already risked being stereotyped as weak and unfit—as unacceptably outside the white (and male) norm. Aware of the social stigma surrounding race, as well as that surrounding illness and disability, she declined to publicly acknowledge any health issue that might be perceived as a sign of racial weakness or inferiority. After all, characterizing black women as inherently prone to diseases (especially sexually transmitted diseases) yet also, paradoxically, as physically stronger, lacking the delicacy and sensitivity attributed to white women, helped whites justify black women's enslavement and hard labour.<sup>5</sup> Even after the end of slavery and Reconstruction, black women's respectability was always at risk of being discredited or undone. Terrell's reluctance to reveal her health problems was connected to, as Deborah Gray White puts it, "the black woman's perennial concern with image, a justifiable concern born of centuries of vilification."<sup>6</sup> In the nineteenth century, elite white women sometimes claimed weakness and disability as a sign of their delicacy and class status, yet well-off black women either could not or did not usually make such public claims.<sup>7</sup>

Terrell's and other clubwomen's collective resistance to negative stereotypes of black women as immoral, highly sexualized and (as some whites implied), diseased, spurred them to join together in a national organization, the National Association of Colored Women,

in 1896.<sup>8</sup> From this perspective, Terrell's self-censorship makes sense. Uncovering what Terrell suppressed sheds greater light on her particular life story as well as on African American women's history in the decades around the turn of the twentieth century. This article extends the work of scholars who are recovering what Diane Price Herndl terms the "invisible history" of African American women who "dealt with a cultural discourse that not only refused to recognize their illnesses but in many ways denied their physicality, even as it paradoxically refused to grant them an existence that went beyond that physicality."<sup>9</sup> By exploring the painful experiences that Terrell kept hidden from all but her closest family members, I attempt to make sense of the personal costs of her illnesses and her silence. Until now, Terrell's health problems have been virtually ignored by historians.<sup>10</sup> Yet her illnesses fundamentally shaped her public work and reform priorities. By taking race and racism into account, this case study also enhances the field of disability studies by demonstrating how race and illness interconnected in one black woman's life.

Perceiving white Americans as most in need of her civil rights and reform messages, Terrell was concerned about how she, as a black woman, could gain and retain white audiences. She recognized, moreover, that audiences in general shunned those with illnesses or disabilities "as embodying that which Americans fear most: loss of independence, of autonomy, of control." As Jeffrey Rubin points out, in a culture that typically allowed only fit bodies to participate in the public discourse, to be disabled was "to be out on the margins of a margin of a margin."<sup>11</sup> To combat marginalization based on race, sex, or disability, Terrell determined that she must represent herself as a beautiful, respectable woman who was, in her husband's words, the "picture of health."<sup>12</sup> Fearing negative perceptions that might diminish or denigrate her public persona and future opportunities for speaking engagements or leadership roles in reform organizations, Terrell rendered her illnesses invisible by carefully inscribing her public body with wellness and decorum. She dressed elegantly and distributed beautiful photographs of herself to promote her lectures as well as to accompany her newspaper articles and editorials. Maintain-

ing her image was important, because travelling on the lecture circuit brought Terrell income and kept her in the public eye, thereby allowing her to further market herself as a prominent public figure who should be hired by newspapers as a featured columnist or article writer.<sup>13</sup>

American society's racism and its segregationist policies insistently identified Terrell as a black woman. By the turn of the twentieth century, local, state, and federal laws quite literally marginalized both racial and disabled "others" who were viewed as inferiors who should be regulated and hidden away. Susan Schweik suggestively notes that regulations based on both race and disability, in the form of both "unsightly beggar" and Jim Crow segregation laws, "shared an uneasy reliance on visual identification. Unsightliness lay in or on skin."<sup>14</sup> Compounding this issue is the fact that, by the late 1890s, white Americans found additional ways to justify separation of the races. Namely, they seized on statistics showing that black Americans more frequently contracted diseases such as tuberculosis. In this context, the new germ theory of disease transmission helped justify segregation of the races by identifying black Americans as a source of contagion to be literally avoided.<sup>15</sup> Terrell's personal and bodily disclosures were informed by the realities of Jim Crow, which she navigated daily in the nation's southern and increasingly segregated capital, and with particular urgency when she travelled on the lecture circuit. Confronting Jim Crow train cars, hotels, and restaurants, Terrell's diaries recorded numerous incidents during which she was subjected to hateful insults and humiliating racial discrimination, especially throughout the South.

Terrell's multiple identities, based mainly on her sex, race, and class, were often in flux. While travelling on the lecture circuit, her light-coloured skin sometimes allowed her to pass as white. When she could, she passed in order to be more comfortable on her long journeys, as well as to dupe her oppressors. Not ambivalent about being what she termed "a colored woman," nor interested in passing permanently, Terrell was always willing to not reveal to others what they might not immediately discern. In this way, Terrell

viewed her temporary passing as a form of dissemblance and an act of resistance. As she explained:

people who are discriminated against solely on account of race, color, or creed are justified in resorting to any *subterfuge*, using any *disguise*, or playing any *trick*, provided they do not actually break the law, if it will enable them to secure the advantages and obtain the rights to which they are entitled by *outwitting* their prejudice-ridden foes.<sup>16</sup>

Passing did break southern laws but, as Terrell recognized, was not truly transgressive because it did not further her larger goal of creating broader social and political change. Thus, throughout her career as a public reformer and civil rights activist, she engaged in a public critique of the legal underpinnings of racism in the United States, especially Jim Crow segregation laws, anti-miscegenation laws, and the convict leasing system.



Taking a stoic and self-protective stance on her health, Terrell's writings did not disclose in detail her inner secrets or problems. What can be established is that she suffered from a series of painful illnesses throughout her adult life that affected her emotionally, physically, and financially. Although she kept her own body's problems hidden as much as possible, Terrell's public stance on issues such as health-care, childcare, and education were deeply informed by her private experiences. Linda Wagner-Martin notes that biographers of women often face the problem of readers who are troubled by the "attention paid to biological processes (menstruation, pregnancy, and menopause, as well as general sexual experience)." She argues, however, that "for women, whose lives often fuse public and private, a biography of less than the complex whole would be inaccurate."<sup>17</sup> Taking up this challenge, I've chosen not to leave unspoken Terrell's health problems, including those surrounding pregnancy, but rather to incorporate them into her life story on the grounds that these experi-

ences played an important role in her life and determined her reform priorities.

As the first president of the National Association of Colored Women in 1896, Terrell promoted a strong maternalist program, including the founding of day nurseries and kindergartens for black children. Her reform agenda had a tragic personal dimension. Despite the fact that women in the past frequently risked their lives in childbirth and that women today often have to take sick leave in order to receive paid leave for bearing children, pregnancy was not and is not inherently a disability or illness. Yet Terrell's pregnancies must be characterized in these terms. Beginning with her first pregnancy in 1892, when she was in her late twenties, Terrell gave birth to three babies in five years, each of whom died within a few days of birth. Not only that, it appears that she almost lost her life during the delivery of her first baby.<sup>18</sup>

Personal grief, modesty regarding issues of sexual reproduction, and her legitimate fears about racism toward black women all converged to reinforce Terrell's desire for secrecy about her reproductive health.<sup>19</sup> Although she wished to keep her health problems private, they were painfully public. The fact that Terrell carried three babies to term means that friends and strangers alike knew that she had been pregnant and lost these infants. Unlike a miscarriage, which might have gone unnoticed by others, these births and deaths were a tragic situation which Terrell could not hide.<sup>20</sup>

In 1896, the same year she was appointed as the first black woman on the Washington, DC, School Board and voted in as the National Association of Colored Women's first president, Terrell was pregnant with the last of the three babies she would lose. Terrell's autobiography, published when she was in her seventies, reveals some of her earlier grief:

The [NACW] meeting was held in July and at the time I was expecting a little stranger who would arrive, I hoped, the last of September. He came but did not tarry long with me. It was a bitter, grievous disappointment to Mr. Terrell and myself.<sup>21</sup>

Privately, she suffered from episodes of deep depression during these years: “When my third baby died two days after birth, I literally sank down into the very depths of despair. For months I could not divert my thoughts from the tragedy, however hard I tried.” She confessed, moreover, that her desire to have children was deeply-felt:

The maternal instinct was always abnormally developed in me. As far back as I can remember I have always been very fond of children. I cannot recall that I have ever seen a baby, no matter what its class, color, or condition in life ... that did not seem dear and cunning to me.<sup>22</sup>

The deaths of three infants in a row challenged her maternal identity and abilities and profoundly disturbed her sense of self, especially in light of contemporary racist rhetoric that maligned black women as being incapable of bearing “well-born” babies.<sup>23</sup>

In this context, her significant leadership positions provided Terrell with a necessary sense of mission and purpose. Recalling it forty years later, her work became her salvation:

but like other mothers who have passed through this Gethsemane, I pulled myself together as best I could and went on with my work. I had to go on with it. The teachers, the parents of children and others who wanted to talk with the only colored woman who was a member of the Board of Education insisted on seeing me and presenting their respective cases, anything my nurse might say to the contrary notwithstanding. And they rendered me a great service for which I am grateful today. Obligated to be interested in the troubles and trials of others, I had little time to think of my own aching heart.<sup>24</sup>

In spite of this claim from a remove of several decades, it was not so easy for her to banish her pain.

Terrell’s distress was increased by the racism that she believed had put her infants at increased risk. As a pregnant woman wanting to get quality health care, Terrell instead faced discrimination and seg-

regation in Washington, DC. Even those hospitals that allowed black patients did not give them equal care or access to sophisticated medical equipment.<sup>25</sup> Decades later, in her autobiography, Terrell chose not to suppress what might be perceived as a disability and failure on her part—her babies' still births—but instead testified about them as a way to challenge racism in the United States. She attributed her infants' deaths at least in part to inadequate hospital care. In the case of her third baby, she explained that:

Right after its birth the baby had been placed in an improvised incubator, and I was tormented by the thought that if the genuine article had been used, its little life might have been spared. I could not help feeling that some of the methods employed in caring for my baby had caused its untimely end.<sup>26</sup>

Terrell knew from personal experience that racism directly endangered the health and survival of black mothers and their babies. Indeed, inadequate and segregated health care contributed to higher rates of infant mortality for black infants throughout American history. To some whites, these statistics helped confirm their sense of blacks' inferiority.<sup>27</sup>

In her autobiography, Terrell also made a point of linking the traumatic news she received in 1892—that her good childhood friend, Tom Moss, had been lynched in Memphis—to the imperilled health of her pregnancy and the future psychological welfare of any child born in these traumatizing circumstances.<sup>28</sup> She suggested that the trauma she experienced after finding out about her friend's lynching had injured her own body, mind, and soul so deeply that it could have permanently harmed her baby, even if he had survived.<sup>29</sup> From this tragic perspective, she tried to reconcile herself to her infant son's death:

The more I thought how my depression which was caused by the lynching of Tom Moss and the horror of this awful crime might have injuriously affected my unborn child, if he

had lived, the more I became reconciled to what had at first seemed a cruel fate.

Drawing on hereditarian notions, she feared that racism could poison black women's souls and have such a negative effect on them that she and other women in similar situations could potentially damage their unborn children's mental and moral development:

As I was grieving over the loss of my baby boy one day, it occurred to me that under the circumstances it might be a blessed dispensation of Providence that his precious life was not spared. The horror and resentment felt by the mother, coupled with the bitterness which filled her soul, might have seriously affected the unborn child. Who can tell how many desperadoes and murderers have been born to colored mothers who had been shocked and distracted before the birth of their babies by the news that some relative or friend had been burned alive or shot to death by a mob?<sup>30</sup>

Terrell's musings about the pernicious role of racism in literally threatening the health and welfare of black families drew on ideas popular at the time: blacks and whites at the turn of the century held beliefs ranging from the notion that "rakish fathers" could bequeath a negative "moral legacy" to their children, to "euthenics," which argued that home surroundings could influence the health and welfare of babies.<sup>31</sup>

When Terrell became pregnant again, she felt she had no choice but to temporarily leave her home and husband to try to give birth to a healthy child. Her only surviving child, Phyllis, was born in 1898 in New York City, where Terrell had gone to receive care from her mother, Louisa Church, as well as to get better treatment for her newborn in a hospital with proper equipment.<sup>32</sup> Knowing how much Mollie had suffered, and thrilled that this baby had survived, Louisa decided to leave New York to move into the Terrell home where she helped with housekeeping and childcare. Terrell explained:

After my dear mother came to live with me, I was relieved of much responsibility and I was able to leave home to fill

lecture engagements occasionally, which I could never have done with a clear conscience but for her presence in the home.

Louisa Church lived with the Terrells for the last fifteen years of her life.<sup>33</sup> Eager to expand their small family and provide a big sister for Phyllis, the Terrells adopted her niece and namesake, Mary, in 1905.<sup>34</sup>



Terrell's strongest acts of empowerment and self-preservation, and strongest measures for the preservation of black womanhood more generally, were undertaken as leader of the School Board and the National Association of Colored Women, an organization which Darlene Clark Hine aptly describes as "the most enduring protest organization in the history of Afro-Americans."<sup>35</sup> Throughout her personal crises, Terrell publicly took on the burdens of all black mothers and children as she privately grieved over her own losses.

During her 1896-1901 tenure as president of the National Association of Colored Women, Terrell set an agenda that prioritized the needs of African American mothers and children.<sup>36</sup> Even after she finally had the chance to have and raise a healthy child of her own, she was haunted by the fact that "Thousands of our wage-earning mothers with large families dependent upon them for support are obliged to leave their infants all day" in unsafe situations with siblings or overburdened neighbours. Terrell recognized that many black mothers had no choice but to be the primary wage-earners in their families. Poor children lacked supervision and encouragement, Terrell sympathetically explained, because their mothers had to work for wages in order to try to feed, clothe, and house them. As a solution, she advocated day nurseries "for the infants of working women."<sup>37</sup>

Women's organizations such as the National Congress of Mothers and the Woman's Christian Temperance Union had already

begun setting up kindergartens, but most were open only to white children. Terrell correctly pointed out that black children needed free kindergartens and day care facilities more, not less, than white children, since more black mothers worked outside the home.<sup>38</sup> As NACW president, she explained:

I believed it was the duty of colored women to do everything in their power to save the children during the early, impressionable period of their life. So I tried to raise a fund with which to establish kindergartens, wherever it was possible to do.... It is gratifying to recall that the first fund started by the organization was raised to help the children.<sup>39</sup>

Knowing intimately the challenges facing black women, Terrell responded with tangible and positive reform proposals. With encouragement and leadership from their national organization, local black women's clubs provided more concrete assistance to wage-earning mothers who were eager to find good quality and affordable day care for their children.

Terrell and NACW members' early focus on women's power in the home was, of course, part of a more generalized maternalist rhetoric that informed white and black women's activism at the turn of the century.<sup>40</sup> But their maternalist rhetoric is distinctive because it subversively upheld the virtue of black women and their homes, while displacing white women from their solitary position on the pedestal of "true womanhood."<sup>41</sup> Terrell joined other African American women in appropriating this rhetoric of purity for an otherwise-marginalized group of women who were perceived by most whites as either unsexed labourers or as over-sexualized and impure.<sup>42</sup> In addition, black clubwomen appropriated eugenics ideas to promote their own version of "'race betterment' through production of well-born children."<sup>43</sup> Terrell's accomplishments and strong advocacy for other black mothers inspired her to fight hard to retain the NACW presidency—something that she was criticized for by her rivals at the time and even by some historians.<sup>44</sup> The fact that this election took place in 1899, the year after she successfully gave birth to her daughter,

Phyllis, alters the way we understand her decision to fight to stay on as president. Terrell's motivations were arguably based as much on courage and pain as on ambition and pride.

Precisely because Terrell had suffered so much to become the mother of a living child, some members of her family worried about the consequences of such a demanding job on her health. Both her father and husband pressured her not to run for the presidency again, although, interestingly, she does not mention opposition from her mother. Terrell's autobiography recounts:

Before I left home [for the NACW convention] my father came from Memphis to Washington to urge me not to accept the presidency again under any circumstances. And my husband's opposition to it was as strong as my father's. For this reason I felt I dared not take the office again, and thus turn a deaf ear to the advice and requests of the men in my family.<sup>45</sup>

Their opposition was not necessarily the stereotypical intervention of patriarchal males wanting to limit a wife and daughter's activism. Terrell's husband, Robert, consistently encouraged her public reform work, even when it seemed to threaten his re-confirmation as a municipal court judge. She was criticized in 1909, for instance, for seeming to oppose Booker T. Washington by becoming a charter member of the NAACP, an organization whose founders included Washington's harshest critic and rival, W.E.B. DuBois.<sup>46</sup> Instead, their concerned opposition needs to be understood in the context of her recent dangerous pregnancies.

In her 1940 autobiography, Terrell briefly and elliptically mentioned a health crisis that almost cost her her life: "The summer after my marriage I was desperately ill and my life was despaired of. My recovery was nothing short of a miracle, and my case is recorded in medical history."<sup>47</sup> Her very next sentence mentions the deaths of her three infants. Given that she married on October 18, 1891, an illness in the summer of 1892 probably refers to her first pregnancy. Childbirth was still quite perilous for women in the 1890s; Terrell

might have experienced any number of serious problems associated with child bearing.<sup>48</sup> Terrell also described how she had to undergo a dangerous operation early in her marriage. The surgery occurred before 1898 when Phyllis was born (and, thus, before the contested NACW election):

I was very ill a few years after my marriage and I was advised to go to a hospital for surgical treatment. I was with my mother, who was living in New York City at that time. The surgeon told me frankly that I was taking a chance, and he could not tell what the result of the operation would be. Neither my husband nor my mother wanted me to run the risk. But I felt I would rather die trying to regain my health than drag out a weary, useless existence as an invalid.<sup>49</sup>

This passage suggests one reason why Terrell hid her illnesses; she clearly equated disability with being “useless” and an “invalid.” This illness, once cured, could later become a story of an obstacle overcome; in her autobiography, she rhetorically managed her illness to emphasize her ability to survive it. We do not know whether this operation was connected to her other reproductive health problems, but it does confirm that Terrell already had a history of very serious illnesses that probably justified, in the minds of her husband and father, their desire that she not push herself too hard. These health crises, along with her infants’ deaths, must have scared her family members (as well as Terrell herself) so deeply that they wanted to protect her health and well-being once she finally became a mother with a small child of her own.

Yet, Terrell ultimately rejected their fears and any of her own. She decided to accept a second term as president if she received at least two-thirds of the vote. When she received this endorsement, Terrell admitted that “Such a spontaneous outburst of confidence in me [by NACW delegates] more than repaid me for all the strenuous efforts I had exerted to make the Association as a whole and the convention in particular a success.”<sup>50</sup> However kind and concerned, male familial opposition could not keep her from accepting re-election to

this demanding role. Determined to work for better conditions for all African American women and their children, Terrell's leadership position in the NACW was a positive, creative outlet for her energy, her grief, and her hopes for the future, including for her own baby daughter, Phyllis.



Historian Elizabeth Fox-Genovese argues that “Much of the autobiographical writing of black women eschews the confessional mode—the examinations of personal motives, the searchings of the soul—that white women autobiographers so frequently adopt. Black women’s autobiographies seem torn between exhibitionism and secrecy, between self-display and self-concealment.”<sup>51</sup> This is an apt description of Terrell’s autobiography. In its preface, Terrell captured perfectly her problem of self-revelation:

In relating the story of my life I shall simply tell the truth and nothing but the truth—but *not the whole truth, for that would be impossible*. And even if I tried to tell the whole truth few people would believe me. I am well aware that truth will be interpreted by some to mean bitterness.

From the outset, Terrell warned white readers *not* to expect “the whole truth,” since it would be too difficult for them to comprehend or believe. She admitted fearing white readers’ negative responses to an overly soul-bearing or passionate account of her experiences as a black woman in the United States:

I have been obliged to refer to incidents which have wounded my feelings, crushed my pride and saddened my heart. I have touched upon this phase of my life as lightly as I could without misrepresenting the facts. I do not want to be accused of ‘whining.’ I have not tried to arouse the sympathies of my readers by tearing passion to tatters, so as to show how wretched I have been. The many limitations imposed upon me and the humiliations to which I have been subjected *speak for themselves*.<sup>52</sup>

Terrell decided not to fully express her bitterness toward white society; a truly honest account would have expressed too much anger about the many hurtful consequences of racism to be acceptable to mainstream publishers or white readers. The irony here is that the humiliations Terrell faced based on her race and her sex did not in fact “speak for themselves” but actually elicited her need to write her own account of her life. Clearly, she struggled with the tension between disclosure and secrecy.<sup>53</sup>

For over a decade, publishers repeatedly rejected her autobiographical manuscript, often complaining that although she had tentatively entitled it *Confessions of a Colored Woman* she was not, in fact, confessional. Instead of providing titillating or shocking revelations, Terrell was reserved and careful about what she told about her life. When her autobiography was rejected by yet another publisher in 1932, a disappointed Terrell mused in a letter to her brother — without much real reflection about her own practices of self-censorship—“Maybe without meaning to do so I have talked too much about my public work. But that has been my life.”<sup>54</sup> Terrell finally published with a vanity press in 1940. Privileging silence and secrecy, only approximately ten pages of her over four-hundred-page memoir were devoted to any discussion of the illnesses that played a significant role in her life over several decades.<sup>55</sup>

Autobiographies have had a special weight and meaning for black Americans in the nineteenth century and beyond, as Nellie McKay convincingly argues. Her analysis helps place Terrell’s concerns about the role or function of her autobiography into a broader historical context. Black Americans, McKay argues, consistently presented themselves as overcoming racial barriers:

[W]hile the centrality and importance of the individual life initially motivates all autobiographical impulse, in black autobiography this ‘act of consciousness’ in the present bears the weight of transcending the history of race, caste, and/or gender oppression for an entire group.<sup>56</sup>

Terrell ardently believed that the story of her achievements had value as a form of racial uplift. A narrative of her accomplishments, she hoped, would teach white Americans how she had overcome racial prejudice and fought for civil rights as well as give her a platform from which to explain her reform priorities, such as anti-lynching, integration, anti-racism, and sexual equality.<sup>57</sup>

On the surface, at least, autobiographies and diaries are different; one is more public and open, the other a private and ostensibly more revelatory form. Yet neither genre is necessarily more truthful or revealing than the other. Comparing and contrasting Terrell's autobiography to her diaries enables me to ask what each reveals and conceals. Terrell's autobiography is long and wordy, yet it eschews confession; her diaries are physically very small with short, cramped, and only episodic entries. Both are strikingly similar in their reticence and reserve, suggesting that she tried to compartmentalize or contain her feelings and illnesses as a way to preserve her reputation and protect her own psyche.<sup>58</sup> In consequence, what we can learn about Terrell's illnesses and their effect upon her life is somewhat limited and fragmented. We do know that the period of the 1890s was not the only time when health concerns dominated Terrell's existence. At other key moments, she experienced serious problems which compromised her ability to lead a public life as a clubwoman, speaker, and activist.

At age fifty-two, in 1915, Terrell underwent a health crisis which necessitated a long and expensive hospital stay at the Mayo Clinic in Rochester, Minnesota, for a series of three separate operations. This contributed to her family's financial difficulties by forcing her to cancel some paid lectures and pay high medical and lodging bills for her care. In part, Terrell travelled to Minnesota to achieve "situational invisibility"—to avoid the public disclosure of her illnesses that a stay at a hospital nearer to home might have entailed.<sup>59</sup> Moreover, her earlier experiences with inadequate hospitals, with their openly racist segregation policies and hostile white doctors and staff, made her determined to get the best care possible for herself. The esteemed Johns Hopkins University was close by, but it had a

reputation for discriminatory and disrespectful treatment of black patients, as did most hospitals in Maryland and the District of Columbia.<sup>60</sup>

Throughout her adult life, Terrell experienced racism at DC area hospitals. In her autobiography, Terrell cited a later incident when she fractured her kneecap in a car accident. At the hospital, she was refused a private room because of her race. Some years before, she had been able to get a private room at this hospital for her mother; Terrell discovered that in the years since, the hospital had changed its practices and become more rigidly segregated. Literally adding insult to injury, the white nurses pointedly addressed her as “Mary” rather than “Mrs. Terrell.” When she repeatedly complained, an angry white supervisor shouted at her that “there is a vast difference between white women and colored women”—a difference that justified his hospital’s discriminatory policies.<sup>61</sup> White doctors so infrequently addressed their black patients as “Mr.” or “Mrs.” that Terrell made a point of noting it in her diary when, in 1931, a doctor respectfully addressed her as “Mrs. Terrell.”<sup>62</sup>

Thus, when Terrell travelled to Minnesota in 1915, she did so in order to secure the best possible treatment for herself, in all ways. She hoped that the staff at the Mayo Clinic, a prominent Midwestern hospital, would not participate in the humiliating, racist practices that often put black patients at greater risk. In fact, at the Mayo Clinic, Terrell was not segregated by her race nor treated differently from the other patients; she even became friendly with some of her white female roommates and maintained a correspondence with one woman.<sup>63</sup> Terrell also made the long journey because she expected to be operated on by the famous Dr. William Mayo. When she arrived, she was told that he was no longer doing most of the operations but was leaving them to younger surgeons instead. She put up such resistance that the staff contacted Dr. Mayo, and he agreed to operate on her himself.<sup>64</sup> Given her earlier hospitalizations and difficulties, as well as her determination to avoid being the victim of racially discriminatory treatment, she had counted on having this famous doctor as her surgeon.

During her hospital stay, when she was alone and away from home, Terrell's diary entries were contained and restrained, exhibiting her reticence toward full disclosure or, for that matter, personal reflection. Diaries, like autobiographies, are constructions of a self, acts of self-representation. As Katie Holmes suggests: "diaries *conceal* the naked self, or more importantly, allow a closer look at the formations of that self."<sup>65</sup> Self-censorship in diaries, letters, and memoirs actively creates silence by and about historians' biographical subjects. One 1915 entry, for instance, remarked simply: "Left the hospital this morning after staying there six consecutive weeks" and then catalogued the price of her hospital stay.<sup>66</sup> How Terrell felt about either her time there or her departure remained unstated, but silences like these must be acknowledged and considered in order to develop a more complete understanding of Terrell.<sup>67</sup>

Terrell characterized the first of her three Mayo Clinic operations as the most significant, yet she was unwilling to identify the specific nature of this operation in her diaries, family correspondence, or autobiography. In fact, neither she nor her husband, Robert, ever named it in any written source that I have discovered. Terrell's diary referred to it simply as "the big operation" and "the awful ordeal."<sup>68</sup> She wrote in her diary before this surgery: "The sooner this ordeal is over, the better I'll like it. I want to rid myself of everything I do not need in my physical anatomy."<sup>69</sup> In contrast, she explicitly named her two other Mayo Clinic operations as the removal of her gall bladder and her goitre. It appears that this first operation was of such a sensitive nature that she felt it needed to remain unnamed in any written source. Taking into consideration her difficult reproductive history, it is possible that she had a hysterectomy, raising again her concerns about privacy, race, sex, reproduction and female identity that had surrounded her earlier illnesses and her infants' deaths in the 1890s. A hysterectomy was a medical procedure that black and white women patients and their doctors were likely to try to hide, especially since it could focus unwanted attention on women's sexual organs and sexuality. The surgical procedure also eliminated

women's biological function as child bearers, thereby threatening their social role as well.<sup>70</sup>

Adhering very strictly to the idea that "the body's problems ought to stay private," Terrell was determined to restrict information about her health both inside and outside of her family circle. Most strikingly, she states in her autobiography that she even hid her continuing health problems from her husband, with whom she was very close:

For several years I had known that my health was such that it would be necessary for me to undergo a surgical operation or become an invalid for the rest of my life. I *said nothing to my husband about it or to anybody else*. It was never pleasant for me to discuss my physical ailments with anybody, unless it was absolutely necessary.<sup>71</sup>

The year that she finally went to the Mayo Clinic, their daughters were away from home (Phyllis was living in the dormitory at St. John's Academy in Vermont, and Mary was in a dormitory at Howard University). Thus, she could arrange to go to Minnesota without having to make special arrangements to care for her daughters or without even telling Robert exactly why she needed to go to there. Her unwillingness to tell virtually anyone about the nature of her "big operation" underscores just how private she was and how closely she guarded that privacy. It appears that she never told her husband—not even after the fact—exactly what kind of surgery she underwent.

Adopting what Michele Mitchell aptly terms "a code of silence around intimate matters," once Terrell's immediate family was informed about her upcoming hospitalization (if not the precise nature of each operation), they agreed to help her hide her health problems and her extended hospital stay from her friends, her wider social circle in Washington, DC, and from the public at large.<sup>72</sup> In addition to her fears as a black woman of a racist response to her particular ailments, as well as her concerns about ruining her prospects for future employment, Terrell's secrecy was also based on her refusal to be pitied. She was a private and proud person who did not want her

personal troubles to be the source of discussion and speculation, even amongst her friends.

Whether or not Robert agreed with his wife's desire to hide her health problems, he did all he could to help her keep her secret. Thinking about the issue of privacy, Robert wrote to Mollie while she was away:

It is well that you are not here, since you do not wish to have your friends know of your troubles. The white doctors here would be sure to let their colored confreres know all about so remarkable a case. No one would have thought you had an ailment from your general physical appearance. You were always the picture of health and activity and I hope to see you so again very soon.<sup>73</sup>

Later, when Mollie was convalescing in a Rochester hotel, Robert continued to worry about getting a nurse or doctor who could look after her in Washington, DC, without spreading the word:

I hope you are gaining strength rapidly and your wounds are healing to your satisfaction. I trust you may be able to travel very soon and be homeward bound. You should stay where you are as long as you need the personal attention of a nurse. You can't get that here very well.<sup>74</sup>

Even if she had had white doctors attending to her, Robert was certain that the community of black health care professionals in the nation's capital was too small and close-knit for a prominent woman like Terrell to remain an anonymous patient.<sup>75</sup>

Given Robert's open, honest, social, and gregarious nature, he struggled to figure out the best way to honour his wife's desire to keep her ill health a secret.<sup>76</sup> Robert assured Mollie that he had thought of a convincing cover for her:

I tell your friends that you are off speaking; that you have a long list of engagements among white people principally, speaking for the cause of women. The answer seems to satisfy them. I wish it were true and that you were being spared all of the terrible suffering you are called upon to endure.<sup>77</sup>

Due to her record of extensive speaking engagements throughout the first decades of the twentieth century, his claim that she was away speaking “among white people” was certainly plausible. Dominant segregation patterns would also explain to her friends in the black community why they would not have seen reports of her lectures in the black press. Segregation would also help fend off more specific questions about which groups she was addressing, since her friends were unlikely to have many direct connections with the whites in those organizations.

In spite of his best efforts, Mollie was not entirely satisfied with Robert’s approach:

‘In order to avoid questions about you,’ you say, ‘I don’t get around among our friends.’ I am sorry to hear that. It isn’t good for a man not to go among his friends, it seems to me. With whom do you associate?<sup>78</sup>

From Robert’s perspective, staying away from their friends helped him avoid prying questions and, thus, his own uncomfortable, evasive answers. Yet she feared it could lead him to a social isolation made worse by the fact that their daughters were away at school. Mollie decided to coach her family on exactly what to say:

I have written to Mary to say during the Easter vacation that ‘Mother is not very well just now, but will return home soon.’ Then, if further questions are asked, I want Phyllis and Mary and you to say, ‘Mother (or my wife) will explain everything to her friends when she returns.’ That is all that is necessary . . . . If you were away as I am, I should simply say ‘Berto or Judge Terrell will return soon and you may ask him all about it.’ I don’t see why you could not say that in my case in a very pleasant way. I should do that much for you if you requested it.

Since she was more comfortable with this kind of elliptical, dissembling statement, she could not see why her husband and daughters

found it difficult or uncomfortable to adopt her approach. In some exasperation, Mollie reminded her husband:

Other people do not tell their business to the public. I don't see why we should explain to the public. Even about silly, little things that don't amount to snuff some of our best and most intimate friends are very mysterious indeed.<sup>79</sup>

As Frances Foster puts it, "African Americans found discretion the better part of valour. They didn't tell everything they knew, and what they did tell, they sometimes told slant."<sup>80</sup> If their closest friends hid trivial aspects of their lives from the Terrells, Mollie wondered why they and others should have the right to know about her three operations and long hospital stay.

When thinking about her operations, Terrell was not entirely honest, not even with herself. In her ostensibly private diary—which seems, in her case, to have been intended for and addressed to herself alone—she approached her illnesses with as little emotion as she could and tried to view her health problems in the best possible light. For instance, she noted somewhat superstitiously in her diary that her ability to get a good berth on the train to Rochester and luck in finding a kind, friendly landlady were a "propitious" sign and "a good omen." Alone, far from home, and facing dangerous operations, Terrell could not openly acknowledge her fears, not even to herself. The day before her "big operation," she wrote "I am perfectly happy, not a bit nervous, very hopeful, waiting for the morrow.... The sooner this ordeal is over, the better I'll like it."<sup>81</sup> Only her use of the word "ordeal" hints at her fears.

Right after this first operation, she again sought to achieve a calm, imperturbable stance for her own sake. Writing in her diary she proclaimed: "I was not nervous and not afraid. I was glad to have the awful ordeal over as soon as possible. Dr. Will Mayo performed the operation."<sup>82</sup> Then, she set her diary aside while she recovered. When she picked it up again, it was to state: "This morning my gall bladder and a gall stone was removed, only twelve days after the big operation was performed."<sup>83</sup> This second operation set her back so signifi-

cantly that she could not write in her diary for more than two weeks. When Robert heard that she had undergone another operation, he responded sympathetically:

What a terrible time you are having with your body! What in the world will come next? What a Trojan you are to stand it all! I hope this is the last of your ailments and that the surgeons will now give you a chance to recover.<sup>84</sup>

Faced with yet a third surgery, Terrell found it harder to remain calm and collected. Her two recent experiences of operative and post-operative pain meant that she was now openly terrified at the prospect of another. In just one diary entry, she wrote much more expressively than usual, characterizing a distressing encounter with her doctors as an enemy attack:

This morning ... Dr. Judd and Dr. Plummer carrying a formidable looking instrument swooped down on me and told me they were going to remove my goitre and I must be in the operating room in an hour and a half. I told Dr. Judd I had not been properly prepared ... and wanted to wait till the next day.... I told him I had been a good patient. 'No question about that,' he interrupted, but I didn't think I had been treated fairly. I don't want to be tortured, I said... I want to be given ether. 'Do you want your goitre removed' inquired Dr. Judd. 'Yes, if I am not tortured.' 'Well, I'll give you ether.' Dr. Plummer had told me my heart was strong enough for a dozen operations.... The sister who administered the ether gave me so much ... that I had to shake my head to keep from strangling.<sup>85</sup>

After experiencing two operations, she anticipated the third with overt fear and panic, viewing the doctors as adversaries who approached her unsympathetically with instruments of torture and no promise of relief. Although the ether had previously made her very sick, she now insisted that nausea was preferable to the extreme pain she knew she might otherwise experience.

The pain, suffering, and fear revealed in this single expansive diary entry is mirrored in one letter to her husband, Robert. In it, she

created what we might term a narrative of trauma as she responded at length to a somewhat off-hand comment he had made: “You refer to the suffering I must have had to endure in your sweet letter. You may have observed that I have never mentioned that at all.” Robert’s sympathetic comment seems to have unleashed the floodgates, freeing her from restraint and self-censorship to write extensively about her many weeks in the hospital and in recovery. Terrell’s fear of falling apart once she began to describe her pain explains some of her reluctance to write honestly or extensively about her experiences: “I cannot bear to think of the three awful ordeals thru which I have just passed. I am afraid I’ll go into hysterics with nobody here in the room to help me out.” At that point, she was convalescing all alone in a hotel room in Rochester, Minnesota. Being alone made her more vulnerable and afraid to recount her experiences. But just this once, she wrote as if Robert were in the room listening to her.<sup>86</sup>

As she reached out to Robert, Mollie Terrell also imagined that he could not possibly understand what she had endured:

No one who has not been cut and chopped up and carved by surgeons has the slightest idea of what an ‘operation’ means. The word is easily pronounced, it slips quickly off the tongue. But—in the first place, ... the period required to get over the effects of it [ether] is full of the most deathly, deadly, awful nausea and suffering. I thought I would die with that sickening indescribable ether nausea after my first operation. So much was done that the surgeons had to give me a great deal.<sup>87</sup>

Terrell’s view of her body as complete and as an integral part of herself was threatened with literal and figurative dismemberment. Not only was her body compromised and pushed to the limit, she feared for her mental well-being:

[T]hat gall bladder, gall stone operation is the nastiest of all, judged by the suffering and pain one has to endure after it has been performed. One is filled with gas pains which take one to the very limit of physical endurance.... [T]he nurse must give those unspeakable, diabolical enemas when every

drop of water that goes into the pain-racked gas filled bowels feels like a knife cutting one to pieces. You cry aloud and beg the nurse for God's sake to stop.... One reaches the point where she doesn't much care what happens. Awful thoughts take possession of what little brain there is left.

Her despair and lack of mental control—"mentally I am way below par"—was as frightening to Terrell as her physical pain.

Once she began to describe her "ordeal" to Robert, the words rushed out of her for several pages. Underlining words and using multiple exclamation points, Terrell tried to impart the terror and the drama to her husband back in Washington, DC:

The goitre operation was very painful afterward, for every time I tried to swallow, I simply tortured myself to death. And yet something kept dropping from the wound or something into my throat and I had to swallow to keep from strangling to death. ...I pray God I'll never have to be operated on again for anything!!!<sup>88</sup>

The very process of writing such an honest, revealing letter seems to have helped Terrell feel less vulnerable and alone. By the end of the letter, she was able to exclaim: "It is marvellous and miraculous how much suffering a woman can stand and live to tell the tale!!!" Indeed, she even declared with her more typical aplomb: "And yet, I have such a wonderful constitution that I pulled through marvellously well and did not begin to suffer as some of the women in the hospital."<sup>89</sup> In this case, her expressive and candid letter touchingly restored her sense of personal well-being.

Not only that, by the end of the letter she felt good enough to gossip about white women's health problems, which she discovered were extensive but effectively hidden from public speculation and discussion. This surprising revelation helped strengthen her resolve to both continue to hide her own health problems and to see them as much more within the norm. In a somewhat scandalized tone, she reported to Robert:

And by the way, the hospitals of the country are full of white women operated on for terrible disorders. You have no idea how many suffer from cancer. Two of the women who were in my room at different times had their breasts removed. The young woman who left last Monday, when I did, had her gall bladder removed. She was only twenty-four years old and yet, that was her fifth operation.... We colored people have no idea of the large number of white women who are obliged to have operations.<sup>90</sup>

Part of the myth of white superiority was based on the notion that white women were pure and healthy in contrast to purportedly diseased and disreputable black women.<sup>91</sup> Finding that she had unconsciously bought into this myth, Terrell now found herself thinking about the larger implications of white women's weaknesses, which made black women like herself seem stronger and healthier in comparison. Terrell also found that she shared with white women an investment in a culture of illness suppression. She discovered that middle-class white women were managing this suppression particularly well, given their race and class privileges. Living in an era long before confessional talk shows and reality television shows made full disclosure *de rigueur*, Terrell's inclinations toward privacy fit into a lingering Victorianism—a continued societal discomfort with and disapproval of too much disclosure, especially of women's bodily problems.<sup>92</sup>

In her autobiography, Terrell noted that the myth of white superiority sometimes negatively influenced African American elites, who insisted on being treated by white doctors: "Some years ago in the average city what is called the 'best class' of colored people could not have been persuaded to employ one of their own physicians because they had no confidence in their skill." This was proof to Terrell of the "lamentable extent" to which African Americans were "the victims of a narrow, prejudice-producing, mind-murdering, soul-crushing environment." Things had gradually improved, however, for she claimed:

The colored people of Washington probably took the lead in employing physicians of their own race.... In all our large cities today, ... colored physicians are well patronized by members of their own race, some of whom are even beginning to think that they can be healed a little quicker and a little better by their own doctors than by anybody else.<sup>93</sup>

When Mollie Terrell finally left the Mayo Clinic and arrived home unannounced, two days after Robert had posted the letter in which he imagined her staying longer in Rochester in order to protect her privacy, he answered the door to find his much thinner and weaker wife standing there. Robert may not have anticipated just how different she would look when she returned, although she had warned him: "I weigh only 119 lbs now tho I am stuffing myself as they do geese fattened for pate foie gras so as not to look any more like a wreck than I can help when I return home."<sup>94</sup> As Terrell summed it up in her diary, "Nobody was expecting me.... Berto came to the door right out of bed in his pajamas and when he saw me, he looked as tho he was seeing a ghost."<sup>95</sup> Fortunately, within a month and a half Terrell was feeling so well that she resumed her regular social club dancing with her husband, an activity she truly loved. Just to be sure that dancing was a safe and medically approved activity for a woman recovering from three operations, she sent an inquiry to the Mayo Clinic, to which she received this response from one of her doctors:

From the general tone of your letter I do not think you need to continue taking the medicine, but believe it would be well to keep on with the douches.... If you feel perfectly well after dancing I do not see how it could harm you in any way.<sup>96</sup>

Within three months of her operations, Terrell travelled across the country to deliver an address in San Francisco for the national Women's Congress of Missions. Thinking of all that she had been through, Robert wrote with combination of concern and encouragement:

You are now on your way to the 'Coast' and I hope you are enjoying the trip.... I hope you will not over exert yourself. Bear in mind that you are not many months away from a series of big operations. You ought to have a new lease on life now and live to the ripest kind of an old age. Your constitution has been put to the severest test and it has withstood the attack and given indication of its ability to support you for many years to come.<sup>97</sup>

Since she lived for almost forty more years, Robert was right to be optimistic.

Although at least one contemporary letter and one diary entry give us insight into how terrifying these operations were at the time, Terrell's perspective on these experiences changed dramatically when she looked back after many years. In the pages of her autobiography, she forgot her pain and terror to such a great extent that she was able to characterize her 1915 experience as entirely positive:

I remained at that hospital two months, and I think of it today as I probably would if I had been permitted to remain that long in Heaven, even though I was placed on the operating table three times. I feel also that I could never pay in dollars and cents for the attention I received there.<sup>98</sup>

In retrospect, expert professional medical care that cured her and was provided without signs of racism or inequity seemed like "Heaven." In 1931, when she was in her late sixties, Terrell wrote in a similar vein to her younger half-brother, Robert Church, Jr. describing serious illnesses that required hospitalization as possible "blessings" in disguise:

I do not regard the illness which has overtaken you as an unmitigated evil, for I am sure you need the attention and the rest which you are getting in the hospital. I have been in a hospital several times and I look upon one of them as I would think of Heaven, if I had ever been there. I was in the Mayo Brothers' Hospital in Rochester, Minn. for two months and it restored me to health. If I had not gone there I would have been an invalid today or resting in the cold, cold

ground.... So cheer up, little Brother, and look upon this visitation as a blessing, even if it is a bit disguised.<sup>99</sup>

Time and distance, it seems, made her hospitalization take on a virtually heavenly glow, one that she might not have imagined possible at the time. Perhaps these rosy memories are also the reflections of an older Terrell who desired to be cared for and who was more willing to accept a temporary loss of independence as a way to ensure longer-term health gains, as she had experienced in the past.<sup>100</sup> In addition, in her letter to her brother and in her autobiography, we see Terrell managing her illnesses, transforming the hospital from a site of illness to a site of cure: a means to continued physical health and reform success.

When she wrote this 1931 letter to her brother, Terrell was, once again, unwell; that year, she suffered from a serious case of facial paralysis and had many of her teeth pulled. A final striking example of what Terrell's diaries reveal yet leave unspoken comes from a remarkably laconic entry from 5 June 1931. It reads: "Had 8 teeth removed on upper jaw—a terrible ordeal."<sup>101</sup> Here, her painful experience was reduced to ten unadorned words, yet this experience affected her greatly. Although the process of extracting her teeth and building a plate of false teeth kept her in excruciating pain for most of that year, Terrell did not dwell on it. A few brief sentences scattered throughout the diary simply noted which tooth, or how many teeth, were removed on a given day. Not only was having her teeth extracted painful, it literally damaged her public face. Teeth are one of the most visible features on a person's face and are almost impossible to hide; the lack of teeth changes the way a person looks and impedes speech. Enunciating clearly without teeth, or even with false teeth, is a real challenge. At sixty-seven years old, Terrell wanted to appear younger, since she needed paid employment to help her survive during the Great Depression. It could not have helped that modern American culture—with the rise of advertising and its valorization of the flappers in the 1920s—increasingly prioritized youth and beauty, thereby putting particular pressure on all women as they

aged.<sup>102</sup> Some 1931 diary entries hint at Terrell's changed appearance and at her frustration over the problems that ill health again posed to her ability to appear in public: she was forced to either cancel speaking engagements or risk presenting herself in a way that conflicted with her goal of always appearing as an elegant and eloquent spokesperson for African American women.



Creating a three-dimensional portrait of a woman who did not want to be fully seen poses special challenges. Painfully aware that as a black woman she could easily be marginalized and discredited, Terrell carefully contained her life story. Her sense of her medical and physical self was tied to her self-image as a prominent African American woman in complicated ways. Since her most serious illnesses were likely connected to an intimate realm of sexuality and procreation, her self-concealment was self-protection. Furthermore, wanting to protect her core being from what happened to her “cut and chopped up” body, Terrell attempted to banish her experience of illness from her conscious thought and reflection.<sup>103</sup> Terrell strove for an elegant, respectable public image that contributed to racial uplift by combating racist stereotypes of black women—an image that belied the health and financial problems she regularly experienced. As important, Terrell's reform goals were deeply informed by her own health and health care experiences. Her combined commitments to racial uplift and self-preservation formed the basis for Terrell's determined concealments, especially of her body's illnesses.

## Notes

- <sup>1</sup> I would like to thank all the contributors to this special issue for their collaboration and support. I am particularly grateful to Nancy J. Hirschmann and Ruth Crocker, who offered truly invaluable help and insights as we transformed what began as a conference panel into a coherent set of articles. Thanks, too, to Nancy for her particularly insightful introductory essay. I would also like to thank Barbara Messamore and Jordan Williams of the *Journal of Historical Biography*, the Rochester area United States History (RUSH) working-papers draft group, and the two anonymous peer reviewers for their helpful suggestions.
- <sup>2</sup> Debra Walker King, *African Americans and the Culture of Pain* (Charlottesville: University of Virginia Press, 2008). See also Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), 154-157; and Margaret Abruzzo, *Polemical Pain: Slavery, Cruelty, and the Rise of Humanitarianism* (Baltimore: Johns Hopkins University Press, 2011).
- <sup>3</sup> No full-length biography of Terrell has yet been written, although there are several inspirational biographies of Terrell for children and youths. For scholarly writings on Terrell, see Beverly Washington Jones, *Quest for Equality: The Life and Writings of Mary Eliza Church Terrell, 1863-1954* (Brooklyn, NY: Carlson Publishing, 1990); Stephanie J. Shaw, *What a Woman Ought to Be and to Do: Black Professional Women Workers During the Jim Crow Era* (Chicago: University of Chicago Press, 1996), 119-124; Gladys Byram Shepperd, *Mary Church Terrell: Respectable Person* (Baltimore, MD: Human Relations Press, 1959); Dorothy Sterling, *Black Foremothers: Three Lives* (Old Westbury, NY: The Feminist Press, 1979); Stephanie S. Ramsey, "Through the Storm, Through the Night: The Autobiographical Writings of Black Women Activists: Ida B. Wells, Mary Church Terrell, Anne Moody, and Angela Davis" (MA thesis, City College of the City University of New York, 2007), 35-57; Sarah E. Torian, "Writing One's Self in Black and White: Racial Identity Construction in the Autobiographies of James Weldon Johnson, Jean Toomer, Mary Church Terrell, and Walter White" (MA thesis, University of Mississippi, 1997); Cynthia J. Booth, "The Herculean Task: Anna Julia Cooper and Mary Church Terrell's Struggle to Establish the Black Woman's Voice in the American Feminist and Civil Rights Movements" (MA thesis, University of Central Oklahoma, 1997); and Rosalie Massery Sanderson, "Mary Church Terrell: A Black Woman's Crusade for Justice" (MA thesis, State College of Arkansas, 1973).
- <sup>4</sup> Mary L. Felstiner, *Out of Joint: A Private & Public Story of Arthritis* (Lincoln: University of Nebraska Press, 2005), xv, 16, & xiii. Also see Paul K. Longmore and Lauri Umansky, "Introduction: Disability History: From the

Margins to the Mainstream,” in *The New Disability History: American Perspectives*, ed. Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001), 7.

- <sup>5</sup> By extension, Douglas Baynton suggests that “Disability has functioned historically to justify inequality for disabled people themselves, but it has also done so for women and minority groups. That is, not only has it been considered justifiable to treat disabled people unequally, but the *concept* of disability has been used to justify discrimination against other groups by attributing disability to them.” Douglas C. Baynton, “Disability and the Justification of Inequality in American History,” in *The New Disability History: American Perspectives*, 33. See Marli F. Weiner with Mazie Hough, *Sex, Sickness, and Slavery: Defining Illness in the Antebellum South* (Urbana: University of Illinois Press, 2012), 43, 61; and Mark M. Smith, *How Race is Made: Slavery, Segregation, and the Senses* (Chapel Hill: The University of North Carolina Press, 2006), 62-63, 46. On “the political implications of stigmatization,” see Harlan Hahn, “Disability and Physical Differences: An Alternative Paradigm for Political Research,” in *Insights and Outlooks: Current Trends in Disability Studies*, ed. Elaine Makas and Lynn Schlesinger (Portland, ME: The Edmund S. Muskie Institute of Public Affairs, 1994), 5; and G. Thomas Couser, *Recovering Bodies: Illness, Disability, and Life Writing* (Madison: The University of Wisconsin Press, 1997), 4.
- <sup>6</sup> Deborah Gray White, “Mining the Forgotten: Manuscript Sources for Black Women’s History,” *Journal of American History* 74, no. 1 (June 1987), 238; Chana Kai Lee, *For Freedom’s Sake: The Life of Fannie Lou Hamer* (Urbana: University of Illinois Press, 1999), 59. Mary Church Terrell’s father, Robert Church, had defended black women’s status as ladies by filing a formal complaint with the Memphis police in 1866 after police officers tried to arrest their wives and daughters at a formal ball. See Hannah Rosen, *Terror in the Heart of Freedom: Citizenship, Sexual Violence, and the Meaning of Race in the Postemancipation South* (Chapel Hill: University of North Carolina Press, 2009), 59.
- <sup>7</sup> This may be because they could not avoid stereotypical assumptions about black women as sturdy and robust. Another way to read this is that Terrell was not willing or able to adopt white middle- and upper-class women’s use of invalidism and other bodily weaknesses to reinforce their elite status. Philadelphia neurologist Silas Weir Mitchell had no African American patients when he treated middle- and upper-class women (and some white men) for “neurasthenia.” This may not have been solely due to the racist medical practices of the day, but may also have reflected patient demand: perhaps black women who were able to pay for such care did not see themselves as disabled or “sick” in this way or as needing the help of a neurologist. See Carroll Smith-

Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford University Press, 1985); David G. Schuster, "Personalizing Illness and Modernity: S. Weir Mitchell, Literary Women, and Neurasthenia, 1870-1914," *Bulletin of the History of Medicine* 79, no. 4, (November 2005), 695-722; and A. Luthra and S. Wessely, "Unloading the Trunk: Neurasthenia, CFS, and Race," *Social Science & Medicine* 58, no. 11, (June 2004), 2363-2369.

- <sup>8</sup> Black women's collective resistance included testifying about the sexual violence and degradation that they faced from white men. See Rosen, *Terror in the Heart of Freedom*, 78-80; Paula Giddings, *When and Where I Enter: The Impact of Black Women on Race and Sex in America* (New York: Amistad/Harper Collins, 1984) 31, 95-118; Maria Bevacqua, *Rape on the Public Agenda: Feminism and the Politics of Sexual Assault* (Boston: Northeastern University Press, 2000), 18-26.
- <sup>9</sup> Diana Price Herndl, "The Invisible (Invalid) Woman: African-American Women, Illness, and Nineteenth-Century Narrative," in *Women and Health in America*, ed. Judith Walzer Leavitt, 2<sup>nd</sup> ed., (Madison: University of Wisconsin Press, 1999), 131; and Frances Smith Foster, *'Til Death or Distance Do Us Part: Marriage and the Making of African America* (New York: Oxford University Press, 2010), 40.
- <sup>10</sup> The exception to this is that historians do generally mention the deaths of her three infants. See Sharon Harley, "Mary Church Terrell: Genteel Militant," in *Black Leaders of the Nineteenth Century*, ed. Leon Litwack and August Meier (Urbana: University of Illinois Press, 1988), 307-322; Jones, *Quest for Equality*, 21; Nellie Y. McKay, introduction to *A Colored Woman in a White World*, by Mary Church Terrell (New York: G. K. Hall & Co., 1940, reprint 1996), xv-xxxvi.
- <sup>11</sup> Jeffrey Z. Rubin, forward to *Women with Disabilities: Essays in Psychology, Culture, and Politics*, ed. Michelle Fine and Adrienne Asch (Philadelphia: Temple University Press, 1988), ix. See also Longmore and Umansky, introduction to *The New Disability History*, 7; and Susan Burch and Ian Sutherland, "Who's Not Yet Here? American Disability History," *Radical History Review* 94 (Winter 2006), 136.
- <sup>12</sup> Robert H. Terrell [RHT] to Mary Church Terrell [MCT], 16 February 1915, Mary Church Terrell Collection Addition, Moorland-Spingarn Research Center, Howard University, Washington, DC [hereafter MCT-CA], Box 149-1.
- <sup>13</sup> Sojourner Truth sold images of herself to raise funds for freed slaves seeking refuge in the North during and after the Civil War. See Margaret Washington, *Sojourner Truth's America* (Urbana: University of Illinois Press, 2009), ch. 17; Nell Irvin Painter, *Sojourner Truth: A Life, A Symbol* (New York: W.W. Norton & Co., 1996), ch. 20; and Meredith Minister, "Female, Black, and Able:

- Representations of Sojourner Truth and Theories of Embodiment,” *Disability Studies Quarterly* 32, no. 1 (2012), 1-29.
- <sup>14</sup> Susan M. Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2009), 187 & 142; and Cora Kaplan, “Afterword: Liberalism, Feminism, and Defect,” in *‘Defects’: Engendering the Modern Body*, ed. Helen Deutch and Felicity Nussbaum (Ann Arbor: The University of Michigan Press, 2000), 306. Also see: Ayesha Vernon and John Swain, “Theorizing Divisions and Hierarchies: Towards a Commonality or Diversity?” in *Disability Studies Today*, ed. Colin Barnes, Mike Oliver, and Len Barton (Malden, MA: Blackwell Publishers, Inc., 2002), 8.
- <sup>15</sup> JoAnne Brown, “Purity and Danger in Color: Notes on Germ Theory, and the Semantics of Segregation, 1885-1915,” in *Heredity and Infection: The History of Disease Transmission*, ed. Jean-Paul Gaudilliere and Ilana Lowy (New York: Routledge, 2001), 101-131.
- <sup>16</sup> MCT, *A Colored Woman in a White World*, (Washington, DC: National Association of Colored Women’s Clubs, 1940, reprinted 1968), 115, 305, 427 [emphasis added; all subsequent quotations from Terrell’s autobiography come from this edition]. MCT, “Why, How, When, and Where Black Becomes White,” in *Harlem’s Glory: Black Women Writing, 1900-1950*, ed. Lorraine Elena Roses and Ruth Elizabeth Randolph (Cambridge, MA: Harvard University Press, 1996), 56-64. Langston Hughes later made a similar point in “Why Not Fool Our White Folks?” published in the *Chicago Defender* in 1958, arguing: “Most Negroes feel that bigoted whites deserve to be cheated and fooled since the way they behave toward us makes no sense at all.” As quoted in Gayle Wald, *Crossing the Line: Racial Passing in Twentieth-Century U.S. Literature and Culture* (Durham, NC: Duke University Press, 2000), 8. On passing, see Lawrence W. Levine, *Black Culture and Black Consciousness: Afro-American Folk Thought From Slavery to Freedom* (New York: Oxford University Press, 1977), ch. 2; and Steven Belluscio, *To Be Suddenly White: Literary Realism and Racial Passing* (Columbia: University of Missouri Press, 2006).
- <sup>17</sup> Linda Wagner-Martin, *Telling Women’s Lives: The New Biography* (New Brunswick, NJ: Rutgers University Press, 1994), 11.
- <sup>18</sup> MCT, *A Colored Woman*, 106-107. Historian Darlene Clark Hine identifies “a culture of dissemblance” of black women’s protective silence that “shielded the truth of their inner lives and selves from their oppressors.” Terrell tried to achieve what Hine describes as “a self-imposed invisibility” that might allow her (and black women in general) to “accrue the psychic space and harness the resources needed to hold their own in the often one-sided and mismatched resistance struggle.” Darlene Clark Hine, “Rape and the Inner Lives of Black Women in the Middle West: Preliminary Thoughts on the Culture of Dissem-

blance,” in *Signs: Journal of Women in Culture and Society* 14, no. 4, (1989), 912, 915.

- <sup>19</sup> Terrell’s experiences with illness might also be part of a Victorian culture of reticence and civility that Terrell identified with but that was under siege at the turn of the twentieth century. Born in 1863 of formerly enslaved parents who became wealthy through real estate investments and their entrepreneurial small businesses of a saloon and a hair salon, Terrell was to some extent a product of the Victorian era. Part of her lack of desire to disclose private aspects of her life may be tied to societal conventions that allowed, or even encouraged, concealments as a part of civility. Rochelle Gurstein, *The Repeal of Reticence: A History of America’s Cultural and Legal Struggles over Free Speech, Obscenity, Sexual Liberation, and Modern Art* (New York: Hill & Wang, 1996); and Vanessa D. Dickerson, *Dark Victorians* (Urbana: University of Illinois Press, 2008), 10, 64, 95. See also Kirsten P. Buick, “The Ideal Works of Edmonia Lewis: Invoking and Inverting Autobiography,” in *Reading American Art*, ed. Marianne Doezema and Elizabeth Milroy (New Haven: Yale University Press, 1998), 190-207; and Kevin K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill: University of North Carolina Press, 1996), introduction.
- <sup>20</sup> For information on black women’s fertility and birth rates, see Margaret Marsh and Wanda Ronner, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: The Johns Hopkins University Press, 1996), 92-93, 143; and John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper & Row Publishers, 1988), 246-248. At the turn of the twentieth century “blacks had the greatest birth-rate decline of all,” much of it by choice. Linda Gordon, *Woman’s Body, Woman’s Right: A Social History of Birth Control in America* (New York: Viking Press, 1976), 154; Giddings, *When and Where I Enter*, 137, 149; Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004), 91, 233; and Jessie M. Rodrique, “The Black Community and the Birth Control Movement,” in *Women and Health in America*, 293.
- <sup>21</sup> MCT, *A Colored Woman*, 151-152.
- <sup>22</sup> MCT, *A Colored Woman*, 106-107.
- <sup>23</sup> Mitchell, *Righteous Propagation*, 10, 133.
- <sup>24</sup> MCT, *A Colored Woman*, 151-152.
- <sup>25</sup> Karen Kruse Thomas, *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935-1954* (Athens: The University of Georgia Press, 2011), 34-36, 74 & 206; Edward H. Beardsley, “Race as a Factor in Health,” in *Women, Health, and Medicine in America: A Historical Handbook*, ed. Rima D. Apple (New York: Garland Publishing, 1990), 122-131; and Charles E. Rosenberg, *The*

*Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987), 301. For infant mortality and hospital use among black women, see Nancy Schrom Dye and Daniel Blake Smith, "Mother Love and Infant Death, 1750-1920," in *Women and Health in America*, 102-104; Carolyn Leonard Carson, "And the Results Showed Promise ... Physicians Childbirth, and Southern Black Migrant Women, 1916-1930: Pittsburgh as a Case Study," in *Women and Health in America*, 348-350.

<sup>26</sup> MCT, *A Colored Woman*, 107. Terrell joined "Sojourners for Truth and Justice" in the late 1940s to stand with black women, like Rosa Lee Ingram, who had tried to defend themselves against white male assaults and found themselves facing death sentences or long prison terms. See Erik S. McDuffie, *Sojourning for Freedom: Black Women, American Communism, and the Makings of Black Left Feminism* (Durham, NC: Duke University Press, 2011), 175-175. For a discussion of how pain and fury motivated Fannie Lou Hamer's activism, see Lee, *For Freedom's Sake*, 38, 181. Danielle L. McGuire, *At the Dark End of the Street: Black Women, Rape, and Resistance—A New History of the Civil Rights Movement from Rosa Parks to the Rise of Black Power* (New York: Alfred A. Knopf, 2011), xvii-xxii, 26, 65-66; MCT "Address to the National Committee to Free the Ingram Family," New York, 22 June 1949, MCT papers, Library of Congress [hereafter L of C], Reel 22; and MCT, "Presentation of the Ingram Brief" at the United Nations Commission on Human Rights, 19 September 1949, MCT papers, L of C, Reel 22.

<sup>27</sup> Ironically, the 1880 census also generated a panic among white Americans about a so-called "black peril"—the prospect that black women's increasing fertility rates might surpass that of white women's. See Patricia Morton, *Disfigured Images: The Historical Assault on Afro-American Women* (New York: Greenwood Press, 1991), 23-24; Stanley L. Engerman, "Changes in Black Fertility, 1880-1940," in *Family and Population in Nineteenth-Century America*, ed. Tamara K. Hareven and Maris A. Vinovskis (Princeton, NJ: Princeton University Press, 1978), 129-131, 135; Mitchell, *Righteous Propagation*, 82; Thomas, *Deluxe Jim Crow*, 43-44 & 80-81; Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New York: The Free Press, 1977), 163 & 244; Loretta J. Ross, "African American Women and Abortion, 1800-1970," in *Mothers and Motherhood: Readings in American History*, ed. Rima D. Apple and Janet Golden (Columbus: Ohio State University Press, 1997), 264; Susan M. Reverby, *Examining Tuskegee: The Infamous Syphilis Study and its Legacy* (Chapel Hill: University of North Carolina Press, 2009); and James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, expanded ed., 1993), 232-233.

<sup>28</sup> Ida B. Wells was also good friends with Moss; his brutal murder inspired her anti-lynching career. See Patricia A. Schechter, *Ida B. Wells-Barnett and*

*American Reform, 1880-1930* (Chapel Hill: University of North Carolina Press, 2001), 75-78; and Paula J. Giddings, *Ida, A Sword Among Lions: Ida B. Wells and the Campaign Against Lynching* (New York: Amistad/Harper Collins, 2008), 175-176; Mia Bay, *To Tell the Truth Freely: The Life of Ida B. Wells* (New York: Hill and Wang, 2009), ch. 3.

<sup>29</sup> MCT, *A Colored Woman*, 105-108.

<sup>30</sup> MCT, *A Colored Woman*, 108. Harriet Jacobs had similar concerns about bringing her children into the world as slaves. Harriet Jacobs, *Incidents in the Life of a Slave Girl*, ed. Jean Fagan Yellin (Cambridge, MA: Harvard University Press, 1987, enlarged ed. 2000), 62. For “soul murder” and “spirit-murder” see Nell Irvin Painter, “Soul Murder & Slavery: Toward a Fully Loaded Cost Accounting,” in *Southern History Across the Color Line* (Chapel Hill: University of North Carolina Press, 2002), 15-39; Patricia J. Williams, “Spirit-Murdering the Messenger: The Discourse of Fingerpointing as the Law’s Response to Racism,” in *Critical Race Feminism: A Reader*, ed. Adrienne Katherine Wing (New York: New York University Press, 1997), 229-236; Nirmala Erevelles and Andrea Minear, “Unspeakable Offenses: Untangling Race and Disability in Discourses of Intersectionality,” *Journal of Literary & Cultural Disability Studies* 4 no. 2 (2010), 127-146; and Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 1997). Audre Lorde, “The Uses of Anger: Women Responding to Racism,” in *Sister Outsider: Essays and Speeches by Audre Lorde* (Trumansburg, New York: The Crossing Press, 1984), 9.

<sup>31</sup> In 1919, Angelina Weld Grimké wrote a short story that Michele Mitchell characterizes as addressing “the traumatic impact of racial violence on women’s mental and reproductive health.” Given that Terrell did not begin writing her autobiography until after this point, she might have read this piece and used it in her autobiography to understand her earlier experience. Mitchell, *Righteous Propagation*, 77, 105, 147, 159, 295. On common fears about the effects of a pregnant woman’s crisis or psychological trauma on her fetus, see Leslie J. Reagan, *Dangerous Pregnancies: Mothers, Disabilities, and Abortion in Modern America* (Berkeley: University of California Press, 2010), 8-11.

<sup>32</sup> By 1917, in New York City the great majority of black women gave birth in hospitals, yet even in the North and in integrated hospitals, “discriminatory policies” and unequal treatment remained prevalent. See Carolyn Leonard Carson, “And the Results Showed Promise,” in *Women and Health in America*, 359-362; Janet Carlisle Bogdan, “Childbirth in America, 1650 to 1900,” and Joan E. Lynaugh, “Institutionalizing Health Care in Nineteenth- and Twentieth-Century America,” in *Women, Health, and Medicine in America*, ed. Apple, 116-119, 251-253. Terrell may have had other unsuccessful pregnancies

due to miscarriages—a common problem for women. Gordon, *Woman's Body, Woman's Right*, 49; and Marsh & Ronner, *The Empty Cradle*, 11.

<sup>33</sup> MCT, *A Colored Woman*, 115 & 125-126.

<sup>34</sup> Mary was the illegitimate daughter of her brother, Thomas Church. See MCT diary entries 24-25 December 1905, MCT Papers, L of C, Reel 1. Couples used adoptions to expand their families. Marsh and Ronner, *The Empty Cradle*, 107.

<sup>35</sup> Hine, "Rape and the Inner Lives of Black Women in the Middle West," 917.

<sup>36</sup> For discussions of the NACW and black clubwomen's program of racial uplift, see Floris Barnett Cash, *African American Women and Social Action: The Clubwomen and Volunteerism from Jim Crow to the New Deal, 1896-1936* (Westport, CT: Greenwood Press, 2001), 29-64; Deborah Gray White, *Too Heavy a Load: Black Women in Defense of Themselves, 1894-1994* (New York: W.W. Norton & Co., 1999) 21-141; Stephanie J. Shaw, "Black Club Women and the Creation of the National Association of Colored Women," in *'We Specialize in the Wholly Impossible': A Reader in Black Women's History*, ed. Darlene Clark Hine, Wilma King, and Linda Reed (New York: Carlson Publishing, 1995), 434; Darlene Clark Hine, "We Specialize in the Wholly Impossible: The Philanthropic Work of Black Women," in *Lady Bountiful Revisited: Women, Philanthropy, and Power*, ed. Kathleen D. McCarthy (New Brunswick, NJ: Rutgers University Press, 1990); Judith Weisenfeld, *African American Women and Christian Activism: New York's Black YWCA, 1905-1945* (Cambridge, MA: Harvard University Press, 1997), 23; Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920* (Cambridge, MA: Harvard University Press, 1993); Darlene Clark Hine, "Lifting the Veil, Shattering the Silence: Black Women's History in Slavery and Freedom," in *Hine Sight: Black Women and the Re-Construction of American History* (Brooklyn, NY: Carlson Publishing, Inc., 1994), 15; Darlene Clark Hine & Kathleen Thompson, *A Shining Thread of Hope: The History of Black Women in America* (New York: Broadway Books, 1998), ch. 7; Dorothy Salem, *To Better Our World: Black Women in Organized Reform, 1890-1920* (Brooklyn, NY: Carlson Publishing Inc., 1990), 15-53; Alison M. Parker, *Articulating Rights: Nineteenth-Century American Women on Race, Reform, and the State* (DeKalb: Northern Illinois University Press, 2010), ch. 5; and Ruby M. Kendrick, "'They Also Serve': The National Association of Colored Women, Inc." and Gerda Lerner, "Early Community Work of Black Club Women," in *Black Women in American History: The Twentieth Century, V. III*, ed. Darlene Clark Hine (Brooklyn, NY: Carlson Publishing, Inc., 1990), 817-824 & 855-864.

- <sup>37</sup> MCT, "The Duty of the National Association of Colored Women to the Race," August 1899, MCT papers, L of C, Reel 20; and MCT, *A Colored Woman*, 152-153.
- <sup>38</sup> MCT, "First Presidential Address to the National Association of Colored Women," 1897, in *Quest*, ed. Jones, 135. On black women and work, see Tera W. Hunter, *To 'Joy My Freedom: Southern Black Women's Lives and Labors After the Civil War* (Cambridge, MA: Harvard University Press, 1997), 111; Jacqueline Jones, *Labor of Love, Labor of Sorrow: Black Women, Work and the Family from Slavery to the Present* (New York: Vintage Books, 1985), 152-168; Rosalyn Terborg-Penn, "Survival Strategies Among African-American Women Workers: A Continuing Process," in *Women, Work & Protest: A Century of U.S. Women's Labor History*, ed. Ruth Milkman (New York: Routledge, 1985), 141-155; and Alice Kessler-Harris, *Out To Work: A History of Wage-Earning Women in the United States* (New York: Oxford University Press, 1982), 123.
- <sup>39</sup> MCT, *A Colored Woman*, 153.
- <sup>40</sup> On maternalist politics, see Ruth Bordin, *Woman and Temperance: The Quest for Power and Liberty, 1873-1900* (Philadelphia: Temple University Press, 1981); Barbara Leslie Epstein, *The Politics of Domesticity: Women, Evangelism, and Temperance in Nineteenth-Century America* (Middletown, CT: Wesleyan University Press, 1981); Alison M. Parker, *Purifying America: Women, Cultural Reform, and Pro-Censorship Activism* (Urbana: University of Illinois Press, 1997); and Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1994).
- <sup>41</sup> As historian Eileen Boris argues, Terrell helped "provide the words 'maternal instinct' and 'motherhood' with an oppositional quality." See Eileen Boris, "The Power of Motherhood: Black and White Activist Women Redefine the 'Political,'" in *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*, ed. Seth Koven and Sonya Michel (New York: Routledge, 1993), 221.
- <sup>42</sup> On negative stereotypes of black women, see Herndl, "The Invisible (Invalid) Woman," in *Women and Health in America*, 136; Patricia Morton, *Disfigured Images: The Historical Assault on Afro-American Women* (New York: Greenwood Press, 1991); Elsa Barkley Brown, "Imaging Lynching: African American Women, Communities of Struggle, and Collective Memory," in *African American Women Speak Out on Anita Hill-Clarence Thomas*, ed. Geneva Smitherman (Detroit: Wayne State University Press, 1995), 100-124; Robin D. G. Kelley, *Race Rebels: Culture, Politics, and the Black Working Class* (New York: Free Press, 1994); and Victoria W. Wolcott, *Remaking Respectability: African American Women in Interwar Detroit* (Chapel Hill: University of North Carolina Press, 2001).

- <sup>43</sup> Mitchell, *Righteous Propagation*, 86, 174
- <sup>44</sup> See Angela Y. Davis, *Women, Race, & Class* (New York: Vintage Books, 1981), 134-136; Ida B. Wells, *Crusade for Justice: The Auto-Biography of Ida B. Wells*, ed. Alfreda M. Duster, (Chicago: University of Chicago Press, 1972); Harley, "Mary Church Terrell: Genteel Militant," in *Black Leaders*, 315-316; White, *Too Heavy a Load*, 64-65; and Schechter, *Ida B. Wells-Barnett and American Reform*, 118 & 124.
- <sup>45</sup> MCT, *A Colored Woman*, 154-155.
- <sup>46</sup> MCT, *A Colored Woman*, 194; Giddings, *When and Where I Enter*, 106-107; and Beverly Guy-Sheftall, *Daughters of Sorrow: Attitudes Toward Black Women, 1880-1920* (Brooklyn, NY: Carlson, 1990), 150.
- <sup>47</sup> I have not yet found this "medical history" to which Terrell refers. MCT, *A Colored Woman*, 106-107.
- <sup>48</sup> On the dangers of pregnancy, see Judith Walzer Leavitt, "Under the Shadow of Maternity: American Women's Response to Death and Debility Fears in Nineteenth-Century Childbirth," in *Women and Health in America*, 328-346; Leavitt, "Birthing and Anesthesia: The Debate over Twilight Sleep," in *Mothers and Motherhood*, 243; and Laurel Thatcher Ulrich, "'The Living Mother of a Living Child': Midwifery and Mortality in Post-Revolutionary New England," *The William and Mary Quarterly* Third Series, 46, no. 1 (January 1989), 27-48.
- <sup>49</sup> MCT, *A Colored Woman*, 285.
- <sup>50</sup> MCT, *A Colored Woman*, 155.
- <sup>51</sup> Elizabeth Fox-Genovese, "My Statue, My Self: Autobiographical Writings of Afro-American Women," in *The Private Self: Theory and Practice of Women's Autobiographical Writings*, ed. Shari Benstock (Chapel Hill: The University of North Carolina Press, 1988), 71; and Jill Ker Conway, *When Memory Speaks: Reflections on Autobiography* (New York: Alfred A. Knopf, 1998), 14-15.
- <sup>52</sup> MCT, *A Colored Woman* vii-viii [emphasis added].
- <sup>53</sup> On self-identity and self-presentation, see Beth E. Meyerowitz, Shelly Chaiken, & Laura K. Clark, "Sex Roles and Culture: Social and Personal Reactions to Breast Cancer," in *Women with Disabilities: Essays in Psychology, Culture, and Politics*, ed. Michelle Fine and Adrienne Asch (Philadelphia: Temple University Press, 1988), 73; and Couser, *Recovering Bodies*, 214. MCT, *A Colored Woman*, 417. Audre Lorde, "The Transformation of Silence into Language and Action," in *Sister Outsider: Essays and Speeches by Audre Lorde* (Trumansburg, NY: The Crossing Press, 1984), 42.
- <sup>54</sup> MCT to Thomas A. Church, 26 March 1932, Washington, DC, MCT papers, L of C, Reel 3.

- <sup>55</sup> MCT, *A Colored Woman in a White World* (Washington, DC: Ransdell Publishing Inc., 1940).
- <sup>56</sup> Nellie Y. McKay, "Nineteenth-Century Black Women's Spiritual Autobiographies: Religious Faith and Self-Empowerment," in *Interpreting Women's Lives: Feminist Theory and Personal Narratives*, ed. Joy Webster Barbre, Amy Farrell, et. al., (Bloomington: Indiana University Press, 1989), 140.
- <sup>57</sup> See Fox-Genovese, "My Statue, My Self," in *The Private Self*, 77; and Martha Watson, *Lives of their Own: Rhetorical Dimensions in Autobiographies of Women Activists* (Columbia: University of South Carolina Press, 1999), 84.
- <sup>58</sup> Stephanie Ramsey states that Terrell's narrative "lacks poignancy due to its cold and distant style that reads simply like a list of personal accomplishments." See Ramsey, "Through the Storm, Through the Night," 7. Carolyn G. Heilbrun, *Writing a Woman's Life* (New York: W.W. Norton & Co., 1988), 24.
- <sup>59</sup> See Nancy J. Hirschmann's excellent introduction to this special issue, "Invisibility, Power, and Women's Lives."
- <sup>60</sup> See Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (New York: Broadway Paperbacks, 2010), 63-4; and Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006), ch. 6. Later, in 1931, Terrell was examined at Johns Hopkins for her facial paralysis. MCT Diary, August 4, 1931, MCT-CA, Box 149-1.
- <sup>61</sup> "So far as I have been able to ascertain, in no hospital in Washington are colored women addressed as 'Mrs.' or 'Miss.' They are called by their first names by everybody who attends them. Colored men are treated in the same way, no matter how distinguished they may be or how high a position they may hold." MCT, *A Colored Woman*, 390-391.
- <sup>62</sup> On hospital segregation, see Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 350 & 173-175; Thomas, *Deluxe Jim Crow*, 28. For a discussion of the segregated Freedmen's Hospital in Washington, DC, see Jim Downs, *Sick From Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (New York: Oxford University Press, 2012), 159-161. Leslie J. Reagan discusses discriminatory medical treatment in *Dangerous Pregnancies*, 114-117. MCT Diary, 27 May 1931, MCT-CA, Box 149-1.
- <sup>63</sup> A white woman wrote to her from Nebraska to thank her for being a good compatriot and roommate. See Mrs. D. M. McPherson to MCT, 28 April 1915, Callaway, Nebraska, 28 April 1915, MCT papers, L of C, Reel 4.
- <sup>64</sup> MCT, *A Colored Woman*, 244-245.
- <sup>65</sup> Katie Holmes, "Diaries as Deshabillé? The Diary of Una Falkiner: A Careful Dressing," in *Writing Lives*, 43 [emphasis added]. As she wrote and rewrote

her autobiography, Terrell read through her old diaries for facts, events, and dates.

- <sup>66</sup> MCT Diary, 15 March 1915, MCT papers, L of C.
- <sup>67</sup> Estelle B. Freedman, “‘The Burning of Letters Continues’: Elusive Identities and the Historical Construction of Sexuality,” *Journal of Women’s History* 9, no. 4 (Winter 1998), 182-3.
- <sup>68</sup> MCT Diary, 1-2 February 1915, MCT papers, L of C.
- <sup>69</sup> MCT Diary, 31 January 1915, MCT papers, L of C.
- <sup>70</sup> In addition, the idea of a “big operation” in this and later periods might have suggested cancer; perhaps she was loath to encourage any such incorrect speculation. We know that she did not have cancer. See MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>71</sup> MCT, *A Colored Woman*, 244-245 [italics added].
- <sup>72</sup> Michele Mitchell, “Silences Broken, Silences Kept: Gender and Sexuality in African-American History,” *Gender & History* 11, no. 3 (November 1999), 436; and Elaine Sargent Apthorp, “Speaking of Silence: Willa Cather and the ‘Problem’ of Feminist Biography,” *Women’s Studies* 18 (1990), 10.
- <sup>73</sup> RHT to MCT, 16 February 1915, MCT-CA.
- <sup>74</sup> RHT to MCT, March 27, 1915, MCT-CA.
- <sup>75</sup> Sharon Harley notes that “the 1920 federal occupation census for the District of Columbia lists 998 white males and 130 black males as physicians and surgeons, and no women of either race.” Sharon Harley, “Black Women in a Southern City: Washington, DC, 1890-1920,” in *Black Women in American History: The Twentieth Century*, ed. Darlene Clark Hine (Brooklyn, NY: Carlson Publishing Inc., 1990), 70; Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois Press, 1987), 3, 37-47; and “Physicians,” by Regina Morantz-Sanchez in *Women, Health, and Medicine in America*, ed. Apple, 491-493.
- <sup>76</sup> RHT to MCT, 16 February 1915, MCT-CA.
- <sup>77</sup> RHT to MCT, 16 February 1915, MCT-CA.
- <sup>78</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>79</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>80</sup> Foster, *Til Death or Distance Do Us Part*, 49.
- <sup>81</sup> MCT Diary, 27, 28 & 31 January 1915, MCT papers, L of C, Reel 2.
- <sup>82</sup> MCT Diary, 2 February 1915, MCT papers, L of C, Reel 2.
- <sup>83</sup> MCT Diary, 13 February 1915, MCT papers, L of C, Reel 2.
- <sup>84</sup> RHT to MCT, 16 February 1915, MCT-CA.
- <sup>85</sup> MCT Diary, 9 March 1915, MCT papers, L of C, Reel 2.
- <sup>86</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>87</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>88</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.

- <sup>89</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>90</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>91</sup> bell hooks, *Ain't I a Woman: Black Women and Feminism* (Boston: South End Press, 1981), 86 and 129-131; and Davis, *Women, Race and Class*, 127-128.
- <sup>92</sup> Gurstein, *The Repeal of Reticence*, introduction. By the 1910s, however, popular women's magazines were starting to write about sexually transmitted diseases and sex education without engendering reader protests. See Marsh and Ronner, *The Empty Cradle*, 117.
- <sup>93</sup> African Americans had few opportunities to become doctors; when they did, they were excluded from practicing in most hospitals. Starr, *The Social Transformation of American Medicine*, 124 & 168. MCT, *A Colored Woman*, 398-399.
- <sup>94</sup> MCT to RHT, 22 March 1915, MCT papers, L of C, Reel 2.
- <sup>95</sup> MCT Diary, 29 March 1915, MCT papers, L of C.
- <sup>96</sup> Dr. D. F. Hallenbrek [?] to MCT, 14 May 1915, MCT papers, L of C, Reel 4. On dancing, see MCT, *A Colored Woman*, 397 & 407.
- <sup>97</sup> RHT to MCT, 5 June 1915, MCT papers, L of C, Reel 2.
- <sup>98</sup> MCT, *A Colored Woman*, 244-245.
- <sup>99</sup> MCT Diary, 18 November 1931 & 4, 14, & 31 December 1931, MCT-CA, Box 149-1. MCT to Robert Church, Jr., 31 December 1931, Washington, DC, MCT papers, L of C, Reel 3.
- <sup>100</sup> See Jacquelyn Dowd Hall, "Lives Through Time: Second Thoughts on Jessie Daniel Ames," in *The Challenge of Feminist Biography: Writing the Lives of Modern American Women*, ed. Sara Alpern, Joyce Antler, Elizabeth Israels Perry, and Ingrid Winther Scobie (Urbana: University of Illinois Press, 1992), 153.
- <sup>101</sup> MCT Diary, 30 April 1931 & 5 June 1931, MCT-CA.
- <sup>102</sup> Roland Marchand: *Advertising the American Dream: Making Way for Modernity, 1920-1940* (Berkeley: University of California Press, 1985), 186-205.
- <sup>103</sup> She knew, as Bill Hughes suggests, that "physical capital" is an "important indicator of cultural capital" and that as a black woman she began life with two deficits—she literally could not afford to be associated with yet another "deficit." Bill Hughes, "Disability and the Body," in *Disability Studies Today* (Malden, MA: Blackwell Publishers, Inc., 2002), 70.