

ALTERED STATES OF CONSCIOUSNESS: GENDER, NINETEENTH-CENTURY
MEDICAL DISCOURSE, AND GOTHIC LITERATURE

by

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the ancestral and unceded territory of the
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We are all Treaty people.

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DEDICATION PAGE

Dedicated to my fellow chronically ill graduate students.

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ABSTRACT

Gothic literature often depicts altered states, including sleep, dreams, nightmares, somnambulism, hypnotism, and mesmerism. This project considers the mind-body question in Gothic literature through a medical humanities lens informed by medical knowledge contemporary to the selected long nineteenth-century literary works. In particular, these works represent altered states of consciousness in the form of sexual difference and the ill (often feminized) body through the Gothic trope of the vampire. My discussion includes writers with significant access to medical knowledge, including John Keats, John Polidori, and Bram Stoker. I also examine texts by Samuel Taylor Coleridge, Joseph Sheridan Le Fanu, and James Malcolm Rymer, allowing me to consider more popular perspectives on medicine while still focusing on nineteenth-century vampire texts. John Brown's *The Elements of Medicine* is threaded throughout my dissertation because of its significance to nineteenth-century notions of health and illness. I also draw on the medical thinking and works of Thomas Trotter and later thinkers such as William B. Carpenter and John Elliotson.

While many scholars have focused on the figure of the ill woman in nineteenth-century literature, I consider how Gothic literature specifically uses the supernatural to explore these altered states. I begin by examining both Romantic and Gothic poetry in relation to eighteenth-century theories of dreaming. Thereafter, my argument is centrally concerned with vampire texts up to and including Stoker's *Dracula*. I argue that the vampire figure's power and its victim's illness in these texts are informed by theories and practices of mesmerism and hypnotism, as well as by broader contemporary medical concepts, especially those central to eighteenth-century neurophysiology. In the Gothic, the supernatural manipulators of these altered states strip victims of their agency and leave them diminished when they return to ordinary consciousness. This power dynamic highlights nineteenth-century concerns about the integrity of the mind and control over the body. This project concludes by focusing on nineteenth-century cultural anxiety over the mind-body question in Stoker's 1903 *The Jewel of Seven Stars* as part of an analysis of how texts later in the period challenge the notion of a controlled consciousness and reimagine it as overlapping altered states.

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CHAPTER 1 INTRODUCTION

How strange and spectral-like she moves along; there seems no speculation in her countenance, but with a strange and gliding step, she walks like some dim shadow of the past in that ancient garden. She is very pale, and on her brow there is the stamp of suffering; her dress is a morning robe.

—James Malcolm Rymer, *Varney the Vampire*¹

A great deal of work has been done on nineteenth-century literary representations of altered or liminal states.² There nevertheless remains a gap in the study of altered states in Gothic literature, particularly in relation to sexual difference and medical theory on consciousness.³ This thesis examines the relationship between altered states of consciousness (such as somnambulism and other sleep disorders) and the way that the “healthy” body, often masculine, is figured in relation to the feminized ill body in Gothic narratives.

The starting point for this project was my interest in vampire literature in relation to what James Allard describes as “the age-old and perpetually vexed question of the

¹ This scene captures the natural somnambulism of *Varney the Vampire*'s female victim, Flora (152).

² See Abrams, Aikens (“Pharmacy,” and “Batling Addictions”), Berridge, Cooke, Hayter (*Opium*), Lefebure (*Samuel*), and Robert Morrison.

³ My work addresses this gap in scholarship and contributes to the interdisciplinary field of medical humanities. It also adds to historical studies on illness in the nineteenth century, as well as Romantic and Victorian literary criticism (Shuttleworth, Vrettos, Showalter, Tatar). I draw on a substantial body of scholarship on altered states of mind, including the history of drug use. I do this in particular relation to cultural history and Romantic-era literature (Senaha, North, Hayter), the history of opium (Hodgson, Hayter [*Opium*], Booth, Berridge and Edwards, Peters), mesmerism (Tatar, A. Winter, Willis [“Scientific Self-Fashioning”], Willis and Wynne, A. N. Wilson, Kaplan [“Mesmeric Mania”], deLong), and hypnotic crimes (Leighton [“Hypnosis Redivivus” and “Under the Influence”], Price, Andriopoulos [*Possessed Hypnotic Crimes*]).

relation between mind and body” (2) and the cultural anxieties and taboos that develop from it. I began by questioning how vampire literature represented illness and health differently, and how those representations changed as the vampire literary tradition developed.⁴ I assumed there must have been something in particular to account for what I noted as a shift in characterization; however, the more I researched the history of medicine, the more I found myself trying to create a chronology and align it with the literature I was reading. What I began to see was that literature and medicine did not move in lock step, and that changes in understandings and theories of brain science did not immediately appear in literature—they developed “unevenly,” to use Mary Poovey’s concept (3). She explains, “The interdependence of material conditions and representations (as well as the interdependence *of* representations) means that causation is never unidirectional; as a consequence, the kind of linear narrative that many literary critics and historians employ necessarily obscures the critical complexity of social relationships” (17-18). While Poovey’s topic of study is the ideology of gender, I employ a similar care for the “complexity of causation” in my study. That is, I argue that medicine and its development raised ideas (many of which concerned the mind-body question) that were subsequently taken up by authors in literature of the long nineteenth century. For example, Bram Stoker’s 1897 *Dracula* (see Chapter Five) does not merely represent the newly discovered contemporary knowledge about brain mapping by Ferrier,⁵ but also engages mesmerism and late eighteenth-century understandings of dreams and memory, building on a foundation of Brunonian medicine.⁶

⁴ See Carol A. Senf’s *The Vampire in Nineteenth-Century English Literature*.

⁵ See Stiles for the connections between *Dracula*, Stoker’s brother’s medical expertise, and brain mapping.

⁶ Stoker calls his representation “hypnotism” instead of “mesmerism,” thus identifying another instance of overlap and competition, rather than defined periods of when mesmerism was “replaced” by hypnotism.

In the work that follows, I use a new historicist approach to analyze the medical notions of the mind in the long nineteenth century. I am interested in the progression of the overlapping and competing systems Michel Foucault charts in *The Birth of the Clinic*, from nosology to pathological anatomy to later chemical operations and the institutional authority of physicians. Chapter Five in particular includes a Foucauldian focus on the representation of the physician's gaze in nineteenth-century literary texts.⁷ Although I do not use a Freudian approach, the ideas featured here in many ways anticipate Freud's concept of the unconscious.⁸

To contextualize my work, it is important to understand the "period" of medicine I consider in this project. Scholarly focus on nineteenth-century medicine has tended to concentrate on Victorian medicine, with less focus on Romantic medicine.⁹ However, there is not a single through-line over the long nineteenth century (Rosen 151). What interests me most are the competing ideas that coincided with ongoing developments in science over the long nineteenth century, especially with regards to brain science and understandings of consciousness that shaped the medical narrative. My approach echoes George Rosen's definition of Romantic medicine as "*the reconstruction of medicine in a period of revolution*" (157-58) that developed in response to a number of developments in medicine during the Romantic period. These extend across the long nineteenth century and include the introduction of pathological anatomy, mass immunization, public health

⁷ See Foucault 119-22 for an explanation of each system of thought.

⁸ See Joel Faflak's *Romantic Psychoanalysis: The Burden of the Mystery and Romantic Psyche and Psychoanalysis*.

⁹ For scholarly works on Victorian medicine see Punter (*Gothic Pathologies*), Smith (*Victorian Demons*), Sparks, Hughes ("Victorian Medicine"), Oppenheim, E. Wright, Caldwell, Haley, Talairach, Gasperini, and Kennedy. See Ruston (*Creating Romanticism*), Alan Richardson (*British Romanticism and "Romanticism"*), Allard, Hayter, Wallen, Youngquist (*Monstrosities*), Mitchell, Faflak, and Budge (*Romanticism*) for Romantic medicine.

and hygiene, germ theory, parasitology and disease transmission, phrenology, the advent of hospitals and clinics, the discovery of anesthesia, the introduction of blood transfusion and antiseptic principles for surgery, the rise of psychiatry, and the invention of the X-ray.¹⁰

As a result of continuous developments in both medicine and the Gothic mode, the Romantic era was a time when many experts and literary authors engaged in medical discourse.¹¹ The permeation of non-medical works by medical thinking explains why this study includes both physicians and literary writers. Hence my project addresses a gap in the scholarship that concerns how people of varying levels of medical training and access to medical knowledge wrote about the burgeoning science of the time. I explore how authors from a variety of professions engaged with medical ideas in different literary genres and in works directed at specific audiences and classes. I consider, for example, whether sleep disorders are represented similarly in both Gothic penny dreadfuls and Romantic Gothic poetry.

While other medical humanities studies of nineteenth-century literature focus on texts by authors who have undertaken “formal medical study” or produce tales that involve medical practice, I have chosen works that help to best elucidate the medical theories and questions about consciousness.¹² Also, it warrants noting that I have intentionally chosen texts that run the gamut of genre and foreground the Gothic as a

¹⁰ See Bynum (on Western medical history 1800-2000), Faas (on the rise of psychiatry), Taylor and Shuttleworth (on psychology) Albertson (on phrenology), Gasperini (pathological anatomy), and Mitchell (“Suspended Animation” on suspended animation).

¹¹ See Ford (*Coleridge* 6) and Robert Miles (“Gothic Aesthetic” 41).

¹² Sara Wasson characterizes the work of the medical humanities as “analysing medicine as a cultural and social process, and like all cultural studies, it challenges its proponents to consider how cultural forms incarnate power relations” (3). For this reason, it is unsurprising that many medical humanities texts begin by invoking Foucault and his understanding of the power relations and authority involved in the professionalization of the medical field and the advent of clinics and hospitals.

mode.¹³ Thus the texts considered here range from medical writing, such as Polidori's medical thesis on somnambulism (1815); to Gothic Romantic poetry, namely Coleridge's "Christabel" (1816) and Keats' "The Eve of St. Agnes" (1820); to vampire tales, including the short story "The Vampyre" (1819), the serialized novel, *Varney the Vampire* (1845-47), the novella, "Carmilla" (1872), and the novel, *Dracula* (1897); to sensation works such as *The Moonstone* (1868).

The majority of the texts considered here are from the nineteenth century proper. During this time, the competing medical systems of thought and models proposed by Scottish physician William Cullen (who published various editions of his best-known work *First Lines of the Practice of Physic* from 1777-84) and his student John Brown (whose *Elementa Medicinae* was published in 1780)¹⁴ had long-lasting impacts on many medical writers who followed them. More specifically, Cullen's theory emphasized the central nervous system and the concept of sensibility, "regulat[ing] the formal study of anatomy to the background" (Allard 22-23).¹⁵ Yet Foucault notes that "up to the end of

¹³ I'm thinking of Robert Miles' article "The Gothic Aesthetic: The Gothic as Discourse" and his analysis of Richard Hurd's essays, which he says "reveal several seams of division" (44), most notably that "in poetry, pleasure is exalting; in prose romance, corrupting excess" (43). The artificial divisions that Hurd crafts stem from his disdain for contemporary novels (or "romances"). While my project does not focus on Lewis' *The Monk* or Radcliffe's *The Italian* or *The Mysteries of Udolpho*, I do find it generative to read poetry, novels, and short stories against each other to see how each is representing illness and disrupting any semblance of a chronological historical thread or story.

¹⁴ It is important to position Cullen and Brown in opposition to pathological anatomy. Pathological anatomists found that "anatomy could identify the parts and explain their use and interrelations; it could even assist when certain parts were not functioning appropriately (when, for example, surgeons were called upon to fix wounds), but it could not account for the differences between life and death" (Allard 27). For Cullen, as Allard explains, the "appeal to both body and mind is emphasized by his repeated use of terms such as 'sensibility,' 'sensible,' and the like" (29).

¹⁵ See McGann (7) and Todd (6). Joel Faflak and Julia M. Wright explain how "[l]ate-eighteenth-century medical theory corporealized this Enlightenment model, and Steven Bruhm, Paul Youngquist, and Peter Melville Logan are among those now considering the wide-ranging impact of William Cullen's neurophysiological model on conceptualizations of sensibility in relation to sensation and bodily health in nineteenth-century British culture" (9-10). It is also worth noting that "[t]he new biological psychologies of Erasmus Darwin, Gall, and other radical brain scientists constitute a crucial segment of the Romantic discursive field; they give new dimensions to terms like 'sensibility,' 'nervous,' 'organic,' 'natural,'

the eighteenth century medicine related much more to health than to normality” and focused instead on the “qualities . . . lost in illness and which it was the task of medicine to restore” (35). In this vein, both Cullen’s and Brown’s systems focussed on outlining certain disorders and diseases but, for example, do not often refer to what “normal” sleep looks like in healthy individuals, instead charting how to restore function.

Brown codified and detailed Cullen’s theories in terms that had broad reach, and his text was translated into English and widely circulated. As such, it was foundational in many of the theories of health that followed and enjoyed “the greatest vogue” in comparison with other Romantic medical models (Rosen 154). The Brunonian system of health continues to play a part in Romantic and Victorian medical humanities scholarship and best lends itself to my work as the foundation upon which I analyze various disorders.¹⁶ In what follows, I rely on a Brunonian understanding of the mind-body relationship rather than the Cartesian.¹⁷ When Brown uses the word “body,” he refers to “both the body simple so called, and also as endued with an intellectual part, a part appropriated to passion and emotion” (3). In Brunonian medicine, external stimuli are always processed in the body and the mind, creating “excitement”; this “excitement” is indicative of illness and disease, but is also the means by which one corrects these

‘universal,’ and ‘brain’ that reverberate through the fictional works and poetic theories of their literary contemporaries” (A. Richardson, *British Romanticism* xiv).

¹⁶ Paul Youngquist was the first to apply the Brunonian approach to Wordsworth in *European Romantic Review* (“Lyrical Bodies”). For other uses of the Brunonian approach to the study of literature, see Budge (*Romanticism* on Hazlitt and Southey), Fulford, Wallen (on Romantic poetry), Gao, Milligan (on De Quincey), Mee (on Blake), Mallory-Kani (on Wollstonecraft), and Zall (on Coleridge and Beddoes). Furthermore, scholars have situated Brown’s work within the long eighteenth and nineteenth-century medicine: Budge (“Transatlantic Irritability” on American Mass Culture), Eisenberg (in relation to Benjamin Rush), Grinnell, Vickers (Beddoes), Day, Byrne, Porter (“Consumption”), Lawlor (*Consumption: History*), O’Connell and Lawlor as well as Andrews and Lawlor (on fashionable illness), Allard, Porter (*Bodies Politic and Doctor*), and Alan Richardson (*British Romanticism*, and “Romanticism” in relation to Romanticism).

¹⁷ Christopher Lawrence outlines how the shift “from . . . Cartesian dualism to monism” is keyed into “the nervous system itself as the bridge which possessed attributes of both mind and body” (24-25).

illnesses, as they both lie along a spectrum.¹⁸ Poverty or excess of excitement were the main causes of what Brown termed “sthenic” and “asthenic” diseases: for example an excess of languor (a poverty of excitement) could cause an “asthenic” disease in women, who, by virtue of being women, were already predisposed for this kind of disease (see Chapter Three for a fuller reading of Brunonian health and gender). As the Gothic has traditionally been defined as “a writing of excess” (Botting 1), excess is a feature often studied in Gothic literature. I am particularly interested in the ways that literature represents this “excess” in nineteenth-century medical terms.¹⁹

With these gendered medical theories well-ensconced, nineteenth-century literary texts reflected a cultural desire to pathologize women (Horner and Zlosnik 64), with the Gothic in particular “raising the spectre of hysteria and a lack of restraint, sexual, moral and otherwise” (Davison 125-26).²⁰ This lack of restraint has excited scholarly interest in the transgressive and permeable boundaries in the Gothic, and gendered illness often figures as a reason for transgression (Horner and Zlosnik 56).²¹ Thus Tabitha Sparks coined the term “Medical Gothic” in her text *The Doctor in the Victorian Novel: Family Practices*. Sparks uses the term “to suggest that late-Victorian Gothic tales often incorporated medical scenarios within their pages” (Crockett par. 3n5). These clinical tales (texts that feature interactions between physician and patient characters, as well as

¹⁸ Foucault states that “[i]n the eighteenth century, disease was both nature and counter-nature, since it possessed an ordered essence, but it was of its essence to compromise natural life” (155).

¹⁹ Botting’s definition has been criticized for being narrow and clichéd; here I’m thinking of Corrinne Wagner’s Introduction to *Gothic Evolutions* where she notes that Botting’s characterization of the Gothic as excessive is “valid” but that “it has since become something of a cliché to characterize Gothic as excessive, transgressive, and subversive” (xxxvii).

²⁰ It is important to note how the scholarly reclamation of the Female Gothic attempted to shift focus to female authors’ Gothic tales in which female characters resisted and challenged the patriarchy (Boucher par. 5).

²¹ Donna Heiland situates these transgressions in terms of “corruption in, or resistance to, the patriarchal structures that shaped the country’s political life and its family life, and gender roles within those structures come in for particular scrutiny” (5).

descriptions of physically afflicted characters) also support the medicalization of female bodies that permeate Victorian fiction. Lena Wånggren and Ally Crockford note that “critical discussions of gender and medicine in the nineteenth century has often relied on a dichotomy in which,” drawing on Patricia A. Vertinsky’s concept of “‘male medical discourse’ . . . stands in opposition to the image of the female patient” (par. 1); thus, Victorian texts often feature male physicians with female characters assigned either to patient or nursing roles. While there has been a critical push to analyze texts that fall outside or trouble this dichotomy of medicine,²² the bedside position allowed for a particular type of female friendship to evolve (see Chapter Three for a reading of Carmilla and Laura’s relationship in Le Fanu’s “Carmilla”).²³ Sparks places emphasis not on the “accura[cy of] representations of medical knowledge” in Victorian texts and how they “draw from Victorian-era theories of the body and disease etiology” (*Victorian* 140), but on “the ways that these novels configure loosely medical topics into particular metaphors” in an effort to represent “the public impact of the condition or disease on a particular place and time—a mediation that fiction is uniquely able to represent” (140). In this way, nineteenth-century Gothic literature acted as a “barometer of socio-cultural anxieties” (Davison 124) that played out across both female and male characters’ nervous bodies.²⁴

Almost all texts about the Gothic open by acknowledging that it is a “slippery” term resistant to easy classification (C. Wagner xxiii).²⁵ Problematically, the Gothic often

²² See the special issue of *Nineteenth-Century Gender Studies* edited by Wånggren and Crockford, “Writing Bodies: Gender and Medicine in the Nineteenth Century.”

²³ See Bailin, Swenson, Judd.

²⁴ See Logan, Vrettos, and Walsh for how nervous illnesses impact characters’ abilities to narrate their own stories.

²⁵ Also see Wasson, who uses the adjective to describe how “[t]he Gothic mode of representation is notoriously as slippery as its transgressive subjects” (2).

creates juxtapositions and binaries.²⁶ Hence I follow Jerrold E. Hogle and other Gothic scholars who see the Gothic as a mode of writing rather than a genre tied to a specific time period; that is, some of my key texts are from after 1820, the end date for “the ‘close’ of the first phase of the Gothic” (R. Miles, *Gothic Writing* 9). In fact, I am particularly interested in these later texts for the ways in which they continue to reference earlier models of health and figure understandings of some illnesses within Gothic literature.

The eighteenth and nineteenth centuries showed an attentiveness to medicine; this accompanied a renewed interest in altered states, especially sleep states, evidenced by “the numbers of medical treatises written on the subject as well as by the numbers of poems and other literary works devoted to and often celebrating dreaming” (Ford, *Coleridge* 14). The Gothic period was marked not only by “a rise in medical experimentation” (C. Wagner xxiii), but also by antivivisection texts, such as Wilkie Collins’ *Heart and Science*, as well as many *Blackwood’s* short stories that displayed an interest in death as an altered state, as the mind and will are trapped in an unconscious state.²⁷ Why do these altered states, and their increased representation in literature, matter? I argue that it is in these spaces and texts where the mind-body question is explored to its limits, for altered states are represented as crossing boundaries and, in doing so, challenge the divisions that normative physiology established. Given the era’s

²⁶ Hogle discusses the juxtaposition of major identity politics, “gender, sexuality, race, class, the colonizer versus the colonized, the physical versus the metaphysical, and abnormal versus normal psychology,” explaining that such a process “leav[es] both extremes sharply before us (“Introduction” 13).

²⁷ See Packham, Mitchell (*Experimental Life*) on vitalism, and Huelman on medical ethics in Victorian literature. For texts focusing on antivivisection, see Crockett (*fin de siècle* texts), Monsam (Baillie), Depledge, MacEachen, Murphy, Straley (Collins), and Waddington (and the Gothic). See Mangham, Mayo, T. Richardson on *Blackwood’s* and other magazine “tales of terror” stories dealing with taphephobia, the fear of being buried alive.

questioning of the relationship between body and mind, the chapters that follow are organized into two sections, one focusing on the body and the other on the mind.

Chapter Two begins by interrogating how the late eighteenth century conceptualized sleep, dreaming, and consciousness, and in relation to those states, the purpose that we describe through terms such as “agency” or “will.” When I refer to consciousness, I mean a state of being in which the individual is awake and capable of forming intent. These terms referring to consciousness, and the physiological mechanisms that distinguished them, were hotly debated and some of those debates are reflected in the literature discussed here. So, in Chapter Two, I survey the competing camps of supernatural and physiological understandings of dreaming, focusing on the dominant physiological theories (such as those espoused by Erasmus Darwin and David Hartley). I examine the ways that Samuel Taylor Coleridge challenged these dominant theories in “Christabel,” drawing on his lectures and notebooks written before and as he composed the poem (1797-1800). His theories about dreaming, which are explored in “Christabel,” posit that the relationship between sleep states, including the contents of dreams or nightmares, and consciousness is more complicated than the dominant theories express—more specifically, that the boundaries between these states are less impermeable and more porous, allowing the individual to “*stream*” between the states (Coleridge, *Notebooks* 1: 1770). I argue that the altered states Christabel enters allow her to explore desires and to remember them when she returns to consciousness; however, she is unable to voice what she had experienced in her altered state, unlike a secondary character, Sir Bracy, who is also marked as a “powerful dreamer” (Ford, “Samuel” 115). Furthermore, Geraldine manipulates Christabel’s entrance and exit from these states,

calling into question Christabel's lack of agency. Similarly, in John Keats' *The Eve of St. Agnes* (written in 1819, published in 1820), Porphyro manipulates both Madeline's mind and body. That is, his suggestions and actions impact her perception of the material world and cause her to confuse dreaming with consciousness. I focus on how Keats' manuscript version of the poem reframes Madeline's confusion, clarifying that she is in fact asleep and dreaming when Porphyro rapes her. Madeline's transitions between sleep states and consciousness are accompanied by pain, and I argue that Keats, following Brown, represents external stimuli as affecting both Madeline's body and mind. These two Gothic poems are particularly germane here, as both feature concerns about memory, intent, and the transition between sleep states and consciousness.

Chapter Three delves further into the extent to which Brunonian theory and Thomas Trotter's version of it were foundational to nineteenth-century thinking about illness and health. Here, my focus shifts to vampire literature, and I analyze Sheridan Le Fanu's "Carmilla" (serialized in *The Dark Blue* from 1871-72) for the way in which the vampire's victim, Laura, is represented as nervous and feminized, and so reflects the anxieties about models of health and gender. I read "Carmilla" as indicating a shift from the mundane to the marvellous (Todorov 25) that creates an environment in which supernatural content can infect people with terror. This terror translates to an excess of excitement in Brunonian theory that Trotter in particular associated with an ongoing state of nervousness thought to compromise health (Trotter 51). The vampire Carmilla presents a complicated "case," as her vampirism is a fictional condition that is depicted in Brunonian terms. In Le Fanu's depiction of the vampire, Carmilla is unable to adjust her excitement and uses her illness instead to manipulate Laura, partly through a relationship

we can recognize as similar to the nurse-patient clinical friendship. As a result of Carmilla's attacks on Laura's mind and body, Laura's good female bodily and mental health are compromised and her narration becomes "nervous" (Logan 2).²⁸ This later Victorian text is often read in terms of anxieties about homosexuality; however, reading "Carmilla" through the lens of Brunonian medicine and Baudrillard's theory of simulacra can illuminate larger cultural anxieties about gendered models of health and illness.

I discuss the focus on the ill health of the vampire's victim further in Chapter Four, specifically how representations of the vampire's victim echo medical discourses of altered states such as mesmerism and hypnotism. I argue that the shifting construction of the vampire figure mirrors contemporary medical developments with a focus on the gaze, voice, role of dreaming, and the gendered distribution of power. Re-examining Geraldine from Coleridge's "Christabel," I posit that not only does she create an altered state in her victim, but her altered state of consciousness also allows her access to beings in altered states, such as Christabel's dead mother. Geraldine's representation echoes many of the characteristics of mesmerists, and the dynamic between Geraldine and Christabel resembles that of mesmerist and patient. Focusing specifically on mesmerism, I also explore Polidori's "The Vampyre" (1819). In both texts, the victims are manipulated by the vampire figures' speech and gaze, and both Christabel and Aubrey are unable to share their knowledge of Geraldine and Ruthven, respectively, as vampires. As a point of comparison, I draw on the mid-nineteenth-century novel, *Varney the Vampire* (serialized 1845-47), to trace subtle shifts between mesmerism and hypnotism and the conflation of

²⁸ Logan describes "one of the central characteristics of the nervous body" as "its tendency to talk, especially to talk about itself," explaining that "the nervous patient spoke incessantly about her or his body, its pains and sufferings, and its history" (2).

the two. Such conflation allows for consideration of more than one victim, Flora and her brother Henry in this case, and I discuss how gender affects the representations of their nervous illnesses. Both “The Vampyre” and *Varney the Vampire* share a significant physician figure who reflects the importance of medical discourse to these texts; in “The Vampyre,” the physician merely confirms Aubrey’s nervous break, a bilious attack, and in *Varney*, the physician indicates Flora’s ability to recover from Varney’s power over her, figuring Aubrey as a feminized man on terms that echo Trotter (163), and Flora as the eighteenth-century archetype of the exceptional woman. Reading these three texts against each other shows how power is split between the vampire figures and the changing profession of physician; the characterization of these vampire figures as quasi-mesmerists and hypnotists foregrounds anxieties about gendered power relationships and control over the mind that included control over the body.

In Chapter Five, I am interested in the natural forms of altered states of consciousness tied to sleep, such as somnambulism, and explore when sleepwalking first became associated with the vampire by examining a few key Victorian texts, *Varney the Vampire* (seen also in Chapter Four), *The Moonstone* (1868), and *Dracula* (1897). Natural and artificial somnambulism raised different anxieties in the nineteenth century, such as the fear that the brain could carry out bodily processes without conscious intent. Importantly, these physical actions are not automatic (such as heart-rate and breathing) but suggest a higher brain function questioning, as Alan Richardson explains, the “existence of the soul, the necessity of God, and the integrity of the self” (*British Romanticism* 12). I trace the understanding of somnambulism through various significant medical writers on these subjects from the late eighteenth century to the mid-Victorian

era. Literary representations of natural somnambulism call attention to questions about what it means to be conscious in the senses of being awake and of having agency, as in a “conscious action.” In particular, I am interested in texts that focus on what was understood as state-dependent memory.

Using Wilkie Collins’ *The Moonstone* as my central example, I address the larger implications of these varied depictions of the vampire by exploring altered states that are not directly allied with the supernatural. I examine *The Moonstone* as a text that was influential in British Victorian writing in order to trace the evolving understanding of consciousness; the novel represents both male and female unbalanced Brunonian health that ultimately predisposes the male protagonist, Franklin Blake, to somnambulism. Similarly, the way that Flora’s somnambulism is figured in *Varney the Vampire* reflects the multiplicity of ideas and debates about consciousness in the nineteenth century. Stoker’s *Dracula* also depicts a multiplicity of ideas about brain science, sleep states, and memory: Stoker had access to contemporary medical knowledge—including through his brother, a brain surgeon—but tends to draw on earlier ideas of mesmerism, unconscious cerebration, and somnambulism, calling attention to the uneven development (Poovey 3) of literature and brain science. It is telling that Stoker had access to contemporary medical knowledge but chose to showcase medical ideas from the late eighteenth century onwards, which I argue emphasizes that brain science did not appear linearly or chronologically in the literature of the period. These three texts reflect each other in generative ways: both *Varney* and *Dracula* depict waking a sleepwalker and *The Moonstone* and *Dracula* both feature female characters (Rachel and Mina respectively) who ultimately portray excessive nervousness and who must endure the consequences for

their roles in observing sleepwalking. Finally, all three texts feature physician characters and the shift from laypeople's observation of health to that of qualified doctors, foregrounding a progressively more professionalized practice.

Finally, in the Conclusion, I turn to another supernatural tale by Stoker, *The Jewel of Seven Stars* (1903, republished with a different ending in 1912), to examine how astral projection can be understood as a form of remote hypnotism. In this text, I focus on the ill health of the female victim, Margaret, and the power and control the Egyptian Queen Tera exerts over her by occupying her consciousness. However, in contrast to the malicious motivations of the vampire figures that are a key element of this dissertation, I argue that in *Jewel* Stoker posits how two female characters can share a consciousness.

CHAPTER 2 "IT IS WONDERFUL WHAT TRICKS OUR DREAMS PLAY US": SLEEP STATES AND MEMORY

Henry Fuseli's 1781 painting *The Nightmare* features a woman draped in white sensually stretched out, lifelessly hanging over the edge of her bed and exposing her long neck while an incubus sits upon her chest and the head of a horse peers out of the shadows. *The Nightmare* was first exhibited in 1782 at the Royal Academy of London (Moffitt 173; Martin 112); John Knowles notes that it "excited . . . an uncommon degree of interest" (64-65), and Nicholas Powell claims that "[i]t is an image which retains its force despite all that has been discovered about the workings of the unconscious mind since 1782" (96). In addition to these comments, scholarly criticism of Fuseli's painting often links it to his experiences with waking dreams (hypnagogic states) or to sleep paralysis.²⁹

Erasmus Darwin wrote a stanza that accompanied Thomas Burke's engraving of Fuseli's painting (Knowles 64-65), and he later expanded on these lines in *The Loves of the Plants*, which included a frontispiece of Fuseli's painting.³⁰ Jennifer Ford explains, "The relationship between the two artists was a close one personally, and aesthetically," and states that Darwin's poem is not only "laden with imagery from Fuseli's painting, but also with language from Darwin's enquiries into the nature of sleep" (*Coleridge* 25).

²⁹ Andreas Mavromatis defines hypnagogia as "hallucinatory and quasi-hallucinatory events taking place in the intermediate state between wakefulness and sleep" (3). See Cunningham, Tomory, and Schneck ("Henry Fuseli"; Schneck was the first to read Fuseli's painting as an analysis of sleep paralysis) for extended analyses of *The Nightmare*. Rachel Scharf notes Fuseli's admiration of his friend, John Armstrong, another poet-physician: "Fuseli had highly appreciated Armstrong's medical knowledge and had told Knowles, more than once, about the influence that Armstrong's medical theories had on his life" (458).

³⁰ Darwin developed the stanza into a full poem titled "The Nightmare" in *The Botanic Garden*:

So on his Nightmare through the evening fog
Flits the squab Fiend o'er fen, and lake, and bog;
Seeks some love-wilder'd maid with sleep oppress'd,
Alights, and grinning sits upon her breast. (3.51-54)

Similar dream imagery also appears in Samuel Taylor Coleridge's "Christabel" and John Keats's "The Eve of St. Agnes." Yet of these works, Fuseli's painting best exemplifies this wide-reaching interest in dreams and nightmares in the late eighteenth and early nineteenth centuries. Meir H. Kryger contextualizes Fuseli's interest in capturing sleeping states in his paintings: "Sleep, alongside mythology and renowned literature, was Fuseli's favourite subject" (418). Fuseli spoke of this theme in his work, describing dreams as "one of the most un-explored regions of art . . . and what might be called the personification of sentiment" (qtd. Kryger 418). Ford expands on the relationship of art and sleep to link the literary and the medical, stating that during this period there "was no clear distinction between theorists and practitioners of medicine and those of poetry" (Coleridge 6). Although Darwin wrote a poem, "The Nightmare," based on Fuseli's painting, Fuseli and Darwin were both artists, but Darwin was also a physician who wrote medical texts. Therefore, in this chapter I argue that Romantic dream poetry illustrates anxieties about the mind-body relationship in dream states and nightmares,³¹ particularly in relation to the dream as "a looking-glass which in fact reflects nothing," as Powell notes about *The Nightmare*, yet "records an image which would otherwise fade away" (49). The concept of memories and imagery made in dream and nightmare states fading or being forgotten by the dreamer is prevalent in Romantic poetry and is a point of comparison between the Romantic poems that I consider: specifically, the representations of dream states and memory by Coleridge, Byron, and Keats intersect with contemporary medical and philosophical thought.

³¹ As discussed in the Introduction, the mind-body relationship I refer to is in the Brunonian sense in which the mind and body are connected, rather than as concepts arising from René Descartes' theory of dualism in which the mind and body are distinct (Martin 112).

Late eighteenth and early nineteenth-century dream poetry thus illustrates anxieties about the mind-body relationship in dream states and nightmares. Darwin's poem "The Nightmare" contributes to contemporary thinking about nightmares and suggests that dream states and nightmares were devoid of volition. Coleridge and Keats respond to this shifting discourse in their works. In "Christabel," Coleridge explored his early ideas about sleep states, challenging dominant theories about the separation of sleep from consciousness and presenting his theory of the "streamy" nature of transitions between states of consciousness, dream imagery, nightmares, and the role of volition (Coleridge, Notebooks 1: 1770; 2: 2543). Alternatively, Keats draws on his medical knowledge in "The Eve of St. Agnes" and questions the transitions between different states of consciousness by presenting Madeline as a dreamer unable to distinguish conscious reality from the train of images found in her dreams. Furthermore, the effect of both Coleridge's and Keats' poems is that Geraldine and Porphyro explicitly manipulate their respective dreaming victims, Christabel and Madeline, to further emphasize contemporary dream anxieties and consequently foreground the Gothic interest in altered states of consciousness.

2.1. COLERIDGE ON SLEEP AND DREAMING STATES

"Sleep soft, beloved!" we sometimes say,
But have no tune to charm away
Sad dreams that through the eye-lids creep.

—Elizabeth Barrett Browning, "The Sleep" (19-21)

While Elizabeth Barrett Browning's 1837 poem "The Sleep" focuses on God's

power to bestow the gift of sleep and dreams upon men, her imagery illustrates the charm-like nature of the transition from consciousness to sleep as well as the Gothic “creeping” aspect of dreams. Barrett Browning thus captures a somewhat disputed feature of dreaming that interested Coleridge—that dream images could be remembered and cross the boundary of sleep into consciousness. Her description of dreams that “creep” “through the eye-lids” (21) perhaps represents the late eighteenth-century belief in David Hartley’s doctrine of association, in which successive trains of images occur in dream states; these images were understood to be based on memories and impressions made while awake.³²

As Christabel’s sleep state bleeds into her waking state, Coleridge’s poem illustrates the poet’s ideas about dreams and nightmares. In the Gothic poem, Geraldine entralls Christabel in a state that seems to stand in for a state like that produced by mesmerism and, as a result, Christabel loses her agency and Geraldine gains control of Christabel’s will (I provide a reading of Geraldine’s power as mesmerism in Chapter Four). Upon waking, Christabel finds herself unable to speak about what she has learned of Geraldine and her dangerous power. Furthermore, Christabel finds that the images from her dreams spill over into her conscious waking state; her ability to remember her dreams reflects Coleridge’s theory of the “streamy” nature of entering and exiting states of consciousness. In 1874, medical writer William B. Carpenter asserted, uncontroversially, that sleep is “the state of complete unconsciousness” (568). A century earlier, Hartley had influentially argued that images from sleep should not be able to cross back from sleep states into consciousness: “It has been remarked, that Dreams

³² Locke claimed that dreams were “all made up of the waking man’s ideas, though for the most part oddly put together” (qtd. in Powell 50).

ought to be soon forgotten, as they are in fact; because the State of the Brain suffers great Changes in passing from sleep to Vigilance” (1: 388). Hartley’s explanation for why dreams are often forgotten upon waking hinges in on the transition from dreaming to consciousness. Christabel’s experience does not seem consistent with the difficulty Hartley associates with transitions in and out of these states of consciousness that Coleridge terms “trances” (312, 591, 609, 615). Similarly, in a conversation with Christabel’s father, Sir Leoline, Sir Bracy describes a dream he remembers and tries to interpret: his dream represents the controlling relationship between Christabel and Geraldine, respectively figured as a dove and snake, yet Leoline misinterprets the dream, imagining Geraldine as the dove. Bracy’s dream, similar to Christabel’s, crosses the boundary from sleep state to consciousness and he pronounces it “strange” (529). Ford identifies Christabel and Sir Bracy as “powerful dreamers” and argues that, for these characters, “the effects of dreaming linger longer into waking life” (“Samuel” 115). Why do both characters experience little difficulty in the transition from sleep to consciousness? Coleridge’s assertion of the ease in transition between different states of consciousness and role of memory in dreaming threatened the contemporary understandings of these state boundaries. Furthermore, we need also to ask why Bracy can share his dream while Christabel is silenced. In other words, we need to consider what role intent or will plays in the (in)ability to share dreams while awake.

2.1.1. Coleridge and Dreaming

In “Christabel,” Coleridge offers Geraldine’s spell as a clear cause of Christabel’s unsettling dreams and her inability to voice them; however, there is much scholarly

debate about what Coleridge believed about dreaming, dream images, and altered states. His ideas about dreaming ultimately follow the long history of previous thought (beginning with Aristotle and expressed by Erasmus Darwin and David Hartley) that dreams must be influenced by sensory causes. John Hunter and Hartley make arguments that contributed to the emergence of anti-dualistic psychology, a psychology where the mind and body are separated, but where internal sensations have bearing on the mind (A. Richardson, *British Romanticism* 10). Norman Fruman categorizes Coleridge's views on consciousness as "not consistent" (*Coleridge* 380), while Alan Richardson and David Miall each notes that Coleridge held ambivalent views about the mind-body relationship, views that are "most evident in discussions of dreams and other manifestations of unconscious mental life" (*British Romanticism* 45; Miall 35-39, 57).³³ Some scholars, such as Elizabeth Schneider, argue that Coleridge's understanding of states of dreaming "was derived from Erasmus Darwin" and, thus, "unoriginal" (91).

Coleridge certainly drew on Darwin and Hartley in his early thoughts about dreaming, but Ford, in her seminal text *Coleridge on Dreaming*, explains that the poet's "opinions on dreaming changed and shifted in emphasis many times over the course of his lifetime as he attempted to understand dreams as a totality rather than isolated instances" (7). Furthermore, elsewhere she states that as "new scientific trends emerged (such as animal magnetism), or new medical theories were debated, so too did Coleridge's study of dreams broaden to consider their possible impact on his

³³ For more on Coleridge and his relationship with medicine see Guest-Gournall, Levere, and John Harris, and for his use of opium and its impact on dreams and sleep see Hayter, Schneider, Lefebure ("Consolations"), Fruman ("Coleridge and the Opium"), Lydia E. Wagner, Abrams, Youngquist ("Rehabilitating Coleridge"), and Wedd, among others. Alan Richardson notes that Coleridge would have been aware of Darwin's warning that "with prolonged use of opium" the "faculty of volition is gradually impaired" and is "at length totally suspended" (*British Romanticism* 50).

understanding” (Ford, “Samuel” 106). Ford, however, notes that “[t]he principle which unifies all these moods and which surfaces repeatedly in Coleridge’s dream writings and aesthetics is that of association: via the ‘trains of forgotten Thought’” (*Coleridge* 86). Kathryn Bush Kimball also notes the way that Coleridge’s theories on dreaming were a “comfortable, free-range mix of contemporary theory, ancient dream tradition, materialist doctrine, and idealist philosophy, not to mention his own deep thinking into the ‘dream-problem’” (80). Unlike Ford, Kimball “maintain[s] that Coleridge’s statements on dreams cohere into a purposeful theory. This theory, however, has little to do with dream meaning and everything to do with dream method” (80). Tracing the changes to Coleridge’s thoughts about dreaming is beyond the scope of this chapter and has already been handled extensively in Ford’s and Kimball’s works, so this section focuses on the debates and theories that underpin Coleridge’s “Christabel.”

The debates of the 1790s and early 1800s, when “medical men” considered “the nature of life, physiology and anatomy,” amid “increasing speculation regarding the role of nerves, spirits and fibres within the human body,” focused on proponents of supernatural explanations and those who saw dreams as an effect of the body (Ford, *Coleridge* 6, 10). For those in the former camp, dreams are given to dreamers by supernatural forces: gods, oracles, and spirits. In Stephanie L. Schatz’s literature review of nineteenth-century science on dream-states, she notes that Rhodri Hayward argued that “many Victorians believed that dreams involved a supernatural or religious element and that efforts to medicalize dreams often resulted in historical narratives that excluded the religious, ‘irrational,’ or magical dimensions of dream-related phenomena” (76). For those in the latter camp, dreams are understood within a natural framework, as “the result

of the dreamer's physical and physiological processes" (Ford, *Coleridge* 10). Thus, notwithstanding Hayward's argument, it is worth noting that the 1797 *Encyclopedia Britannica* entry on "dreams" represents the physiological camp's views and dismisses the supernatural theories: "dreams are affected by the state of our health, by the manner in which we have passed the preceding day, by our general habits of life, by the hopes which we most fondly indulge, and the fears which prevail most over our fortitude when we are awake" (120-21). Of note in Ford's survey of influences on Coleridge (in addition to Hartley and Darwin) are Andrew Baxter, Dugald Stewart and John Hunter.³⁴ While Coleridge's early ideas about dreams fall on the physiological side of the debate, he had read Baxter's text by 1795 (Ford, *Coleridge* 18; a fact earlier identified by Luther 18).

Coleridge read works by the thinkers who contributed to the physiological camp, for he was interested in "understanding the physiological and psychological processes of dreaming phenomena" (Ford, *Coleridge* 15). One of Coleridge's main influences, Hartley, was interested in the contrast between "pleasant and painful vibrations excited in the stomach, brain, or some other part," what he called the "doctrine of vibrations" (1: 384-6). Hartley's theory anticipates Brunonian principles of excitability and Trotter's focus on sensory impressions.³⁵ Hartley translates these concepts into "vibrations," both internal and external and is interested in their effects on the body (1: 50-55), explaining how these vibrations affect consciousness (or "vigilance") and result in reveries, dreams, and nightmares in the form of associative "trains of ideas" (1: 45). Of particular interest

³⁴ Baxter belonged to the supernatural side of the debate and believed that "dreams are not the product of the mind or of the soul" and that, rather, "[s]cenes and visions experienced in a dream are *offered* to the soul by external spiritual beings who gain access to the dreamer's sleeping consciousness" (Ford, *Coleridge* 18).

³⁵ As Paul Youngquist explains, "Coleridge favors a 'nervous' fancy as a type of embodied imagination, one rooted in the *sensorium* of the body, to use the term Coleridge borrows from Thomas Trotter's 1807 theory of nervous diseases" ("Rehabilitating Coleridge" 17).

to Coleridge was Hartley's theory of associationistic dreaming in which dreams "are caused by the ideas received by the brain from the previous day . . . or by the action of associative ideas" (Ford, *Coleridge* 16-17).³⁶ However, Coleridge split from the group he labelled "Scotch Metapothecaries"—David Hume, Dugald Stewart, Thomas Reid, Adam Smith, James Mackintosh, and John Brown (Ford, *Coleridge* 10; Coburn 4: 5360)—because these empiricists dismissed the "personal and psychological, mysterious and worth while [*sic*]" from the dreaming process (Ford, *Coleridge* 16).

Coleridge was certainly interested in the scientific and physiological explanations for dreaming, but he took issue with the established physiological theories of sleep and dreaming because their position that the will was not involved in sleep states and involved a loss of reason threatened the wholeness of the self. For many Romantic-era writers, Coleridge chief among them, "will was essential to the self, if not a synonym for the self" (Miall 68; Coleridge, *Notebooks* 2: 2382). Colin Martin explains, "A key aspect of human consciousness is conscious selfhood, the experience of being a particular individual" (112). In the late eighteenth and early nineteenth centuries, will was linked with conscious behaviours. Hartley defined the will in 1749 as "that state of mind which is immediately previous to and causes, those express acts of memory, fancy and bodily motion, which are termed voluntary" (1: vi). Darwin used Hartley's psychological theory of associationism as a foundation for his own system of pathology and theories about dreaming. Both writers argued that the will did not exist within sleep states: voluntary action was only capable when the mind processed an idea and the body carried out the

³⁶ Because of his conflicting ideas about the mind/body relationship, specifically whether the relationship continued during sleep states, Coleridge was "careful not to advocate an entirely passive model of the mind" (Ford, *Coleridge* 86; Kelly 2).

physical action (in Hartley's case, the vibration). In his 1794 *Zoonomia*, Darwin writes that "the WILL presides not in the bower of SLEEP" (1: 74). He also states, "in dreams the power of volition is suspended, we can recollect and compare our present ideas with none of our acquired knowledge, and are hence incapable of observing any absurdities in them" (Darwin, *Zoonomia* 1: 204). Darwin's definition of dreaming as mutually exclusive from will challenged Coleridge's understanding of self. That is to say, Darwin's theories about sleep imply that dreaming causes fragmentation of the self, given that will does not continue into sleep. This was a concept Coleridge struggled to reconcile with his admiration for Darwin's ideas. Yet, Coleridge's understanding of conscious will, especially in regard to sleep states, stems from the ideas espoused by these two writers.

Following Darwin's theories, Coleridge believed that volition was certainly lessened in sleep, but was uncomfortable with the passivity of the individual in Darwin's model (Ford, *Coleridge* 100).³⁷ Coleridge believed volition and reason were involved in dream states, calling it "the half-waking, half-sleeping Reasoning Power" (*Lectures* 1: 136); Coleridge's use of "half" implies that reason and volition exist in sleep states but in a lessened form. Coleridge thought about dreams and nightmares as existing along a continuum where reason and volition are more strongly affected in nightmares: "Similarly, in nightmairs, the reason is thoroughly disturbed, while in normal sleep it is merely suspended" (Ford, *Coleridge* 125, 112; Coleridge, *Notebooks* 3: 4046).³⁸ In this

³⁷ Coleridge felt that reason had to be involved, at least to a small degree, for he "maintained that delirium, whether experienced as a result of organic disease or in the course of mental derangement, was different from nightmairs and other genera of dreams" (Ford, *Coleridge* 121). Ford tracks Coleridge's "erratic attitude to Darwin" in "both letters and notebooks" (*Coleridge* 219n69). Ford notes that although Darwin's work, specifically *The Botanic Garden* and *Zoonomia*, were "key texts for Coleridge on the nature and causes of dreaming" (23), later in life Coleridge felt that Darwin's ideas of dreaming were "inadequate dream theorizing" because of Darwin's absolutism regarding volition (22).

³⁸ Ford comments on Coleridge's alternative spelling of nightmare as "night-mair" and offers that "[p]erhaps he also wished to differentiate [h]is own perception of it from one of the most popular and quite

way, dreams do not fragment the self to the same extent as nightmares, and Coleridge maintained that sleep states remained different from madness (Ford, *Coleridge* 121). Many Coleridge scholars point to this passage dated 1803 from his *Notebooks* as an example of how integral he conceived reason to be to dream states:

O then as I first sink on the pillow, as if sleep had indeed a material *realm*, as if when I sank on my pillow, I was entering that region & realized Faery Land of Sleep—O then what visions have I had, what dreams—the Bark, the Sea, all the shapes & sounds & adventures made up of the Stuff of Sleep & Dreams, & yet my reason at the Rudder/O what visions, <narrow> as if my Cheek & Temple were lying on me gale o’ mast on—Seele meines Lebens! & I sink down the waters, thro’ Seas and Seas—yet warm, yet a Spirit.

(1:1718)

Coleridge’s dream theorizing usually emphasizes the physical surroundings and position of the body, such as his references here to his cheek and temple. What is particularly important from this passage is his reference to “my reason at the Rudder,” for in this metaphor of the dreaming mind and body as a ship, the reason he refers to it elsewhere, “half-sleeping Reasoning Power” (*Lectures* 1: 136), helps direct the dream visions. Daniel Sanjiv Roberts, in particular, notes Coleridge’s desire to exert “*control* over the fancy . . . mak[es] the experience a delight to him” (93). Coleridge indicates that dreaming can include both pain and pleasure. He claims that pleasure is connected to the soul, which for him could exist in dream

sensational images of the night-mair in the late eighteenth century, Fuseli’s ‘Nightmare’ painting” (*Coleridge* 111). However, as Shelley R. Adler explains, “the hyphenated ‘night-mare’ has a closer etymological link to sleep paralysis, and it more specifically denotes the nocturnal experience of suffocation usually associated with a “nocturnal pressing spirit” (2-3).

states but not in nightmares.³⁹

2.1.2. Coleridge and Nightmares

Coleridge's conceptualization of and personal experience with dream states may be the root cause of his shifting beliefs and may also account for his divergence from established science writers on dreams such as Darwin and Hartley. Coleridge positions nightmares as states where suffering occurs, where the individual has neither conscious will nor reason. In his conceptualization of nightmares, Coleridge comes closest to the ideas expressed by Darwin. The female figure in Darwin's poem, "The Nightmare" inspired by Fuseli's painting, is described as trying "in vain to scream with quivering lips [. . .] / In vain she wills to run, fly, swim, walk, creep; / The will presides not in the bower of sleep" (*Botanic Garden* 3: 21-23). The repetition of "in vain" in the first two lines effectively barricades the woman from conscious motion. The third line confirms the characteristics associated with nightmares (and, for Darwin, sleep more generally): that conscious will is absent from this altered state.

Coleridge did not conceptualize nightmares as effects of disturbed sleep states, but as "state[s] of 'stupor of the outward organs of Sense' which is also distinguished by stupor of the inner faculties" (Ford, *Coleridge* 112). He suggests that nightmares occur "when the waking State of the Brain is re-commencing, and most often during a rapid alternation, a *twinkling* as it were, of sleeping and waking" (*Lectures* 1: 135-36).

Coleridge's concept of nightmares as "*twinkling*" between consciousness and sleep states

³⁹ Ford explains that "[t]he idea that the soul can exist independently of the body . . . conflicts with many of [Coleridge's] other commentaries on dreams as they related to his body" (*Coleridge* 107). What remains consistent, however, is Coleridge's interest in this continuum of pleasure and pain, especially in relation to magnetic sleep; he once wrote about how "the most delightful dreams [coupled] with a highly pleasurable state of Being" could be experienced by these patients (qtd. in Ford, *Coleridge* 107).

differs in its theoretical positioning of what constitutes a nightmare and distinguishes it from other sleep states. Unlike Hartley and Darwin, who associate nightmares with disturbed sleep, Coleridge associates nightmares with both waking and sleep states.⁴⁰ For Coleridge, then, this “*twinkling*” in conjunction with Burkean terror creates a cycle where, just as the individual is awakening and regaining their agency, nightmares and their imagery tramp down and destroy that agency (*Lectures* 1: 136).

For Coleridge, nightmares also produce content that has an effect, a form of Burkean terror, and the self-destructive qualities of this terror are the cause of the strange imagery that challenges the mind-body relationship. Edmund Burke says, “No passion so effectually robs the mind of all its powers of acting and reasoning as fear” (57). Of fear, Coleridge writes in an 1802 letter to Sara Hutchinson, “if this Reality were a Dream, if I were asleep, what agonies had I suffered! what screams!—When the Reason & the Will are away, what remain to us but Darkness & Dimness & a bewildering Shame, and Pain that is utterly Lord over us” (*Collected Letters* 2: 842). Coleridge’s indication that “Reason & the Will are away” echo Burke’s description of terror and fear, specifically the effects Burke outlines in the sections addressing the obscure and darkness (2: 842). For Coleridge, the question was “how could the mind inflict the dreamer against his will such alien forms and terrors when the self, of which the mind is a part, was constituted by the will?” (Miall 69). That is, if fear takes away the mind’s agency, how can the mind act to create fear? Burke explains how the imagination, “the most extensive province of pleasure and pain” (16), is “incapable of producing anything absolutely new” (17) but can

⁴⁰ Hartley suggested that nightmares are caused when the typical vibrations and processes abate (1: 53), and Darwin suggested that nightmares are related to “uneasy sensations . . . where the sleep is uncommonly profound” (*Zoonomia* 1: 200-201).

“combine those images [received by the senses] in a new manner, and according to a different order” (16). This self-destructive process also impacts the will and memory’s role in carrying the nightmare imagery back to consciousness. As Miall explains, in his nightmares, Coleridge “sensed the exercise of a power which seemed to him against his own will, as if he were possessed by some alien self” (59). According to Burke, the mind generates an unfamiliar fear, creates “alien” imagery (59), and “robs the mind of all its powers” (57). Coleridge’s questions are consistent with the view that all functions of the brain, including dreaming and nightmares, were physiological and conscious processes, as I discuss below.

Certainly, from his description of the characteristics of a “nightmair,” this species of altered state is also tied to physiological factors:

This stupor seems occasioned by some painful sensation, of unknown locality, most often, I believe, in the lower gut, tho’ not unseldom in the Stomach, which withdrawing the attention to itself from its sense of other realities present makes us asleep to them indeed but otherwise awake—and when ever this derangement occasion an interruption in the circulation, aided perhaps by pressure, awkward position, &c, the part deaded—as the hand, or his arm, or the foot & leg, on this side [—] transmits double Touch as single Touch: to which the Imagination therefore, the true inward Creatrix, instantly out of the chaos of the elements or shattered fragments of Memory puts together some form to fit it—which derives an over-powering sense of Reality from the the circumstance, that the power of Reason being in good measure awake most generally presents to us all the accompanying images very nearly as they

existed the moment before, when we fell out of anxious wakefulness into this *Reverie*—ex.gr. the bed, the curtains, the Room, & its furniture, the knowle[d]ge of who lies in the next room &c . . . (Coleridge, *Notebooks 3*: 4046)

Ford paraphrases Coleridge's passage and pulls out key components, noting that "The entire circulation system is interrupted, memory is called upon to create some sense of the chaos. . . there is pressure on certain organs, it or parts of the body may be in an awkward position, and there is a corresponding awareness that the senses have been deadened. (*Coleridge 113*). The defining physiological characteristics from this passage can be tied to Coleridge's concept of the "streamy" nature of dreams. Of note in Coleridge's conception of nightmares is the qualification of "the power of Reason" as "being in good measure"; that is, reason and volition are neither "fully empowered" nor "suspended" — this liminal categorization of key aspects of consciousness and brain science reflects Coleridge's focus on transition-based terror.

For Coleridge, the powers of association and the specific role of memory (which is later developed in Polidori's theories of somnambulism and Carpenter's unconscious cerebration) become expressed as the "*streamy Nature of Association*" (D. S. Roberts 93).⁴¹ In dreams, "Fancy and Sleep *stream on*; and (instead of outward Forms and Sounds, the Sanctifiers, the Strengtheners) they connect with them motions of the blood and nerves, and images forced into the mind by the feelings that arise out of the mind out of the position & state of the Body and its different members" (*Notebooks 1*: 1770; 2:

⁴¹ Alan Richardson says, "Coleridge had participated in the 1790s vogue for what he called the 'corporeality of *thought*,' going so far as to describe himself (in another 1794 letter to Southey) as an 'Advocate for the Automatism of Man' (*Collected Letters 1*: 137, 147)" (*British Romanticism 40*).

2543). While external influences remain factors in Coleridge's conceptualization of dream processes (he remains focused on the "position" and "state of the Body"), in his theory, the focus is turned inward. Here, Coleridge's physiological note of the "motions of the blood," could indicate a circulatory model for his description of "*stream[ing]*" between different states of consciousness. Coleridge's circulatory model not only places his theories of dreaming firmly in the physiological camp, but also solidifies the originality of his theory by differentiating his views from those of other writers, especially Darwin and Hartley, who, while they also express convictions about the physiology of dreaming, do so in a less nuanced way.

2.2. DREAM MEMORY IN COLERIDGE'S "CHRISTABEL" AND BYRON'S "THE DREAM"

2.2.1. Dreams and Memory and Byron's "The Dream"

While Coleridge wrote copiously about sleep states and memory, he was not alone in his interest in dreaming; Ford explains that, at the time of the publication of "Christabel," "other English poets were increasingly enchanted by the mysteries of sleep, dreams, visions, apparitions and mesmerism" (Coleridge 99). For example, Percy Bysshe Shelley explores the role of sleep in his verse drama *Hellas* (1822), and his representation of sleep states echoes some of the ideas expressed by Coleridge.⁴² This view is nicely captured in *Hellas* when Mahmud, "(starting from his sleep)" (P. B. Shelley 114), states,

Thrice has a gloomy vision haunted me

⁴² See Ross, O'Neill, O'Connell, Lindop, and Flagg (on dreaming) and Ruston ("One of the 'Modern Sceptics'" and *Shelley and Vitality*), Crook and Guiton, and Ogawa (for Shelley's medical imagery).

As thus from sleep into the troubled day;
It shakes me as the tempest shakes the sea,
Leaving no figure upon memory's glass. (128-31)

In Shelley's *Hellas*, "a gloomy vision" upsets the speaker and is likened to the shift from sleep states "into" conscious waking life. Shelley's speaker describes this transition, similar to Hartley's concept of great changes (1: 388), as having the force of a "tempest" and "shak[ing]" him (130). While Shelley insists that the transition "Leav[es] no figure upon memory's glass (131), some form of his dream imagery persists into conscious waking reality, worrying him. In *Prometheus Unbound* (1820), Shelley also represents the question of memory and dreaming in an exchange between Panthea and Asia:

DREAM. Follow! Follow!

PANTHEA. It is mine other dream.

ASIA. It disappears.

PANTHEA. It passes now into my mind. Methought

As we sate here, the flower-infolding buds

Burst on yon lightning-blasted almond tree,

When swift from the white Scythian wilderness

A wing swept forth wrinkling the Earth with frost:

I looked, and all the blossoms were blown down;

But on each leaf was stamped, as the blue bells

Of Hyacinth tell Apollo's written grief,

O, *follow, follow!*

ASIA. As you speak, your words

Fill, pause by pause, my own forgotten sleep

With shapes. (2.1.133-44)

Here, Asia assumes that Panthea's dream imagery will "disappear" (2.1.134); however, Panthea is not only able to retain some of her dream, but is also able to fully describe her dream, as its imagery is carried from her dream state back into her waking state by memory. She seeks to "Follow" the images as Dream hails her (2.1.132). Panthea's description of her dream helps trigger Asia's "own forgotten sleep" (2.1.143), which becomes filled "With shapes" (2.1.143-44). Althea Hayter explains that "Shelley very often refers to vanishing memories of dreams, 'wrecks of a dissolving dream,' incommunicable dreams, efforts to remember dreams, the secondary dreams in which one tries to recall a previous dream" (*Opium* 78). Hayter connects Shelley's [in]ability to remember dreams to the effect of "a feeling of lost delight or sometimes of horror" (78). In *Hellas*, this shift from sleep back to consciousness leaves a trace of this "horror," his "gloomy vision" (P.B. Shelley 128), whereas in *Prometheus Unbound* there is "delight" found in Panthea's and Asia's abilities to retain the images from their dreams. Shelley's representations of dreams claim a causality in the transition between states and the role of memory.

Like Coleridge's "Christabel" and Shelley's *Hellas* and *Prometheus Unbound*, Byron's "The Dream" describes the power of dreams, specifically how dream imagery has the ability to persist into consciousness.⁴³ Christopher John Murray states that Byron's 1816 poem illustrates the "central Romantic beliefs about dreams" (294). As

⁴³ It is important to note that while Byron himself was not medically trained, he has become a subject of scholarship in the field of disability and medical humanities due to his club foot: see Hirschmann, Jones, A. B. Morrison, and Snyder.

Alan Richardson points out in his survey of literary texts published around 1800, dreamers are seemingly unable to articulate any knowledge found in dreams unless they are in a sleep-like trance state (*British Romanticism* 55).⁴⁴ That is, for the most part, medical writers were starting to acknowledge and explore how memory and recurring dreams functioned. This concept has developed into what is now called state-dependent memory, where dream memories or knowledge is remembered from one dream to the next and more easily articulated within these states (in comparison to the shift from dream state to consciousness).⁴⁵

Byron opens “The Dream” by representing the transitions between states of consciousness as a bridge, where images can easily be carried from one state to another:

Our life is twofold: Sleep hath its own world,
A boundary between the things misnamed
Death and existence: Sleep hath its world,
And a wide realm of wild reality. (1-4)

“The words ‘twofold’ and ‘boundary’” so early in the poem, notes Alan Rawes, “point to a consciousness ‘simultaneously aware’ of two worlds” (82).

Additionally, Paul W. Elledge draws attention to the many dualities in the poem and how Byron presents a “bifurcated vision”; Elledge argues that the “twofold” life can be seen as “both a dividing line and a bridge between the two opposing and otherwise irreconcilable conditions ‘misnamed / Death and existence’ in respective identities of which sleep participates without sacrificing its own autonomous status”

⁴⁴ See my discussion of state-dependent memory in Chapter Four.

⁴⁵ Ford explains how, for Coleridge, “dreams have their own internal structure and relevance, their own ‘connections’” (*Coleridge* 87). These connections circumvent the barriers or boundaries from one state of consciousness to another.

(105). Byron's speaker claims that sleep and consciousness are not analogous to "Death and existence" (3) and are knit more closely together, and, in his depiction, Byron "rescue[s], as it were, sleep from its resemblance to death by dressing it out as its opposite" (Elledge 105). Because the analogy drawn between death and sleep and life and consciousness are split over two lines and connected with the conjunction "and," it is possible to read the lines in two different ways: as a division between sleep and reality, or that the world of sleep also includes "a wide realm of wild reality" (Byron 3-4). That is, Elledge imagines the division between sleep and consciousness as a boundary but also as a connection: not as a barrier, but an "explo[sion of] its artificially delimited borders to include within it 'a wide realm of wild reality'" (105). If the worlds of sleep and consciousness are divided but presented as a duality, an individual can straddle both worlds, aware of both but contained by one. Coleridge theorizes the borders as easily traversable, and Byron also presents the borders as porous.

Rawes connects Byron's "dream-frame" of the comedic romance with Northrop Frye's definition of dream-visions (82). Frye's definition is part of his literary analysis of romantic heroic poetry and therefore quite different from Coleridge's conceptualization of dream visions, which evolved from his reading in medicine and philosophy. Frye describes the theme as "the boundary of consciousness," where there is "the sense of the poetic mind as passing from one world to another, or simultaneously aware of both" (57). The roles of the poetic mind and imagination are important to Byron's poem and its shifting mode from tragic romance to comedy (Rawes), yet the dream-frame lays out the trains of images and relationship between conscious states and dream states.

While Byron's poem focuses on the boundaries between the sleep world and reality, it also includes ideas that come close to Coleridge's concept of sleep "stream[ing] on" (*Notebooks* 1: 1770; 2: 2543). Byron does not explicitly state that dream imagery is remembered upon waking, but specifies that dreams "leave a weight" (7). This line seems similar to Shelley's view of dreams in *Hellas*, with memory acting as the vehicle that brings a sense of the dream back into consciousness. Despite the boundaries that demarcate the states of consciousness for Byron, the trains of thought and some dream imagery are able to move from one state to another. Although his use of the word "weight" is much less precise and evocative than Coleridge's circulatory imagery, both poets imagine memory as bridging the transition from different altered states and consciousness.

These extremes are explored in the embedded "lyric antechamber" of Byron's poem, which focuses on "the two young people as lovers" (Rawes 83), as each stanza begins with the line, "A change came o'er the spirit of my dream" (75, 105, 126, 144, 167, 184). Rowland Edmund Prothero argues that each stanza is meant to represent the "successive stages of dreaming" (4: 31). While this chapter is focused on the dream-frame in the poem and not the romance at its centre, Prothero's comment is still useful for its implication that Byron had thought about dream stages and envisioned the transition between them as experiencing "[a] change" (75). When the speaker returns to his dream-frame, he states, the dream "had no further change" (202). Byron's use of "change" is reminiscent of Hartley's language about transitioning between different states of consciousness; however, Byron's description of how the two worlds can influence each other is closer to Coleridge's idea of an individual streaming between two different states

of consciousness.

Moreover, when describing the “power” of dreams (13), Byron connects the lingering memory of dreams to polarizing emotions: “tears, and tortures” and “the touch of Joy” (6). Byron claims dreams channel “The tyranny of pleasure and of pain; / [. . .] / And shake us with the vision” (14, 16). Byron’s description uses the same verb as Shelley’s: “as the tempest shakes the sea” (*Hellas* 130). Byron’s conceptualization of the Burkean sublime aspect of dreams seems similarly aligned with Coleridge’s ideas of dreams’ capacity to bring both pleasure and pain in his letter to Hutchinson (*Collected Letters* 2: 842). What does it mean if Byron’s ideas, which correspond with Coleridge’s, are lauded as expressing “central Romantic beliefs about dreams” (Murray 294)?

2.2.2. “Christabel” and Dream Memories: Utterable and Unutterable Dreams

In “Christabel,” Coleridge certainly seems interested and invested in the idea that dreams can persist into memory once the dreamer awakens. However, Coleridge connects the ability to remember dreams to nervous illness in his notebooks; Susan Luther points to a specific passage in Coleridge’s *Notebooks* where he writes that “a man . . . can often carry on the Dream in his waking Thoughts / and often in its increasing faintness & irrecollectibility has time to *watch* & compare” (Luther 90; Coleridge *Notebooks* 2: 2638). Similar to his “half-waking, half-sleeping Reasoning Power” (*Lectures* 1: 136), for Coleridge, dreams can “carry on” into consciousness through memory; however, it is worth noting his description of these memories as existing with “increasing faintness” (*Notebooks* 2: 2638). A similar description of the intensity of dream imagery can also be seen in Byron’s “The Dream”; the poet-dreamer explains that the lovers’ “doom” is

“traced out / Almost like a reality” in the frame dream (204-05), “not so graphically as to become real, nor even so vividly as to become like reality, but only in vague outline remotely approximating similarity to the real thing” (Elledge 117). For both Coleridge and Byron, memory has a role to play in dreaming: it is the vehicle that moves dream imagery from sleep states to consciousness; however, the level of detail retained depends on this transition as well as the individual’s nervous health and, as shown in other Romantic poetry, this imagery is often in a fainter form than the original dream.

The persistence of dream memories is seen in Sir Bracy’s comments on his dream of the dove and snake in “Christabel.” Both Christabel and Bracy are able to remember their dreams, but only Bracy is able to express his dream memory whereas Christabel cannot. The ability to share these experiences is important, as “[n]ormal conscious experience is also dependent on memory and the sharing of subjective experiences” (Martin 112). Bracy states that “This dream it would not pass away— / It seems to live upon my eye!” (560-61). Bracy seems to confirm that typically dreams would “pass away” as the dreamer transitions from sleep states back to consciousness, yet Bracy’s dream is retained and he is given space to express his dream and interpret it, whereas Christabel is not.

Christabel makes no such statements as her experiences are relayed by the poem’s speaker, effectively silencing her voice. In later Gothic vampire texts, such as “Carmilla” and *Dracula*, the dreamers are also narrators: Laura describes her dreams in “Carmilla” and Lucy, in her diary entries, makes note of her frustration with memory and the dream process. While Christabel is unable to express her dreams, the streamy aspect of Coleridge’s dream theory informs the speaker’s description of Christabel’s Geraldine-

imposed trance state:

And with somewhat of malice, and more of dread,

At Christabel she looked askance!—

One moment—and the sight was fled!

But Christabel in dizzy trance

Stumbling on the unsteady ground. (588-92)

Christabel's transition from conscious reality into a trance, due to Geraldine's "strange, somnial presence" (Ford, "Samuel" 117), is marked by Coleridge's punctuation; the exclamation marks and em dashes leading into the enjambment propel the line and Christabel into her trance state in "One moment" (590).⁴⁶ Within the state, "her thoughts are gone, / She nothing sees—no sight but one!" (600). Christabel's sight is presumably of Geraldine's "bosom and half her side—," which the speaker declares is "A sight to dream of, not to tell!" (252-53). This sight follows Christabel's similarly sudden exit from the trance state, leaving her shaken: "One moment—and the sight was fled! / But Christabel in a dizzy trance" (590-91). Benjamin Woodford argues that "Geraldine is such a powerful image that Christabel cannot think, and cannot see anything but Geraldine" and states that Christabel's experience of the "one" sight that she sees, "is identical to Burke's sublime and Coleridge's [conceptualization of the] Gothic, as the subject (Christabel) loses herself in the object (Geraldine)" (112). Christabel is manipulated by Geraldine into another trance state (see Chapter Four), streams from consciousness into her painful trance, and finds herself robbed of her conscious will and expression. To clarify, after exiting the trance induced by Geraldine, Christabel can

⁴⁶ For more on somnial space in the earlier drafts of "Christabel," see Ford's *Coleridge on Dreaming* (40-47).

speak, but cannot express the specifics of her dream or trance states, for “more she could not say: / For what she knew she could not tell, / O’er-mastered by the mighty spell” (620-22). Christabel cannot speak—she “drew in her breath with a hissing sound,” “mimetic” of Geraldine, who is explicitly figured as a snake in these stanzas (459; A. Richardson, *British Romanticism* 55). Ford explains that Christabel’s dreams are “inexpressible,” that “both the language of the dream and the language in which to express the experience of a dream are unutterable” (*Coleridge* 99).

Overcome by the Burkean sublime, Christabel is cast out of Geraldine’s trance— or streams back into consciousness—and the speaker states, “the maid / Paused awhile, and inly prayed” (615-16). Richard Harter Fogle views Christabel’s praying as “a kind of dreaming” (141), what Coleridge would classify as reverie. Similarly, Luther argues that, from the opening stanzas where Christabel prays in the woods through to the end of the poem, Christabel exists in a state of reverie—dreaming while awake (9).⁴⁷ After her vision of Geraldine and the spell Geraldine casts over her, Christabel is “praying always” and even “prays in her sleep” (322). This description is also accompanied by circulatory imagery: “tis but the blood so free, / Comes back and tingles in her feet. / No doubt, she hath a vision sweet” (324-26). These lines directly echo the language Coleridge uses to describe nightmares (*Notebooks* 3: 4046), indicating that Christabel’s “vision” was decidedly not “sweet” and more closely linked to the unfamiliar imagery found in Burkean terror (326). It is worth noting that Christabel prays in moments after she transitions from sleep states to consciousness; praying is a form of reverie, but instead of imagery being carried between different altered states via memory, it is a speech act that

⁴⁷ Luther argues that Christabel produces Geraldine as “a phantasm of her own creation . . . in a state of mental and emotional excitement” (23).

is directed at the divine. In the poem, Christabel dreams, thinks about dream and nightmare imagery, and, when she is unable to express her memories, transitions to praying.

In contrast to Christabel, Bracy poetically retells his dream to Sir Leoline, Geraldine, and Christabel. Bracy varies his diction, terming his experience “a vision” that he was “warned by” in his sleep (532), but, for the most part, he calls it a “dream.” Christabel’s father, Sir Leoline, as many scholars have noted, misinterprets Bracy’s dream-vision, reading the dove, which Bracy explicitly states was “call’st by [Sir Leoline’s] own daughter’s name,” as a symbol for Geraldine, “Lord Roland’s beauteous dove” (535, 571). Instead, it is generally understood that Geraldine is the “bright green snake / Coiled around [Christabel, the dove’s] wings and neck” (549-50). Perhaps, however, Bracy’s dream may be closer to a nightmare, for he is disturbed from his sleep, suddenly awaking at “the midnight hour” (557). Bracy’s disturbed sleep forces him back into consciousness and is reminiscent of the importance Coleridge placed on dreams occurring “when the waking State of the Brain is re-commencing” and “*twinkling*” (*Lectures* 1: 135-36). Regardless of “the genera and species of dream or nightmare” Bracy experiences (Keats, *Selected Letters* 278), he is still able to fully express the dream images his memory carries forward to his conscious state. Moreover, he interprets the dream as a warning and “vow[s]” “To wander through the forest bare, / Lest aught unholy loiter there” (560, 562-63). Bracy’s misinterpretation of his dream state illuminates the “unholy” aspects of Geraldine and her origin in the “midnight wood” (563, 30).

However, if Bracy can express his dream, why is Christabel unable to do so? Is her silence imposed on her by Geraldine’s “mighty spell,” or is Coleridge exploring another

aspect of dream states in which men have expressive powers that women do not enjoy (622)? I argue that Coleridge is thinking through ideas about dream states and the division between sleep and consciousness, particularly with a focus on the ability to stream between different states of consciousness and sleep states in *Christabel*. Beyond Geraldine's mesmerist power over *Christabel*, *Christabel* is also weakened through her streaming between altered states that repeatedly blur the line between sleep states and consciousness. Coleridge's use of circulatory imagery helps determine that *Christabel*'s vision is of the nightmare variety and therefore more difficult to express because of the terror associated with nightmares, which "robs the mind of all its powers of acting and reasoning" (Burke 57). Unable to express her memories, *Christabel* prays, entering yet another altered state in an effort to directly address the divine. In his representation of Bracy's expression of his dream state and *Christabel*'s silence and inability to express the images from her sleep states, Coleridge further develops his theory of dreams and nightmares.

2.3. KEATS AND SLEEP STATES

Keats was a medical student at Guy's Hospital (1815) and worked in the hospital as a dresser, assisting surgeons during procedures, and received his apothecary's license (1816) and worked in healthcare until he left his training at the hospital in 1817; Keats also took care of his brother Tom through his tuberculosis infection until Tom's death in 1818. While Coleridge wrote a lot of philosophical texts and developed a number of theories about sleep, dreaming, nightmares, reverie, and the "genera and species of

Dreams” (Keats, *Selected Letters* 278), Keats did not leave any documents that explain his thoughts about sleep and consciousness, despite his formal medical training. Nor does he mention medicine often in his letters beyond his belief that poetry is a kind of medicine, his connection of medicine to the role of the imagination, and his medicalized theory of Negative Capability. However, from Keats’s letters, we do know that when he met Coleridge in 1819, they walked together and discussed dreams:

In those two Miles [Coleridge] broached a thousand things. Let me see if I can give you a list: Nightingales, Poetry, on Poetical sensation, Metaphysics, Different genera and species of Dreams, Nightmare, a dream accompanied by a sense of touch, single and double touch, a dream related, First and second consciousness, the difference between will and Volition. (*Selected Letters* 278)

Mary Rebecca Thayer posits that “[i]t seems not unlikely that this encounter might have set Keats to reading Coleridge afresh, or at least to remembering his poems” (272).

Coleridge’s biographer, Richard Holmes, claims that the meeting of the two poets “seems to have galvanized [Keats] into life,” drawing on the fact that Keats composed “A Dream” and “La Belle Dame sans Merci” less than ten days after their meeting (253).

It is also worth noting Keats’s oft-repeated pattern in his letters of noting that he was laying aside poems he was working on to pick them up and continue writing at a later date. In a letter to his brother and sister-in-law, George and Georgiana Keats, dated February 14, 1819, Keats states, “I took down some of the thin paper and wrote on it a little Poem call’d ‘St. Agnes Eve’ which you shall have as it is when I finish the blank part of the rest for you” (*Selected Letters* 254). Keats says of writing *The Fall of Hyperion*, “I went on a little with it last night, but will take some time to get into the vein

again” (221).⁴⁸ He seemingly also set aside “The Eve of St. Agnes” mid-composition.

The next mention Keats makes of “The Eve of St. Agnes” is in a September 5, 1819 letter to John Taylor, in which he notes that he was “now occupied in revising St Agnes’ Eve” (336). Keats may have been inspired by his 1819 conversation with Coleridge, for “The Eve of St. Agnes” certainly shares similarities with Coleridge’s “Christabel.”

While Christabel is startled by the transgressive way the images from her sleep states persist into her conscious state, she is able to identify these different states. In comparison, Keats’s Madeline from “The Eve of St. Agnes” is horrified by the way Porphyro manipulates her body and mind, causing her to confuse conscious reality for a dream state or vision. As earlier discussed in relation to Coleridge, different states of consciousness were understood and figured in different ways by poets, philosophers, and medical writers, depending on the audience for their writing. Given that he trained as a physician, it is important also to look at Keats’s use of dream states in his poetry.

A few scholars have traced Keats’s medical training and time spent working as a dresser for Sir Astley Cooper, the president of the Royal College of Surgeons and head of Guy’s Hospital.⁴⁹ Nicholas Roe breaks Keats’s medical training down into two phases:

As an apprentice to Thomas Hammond, the surgeon-apothecary at Edmonton, Keats learned the basics of practical medical care—mixing up the medicines, blood letting and bone setting, teeth extraction, minor operations and so on. He then transferred to Guy’s Hospital where he attended lectures by eminent

⁴⁸ It is worth noting that Keats seems to use language of state-dependent memory and veins and arteries throughout his letters, but does not explicitly write about medicine.

⁴⁹ In an essay focussing on the poetry Keats wrote while working at Guy’s Hospital, Hrileena Ghosh explains the technical role that Keats filled: dressers “accompanied surgeons on their rounds; assisted in the performance of operations; were chiefly responsible for pre- and post-operative care of surgical patients; and attended to out-patients. . . . Dressership, thus, was a time-consuming and onerous responsibility envisaged as part of a promising student’s practical training” (22).

surgeons such as Astley Cooper and Henry Cline, Jr, and gained hands-on experience in the dissecting room and operating theatre. (20)

In the collection of essays *John Keats and the Medical Imagination*, Roe and the other contributing scholars argue for a push to study the material Keats wrote during the period of 1810-1817, what they call Keats's "Medical Years," rather than focusing, as the majority of Keats scholars do, on 1819, the so-called "Living Year" (Roe 1). Roe states that, after his time spent working as a dresser at Guy's, Keats "could imagine the throbbing of nerves, muscles, arteries, bones, and blood" (2). Robert Wayne Brown chooses to call Keats's anatomical and physiological imagery "corporeal" (22), whereas Walter Jackson Bate refers to it as Keats's "kinaesthetic gift of image" (qtd. in R. W. Brown 22). Writing about Keats's use of "non-sensation" in his poetry, Stuart Curran explains that Keats addressed psychomedical conditions that are not easily defined "through a medically attuned poetic vocabulary" (157). Regardless of terminology, these scholars show how entwined Keats's medical knowledge is with his imagery and, as Curran reminds us, "Throughout his writing, then, Keats evinces a double consciousness as trained medical student and poet, and it is indispensable in reading him that we not forget, as we honour the subtlety of his aesthetic formulations, the scientific precision he acquired over years of study and praxis" (155).

2.3.1. "The Eve of St. Agnes" and Sleep State Transitions

If we are asked to consider Keats's medical training as woven into his poetry, how do we approach "The Eve of St. Agnes" and his focus on dreaming and sleep? As discussed earlier in relation to "Christabel," eighteenth-century figures such as Hartley and Darwin posited that dream states would not continue into consciousness or "vigilance" (Hartley 1: 388); due to his medical training and conversation with Coleridge, Keats would have been familiar with these dominant theories. Thus I argue that Madeline from "The Eve of St. Agnes" must be read and understood within this medical context. In the case of Madeline, the poem's discussion of the problem of agency centres on her confusion upon waking from her dream: are dream actions considered willed? In Althusserian terms, Porphyro hails her, "My Madeline! Sweet dreamer! Lovely bride!" (334). The three ways Porphyro addresses Madeline represent his increasing transgressions: from his use of the possessive personal pronoun "my," which orients Madeline in relation to Porphyro; to his focus on Madeline as a "Sweet dreamer," where her desire to dream of her future husband on the Eve of St. Agnes seemingly grants Porphyro access to enter her dreams and her body; and finally to his claim of Madeline as his "Lovely bride," which he arguably uses to excuse his violation of her body and assuage her fear that, having been raped, she is no longer considered a viable commodity in the marriage system. The "sweetness" of what Madeline assumes is a dream is irrevocably damaged by Porphyro's actions.⁵⁰

⁵⁰ Keats was criticized for the extremes of Porphyro's actions in the poem. Keats's friend Richard Woodhouse wrote to Keats's publisher John Taylor after hearing Keats recite the revised form of the poem (Stillinger, Notes 159); in his letter dated September 19th, 1819, Woodhouse identifies the disturbing aspect of the poem: "Porphyro winds by degrees his arms round her, presses breast to breast, and acts all the acts of a bona fide husband, while she fancies she is only playing the part of a wife in a dream" (*Selected*

Scholarly approaches to Keats's poetry are framed by his medical training; thus I approach his presentation of Madeline's dreaming in "The Eve of St. Agnes" through this medical lens, specifically focusing on Madeline's inability to differentiate dreams from reality in the context of late eighteenth and early nineteenth-century medical thought. Many scholars have identified transgressive dreaming as a theme in Keats's writing. Mark Sandy states that "the blurring of these distinct modes of consciousness and existence [in relation to 'Ode to a Nightingale'] rehearses a problem to which Keats persistently returns in his poetic career, centred on the question of 'was it a vision, or a waking dream? Do I wake or sleep?'" (3). Andrew J. Bennett similarly points to "friction" and tensions at work in "The Eve of St. Agnes": "the friction of gender—male/female desires; the friction of narration—the production and disruption of narrative in description; the friction of the antagonism of the visionary to the visible; the friction of sleep/waking" (101). In the most "dominant reading" in "The Eve of St. Agnes" criticism (McClelland 31), Jack Stillinger states that the poem and all of Keats's poems are "in a sense, [. . .] about dreaming" (*Hoodwinking* 84).

However, Stillinger's reading of "The Eve of St. Agnes" also problematizes Madeline's dreaming and agency while simultaneously constructing Porphyro's actions as appropriate for a male protagonist in a romance. Stillinger provides a literature review of the metaphysical readings of "The Eve of St. Agnes," noting that "the main points of the metaphysical critics' interpretation are that Madeline's awakening to find Porphyro in her bedroom is a document in the validity of the visionary imagination" (71), and that the poem "dramatize[s] certain ideas that Keats held a year or two earlier about the nature of

Letters 341). Woodhouse considered the inclusion of this sexualized scene to "render the poem un fit for ladies" (qtd. in Keats, *Selected Letters* 342).

imagination, the relationship between this world and the next, and the progress of an individual's ascent towards spiritualization" (69). In his counter-reading, Stillinger deconstructs the metaphysical argument that Porphyro is on a spiritual pilgrimage; in doing so, he points to Porphyro's "stratagem," calling it "a ruse, an artifice, a trick for deceiving" (74), continuing that, if an audience is to read Porphyro's tricking of Madeline as "an affirmation of romantic love," then "[w]e must leave our world behind, where stratagems like Porphyro's are frowned on, sometimes punished in the criminal courts, and enter an imaginary world where 'in sooth such things have been'" (75). Yet Stillinger then overturns this argument (82-93) in favour of pursuing his more well-known position that Madeline is a "self-hoodwinked dreamer" (84).

Other male scholars have addressed Porphyro's actions and Madeline's desire to dream in a similar way (with the exception of Hogle), deflecting the rape with a focus on their theoretical frameworks. Unwilling to explicitly name Porphyro's actions as sexual assault, they instead hyper-focus on her prayers and superstition. For example, Alan Richardson briefly questions, "if Madeline has more than half woken up, does she willingly engage in an erotic encounter under cover of somnambulism, or, more than half asleep, has she been a victim (as students sometimes assume) of what would now be called 'date rape' (Steven Marcus 375)?" ("Politics" 19), before moving on to explain how somnambulism was conceived in the period. In contrast, Rhonda Ray Kercsmar outlines Keats's representation of Porphyro's sexual violation of Madeline; she also names John Bayley and Christopher Ricks among scholars whose work "explicitly address[es] the poem's sexuality but effac[es] the sexual violence" (34-35n13).⁵¹

⁵¹I would like to present Kercsmar's comment in full to underscore the disturbing masculine perspectives: "Bayley claims that 'the existence that Keats can give to sexual fantasy . . . is the kernel of his poetic

Kercsmar identifies the problem with Stillinger's reading: that while he "effectively undermines Porphyro as a heroic figure, Stillinger also dilutes Porphyro's culpability as rapist and, in effect, victimizes the figure of Madeline" (26). The ways that scholars have excused Keats's representation of Porphyro's actions and motivations are important when considering the tension between dream states and other states of consciousness in "The Eve of St. Agnes."

As already noted, "Christabel" and "The Eve of St. Agnes" open with a female protagonist dreaming, or desiring to dream, of her "betrothed knight" or future husband, respectively (Coleridge 28; Keats 48-49). In "Christabel," the speaker describes why Christabel is "in the wood so late, / A furlong from the castle gate" (25-26), stating,

She had dreams all yesternight
Of her own betrothed knight;
And she in the midnight wood will pray
For the weal of her lover that's far away. (27-30)

Unlike her later dream states, which are caused by Geraldine's spell, Christabel is happy to return to her dreams of her "betrothed knight" and prays for his wellbeing. After Geraldine entrances Christabel, the speaker returns to the opening scenes of the poem and states that when Christabel is praying, "Her slender palms together prest, / Heaving sometimes on her breast; / Her face resigned to bliss or bale" (286-88). This "bliss" is contrasted with the persistent "perplexity of mind / As dreams too lively leave behind," a result of her night spent with Geraldine (288, 385-86). Madeline also desires to see a

achievement' (113). Ricks applauds the 'moment of pleasure' at the center of the poem as 'the very essence of reality' (96) and states, 'When Keats not only lets us see so vividly the undressing of Madeline and Porphyro's watching it, but lets us share his richly intimate equanimity, he gives us an example of how we should—in the largest sense—behave'" (34-35n13).

vision of her future husband in her dream: “She sighed for Agnes’ dreams, the sweetest of the year” (62).⁵² Beth Lau notes that “Christabel” “is cited more often than any of Coleridge’s other works as an influence on Keats’s poetry, particularly *The Eve of St. Agnes*” (71; Giovanelli 78). The opening of Keats’s poem certainly mirrors a similar desire to dream; however, as Alan Richardson notes, “Determining the status of Madeline’s dream in ‘The Eve of St. Agnes’ proves if anything more perplexing and can be seen as a crux, perhaps an unresolvable one, for literary interpretation of the poem, at least in its published form” (“Politics” 18). Before Madeline goes to sleep, the poem’s speaker describes her as “Pensive while she dreams awake, and sees / In fancy, fair St. Agnes in her bed” (232-33). In the published form of the poem, there are many references to Madeline both in states of reverie (dreaming while awake) and dream.

I argue that Keats’s reference to reverie exemplifies his especially medical thought about sleep states consistent with Hartley’s differentiation between dreams and reveries. Hartley’s theory of associative psychology also informs Coleridge’s ideas of dreams and reveries streaming on. Alan Richardson explains that Coleridge’s use of “streamy” “evok[es] both the heightened flow (‘Fancy and Sleep *stream* on’) and the meandering pathways of dream association” (“Politics” 15). However, for Hartley, the transitions between different dream states are less fluid than in Coleridge’s conceptualization; rather Hartley notes differences in the level of association and trains of thought in reverie versus dream states. Hartley explains that “Reverie differs from Imagination only in that the Person being more attentive to his own Thoughts, and less disturbed by foreign Objects,

⁵² Both Jack Stillinger and Duncan Wu explain the significance of the ritual of St. Agnes’ Eve (Notes 69; 1376) and Wu notes that, in the manuscript for *Eve*, Keats had drafted a stanza to follow stanza VI that explicitly explained the relationship between the “ceremonies” that Madeline takes part in and her desire to dream (Keats, “The Eve of St. Agnes” 50): “‘Twas said her future lord would there appear” (Wu 1378).

more of his Ideas are deducible from Association, and fewer from new Impressions” (1: 383). That is, reverie is positioned closer to consciousness than it is to a sleeping dream state; therefore we can more easily deduce the association between our ideas while in a reverie state than in a dream state where “We may perceive ourselves to be carried from one thing to another . . . partly by Association” (1: 384). However, Hartley considered the relationship between reverie and waking consciousness as close because it accounts for how “Reverie does so far put on the Nature of a Dream, as to appear a Reality” (1: 385). In other words, while reverie functions much like a dream state with associations between images, the positioning of reverie as closer to consciousness or reality than to a sleeping or dreaming states causes the associations and trains of images in a reverie to be more easily confused with reality.

Hartley’s theory thus explains why Keats would represent Madeline thinking Porphyro is part of her dream—she has been actively thinking about the ritual of St. Agnes’ Eve, and her desire to see her future husband determines her associative process of thinking. Hartley explains that impressions and ideas, the state of the body, and association “have an Influence upon the Trains of Ideas that are presented in Dreams” (1: 384). Porphyro is part of the successive train of images arising from Madeline’s conscious thought process and continues in the associations in her reverie state. As Madeline prepares for bed, the stories from the “old dames” have left impressions upon her mind (45), and both her reverie and dreams create associations between these thoughts that would, in Hartley’s theory, lead to Porphyro’s appearance in her dream state.

Furthermore, the colourful imagery of the poem focuses on representing Madeline’s

sleep state. After establishing the raucous noise of the evening's revelries, the speaker emphasizes how deeply Madeline is sleeping: "And still she slept an azure-lidded sleep" (262). After Porphyro sexually penetrates her unconscious body, the speaker notes, "He ceased—she panted quick—and suddenly / Her blue affrayed eyes wide open shone; / Upon his knees he sank, pale as smooth-sculptured stone" (295-97). While many Keats scholars focus on the painterly imagery that Keats uses in "The Eve of St. Agnes," Bennett in particular connects Keats's use of the phrase "blue affrayed" to Madeline's fear, noting that "her very soul seems to be expressed in the state of her eyes" (103). Keats uses shades of blue as adjectives both when Madeline is startled awake, and when describing her deep sleep, "azure-lidded sleep" (262) earlier in the poem before Porphyro begins his manipulation of her body and mind, and I read this patterning as placing emphasis on the changes in Madeline's state of consciousness: from "azure" (sleeping) to "blue" (consciousness) (262, 296). Coleridge similarly uses the colour blue to signal Christabel's shifting states of consciousness from being awake and agential in praying to entranced and robbed of her voice and will (215, 290, 614).

However, most scholarly readings of Madeline's response to Porphyro focus on the following stanza and her weeping following "a painful change" (300):

Her eyes were open, but she still beheld,
Now wide awake, the vision of her sleep:
There was a painful change, that nigh expell'd
The blisses of her dream so pure and deep
At which fair Madeline began to weep,
And moan forth witless words with many a sigh;

While still her gaze on Porphyro would keep;
Who knelt, with joined hands and piteous eye,
Fearing to move or speak, she look'd so dreamingly.

(298-306)

I would like to draw attention to the “painful change” not as a reference to Madeline’s loss of virginity (300), but as the confusion she experiences due to physical sensations dissevering the “passing trains of ideas” (Darwin, *Botanic Garden* 3: 69). Keats’s use of “still” as an adverb at the end of this stanza indicates that Madeline believes her dream images are extending into her conscious state, “Now wide awake” (298, 299). This “painful change” (300) could be read as occurring when Porphyro rapes Madeline, causing “external irritations,” disrupting her sleep, forcing her awake, and ending her “dream” images (Darwin, *Botanic Garden* 3: 69). For example, Darwin states that “surprise is only produced when any external irritations suddenly obtrude themselves, and dissever our passing trains of ideas” (3: 69).

Furthermore, Keats’s reference to pain also suggests the ambiguity surrounding Madeline’s belief that she is dreaming. As previously explained, nightmares in established thought were characterized by disturbed sleep and an inability to voluntarily move (Darwin, *Zoonomia* 1: 200-201); Madeline, however, is able to move as she only believes herself to be dreaming. Moreover, Hartley theorizes that dreams are more easily remembered due to “continuing in the same Posture in which [an individual] dreamt” (1: 388). That is to say, Hartley, like Darwin, Polidori, and later Carpenter, outlined a theory of state-dependent memory, referring to both bodily states and brain states. At the end of the stanza, the speaker describes Madeline as “Fearing to move or speak” (306).

Extending this medical reading of Madeline's states of consciousness, her fear of moving or speaking appears to be entwined with the understanding of state-dependent memory: if she does not move, maybe she will be able to return to those "bliss[ful] dreams" (301). Stillinger argues that the manuscript version of the stanza "makes clearer that Madeline is still dreaming" (Notes 545), but Alan Richardson argues that "Now wide awake" is a phrase that "remains highly ambiguous" ("Politics" 26); this ambiguity may also apply to Keats's use of the adverb "dreamingly" (306), which the *OED* defines as "In or as in a dream or reverie." The "or" in this definition creates ambiguity when read in relation to Madeline: does she fear moving and speaking because she is awake and desires to return to her dream state? Or is she currently within a dream state? Madeline's responses are consistent with Hartley's theories and medical thought of the time about dream states and requires us to re-think questions about her participation in her own rape. Can she consent or be complicit if she is responding to Porphyro's physical actions based on her assumption that she is dreaming?

2.3.2. Published versus Manuscript Transitions between Dreaming and Consciousness

Questions concerning the transitions between altered states, memory, and intent seem to be better answered by turning to the differences between the published poem and Keats's revised manuscript of stanza 36, which was "more graphic" and consequently censored "on moral grounds" by his publisher, who infamously classified the poem as "unfit to be read by ladies" (Stillinger, Notes 80). If Madeline is described as "dreamingly," then whether she is conscious or dreaming when Porphyro "melted" into her "dream" is ambiguous. Careful comparison of the manuscript stanza and the 1820

published version may, however, help clarify Keats's ideas on Madeline's dream state.

Here I present the 1820 manuscript and published stanzas:

<p>“Oh leave me not in this eternal woe, “For if thou diest, my Love, I know not where to go.”</p> <p>Beyond a mortal man impassion'd far At these voluptuous accents, he arose, Ethereal, flush'd, and like a throbbing star Seen mid the sapphire heaven's deep repose; Into her dream he melted, as the rose Blendeth its odour with the violet,— Solution sweet: meantime the frost-wind blows (314-22)</p>	<p>See, while she speaks, his arms encroaching slow, Have zoned her, heart to heart—loud, loud the dark winds blow!</p> <p>More sooth, for that his quick rejoinder flows Into her burning ear—and still the spell Unbroken guards her in serene repose. With her wild dream he mingled, as a rose Marryeth its odour to a violet. Still, still she dreams; louder the frost-wind blows. (Stillinger, Notes 162)</p>
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Much of the scholarship on “The Eve of St. Agnes” focuses on the poetic diction of Keats's description of Porphyro: “he arose, / Ethereal, flush'd, and like a throbbing star” (317-18). Based on the passiveness of the verb “melted” (320), many read this scene as romantic rather than predatory.⁵³ Notably, Earl Wasserman has shown that “the stanza provides a climax of super-sensory apprehension: the whole gist of the imagery is towards the non-visual, the extra-sensory, the transcendent” (Bennett 117). Furthermore, Keats scholars have analyzed the symbolism of the floral imagery and colours in this

⁵³ See Farnell (407) and Sandy: “Keats's portrayal of their love-making, as an idealistic union between Madeline's dream of Porphyro and his actual presence is an act of supplementation” (6).

stanza—notably how the two colours “blendeth” (321).⁵⁴ However, Jerrold E. Hogle traces the Gothic roots of the poem and compares Porphyro’s actions to the actions of the male villains in Matthew Lewis’s *The Monk* and Ann Radcliffe’s *The Italian*; in particular, he notes that the poem “gestures undeniably towards effacing and rising beyond all this [horror] with its idealizing, indeed euphemistic, ‘Into her dream he melted’” (“Gothic-Romantic Relationship” 213), but that the description of Porphyro rising “like a throbbing star” is even more phallic than in the Gothic “sexual triumph” found in Radcliffe’s and Lewis’s texts (214). Hogle identifies how “the poem’s Gothic elements forcefully raise the problem of when sex becomes a sin without providing an answer” (214). Hogle states the poem’s “suggestions of rape” are problematic, but owing in part to the Gothic precursors of “The Eve of St. Agnes.”

In the revision of the stanza, however, Keats reframes the action of the poem, as the inclusion of the clause “Still, still she dreams” more pointedly identifies Madeline’s state of consciousness (Stillinger, Notes 26-27; A. Richardson, “Politics” 26n2). The manuscript version also mentions Madeline’s “wild dream” (Stillinger, Notes line 320). Hartley uses the language of “wildness” with regard to dreaming, stating, “There is a great Wildness and Inconsistency in our Dreams. For the Brain, during Sleep, is in a State so different from that in which the usual Associations were formed, that they can by no means take place as they do during Vigilance” (1: 385). Essentially, Hartley’s theory accounts for this wildness with the association process: the dreaming brain is in “a State so different from” consciousness that the trains of images and associations made can never be the same as those that are created in reverie or consciousness, that these

⁵⁴ See Williams (212-38) and Bennett (118-19).

“Connexions” have “no such . . . place in Nature” (1: 385). Further, Hartley says that this wildness “interrupt[s] and break[s] the Course of Associations” (1: 389).⁵⁵ Similar to Hartley, Darwin argues that because “our faculty of volition is suspended, and all external stimuli are excluded in sleep, this slighter connexion of ideas takes place; and the train is said to be inconsistent; that is, dissimilar to the usual order of nature” (*Zoonomia* 1: 219-20). For Darwin, “the more violent . . . the stimulus that interrupts” our train of ideas, “the greater . . . the degree of surprise” (220). Alan Richardson calls the processes that Hartley and Darwin focus on (the disconnect from nature and difference in trains of images) a “recuperative disruption” (“Politics” 15), and his choice of “disruption” nicely captures how startled Madeline is when awoken as Porphyro rapes her, for she is not conscious when Porphyro “Marryeth [the rose’s] odour to a violet” (321). That is, based on the manuscript stanzas, I read Madeline’s “wild dream” as indicative of the disconnect she experiences between her conscious and reverie trains of images and the physical surprise she experiences from Porphyro’s rape.

Another word that is key to unlocking Keats’s focus on dream states is his use of “spell” in the manuscript revisions. Keats characterizes Porphyro’s control over Madeline as entrancing and spellbinding, similar to the suggestions made by the mesmerist to his patient: “More sooth, for that his quick rejoinder flows / Into her burning ear—and still the spell / Unbroken guards her in serene repose” (316-18). Of these lines, Stillinger says, “we may or may not recall [Milton’s] Satan ‘Squat like a Toad, close at the ear of *Eve*’”

⁵⁵ Hartley also warns that if this wildness were to occur in consciousness, “nothing could afterwards disjoin” the associations, “which would be Madness” (1: 389). In other words, it is one thing for wildness to occur in dreams, but if it happens in consciousness, then it is madness. Hartley’s comment is similarly echoed by Darwin in *Zoonomia* and later Carpenter.

(*Hoodwinking* 81).⁵⁶ For the most part, Porphyro's control of Madeline echoes the relationships found in mesmerist literature, and, specifically, vampire literature.⁵⁷ What is most relevant about this reference is the way that Porphyro is characterized, similar to the gendered patterns of control that are identified in my other chapters (see Chapters Three, Four, and Five). While Porphyro is not considered a vampire figure like Geraldine (Nethercot, *Road*), his actions inscribe the poem with the gendered power dynamics found in mesmerist literature; he does not entrance Madeline, but sets up an elaborate ploy to have sex with her. Porphyro dominates Madeline through his voice. Early in his introduction in the poem, the speaker expresses Porphyro's desires to "gaze and worship all unseen, / Perchance speak, kneel, touch, kiss—in sooth such things have been" (80-81). Porphyro's desired actions begin with speaking and kneeling and become increasingly transgressive. Porphyro tries to force Madeline to exit her sleep state and return to consciousness, as in hypnosis and mesmerism, through the power of his voice: "And now, my love, my seraph fair, awake!" (276). It is worth noting that after the pains Porphyro has taken to orchestrate sexual intercourse with the sleeping Madeline (90-285), it is difficult to determine why he wants her to awaken: does he want her to be more participative? Is his conscience pricking? Regardless, he does not have the ability to awaken her through the power of voice, and instead extends his control over Madeline through touch, and while he touches her, the poem confirms that his spell keeps her in

⁵⁶ However, Bennett offers a counter reading in which Madeline is the one weaving a spell over Porphyro: "Indeed, such is Madeline's protective enchantment that Porphyro's problem of converting the magical fantasy of her desire into desire for himself is expressed in terms of the enchantment of Madeline's eyes in stanza 32" (103).

⁵⁷ Brother Baldwin Peter connects the poem to the fairy tale of Sleeping Beauty, noting "[t]his enchantment is metaphorical, but is the means by which the prescription of sleep in the St. Agnes legend and the enchanted sleep in the fairytale are made one, a sleep which must be broken to turn the vision of the dream into reality" (2).

“serene repose” (318).⁵⁸

Like Geraldine, Ruthven, and Carmilla, discussed elsewhere in this thesis, Porphyro entrances or charms his victim so that he can control her. Andrew Welsh defines “charm” as “language treated as a physical action upon the listener” (183), and Laura Wells Betz identifies the “onslaught of synonyms for ‘charmed’ or ‘entranced,’ all of which describe Madeline in stanza 27,” noting that “Madeline is described in hypnotic and soporific language” (309).⁵⁹ The language of entrancing is also linked to the characters’ gaze. Bennett focuses on “the fixation of the gaze,” explaining how “[t]he interchange of gazes is complex and enthralling” (106), implying an analogy to the focus on gaze in hypnosis. Bennett refers to stanza 34, drawing attention to the ambivalence of the phrase “she look’d so dreamingly” (Keats 306): “her ‘look’ suggests both her active gaze and the look of her—an ambivalence that threatens the enthrallment of ocular fixation” (Bennett 106). Essentially, Madeline is described as charmed as she finishes her prayers: “In sort of wakeful swoon, perplex’d she lay, / Until the poppied warmth of sleep oppress’d / Her soothed limbs, and soul fatigued away” (236-38). Here, Madeline shifts from half-waking (“wakeful swoon”) to sleep. Keats is careful with his word choice and, in the stanzas leading up to Porphyro’s assault on Madeline, he often clarifies her state of consciousness. In his comments on stanzas 26 and 27, Stillinger notes that in previous versions of lines 234-35, Keats writes, “Then stepping forth she slips / The charm fled not—she did not look behind” (Notes 310). Keats’s use of the word “slips” is perhaps a

⁵⁸ I am thankful to Marjorie Stone for noting the ambiguity extends further and the use of “serene repose” works against the possible reading of rape.

⁵⁹ Betz extends his argument noting that “[r]eviewers also allege that Keats’s verse enchants because its sound has a hypnotic or soporific effect” (299-300). That is, Madeline is charmed in the poem, but so too is the reader by reading Keats’s poem. Also see Cusac on “The Eve of St. Agnes” and charms.

comment on the progressive states that Madeline enters on her way to dreaming. Once Madeline is asleep, Porphyro wishes Madeline to stay this way, “call[ing] for a ‘drowsy Morphean amulet’— a sleep-inducing charm to prevent Madeline’s awakening when the music bursts forth into the room” (Stillinger, *Hoodwinking* 78). Porphyro takes care to charm Madeline to “still” sleep, but also wishes to conduct her actions when she exits her dream state.

Because Porphyro enthralls Madeline to continue dreaming, when she half-awakens, she feels deceived and manipulated by her “dreams.” The speaker states, “Her eyes were open, but she still beheld, / Now wide awake, the vision of her sleep” (297-98). In this half-dreaming state, Madeline says, “How chang’d thou art! how pallid, chill, and drear!” (311); her description of Porphyro indicates that his dream appearance is markedly different from his appearance in reality. Her confusion can be linked to another idea about dreaming that Darwin outlines: he explains that even though our dreams do not surprise us because of the nature of association, we can be “perfectly deceived in our dreams... we believe things present before our eyes, which are not so” (*Zoonomia* 1: 69). However, when Madeline is dreaming, she does not believe either Porphyro or herself to be real as she plays the role of a “bride” in consummating their relationship (Keats 334). Instead, the deception comes when Madeline realizes that what she thinks was a dream is in fact real. For Madeline, dream Porphyro is warmer and more lifelike than the real Porphyro whom she is confronted by when she is forced from her sleep state back to consciousness. Nevertheless, Stillinger claims that because her belief in the superstition of the St. Agnes’ Eve makes her a “self-hoodwinked dreamer,” Madeline “gets her reward in coming to face reality a little too late” (*Hoodwinking* 87). Yet Madeline does

not seem sure that the “real” Porphyro is any less of a dream than her dream vision and he has to explicitly tell her “This is no dream” (Keats 326).

Her confusion over whether she has actually exited a dream state is captured when she replies, “No dream! alas! alas! and woe is mine!/ Porphyro will leave me here to fade and pine.— / Cruel! what traitor could thee hither bring?” (328-30). Madeline’s pronouncement of Porphyro as “Cruel!” and “traitor” (330) helps to show how deceived she feels by the manipulation of her sleep states. Madeline fears being abandoned after Porphyro has, within patriarchal norms, made her unmarriageable to anyone else. Fleming McClelland reads Madeline’s actions as a performance, stating that “Madeline claims to awaken and to be shocked to learn that the recent amorous play was not a dream” (33). McClelland sees Madeline’s confusion as part of “an endgame manoeuvre” wherein, by expressing her fears that now that she and Porphyro have had intercourse, he will desert her, she gains power and can convince him to wed her (33); however, McClelland’s reading disregards both Porphyro’s stratagem and his claiming of Madeline as his “bride” twice (Keats 326, 334). These kinds of readings construct Madeline as much more in control of her ability to willingly enter and exit various states of consciousness.

Even readings that approach Porphyro’s actions as affirmations of his love ignore the importance of his desire to wed Madeline. Porphyro promises Madeline, “Awake! arise! my love, and fearless be, / For o’er the southern moors I have a home for thee” (350-51). Again, Porphyro bids Madeline to awaken and his offer of a home for the two of them seems to excuse, as Kerckmar explains, his act of rape perpetrated upon Madeline: “Rape is assimilated into the prospect of marriage, which will supposedly

legitimize the sexual transgression” (30). This assimilation is furthered by the push into medieval fantasy, as both the marriage and fantasy accommodate the violence. Perhaps more telling is how Porphyro’s promises and the speaker’s description of the pair “glid[ing], like phantoms, into the wide hall” and their departure from the castle into the “elfin-storm from faery land” both silences Madeline and removes the focus of the poem from dream states to medieval fantasy, complete with “sleeping dragons all around” (361, 353). As Hogle states, “Keats’s heroine can find no real exit from the overarching sexual politics around her” (“Gothic-Romantic Relationship” 216). Yet, the poem does not return to Madeline’s voice or to a discussion of her state of consciousness, leaving her a “deceived thing” (332). Furthermore, Stillinger argues that Keats’s poems are about “an awareness that spells are but made to break” (*Hoodwinking* 91) of what “the shortcomings of the ideal [the dreamer] has created” (91). Porphyro’s spell over Madeline certainly breaks and leaves in its wake “the conflict between actuality and the ideal” (93), or the confusion between conscious reality and dream states.

2.4. CONCLUSION

Keats’s image of Madeline as “A dove forlorn and lost with sick unpruned wing” is also telling and more closely ties “The Eve of St. Agnes” to “Christabel,” where the titular character is similarly figured as a dove in Sir Bracy’s dream (Keats 333; Coleridge 531). Both Christabel and Madeline are charmed and struggle to distinguish sleep states from consciousness and upon waking cannot properly express the transgressions carried out by Geraldine and Porphyro, respectively. Christabel experiences different sleep and

dream states and Coleridge, similar to Byron in “The Dream,” represents her transition in and out of these gradual states as *stream like*—she slips from consciousness into Geraldine’s trance dream state and back into consciousness with memory guiding the images of the horrors of Geraldine’s trance. Coleridge’s representation of the transition between states of consciousness and the role of memory when the dreamer returns to consciousness is a move that diverges significantly from Darwin and Hartley. When compared to Sir Bracy’s retelling of his dream memory and interpretation of its meaning, Christabel’s dream images are remembered but inexpressible and unutterable (Ford, *Coleridge* 98-99), in part, as I argue, due to the multiple transitions she undergoes between altered states.

In comparison, in “The Eve of St. Agnes,” Madeline’s transitions between different states of consciousness are further manipulated by Porphyro’s stratagem to seduce and possess Madeline’s body. While Keats’s representation of dream states are more closely aligned to the established medical understandings of dream states, the published version of “The Eve of St. Agnes” is ambiguous with regards to Madeline’s transitions between states of consciousness and when she truly awakens. Although Madeline is able to express her confusion over her rape and her concerns regarding her marriageability following what she thought were dream images, Porphyro’s, the speaker’s, and Keats’s poetic voices crowd out Madeline’s own voice and Porphyro’s promise of marriage seemingly excuses his actions as “They glide, like phantoms” “into the storm” (361, 371). Keats’s representation of Madeline as a silenced dreamer can be compared to other female dreaming characters in long-nineteenth-century Gothic literature, such as Charlotte Brontë’s Jane Eyre, Emily Brontë’s Catherine Earnshaw (*Wuthering Heights*),

and Anne Radcliffe's *Adeline (Romance)* and *Ellena (Italian)*.⁶⁰ As I discuss in the next chapter, Sheridan Le Fanu's "Carmilla" and Bram Stoker's *Dracula* centre their texts on unsilenced dreamers, Laura and Lucy, respectively. Laura and Lucy present their experiences with dream states in their first-person narrative spaces: Laura is the first-person narrator of "Carmilla," whereas Lucy writes in her diary and Mina records her conversations with Lucy in her own journal entries in *Dracula*.

⁶⁰ See Anne N. Nagel's analysis of "affective intensity" (83) on the Gothic dreamer in "Beyond the Looking-Glass: The Intensity of the Gothic Dream in Nineteenth-Century British Literature."

CHAPTER 3 "CARMILLA": CULTURAL ANXIETIES, NERVOUS HEALTH, AND SIMULATION

Languid, pale, and beautiful: this description applies to the female victim of the vampire while also describing many female characters in nineteenth-century literature beyond genre fiction. Kamilla Elliott catalogues the “ingredients of a late eighteenth-century bourgeois heroine: melancholy, devout, perfectly beautiful, mild, soft, tender, contemplative, and brimming with sensibility” (106). As if it were not enough for these heroines to be beautiful and good, Erika Wright has noted that many female protagonists in Victorian fiction are also ill (4). Miriam Bailin explains the connection between the beautiful heroines in nineteenth-century literature and their ill health, stating that “[t]he association of conventions of female beauty and sensuality with the symptoms of ill-health allowed the latter to refer surreptitiously to the former” (23). Beyond connoting beauty, the pervasiveness of such embodied adjectives as “languid” are due to the widespread social and cultural preoccupation with health and illness in the period: to describe a female protagonist as languid was to highlight her beauty.

The connection between beauty and illness for female patients suffering from tuberculosis—also known as consumption or phthisis—in the late eighteenth and early-to-mid nineteenth centuries had widespread cultural effects, which nineteenth-century authors represented in literature. Carolyn A. Day traces the cultural ideas that lead “the ravages of the illness to be presented in an aesthetically pleasing light” (603), shifting the standards of beauty.⁶¹ Clark Lawlor also focuses on how such an abject illness,

⁶¹ Day notes that “Although there was a powerful discourse connecting nervous illness in general, and consumption in particular, to men, the rhetoric tended to focus on the intellectual capacity of the male sufferers, whose nervous bodies were increasingly presented as scholarly and artistic” (603).

“characterized by coughing, emaciation, relentless diarrhea, fever, and the expectoration of phlegm and blood” (Day 603), became, by the close of the eighteenth century “the glamorous sign of female beauty” (43). Day draws on late-eighteenth- and early-nineteenth-century periodicals to explain the connection between Edmund Burke’s 1757 *A Philosophical Enquiry into the Origins of our Ideas of the Sublime and Beautiful* and this affectation of fashionable illness; in 1811, an author of *La Belle Assemblée* blamed “Burke’s strongly gendered classifications” regarding beauty and “delicate debility” (Day 605) for women’s transition from good health to “sickly languishment and affective debility” (qtd. in Day 605). This transition was echoes in the fashion of the period, causing a rise in “a new cult of the lithe, limber, slim body indicative of delicacy and fineness of sensibility” (Porter, *Flesh* 44). Day analyzes consumptive fashion as the result of the ways in which “consumption, beauty and bodily conformation were intimately related in the popular imagination” in the nineteenth century (604). In particular, Katherine Byrne’s text *Tuberculosis and the Victorian Literary Imagination* traces and analyzes the relationship of this particular illness in Victorian novels and art.⁶²

While much attention has been paid to the relationship between beauty and illness in female characters in nineteenth-century literature generally, little scholarly work has focused on Gothic texts where both the vampire and its victim are described as ill.⁶³ Nor has there been much attention paid to the ways that early vampire literature (before Stoker’s 1897 *Dracula*) incorporates aspects of the well-understood late eighteenth- and early nineteenth-century models of health, such as John Brown’s conception of health and

⁶² Gilbert explains that despite the prevalence of consumption in Victorian literature, “there has been no up-to-date, book-length study on nineteenth-century literature after the Romantic period--until” Byrne’s book (Review par. 1).

⁶³ See Auerbach (60).

Thomas Trotter's system of nervous health, both stemming from William Cullen's school of medicine. Reading early vampire victims through this medical humanities lens allows for a better understanding of how health and illness were understood in the period and thus impacted the depiction of the effects of vampirism in terms of illness.

Sheridan Le Fanu's 1871 novella "Carmilla" features the first female vampire in the English tradition. Le Fanu's protagonist Laura and her father live in a small, isolated schloss in Styria. As a child Laura experienced a nightmare in which she was attacked (which is later confirmed as an attack from a vampire), although no one believed her at the time. As a result of her isolation, she pines for friendship and is devastated when a young woman, Bertha, who was supposed to come and stay with them, dies abruptly. However, after a carriage accident takes place near their home, Laura's desire is granted when her father agrees to take in a young woman about Laura's age, named Carmilla. Carmilla's mother tells Laura's father of her daughter's nervous health and then sets off on a mandatory errand. Laura and Carmilla meet in Carmilla's sickroom, where they are shocked to recognize each other from nightmares they had as children. This "shared dream" brings the two women closer together, and they rarely spend time apart (Auerbach 60). However, Carmilla has nervous outbursts in which she proclaims her affection towards Laura, which Laura finds both repulsive and attractive and attributes to Carmilla's nervous state of health. Carmilla is extremely languid and fragile, so when neighbouring peasant women and girls begin dying of an unknown cause, Laura and her father worry about Carmilla's health. The superstitious rumour in the area is that an "oumpire" is responsible for the deaths.⁶⁴ Laura and Carmilla buy amulets to ward off

⁶⁴ In the Explanatory Notes for "Carmilla," Robert Tracy explains that the word "oumpire" "is a Slavic variant of Magyar *vampyr* (345).

evil, but Laura becomes ill following another nightmare (this time of needle-like teeth in her chest). She attempts to hide her increasing illness and nightmares, but her father orders a doctor to diagnose her. They do not tell Laura the diagnosis, although there are foreboding whispers about superstition between her father and the doctor. Later, when Laura and her father are setting off on a short journey, one in which Carmilla is set to follow after she awakens for the day, they are intercepted by General Spielsdorf, a friend of Laura's father. He tells them the story of his niece Bertha's encounter with a young woman named Millarca (whom he reveals is a vampire), Bertha's illness, and resulting death. After realizing that Millarca and Carmilla are one and the same, Spielsdorf and Laura's father are determined to find Carmilla and kill her. Laura experiences trauma after hearing the details of Carmilla's murder by the male party comprised of Laura's father, Spielsdorf, and Baron Vordenburg. In an attempt to balance Laura's health, she and her father take a year-long tour of Italy from where she narrates her tale.

"Carmilla" scholarship primarily consists of analyses of either the anxieties surrounding Laura and Carmilla's homoerotic relationship, that is, Laura's "unnameable desire" (Leal 38),⁶⁵ or its Irish nationalist contexts;⁶⁶ many scholars read Carmilla "as symbolic of Ireland" (Ridenhour, Introduction xxv), and Margaret Backus notes, "Laura's situation in its geographic isolation, the constriction of her family unit, and its cultural insularity, represents ad absurdum of the Anglo-Irish settler colonial family" (128). While Jamieson Ridenhour acknowledges the powerful reading of vampirism in "Carmilla" as the Irish Nationalist call for blood sacrifice (Introduction xxviii), he argues that

⁶⁵ Also see Nethercot (*Road*), Heller ("Vampire").

⁶⁶ See Gal, Backus, Martin Willis ("Le Fanu's 'Carmilla'"), Ridenhour ("A Terrible Beauty"), and Ruston (*Literature*).

“Carmilla” “is not about theological anxiety” regarding the sectarian conflict between the Irish, but rather that “Le Fanu was creating myth, and myth often represents social anxieties” (xxcvi). He continues noting, “The vampire tale is itself a mirror, casting back a dark image of whatever society holds up to its cold surface” (x). Ridenhour’s framework of myth is necessary to understand how texts such as “Carmilla” use feminized ill characters to represent anxieties about eighteenth- and nineteenth-century models of health; among these anxieties are the intimate (and sometimes manipulative) female friendships that develop in the sickroom, the complexities of the nurse/patient dynamic, and the complicated relationship between folklore, superstition, and John Brown’s model of medicine. Hence this chapter uses the Brunonian model of health with its emphasis upon social and cultural determinants of illness to examine the ways in which Le Fanu’s Laura and Carmilla manifest these anxieties and present as ill.

3.1 JOHN BROWN’S *ELEMENTS OF MEDICINE*

In *Elements of Medicine* John Brown presents a system in which “excitement,” or stimulus, “is the cause both of diseases and perfect health” (15). Diseases are allocated into two categories: “sthenic” and “asthenic” (Brown 49). According to Brown, sthenic diseases are caused by an excess of stimulus and asthenic diseases are caused by a lack of stimulation.⁶⁷ For Brown, not only is illness caused by an excess or lack of excitement, but the “cure” or “remedy” is directed “only to the diminution or the increase of excitement” (50), and he uses this model (in which cause and cure differ only in degree of

⁶⁷ As such, remedying sthenic diseases involves “weakening means,” such as “evacuation, cold and starving” (Brown 52). Brown explains that stimulation is “the cure of all asthenic diseases” (52).

excitement) to dismiss the “notion of health and disease being different states” (51). This is to say that, for Brown, health and disease exist on a continuum with levels of predisposition in the middle (Fig. 1).

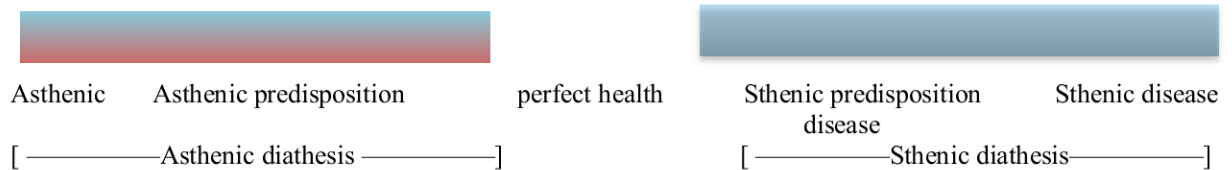


Figure 1 This figure includes both extremes of illness (asthenic and sthenic diatheses), the predisposition stage, and perfect health which was achievable only by men.

Because Brown’s model of health and disease involves differing degrees of “excitement” or “stimulants,” and “since predisposition and disease are the same, varying only in degree, the unavoidable conclusion is, that whatever, with a given force, produces the latter, *the same*, with a lesser force, will produce the former” (Brown 62-63). Brown explains predisposition as “that state of the body, which recedes from health, and approaches to disease, in such a manner, as to seem still within the boundaries of the former, to which, however, it bears only deceitful resemblance” (21). But how long does the predisposition stage last? In the context of Brown’s system of health, the length of the period of disease is contingent on the amount of excitement affecting the person in question, which helps explain why two persons with similar asthenic diseases, for example, may recover at different speeds.

Moreover, Brown’s system of health is a gendered construct. He explains that persons suffering from sthenic diseases, or diseases of excess, tend to be “adult males; persons too full of habit; persons who are overstimulated” (89). In comparison, persons suffering from asthenic diseases, or direct debility, tend to be “women; persons in a state

of inanition; those who have been insufficiently stimulated” (88). Brown’s focus on inactivity is highlighted in his further descriptions of the “types” of persons affected by sthenic versus asthenic diseases. He simplifies his criteria for sthenic sufferers to “all those, in short, who, having been once vigorous, have been rendered languid either by” excess stimulation “or improper treatment when diseased” (89), whereas he categorizes “all persons in a languid state, which has not been preceded by high excitement,” arising from either a lack of stimulation “or the mode in which they may have been treated” (88-89) as suffering from asthenic diseases. Brown’s clarification of the differences between sthenic and asthenic sufferers supposes that men are more vigorous than women, who exist in a “languid state”—a languor that is not preceded by exercise or excess stimulation.⁶⁸

The key to identifying Brunonian conceptions of health in literature is to pay close attention to the language and vocabulary of illness or disease. Brown explains that “partly owing to the uncertain nature of the subject, partly to the poverty of language, and partly to the novelty of this doctrine” (93), the descriptive words and phrases associated with sthenic diseases include “being abundant, increased, accumulated, [and] superfluous” (93), whereas the language suggesting asthenic, or debilitating diseases, includes being “weak, not well enough sustained, not well enough exercised, or deficient in energy”

⁶⁸ In terms of remedies and “cures,” Brown treats finding the balance of perfect health on the continuum as an act of slow calibration, like tuning a string on a guitar; in the case of asthenic disease, he says, “we should begin with the smallest degree of stimulus, and then rise to the use of a greater and greater, till the morbid abundance of excitability be gradually worn off, and health at last restored” (92-93). This is to say, if the “G” string on a guitar is out of tune, you do not simply twist the tuning peg as far as you can and then start playing again—the string will likely still be out of tune. Instead, you turn the peg and strum little by little until harmony with the other strings is reached. If a person is suffering from an asthenic illness, you would not be able to cure this debilitating disease by suddenly increasing their stimulation, such as having them run a five-kilometre race: stimulation, or excitement, has to be gradually increased until a balance is reached. It is worth noting, however, that perfect health is achievable in Brown’s system, unlike in Trotter’s, where women are unable to achieve perfect health due to their gendered upbringing.

(93). However, both sthenic and asthenic diseases leave their victims “tired, fatigued, worn out, languid, exhausted or consumed, when the stimulus has operated in a violent degree” (93). Brown calls this use of the same descriptive words and phrases for both sthenic and asthenic diseases, such as the word “languid,” the “crossover or poverty of language” (93). Nervous persons and characters in novels, then, are often described as “languid” and the key to decoding their health in terms of Brunonian and later medical systems is to observe what precedes their disease—an excess or lack of stimulation—and how it is remedied. Essentially then, Brown argues that there is a relationship between the predisposition to and the manifestation of a nervous disorder that depends on each individual’s actions.

3.1. A BRUNONIAN READING OF LAURA’S EARLY LIFE

In Le Fanu’s story, Laura represents good Brunonian female health prior to her encounter with the vampire Carmilla in large part because she is not superstitious. Early in her tale, Laura explains that “father asked me, as he sometimes did, to take a little ramble with him along that beautiful forest vista that I has mentioned as lying in front of the schloss” (Le Fanu 248). Laura is a picture of Brunonian health: accompanying her father on peripatetic walks during which they consider the picturesque indicates that she is not languid, but that she provides herself with the appropriate amount of stimulation to keep her excitement balanced. However, it is her reaction to (oral) supernatural narratives that indicates the nuanced ways she is able to successfully balance the increased stimulation that accompanies such “marvelous” tales.

Laura's father laments the contagious aspect of superstition in the nearby villages, stating, "these poor people infect one another with their superstitions, and so repeat in imagination the images of terror that have infested their neighbours" (Le Fanu 122-23). Stories make the nervous impressions contagious, in much the same way that "the precautions of nervous people are infectious, and persons of a like temperament are pretty sure, after a time, to imitate them" (277). A similar focus on contagion can be found in the lines Laura's father quotes from memory from *The Merchant of Venice*: "In sooth I know not why I am so sad: / It wearies me; you say it wearies you; / But how I caught it, found it, or came by it" (Shakespeare 1.1.1-4). In a novella that makes much of the contagious aspects of superstition and narration, the reference to *The Merchant of Venice* and the way that sadness is "caught" and is passed from person to person is important and marks the way literature with supernatural content can infect people with terror.

Prior to her vampire infection, Laura has been sheltered from supernatural stories, so they do not play a part in her imagination and, thus, do not, as Peter Melville Logan explains, form narrative impressions on her nerves (17).⁶⁹ When discussing her first vampire attack, she says, "I was not frightened, for I was one of those happy children who are studiously kept in ignorance of ghost stories, of fairy tales, and of all such lore as makes us cover up our heads when the door creaks suddenly, or the flicker of an expiring candle makes the shadow of a bed-post dance upon the wall, nearer to our faces" (Le Fanu 58). Just before the vampire attacks her, Laura does not fear the supernatural because she has been raised with her father's guidance and "kept in ignorance of ghost

⁶⁹ Logan explains that "narrative became a central sign of nervous disorder because the nervous body had a narrative structure, and so there was an intrinsic link between nerves and narrative" (17).

stories,” and so the narratives do not gain power over her imagination, which would result in excess stimulation and force her excitement to become unbalanced.

Yet the novella’s frame inverts Laura’s childhood beliefs about superstition and posits that the events of Laura’s supernatural tale are “true” (248). Laura states, “I am now going to tell you something so strange that it will require all your faith in my veracity to believe my story. It is not only true, nevertheless, but truth of which I have been an eye-witness” (248), telling her audience, “Listen, and wonder!” (245). If Laura’s tale is true, then, based on her narrative, her position on the existence of the supernatural shifts over the course of her experiences with Carmilla, thereby recalling Tzvetan Todorov’s fantastic. The fantastic “is that hesitation experienced by a person who knows only the laws of nature confronting an apparently supernatural event” (Todorov 25). Laura asks readers to suspend their disbelief and hear her story; her request is similar to the narrative framing of Ann Radcliffe’s Gothic novels, as Anne McWhir explains that Radcliffe’s readers “are asked to suspend disbelief, recapturing superstition imaginatively” (39).⁷⁰ In this way, Le Fanu’s Laura does not ask her implied reader to give up their belief in the laws of nature, but rather to temporarily imaginatively engage in her supernatural story. Similar to framing of Horace Walpole’s *The Castle of Otranto*, where we are invited to peer into a world of “[m]iracles, visions, necromancy, dreams, and other preternatural events” (2), the narrative frame of Gothic tales “tells us how to read the book” and, “given a skeptical, unsuperstitious habit of mind, we are free to

⁷⁰ In her analysis of superstition in Walpole, Radcliffe, and Lewis, McWhir identifies the Gothic novel as a space for “the realm of superstition—containing not only obvious absurdities, but also legend, anecdote and tradition, nightmare and repressed desire” (31).

enter” (McWhir 38) a world filled with “preternatural events” such as those found in Laura’s narrative of “Carmilla.”

Laura is not the only character to draw on the framework of suspending disbelief; both her father and General Spielsdorf also make similar requests (Le Fanu 294). When Laura’s father presses Spielsdorf to tell his tale of the fate of his niece, Bertha, Spielsdorf replies, “I should tell you all with pleasure . . . but you would not believe me” (294). Laura’s father asks, “Why should I not?” and Spielsdorf explains, “You believe in nothing but what consists with your own prejudices and illusions. I remember when I was like you, but I have learned better” (294). Laura’s father pushes back and tells Spielsdorf that he is, “very strongly pre-disposed to respect your conclusions” (293). He knows Spielsdorf will “generally require proof for what [he] believes” (293-94). The conversation between the two men walks the line of the role of superstition in the Gothic tale; however, Spielsdorf explicitly invokes the marvelous and the necessity of suspending disbelief: “You are right in supposing that I have not led lightly into a belief in the marvellous [*sic*]—for what I have experienced *is* marvellous—and I have been forced by extraordinary evidence to credit that which ran counter, diametrically, to all my theories. I have been made the dupe of a preternatural conspiracy” (294). Similar to Laura’s opening frame, in that she tells her reader that her tale is both “strange” and “true” (248), Spielsdorf assures Laura’s father that his tale is “marvellous” and evidence-based, requiring Laura’s father to entertain the fantastic.

While Laura, like her father, has a firm grasp on the laws of nature, Carmilla, and especially her illness, is unexplainable within this framework. Laura and her father caution against superstition and supernatural tales because they represent an excess, or

“ardent,” form of imagination (269). But by framing her narrative as a departure from her earlier beliefs, by coding the story as “strange” (248), Laura sets the stage for the Todorovian shift. That is to say, Laura’s world shifts from a mundane reality governed by the laws of nature to a Todorovian world of the marvelous: from a world in which vampires are silly superstitions that the neighbouring peasants take too seriously, or that children encounter via ghost stories, to one in which vampires are real and are the explanation for the dying peasants. Spielsdorf’s later narrative confirms the preternatural aspects of Laura’s story as truly “marvellous” and thus reinforces the earlier request for Laura and her father to suspend their disbelief.

3.2. A BRUNONIAN READING OF CARMILLA

So, how does superstition come to overtake Laura’s body and mind, which were considered linked in the nineteenth century? Enter Carmilla. Early in the novella we are told that Laura’s mother died “so early” she does not remember her, and she is left in the care of her father, Madame Perrodon, and Mademoiselle De Lafontaine, whom Laura designates her “finishing governess” (Le Fanu 245). While she has received guidance from these figures, Laura is isolated from society and longs for companionship; when she hears about the death of the niece of her father’s friend, General Spielsdorf, she is “more disappointed than a young lady living in a town, or a bustling neighbourhood can possibly imagine,” for Bertha’s visit “and the new acquaintance it promised had furnished [her] day dream for many weeks” (248). For Laura, the closest things to society are the dead in their nearby tombs and ruins (245), so when Laura’s father agrees to take in Carmilla, Laura’s desire for society and her current isolation are emphasized. She makes

explicit the difference between urban and country living and its impact on proper socialization when she tells the reader of *Carmilla* that “You, who live in towns, can have no idea how great an event the introduction of a new friend is, in such a solitude as surrounded us . . . I was longing to see and talk to her” (258). However, Mademoiselle De Lafontaine dissuades Laura from rushing to Carmilla’s bedside, explaining that Carmilla can handle only one visitor at a time, and that even “a very little excitement would possibly overpower her now” (255-56). The use of the word “excitement” frames Carmilla’s health in terms of the Brunonian system, where differences in excitement indicate the kind of disease the sufferer experiences. Before she enters Carmilla’s sickroom, Laura’s father shares the conversation he had with Carmilla’s “mother” about Carmilla’s nervous predisposition and possible insanity: “She expressed a reluctance to trouble us with the care of her daughter, saying she was in delicate health, and nervous” (257). Joel Faflak and Julia M. Wright explain the way the term “nervous” became “pathologized,” and shifted from “a state of health” to “disorder” predominantly in the nineteenth century when it came to mean “an excessive sensibility, an undisciplined propensity to emotional reaction, that threatens not only psychological stability but also the health of the body itself” (2). Bailin demonstrates how the nineteenth century’s propensity for likening “physical condition to states of mind did much to instill or at least to corroborate the notion so amply represented in eighteenth- and nineteenth-century novels that emotional crises articulate themselves with great lucidity and promptitude on the bodies of those who experience them” (10). While nervousness was considered its own disorder of excess sensibility, then, other emotional crises would so affect the nerves as to manifest as physical disorders. Although Laura’s father notes that Carmilla is

reported not to be “subject to any kind of seizure . . . not to any illusion,” her mother’s emphasis that Carmilla is, “in fact, perfectly sane” (Le Fanu 257), raises the question of her psychological state. Laura and her father’s exchange about Carmilla’s mother’s remark emphasizes the oddness of drawing attention to Carmilla’s sanity; Laura states, “How very odd to say all that! . . . It was so unnecessary” (257). Yet Laura remains informed by the statement made by Carmilla’s mother during her interactions with Carmilla, for Laura repeatedly monitors Carmilla’s mental state. This disclosure about Carmilla’s health simultaneously indicates that, in this case, the use of the word “nerves” refers specifically to Thomas Trotter’s understanding of the physical structure and the idea that healthy persons’ nerves can sustain trauma without retaining the impression (211)—that is, without affecting their health in the long term. These crises can “become ‘infectious’ as they imprint themselves on the sensorium commune”—or nerves (Bruhm 14). Logan explains that repeated crises of a body experiencing the nervous temperament “creates an overly inscribable body, one that is too easily written upon by the stimulus of its day-to-day experience,” which over time “destroys the body’s assumed ability to resist the ill-effects of impressions” (28). The physician who examines Carmilla when she first comes to stay with Laura’s family determines, “She had sustained no injury, and the little shock to her nerves had passed away quite harmlessly” (Le Fanu 258). While Carmilla is not diagnosed as suffering from a nervous temperament at this time, the propensity for the impressions to manifest as “physical symptoms” of Carmilla’s disease is key to understanding her later outbursts. Thus Carmilla’s attempts to dispel all of Laura and her father’s associations of moral or physical infection or contagion within herself are a selfish effort to once again assert herself as sane.

However, Laura's body is also inscribed with impressions she has retained from her first vampire attack when she was a child—an attack that she says, “produced a terrible impression upon my mind, which, in fact, never has been effaced” (246). She later says that the “terror” accompanying her two “dreams” about Carmilla was “no such transitory terror,” and therefore unlike a dream, “it seemed to deepen by time” (279). The horror she associates with this attack means that the impression is deeply retained and the images “stand out vivid as the isolated pictures of the phantasmagoria surrounded by darkness” (248). These impressions set Laura up for the shift from predisposition to manifestation of her nervous disorder; however, Carmilla's arrival twelve years later, and the deep connection that the two women develop, holds this shift at bay for a time. While it turns out that Carmilla is the vampire who attacked Laura as a child, and has been following her, much like the *ban si* (or banshee) in Irish belief, she insinuates herself into Laura's confidence by mirroring the terror that Laura associates with her initial nervous impressions.⁷¹ When Laura recognizes Carmilla from her “nightmare” she “recoils a step or two from before her” and explains that “I saw the very face which had visited me in my childhood at night, which remained so fixed in my memory, and on which I had for so many years so often ruminated with horror, when no one suspected of what I was thinking” (259). She notes that Carmilla also “wore the same melancholy expression,” before her face “lighted into a strange fixed smile of recognition” (259). Carmilla mimics

⁷¹ Tracy tells us that falling “‘into a half-dream’ is characteristic of those who have been ‘touched’ by the *si* . . . The lethargy, almost apathy of Laura, the ‘touched’ victim, seems a kind of death-wish” (Introduction xxviii). Angela Bourke is one of the long-standing names in Irish folklore studies associated with study of the *ban si*, and there are a significant number of scholars who work on the Ordnance survey and the recovery of folklore (roughly concurrent with Le Fanu's writing career). Other scholars who discuss the role of the *ban si* in Irish literature / folktales are Patricia Lysaught and Jason Marc Harris.

the reaction she assumes Laura must be experiencing. Being the first of the two to bring up the “shared dream,” as Nina Auerbach terms it (60), Carmilla draws Laura in:

“How wonderful!” she exclaimed, “Twelve years ago, I saw your face in a dream, and it has haunted me ever since.”

“Wonderful indeed!” I repeated, overcoming with an effort the horror that had for a time suspended my utterances. “Twelve years ago, in vision or reality, *I* certainly saw you. I could not forget your face. It has remained before my eyes ever since.” (Le Fanu 259)

Their language is mirrored, and Victor Sage explains in reference to Carmilla that “We are left with the perfect camouflage, the insect mimicry, of her coy, young-girl simulacrum” (182). Carmilla continues her advance towards Laura in terms of friendship and says, “If you were less pretty I think I should be very much afraid of you” (Le Fanu 260). By acting shy and complimenting Laura’s beauty, Carmilla first mimics Laura’s fear, and then ingratiates herself by implying that Laura’s beauty helps dispel her fear.

Laura describes Carmilla’s actions as attractive: “She pressed my hand, she laid hers upon it, and her eyes glowed, as, looking hastily into mine, she smiled again, and blushed” (259). That is to say, Carmilla wins Laura’s attention and affection by mirroring her desire for friendship in her actions and her language: Carmilla says upon first meeting Laura, “I wonder whether you feel as strangely drawn to me as I do to you; I have never had a friend—shall I find one now?” She sighed, and her fine dark eyes gazed passionately on [Laura]” (260). Laura’s desire for friendship is palpable and both Carmilla’s discourse of friendship and actions hold up a mirror to Laura; in Carmilla’s discourse and actions, Laura sees her own feelings of being “unaccountably [drawn]

towards” Carmilla, and her burgeoning feelings of friendship and love (260). However, Carmilla does not appear outwardly threatening in the opening scene; rather, she wins Laura’s affection by showing her a “yet undeserved fondness” and “confidence . . . that [they] should be very near friends” (261). Carmilla’s fawning description of Laura’s beauty and desire for friendship are reminiscent of Satan’s glozing discourse in Milton’s *Paradise Lost*, anticipating a fall of some kind accompanied by her verbal seduction;⁷² however, Laura takes Carmilla’s discourse as sincere, thus excusing Carmilla’s deceit and excessive attraction to Laura.

Nevertheless, beyond this “trick,” Carmilla’s charm and beauty also aid in pulling Laura in, moving her further away from the horror of the nightmare and its retained impressions. The next morning, Laura explains of Carmilla that she “was certainly the most beautiful creature I had ever seen, and the unpleasant remembrance of the face presented in my early dream, had lost the effect of the first unexpected recognition” (261). There are two levels of shock that cause nervous impressions for Laura: the first takes place during Laura’s disturbing early childhood dream, and the second takes place when she recognizes Carmilla as the woman from her dream. By discussing their “shared dream,” Laura says, “We now laughed together over our momentary horrors” (261), implying that her initial nervous impressions are reduced; however, it is actually the “unpleasant” horror of recognizing Carmilla that is lessened. Carmilla’s beauty specifically ameliorates Laura’s nervous impressions from this recognition—the shock of seeing a dream in reality. Laura is able to dispel these nervous impressions: they are now

⁷² See William Empson’s article “The Satan of Milton” for an analysis of Satan’s motives and rhetorical choices in each of his speeches; Empson attributes Satan’s apparent character changes in *Paradise Lost* as false admiration of God hidden by his glozing words (51), which God explicitly marks as “glozing lies” (Milton 3.90 qtd. in Empson 51).

transitory. In balancing her excitement, her nerves take on a masculine quality, in terms of Brunonian resilience to nervous disorder, and are able to transmit the nervous impressions without retention or shifting her health into the predisposition of disease (figured as shifting left or right from the centre of balanced health on Brown's continuum).

However, given the descriptions and vocabulary that Brown associates with asthenic diseases, we can clearly identify Laura's new companion as suffering from a debilitating disease. After their initial meeting, Laura gives a full description of Carmilla: "She was above the middle height of women. . . She was slender, and wonderfully graceful. Except that her movements were languid—*very* languid—indeed, there was nothing in her appearance to indicate an invalid" (262). Laura's later comment, that "there was always a languor about her, quite incompatible with a masculine system in a state of health" (265), explicitly flags Carmilla's state of disease as Brunonian because her inexplicable languor shifts Carmilla from a specifically masculine model of Brunonian balance to that of asthenic disease. Laura has a hard time making sense of Carmilla's state of nervous health specifically because Carmilla represents a mind-body split, which calls into question nineteenth-century understandings of health and illness. Laura says, "This was a bodily languor in which her mind did not sympathise. She was always an animated talker, and very intelligent" (265). In other words, despite her bodily languor, Carmilla seems mentally healthy. If she were a typical representation of asthenic disease, she would be languid in both body and mind: she would not be animated, or passionate, as Laura so often describes her. Similarly, Carmilla draws attention to her physical languor by explaining why she cannot join Laura on long walks:

There is nothing ever wrong with me, but a little weakness. People say I am languid; I am incapable of exertion; I can scarcely walk as far as a child of three years old; and every now and then the little strength I have falters, and I become as you have just seen me. But after all I am very easily set up again; in a moment I am perfectly myself. See how I have recovered. (274)

Again, it is important that Laura considers her “well” because she is able to engage with her intellectually, and they “talk a great deal, and very animated[ly]” (274). Yet, the language surrounding Carmilla is that of debility: she becomes “exhausted,” describes herself as “weak,” and both she and Laura describe her as “languid” (274, 262). The problem with Carmilla is, simply, that she is a vampire and therefore undead. That excitement is necessary to live is a central tenet of Brown’s theory (114-16). Because Carmilla is not alive, though, her body can exist without excitement or stimulus. Because she is not alive, she can be a nervous talker (in Logan’s theory) without exhausting herself. Because she is not alive, she cannot govern her health by adjusting her levels of excitement. She can only consume the life of others (vampirism).

3.3. NURSE/PATIENT ROLES AND SIMULATING NERVOUS ILLNESS

Carmilla, however, is cunning—she frames her desire for intimacy within the female space of the sickroom, which forces her nursing companion, Laura, to prove her affection for her. Laura’s acceptance of Carmilla’s outpouring of emotional and physical affection is intrinsically tied to nineteenth-century ideas of physical debility and how they “entitled the sufferer to sympathy, tenderness, and respect” (Bailin 18). Thus, Laura’s

acceptance of Carmilla's affection largely stems from her role as Carmilla's sickroom nurse and friend. In *The Sickroom in Victorian Fiction*, Bailin explains that "nursing was repeatedly invoked to verify in a way no other activity apparently could the genuineness of one's affections, the essential goodness of one's character" (11). In other words, while Laura is starved for female friendship entering her relationship with Carmilla, she also seems to acknowledge how her role as Carmilla's nurse and friend can aid her in establishing a strong friendship. Carolyn W. de la L. Oulton explains that "the status of friendship was complex throughout the Victorian era" (7); she identifies romantic female friendship as a type of friendship that "depended on both strong feeling and what may now seem startling rhetorical expression" (1). That is, "[f]riends could describe their response to each other in terms of love and mutual dependence" (1). Carmilla often deploys this rhetoric of romantic female friendship in calling Laura "darling" and stating, "I love you so" (Le Fanu 274). In response to these kinds of comments, Laura describes feeling "drawn towards," Carmilla, and notes that "[y]oung people like, and even love, on impulse" (260-61).⁷³ While scholars have done important work on the homoerotic aspects of Laura and Carmilla's relationship, I suggest that the echoes of the nurse/patient relationship are also crucial to understanding the tale's rhetoric of illness. My analysis builds on Oulton's reading of romantic female friendship in "Carmilla," to frame Carmilla's friendship within her simulated illness: to read Carmilla's physical advances towards Laura as excused by her illness, and her passionate rhetoric of romantic friendship as appropriate given their nurse/patient relationship. Carmilla uses her

⁷³ Laura is around 19 and Carmilla appears to be the same age (although she is later revealed to be much older), so Oulton notes that they are "the right age for a romantic friendship to be socially sanctioned" (102).

simulated illness, her languor and fragility, to permit her “need” to hold Laura: “Illness not only substitutes the sick body for the troubled self, but becomes a way of accommodating desires which are not legitimated in the society at large” (Bailin 21). Once Carmilla is able to demonstrate her passion for Laura through physical displays of affection, she layers in her rhetoric, which at times becomes excessive and shifts to feigned nervous narration.

In the scene of their first meeting, Carmilla enacts the characteristics of an ideal female friendship: “altruism, generosity, mutual indebtedness, and a perfect balance of power” (Sharon Marcus 5). Carmilla shapes her retelling of her memories of the shared experience and her future friendship with Laura as having been established twelve years previously and rooted in destiny: “it does seem as we were destined, from our earliest childhood to be friends” (Le Fanu 260). Carmilla “gazed passionately” on Laura, who reciprocates this balanced friendship, stating that “I felt rather unaccountably towards the beautiful stranger” (260). Oulton explains that the word “passion” was “applied seemingly indiscriminately to both intense friendship and sexual attraction” in the nineteenth century (16). Laura permits Carmilla’s gaze and holding of her hand; however, she clarifies that she also feels “something of repulsion” (Le Fanu 260). Laura’s “repulsion” may indicate her discomfort with the blurred lines of romantic female friendship and attraction, although, as she explains, “In this ambiguous feeling . . . the sense of attraction immensely prevailed” (260-61). Her “attraction” towards Carmilla and desire for friendship override her negative feelings regarding the strangeness of her friend. Their interaction, then, conforms to the description Bailin provides between nurses and patients: “Relations between sickroom attendants and patients were thus in

general characterized by intimacy, informality, and shared meaning” (9). Carmilla capitalizes on the shared aspect of their experience and uses it to build a foundation for their friendship, and thus her later manipulation of Laura. Even when Carmilla’s language shifts from the rhetoric of female friendship to excess, it is excused because of her (simulated) embodied nervous illness.

These moments of excess indicate the first stages of Carmilla’s power over Laura, of her vampiric infection that transforms Laura from a state of Brunonian health to predisposition to asthenic illness. John Polidori’s Lord Ruthven, from his 1815 “The Vampyre,” is the first in a long line of vampires whose power is inextricably tied to their rhetoric. In the same vein as Lord Ruthven, Carmilla’s rhetoric is powerful but ultimately rooted in her simulation of illness. It is important to understand, as Bailin explains, that the sickroom is a space where the “rhetoric of ‘inside’ versus ‘outside’ that structure” allows for “the privileged nature of sickroom relations” and “the site of a special rapport and tenderness between members of the same sex” (19, 27). Even outside of the sickroom, however, nineteenth-century female friendships were often close and described as ardent. A nineteenth-century American writer, William Alger, recounts characteristics of such friendships in an eroticized tone: “with what quick trust and ardor, what eager relish, these susceptible creatures, before whom heavenly illusions float, surrender themselves to each other, taste all the raptures of confidential conversation, lift veil after veil till every secret is bare” (qtd. in Oulton 73).⁷⁴ It is worth noting that Laura is often made uncomfortable by Carmilla’s behaviour when it fits Alger’s descriptions, but also by her friend’s reservation—a withholding of the confidence key to the intimacy Alger

⁷⁴ Oulton is critical of Alger’s descriptions of school girl friendships, noting that his description exudes “a voyeuristic energy that suggests positively orgasmic rhythms” (73).

describes. Laura expects that her friend's rhetoric and physical affection will come with an open, giving mind, not the reservation she sees in Carmilla. Laura is particularly displeased by Carmilla's "ever wakeful reserve" towards "herself, her mother, her history, everything in fact connected with her life, plans, and people" (Le Fanu 263), for, as Sage explains, "What Laura longs for above all is candour: transparent self-revelation from the other, as she gives it herself" (187). It is Carmilla's cagey responses to Laura's questions that prompt her to speak with what Laura calls "wild nonsense" often attributed to her nervous health (Le Fanu 264). Yet Carmilla's responses to Laura's questions, which often try to eke out reasons beyond Carmilla's nervous health to explain her excessive rhetoric and physical affection, are coded secrets, phrased using the language of promises. Frustrated, Laura asks Carmilla, "do you think . . . that you will ever confide fully in me?" (276); Carmilla responds, stating, "I am under vows . . . and I dare not tell my story yet, even to you" (276). Her response becomes shaded with promises as she tells Laura, "You must come with me, loving me, to death; or else hate me and still come with me, and *hating* me through death and after" (276). Her use of "or" creates two scenarios, both of which end in death for Laura, one in which she returns Carmilla's affection in love, and one in which she hates Carmilla.

Similarly, when Laura asks whether Carmilla is "afraid to die," she responds that she wishes "to die as lovers may—to die together, so that they may live together. Girls are caterpillars while they live in the world, to be finally butterflies when the summer comes" (270). Carmilla's focus on transformation, specifically a transformation that begins in death, is her way of "sharing" or "answering" Laura's questions. Essentially, she is sharing her own past transformation from young woman to vampire with Laura

without breaking her vow. Her language paints Laura's future: that she will join Carmilla as a vampire. Sage states that, in this exchange, "predation is glossed over: in this rhetoric, all is mutual" (196). However, Laura is unable to decipher Carmilla's promises as invitation, nor does she reciprocate the romantic friendship Carmilla initiates. In the meantime, Laura often ends up performing the role of nurse as Carmilla's outbursts leave her simulating exhaustion and reaching out to Laura to one degree or another, thus beginning the perverse cycle again.

However, when female friendship is reciprocated, this romantic rhetoric is appropriate. For example, in Elizabeth Barrett Browning's *Aurora Leigh* (1856), the eponymous protagonist's friendship with Marian represents the principles of shared meaning, intimacy, and openness. Aurora realizes how wrong she was in her judgement of her female friend, Marian, who reveals that she was raped, and her rhetorical address features intimate language and physical demonstrations of affection:

But I, convicted, broken utterly,
With woman's passion clung about her waist
And kissed her hair and eyes,—“I have been wrong,
Sweet Marian” . . . (weeping in a tender rage). (6.777-81)

Upon her friend's revelation and openness, Aurora embodies “woman's passion” when she holds Marian and shows her physical affection (6.778-79). What is different in Aurora and Marian's friendship that is missing from Laura and Carmilla's friendship is the reciprocity and focus on openness. Le Fanu does not afford Laura a similar opportunity to reciprocate Carmilla's love, for she does not reveal her past and ultimately

must turn to supernatural means (vampiric attacks and simulating illness) to artificially create the relationship she desires with Laura.

In short, Carmilla refuses to reveal her past and her secrets, but she also feels too much, and speaks too passionately, and it is this excess of feeling that makes Laura uncomfortable and concerned about Carmilla's mental state. The speed at which Carmilla's appropriate emotional expression transitions to inappropriate and excessive is remarkable. Laura recalls some of these "strange moods":

She used to place her pretty arms about my neck, draw me to her, and laying her cheek to mine, murmur with her lips near my ear, "Dearest, your little heart is wounded; think me not cruel because I obey the irresistible law of my strength and weakness; if your dear heart is wounded, my wild heart bleeds with yours. In the rapture of my enormous humiliation I live in your warm life, and you shall die—die, sweetly die—into mine." (Le Fanu 263)

Carmilla's physical closeness and naming of Laura as "Dearest" are within the bounds of female friendship; Oulton states that "such expression depended on its ability to confine itself within accepted channels while appearing to be unconstrained and spontaneous" (23). However, I argue that her address to Laura becomes unrestrained as she begins speaking in a kind of performative promissory language. J.L. Austin explains that "[i]n the particular case of promising . . . it is appropriate that the person uttering the promise should have a certain intention, viz. here to keep his word" (11). Carmilla certainly has a specific intention towards Laura and, by crossing the threshold of friendship to love/prey, she promises Laura, "you shall die—die, sweetly die—into [my life]" (Le Fanu 263). The repetition of "die" modifying her promise foreshadows the sinister and erotic fate

Carmilla has in store for Laura. Many scholars have focused on this scene because the homoeroticism and female vampire and victim in “Carmilla” is distinct from *Dracula*, which is largely heteronormative, as Christopher Craft has noted (111).⁷⁵

The issue with reading Carmilla’s language as performative is that, while Laura hears her promise, she does not take Carmilla seriously, dismissing her outbursts as a result of her nervous illness. Austin explains, “Surely the words must be spoken ‘seriously’ and so as to be taken ‘seriously’” (9), and that to have performed a promise, certain principles must be fulfilled—that they: “(A) have been *heard* by someone, perhaps the promisee; (B) have been understood by him as promising” (22). As Laura is mystified at Carmilla’s words, Austin’s principles are not fulfilled, making Carmilla’s speech act “only attempted” or “void” (22). Here, the focus is less on whether Carmilla’s speech act is performative, and more on her commissive “shall.” Austin explains that commissives “commit the speaker to a certain course of action” (157). The issue with Carmilla’s promise comes from the fact that Laura is missing the context (that Carmilla is a vampire and Laura is her victim) needed to make sense of Carmilla’s statement; as such, Carmilla’s “agitations and her language are unintelligible” to Laura and lose some of their power (Le Fanu 264). In committing herself to future actions, Carmilla’s language slips from what would be logical rhetoric into nervous narration.

However simulated Carmilla’s asthenic state is, Laura is quick to observe markers of actual illness, such as Carmilla’s “languid and burning eyes” (264). Over the course of

⁷⁵ Craft argues that “*Dracula*’s mission in England is the creation of a race of monstrous women. . . . This monstrous heterosexuality is apotropaic for two reasons: first, because it masks and deflects the anxiety consequent to a more direct representation of same sex eroticism; and second, because in imagining a sexually aggressive woman as a demonic penetrator, as a usurper of a prerogative belonging ‘naturally’ to the other gender, it justifies, as we shall see later, a violent expulsion of this deformed femininity” (111).

their friendship, the description of Carmilla's features become fevered, from "glow[ing]" to "burning" (259, 264). Carmilla's language also becomes feverish; moreover, as Carmilla continues to use promises, the strength of will behind them increases. She declares, "You are mine, you *shall* be mine, you and I are one for ever" (264). Again, Carmilla's rhetoric layers repetition with slight changes: she begins with a statement (that Laura belongs to her), corrects herself by introducing an auxiliary verb to indicate her determination (that Laura *shall* belong to her), and ends with a statement that indicates the results of her promise (that once Laura belongs to her they will be as one indefinitely). When Laura does not respect the obligation implied by Carmilla's use of promissory language and is confused by Carmilla's speech, Carmilla "turn[s] away and drop[s] [Laura's] hand" (265). In other words, when her rhetorical appeal fails, Carmilla withdraws her physical advances as well and appears withdrawn. She learns, however, that acting this way creates distance between herself and Laura and instead draws on her simulated illness to gain Laura's affection and attention.

Carmilla's use of feigned nervous narration as a key symptom of her "illness" is highlighted when Laura's father explains that the doctor is coming to discuss the recent fatalities in the village. Carmilla begins by discounting the authority of physicians:

"Doctors never did me any good," said Carmilla.

"Then you have been ill?" I asked.

"More ill than ever you were," she answered.

"Long ago?"

“Yes, a long time. I suffered from this very illness; but I forget all but my pain and weakness, and they were not so bad as are suffered in other diseases.”

“You were very young then?”

“I dare say; let us talk no more of it. You would not wound a friend?” She looked languidly in my eyes, and passed her arms round my waist lovingly, and led me out of the room. My father was busy over some papers near the window. (270)

Logan explains that in nervous narration, “the speaker pleads for the listener’s sympathy and so will appear blameless or essentially victimized. She narrates her own sufferings, describing in the first person the events in the past that produced her nervous condition” (29). Carmilla shifts the conversation away from the two village girls who have recently died of plague-like symptoms to her own past illness, stating, “I suffered from this very illness” (Le Fanu 270), setting the stage for a personal account of her nervous illness that does not come. She does not dwell upon or discuss her suffering in depth; instead, she uses this narration to gain Laura’s attention, asking, “You would not wound a friend?” (270). Carmilla combines her account of her previous illness with her rhetoric of friendship to draw Laura close to her again. Logan states that the nervous narration “will disappear, of its own accord, as the nervous narrator is recuperated to the realm of health and silence” (30). Carmilla silences her own story as she requests Laura’s physical demonstrations of friendship and care: “She looked languidly in my eyes, and passed her arm round my waist lovingly, and led me out of the room (Le Fanu 270).

Carmilla's frenzied "wild nonsense" talk (276) is similarly manipulative. Despite not being able to make sense of Carmilla's language, Laura's descriptions of how she feels during Carmilla's nervous outbursts indicate the power of Carmilla's rhetoric and how she is able to hold her friend in thrall: "I experienced a strange tumultuous excitement that was pleasurable, ever and anon, mingled with a vague sense of fear and disgust" (264). My focus here lies in how Laura states, "I had no distinct thoughts about her while such scenes lasted, but I was conscious of a love growing into adoration, and also of abhorrence" (264). Carmilla's continued use of promises may powerfully enthrall Laura so she feels some semblance of adoration (see Chapter Four); however, Laura's balanced Brunonian state of health is what protects her from being entirely within Carmilla's thrall and allows her to also feel abhorrence, "fear and disgust" (264).

Carmilla's nervous outbursts and promises, such as the one discussed previously, ultimately cause Laura to distance herself from Carmilla. Laura marks Carmilla's behavior, her desire to hold Laura close in "her pretty arms" (264) and her "wild nonsense" talk (276), as inappropriate. Laura describes, "when [Carmilla] had spoken in such a rhapsody, she would press me more closely in her trembling embrace, and her lips in soft kisses gently glow upon my cheek" (263-64). She further explains that "sometimes after an hour of apathy, my strange and beautiful companion would take my hand and hold it with a fond pressure, renewed again and again; blushing softly, gazing in my face with languid and burning eyes. . . . her hot lips travelled along my cheek in kisses; and she would whisper, almost in sobs" (264). Although Laura expresses that she is repulsed by Carmilla when she was "[i]n these mysterious moods" (264), Talcott Parsons reveals physical debility is Janus-faced in that it allows the sufferer access to sympathy, which

they can then use to excuse “a very strategic expression of deviance” (qtd. in Bailin 18). Carmilla’s speech, combined with her entrancing eyes (see Chapter Three), and physical demonstrations of affection and possessiveness, infects Laura: “Her murmured words sounded like a lullaby in my ear, and soothed my resistance into a trance, from which I only seemed to recover myself when she withdrew her arms” (Le Fanu 264). When Carmilla is in one of her “brief periods of mysterious excitement,” she introduces promises into her speech, and employs her nervous illness (or Brunonian asthenic illness) to permit an opening for the kind of attention patients receive from their nurses (265).

Carmilla simulates the symptoms of Brunonian disease, and therefore becomes more ill. Jean Baudrillard explains that “to simulate is to feign to have what one doesn’t have” (3). Although in reality Carmilla is dead, she feigns life, more specifically, the life of an ill nineteenth-century woman. For the Brunonian system of health, “life is not a natural, but a forced state” that depends on the degree of excitement in the body (Brown 116). Brown clarifies that to die is to “waste the sum total of excitability assigned to every being on the commencement of its living state” (114). Carmilla needs to simulate enough excitability to be considered alive, but just enough so that it appears that she is suffering from an asthenic disease. However, Baudrillard explains that “simulating is not pretending” (3); he draws on Émile Littré who explains the difference: “whoever fakes an illness can simply stay in bed and make everyone believe he is ill. Whoever simulates an illness produces in himself some of the symptoms” (qtd. in Baudrillard 3). Similarly, over time Carmilla takes on more of the real symptoms of asthenic disease she is faking. By the novella’s end, gone is her feigned excitability, gone are her “hot lips,” “soft kisses” and “gloating eyes” (Le Fanu 264); they are replaced by “eyes from which all fire, all

meaning had flown, and a face colourless and apathetic,” and she is described as “si[tt]ing] looking listlessly on” (274, 272). Although Carmilla is a supernatural monster, her simulation also makes it impossible to say that she is healthy because she produces the “true” symptoms of Brunonian disease.

One scene that emphasizes Carmilla’s development of nervous symptoms takes place when Laura and Carmilla witness a funeral procession. Carmilla responds by saying, “It has made me nervous. Sit down here, beside me; sit close; hold my hand; press it hard—hard—harder!” (267). Here, Carmilla’s speech pattern indicates what appears to be an actual nervous break: the punctuation, short imperatives, and repetition of “hard—hard—harder!” indicate a nervous mind, as her language escapes her careful rhetoric and simulated nervous narration (267). Laura describes Carmilla’s physical reaction to her stressor: “All her energies seemed strained to suppress a fit, with which she was then breathlessly tugging; and at length a low convulsive cry of suffering broke from her, and gradually the hysteria subsided” (267). Laura diagnoses Carmilla’s orgasmic behavior as hysteric, but it is not Carmilla’s nervous hysteria that “terrifie[s]” Laura, it is her aggressive disposition (267). Laura explains, “This was the first time I had seen her exhibit any definable symptoms of that delicacy of health which her mother had spoken of. It was the first time, also, I had seen her exhibit anything like a temper” (267). Carmilla’s reaction is much more extensive than her description of her languor and weakness. She uses this moment to, again, request physical affection from her friend: “Hold me, hold me still. It is passing away” (267). Carmilla’s states of renewed energy following periods of languor are seen as states of better health and her “strange” transgressive behaviour (her deviant physical advances) is tolerated and explained as part

of her ill health (Bailin 21). Laura muses, “perhaps to dissipate the sombre impression which the spectacle had left upon me, she became unusually animated and chatty; and so we got home” (Le Fanu 267). Carmilla’s progression from nervous narration (her outburst about the villager’s funeral and hymn), to actual nervous attack, to “animated” discussion, indicate the issue with Carmilla’s “illness.” An alive person would not be able to recover as quickly as Carmilla and this is identified by Laura’s note that Carmilla becomes “unusually animated and chatty” (267). That is, Carmilla once again cycles and reins in her nervous narration and shifts to logical rhetoric based in female friendship and the sickroom. Her reassertion of her (simulated) nervous illness forces Laura to stay physically close and perform her nursing role of “patience,” “pity,” and “love” for her friend (Bailin 18).

Shortly, though, Carmilla’s previous duality (or mind-body split) resolves itself and presents as monism—her mind finally matches her undead, simulated languid, diseased body. The duality shifts and is split between Carmilla and the recently uncovered painting of Countess Marcia Karnstein, which looks uncannily like Carmilla, down to “the little mole on her throat” (Le Fanu 272). Laura describes the “wonderful likeness” between Carmilla and her ancestor Marcia to her friend, saying, “Here you are, living, smiling, ready to speak, in this picture” (272), and, in doing so, like Matilda in *The Castle of Otranto*, Laura “makes an authoritative picture identification” of the matriarchal line between Marcia and Carmilla (Elliott 110). However, the discovery of the painting throws Carmilla’s simulated asthenic disease into sharp relief, creating an obvious split between the painted representation of a beautiful, seemingly healthy Marcia, and the simulated ill health of Carmilla. While Laura thinks that the painting “seemed to live” (Le

Fanu 272), Carmilla's languor is highlighted in her reaction to the painting: not only does she "not acknowledge" Laura and her father's comments about her likeness to the painting, but "[s]he was leaning back in her seat, her fine eyes under their long lashes gazing on [Laura] in contemplation, and she smiled in a kind of rapture" (272). That a painted representation of a long-dead relative appears more likely to speak than Carmilla points to her deterioration and undead status. When Carmilla does speak, she speaks "languidly" (273). Sage argues that "Carmilla is at her most dangerous when she is 'languid'—she appears erotic, but the vampire is also seeking information about further prey—further Karnstein blood" (199). This languor might deflect from Carmilla's revelation that she and Laura are related; Carmilla questions, "Are there any Karnsteins living now?" (Le Fanu 273); her question aims to deflect attention away from the uncanny similarities between Marcia and Carmilla and, instead, shift Laura's focus to their shared aristocratic family lineage. It is important to note that Laura's answer, "None who bear the name" (273), "conveniently passes over the fact that she is herself a living and breathing Karnstein" (Killeen 366). Of the three Karnstein women, Laura's description of the representation of Marcia Karnstein figures her as the most "living"; if we consider the fact that the painting represents Carmilla before she became a vampire, especially in light of both Carmilla and Laura's decreasing health, then Marcia appears to be in good health. The portrait of Marcia now represents the healthful body, while Carmilla represents the diseased body and mind, and Laura's own state of health shifts further towards ill health on the Brunonian continuum as a result of Carmilla's rhetorical appeals and thrall.

If we follow Jerrold E. Hogle's reading of portraits in the Gothic ("Ghost"), then the counterfeit can be seen as a film on top of the existing juxtapositions of living/dead and health/illness represented by Marcia and Carmilla. That is to say, Hogle, in his influential Baudrillardian reading of the portraits in *The Castle of Otranto*, states that the relationship of ghosts and portraits increases "the distance between subject and image" ("Ghost" 31). Elliott explains that "[i]n the legitimate representational chain of soul -> body -> portrait, the body is missing, creating fearful hauntings and supernatural disturbances," and that "[t]he ghost . . . is always already in the portrait . . . since imaging and inherence *themselves* inhere in each other" (109). However, "Carmilla" deals in vampires not ghosts, so this Baudrillardian reading gets skewed slightly. But, if the body is missing in the portrait, and there is no ghost because Carmilla exists as undead, then the supernatural disturbances in the portrait scene in "Carmilla" are doubled. Marcia may be represented in the portrait, but Carmilla is that missing body, and not only does Carmilla represent Marcia's body, but it is also a long dead body masquerading as, or simulating, an asthenically ill woman who appears not to have aged since 1698. Vordenburg explains that vampires "present, in the grave, and when they show themselves in human society, the appearance of healthy life. When disclosed to light in their coffins, they exhibit all the symptoms that are enumerated as those which proved the vampire-life of the long-dead Countess Karnstein" (Le Fanu 317). General Spielford, later in the novella, authoritatively identifies Carmilla and Marcia as the same person. Laura's father asks if the General would like to see the painting, and he replies, "I believe that I have seen the original" (306). In other words, the resemblance between Carmilla and Marcia (which fits Elliott's and Hogle's arguments about lineage and portrait

identification) is disrupted as “imaging and inherence *themselves* inhere in each other” (Elliott 109). Carmilla/Marcia is the original body that the portrait represents; however, she is simulating the markers of good health associated with the living. The representational chain is disrupted further as it now reads: Marcia’s soul -> Marcia’s body -> portrait of Marcia/Carmilla -> Carmilla/ Marcia’s body *sans* soul. When the portrait of Marcia is confronted with the “imaged and inherent body” (Elliott 109) from the beginning of that representational chain, Plato’s shadow of the shadow of the body, what Hogle terms “an apparition,” disappears (“Ghost” 298). Marcia/Carmilla is doubled in the scene; however, as noted, one appears essentially healthy while the other becomes the shadow of the shadow of the body, despite somehow being the original body.

Furthermore, Elliott notes that missing mothers in Gothic literature often appear as ghosts; she explains, “Where mothers are dead, portraits grant them an imaged afterlife; ghosts give mothers a supernatural afterlife while daughters offer them an embodied and social afterlife” (133). A prime example of the missing mother can be seen in Coleridge’s “Christabel”; however, here, I return to Barrett Browning’s *Aurora Leigh* to discuss the much-cited scene of Aurora contemplating her dead mother’s portrait as a possible example of this “imaged afterlife” (133). Although *Aurora Leigh* is not Gothic, this scene has many earmarks of Gothic terror. Aurora explains that her mother’s portrait was painted “after she was dead” (Barrett Browning 1.1.128), and that when lit by the fireplace it “made alive / That picture” (126-27). Aurora attributes power to this portrait, noting it had a particular effect on her as she states, “For hours I sate and stared” (143); she calls this “effect” “very strange” (135, 134). Her reaction is classically Gothic, mixing the familiar and the unfamiliar, creating comfort and terror:

I, a little child, would crouch
For hours upon the floor with knees drawn up,
And gaze across them, half in terror, half
In adoration. (135-38)

In an almost identical way, “Carmilla” also mixes terror and adoration both in the depiction of the vampire and in its victim’s reaction to the vampire’s attention. At the end of the tale, Baron Vordenburg, the vampire specialist, explains that while vampires typically drain their victims in a “single feast,” they are sometimes “prone to be fascinated with an engrossing vehemence, resembling the passion of love, by particular persons” (Le Fanu 317). In Laura’s statement, “I experienced a strange tumultuous excitement that was pleasurable, ever and anon, mingled with a vague sense of fear and disgust” (264), she expresses this confusing “combination of attraction and repulsion,” what Ridenhour marks as “a paradoxical emotion that may be the defining feature of the nineteenth-century literary vampire” (Introduction xxiii).

Equally important is the link between Aurora’s confusion and altered states; in particular, dream and unconscious states seep into her descriptions of the effect of her mother’s portrait. She says,

In years, I mixed, confused unconsciously,
Whatever I last read or heard or dreamed,
Abhorrent, admirable, beautiful,
Pathetical, or ghastly, or grotesque,
With still that face . . . which did not therefore change,
But kept the mystic level of all forms

Hates, fears, and admirations, was by turns

Ghost, fiend, and angel, fairy, witch, and sprite. (Barrett Browning

1.1.147-54)

Here, Aurora represents her mother with the extremes “fiend” and “angel” (154). This terror and adoration follow Aurora as she grows. Similarly, in “Carmilla,” the passage of time does not lessen the extremes of emotions Laura attaches to the memory of Carmilla. In the closing of her tale, Laura says, “to this hour the image of Carmilla returns to memory with ambiguous alternations—sometimes the playful, languid, beautiful girl; sometimes the writhing fiend I saw in the ruined church; and often from a reverie I have started” (319). Laura’s “ambiguous alternations” are tied to the state of reverie, whereas Aurora combines dreaming with reading (1.1.148). This “mix” of Aurora’s social life—specifically Classical Greek images and figures from her reading (154-63)—with her mother’s “swan-like supernatural white life / Just sailing upward from the red stiff silk” (139-40), imagines her mother as a supernatural figure, part of the “smooth fair mystery of perpetual Life” (173).

Similarly, in “Carmilla,” while Marcia Karnstein is not Laura’s mother, the portrait represents her maternal line. Yet the portrait is not able to grant the Karnsteins an imagined afterlife as Carmilla deflects Laura’s insistence on the uncanny similarities between Carmilla and Marcia. Instead, this imaged afterlife combines with the supernatural afterlife in the figure of Carmilla, which makes sense as Marcia and Carmilla are one and the same. If daughters “offer . . . an embodied and social afterlife” for the mothers (Elliott 133), then Carmilla perversely wishes to entwine herself into Laura’s life, so that all three facets of the dead mother’s afterlife (supernatural, embodied,

social) are inherently tied to Carmilla. In other words, the portrait of Marcia is “counterfeit” in that the representational chain is fragmented by Carmilla’s body, the “explicitly *figural* animations of the already dead” (Hogle, “Ghost” 208-209).

This triad of the maternal Karnstein line being definitively tied to Carmilla (and thus the painting) presages the increasingly strange relationship developing between Carmilla and Laura. As in the case of *The Castle of Otranto*’s Matilda, who argues that “[she is] not in love with a colored panel” but rather that the events have “persuaded [her] that somehow or other [her] destiny is linked with something relating to him” (Walpole 50), the more Laura looks at the portrait of Marcia, the “more and more lost in wonder” she is (Le Fanu 272). Knowing that Laura thinks the portrait to be so similar to herself that it is “an absolute miracle,” Carmilla uses Laura’s appreciation of the painting as an opportunity to speak passionately about their shared relationship: “‘I have been in love with no one, and never shall,’ she whispered, ‘unless it should be with you’” (273). Unlike previous moments of passionate rhetoric, here Laura is not repulsed by Carmilla’s comment; instead, she seems charmed, narrating, “How beautiful she looked in the moonlight” (274). Carmilla’s comment is not an example of earlier outbursts, or seemingly nervous narration; both her language and bodily actions appear languid. Gone are her burning eyes and feverish language (264), signs that her mind and body were not matched; instead, they are replaced by a “Shy and strange” look, and Laura describes how Carmilla “quickly hid her face in my neck and hair, with tumultuous sighs, that seemed almost to sob, and pressed in mine a hand that trembled” (274). Simulating her asthenic illness for so long seems to have imbued her body with actual illness, or perhaps more likely, her dead body finally appears so. When Carmilla attempts to rhetorically

enthrall Laura, she does not have the conviction she has earlier in her promissory language: “‘Darling, darling,’ she murmured, ‘I live in you; and you would die for me, I love you so’” (273-74). While Carmilla still uses promissory language, it does not have the same fierce intent behind it, and instead reads as a prescriptive description of Carmilla’s desires. Instead of demanding that Laura “die for [her],” Carmilla’s rhetorical power and will, like her body, have weakened. Carmilla’s state of illness is reflected in her confusion about her conscious state. Carmilla “drowsily” says, “I almost shiver; have I been dreaming?” (274). Here, Carmilla confuses one altered state of consciousness, illness, for another, dreaming. Laura’s response to Carmilla’s matched bodily and mental languor is alarm and she wonders if Carmilla has “been stricken with the strange epidemic” affecting the village women (274).

For the majority of the novella, Carmilla appears to suffer from an asthenic disease, as indicated by the descriptions of her ill health and fragility. However, she is actually an undead vampire, and by simulating asthenic disease (nervous illness), she begins to take on its symptoms. As other scholars have argued, Carmilla manipulates her relationship with Laura. She performs romantic female friendship; however, Laura does not fully reciprocate because Carmilla refuses to share her past and secrets. And although Carmilla also attempts to use performative promissory language, Laura attributes these appeals to Carmilla’s nervous illness. Carmilla, of course, is simulating this asthenic illness to keep Laura close through the nurse/patient dynamic, in an effort to secure her physical affection. However, Carmilla’s apparently failing health and weakened rhetorical power is also tied to her supernatural state: she needs blood, not excitement, to live. Up until this point in the novella, she has not fed on Laura’s blood and has sustained herself by

draining and killing the village women. In her weakest state, Carmilla once again enters Laura's dreams, and her victim shifts fully from predisposition to sthenic illness.

3.4. DIAGNOSING LAURA AS STHENICALLY ILL

As the novella concludes, it becomes clear that Carmilla is a vampire and has infected Laura who has, since Carmilla's nightly attacks begin anew, been slowly shifting from a figure of Brunonian health to that of sthenic disease. Since Laura's childhood dream state or attack, Carmilla can enter and exit Laura's sleep states as she desires, due to both her close nurse/patient relationship with Laura as well as her mesmeric and vampiric control over her victim (see Chapter Four). However, Laura's narration of these states indicates her increasing illness, despite her ability to remember and record her dream states. While Laura may not be able to express herself within the dream-states, the form of "Carmilla" illustrates the importance of uttering the terror-inflicted nervous impressions associated with dream-states. Laura is particularly invested in cataloguing the declining health and symptoms that she experiences in an attempt to emphasize the reality of her illness.

As previously discussed, Laura and Carmilla share "dreams," yet later in the novella, Laura experiences a terrifying dream state that is not shared by Carmilla. Laura describes in detail the dream-state that precedes her decline in health, calling it "a very strange agony," and connecting it to her suffering (278). Laura repeatedly mentions being "conscious," cautioning, "I cannot call it a nightmare, for I was quite conscious of being

asleep” (278).⁷⁶ Laura focuses on how this dream state prevents her from voicing her fear or pain. She says, “I could not cry out, although as you may suppose, I was terrified” (278). She is also unable to make voluntary movements and is consequently attacked by a large, black “monstrous cat”: “I felt it spring lightly on the bed . . . suddenly I felt a stinging pain as if two large needles darted, an inch or two apart, deep into my breast” (278). A residue of Laura’s lack of control begins to seep into her daytime life. She explains, “For some nights I slept profoundly; but still every morning I felt the same lassitude, and a languor weighed upon me all day. I felt myself a changed girl” (281). Because Carmilla, this figure of complicated passion, animated yet the embodiment of languor, has infected Laura, she starts to transform and take on those Brunonian characteristics associated with sthenic diseases, those diseases that affect people who were once vigorous and balanced who have become unbalanced due to an excess of stimulation.

However, in this case, Laura’s seemingly sthenic disease is not due to an excess of excitement but Carmilla’s vampiric attacks. It is unsurprising that Carmilla, who often mirrors Laura’s concerns, feigns having a similar dream; she says, “I had a dream of something black coming round my bed, and I awoke in a perfect horror” (280). Laura and Carmilla’s dreams have similarities, but Laura is attacked whereas Carmilla feigns protection from the charms she and Laura bought from a traveling vendor, claiming that “if it had not been for that charm,” she would have also been attacked (280). It is also unsurprising that the following day, both Laura and Carmilla fall “victim” to altered

⁷⁶ See Chapter Two for an extended discussion of the differences between sleep states, dreaming, and nightmares.

states of consciousness: Laura continues to experience dream states, and Carmilla simulates somnambulism, or sleepwalking (see Chapter Five).

Unlike Carmilla, whose mind and body at times do not match, and are separated by her state of simulated disease, Laura finds that her bodily languor matches her mind. While Laura's excitement was previously balanced, it is no longer. Her complaints and descriptions fulfil Brown's terminology regarding sthenic disease (93). Once previously energetic and healthy, Laura awakens from dreams with "a sense of exhaustion" (Le Fanu 282). Her mental health also suffers: "A strange melancholy was stealing over me, a melancholy that I would not have interrupted" (281). As Laura becomes more languid in her mind, she begins to notice that her nervousness is inscribed on her body: "I had grown pale, my eyes were dilated and darkened underneath, and the languor I had long felt began to display itself in my countenance" (282). It is important to note that this scene takes place after Laura's nightmare about the black cat attacking her (which is really yet another version of Carmilla's nocturnal vampiric attacks on Laura). That is to say, Laura has been recently drained by Carmilla—her body reflects her illness, but Carmilla's beauty and vitality has been renewed by her attack on Laura.

As Laura's illness remains firmly in the disease portion of Brown's continuum, Carmilla attempts to shift their dynamic from nurse/patient to an erotic relationship unrepresentable under Victorian patriarchal norms. Laura explains, "Carmilla became more devoted to me than ever, and her strange paroxysms of languid adoration more frequent" (281). When Carmilla enacts the behaviour that Laura attributes to Carmilla's asthenic nervous illness, Laura is not healthy enough to perform the role of nurse, nor does Carmilla offer to nurse Laura: "She used to gloat on me with increasing ardour the

more my strength and spirits waned” (281). Here, by not taking up the mantle of nurse, Carmilla proves that she is not good, according to Bailin’s description of the nursing role and its connection to moral goodness (11). Instead, Carmilla leverages her demonstrations of physical affection over Laura—as Laura cannot protest Carmilla’s actions and ardent outpourings, the second half of their typical cycle (where Carmilla explicitly enacts nervous illness to keep Laura close) is unnecessary, although Laura states that Carmilla’s “increasing ardour... always shocked me like a momentary glare of insanity” (Le Fanu 281). Laura’s inclusion of insanity helps explain the fears women faced when they expressed their friendship and emotions too freely; Sally Shuttleworth notes that women had to walk a fine line between repression of emotion, which was associated with illness, and the overly free expression of emotion, which could suggest insanity (43). While Laura is “shocked” by Carmilla’s expression of ardent feeling, she is aware of her own declining health, both physical and mental. Furthermore, Carmilla’s continuous vampiric attacks, which Laura describes as “[t]he narcotic of an unsuspected influence” (Le Fanu 283), keep Laura firmly within illness on Brown’s continuum, as no amount of adjusting her excitement seems to impact her recovery.

Although Laura initially refuses to “consent to . . . have the doctor sent for” (281), after she first tells her father of her nightly attack and the two puncture marks, he asks the doctor to visit; the exchange between Laura, her father, and the doctor further mixes the description of Laura’s assumed sthenic illness with supernatural possibility. When her father asks her to “recollect” herself for the doctor, Doctor Spielsberg asks, “You mentioned a sensation like that of two needles piercing the skin, somewhere about your neck, on the night when you first experienced your horrible dream. Is there still any

soreness?” (289). While “Carmilla” is a mid-Victorian novella, Le Fanu’s depiction of Doctor Spielsberg’s examination of Laura is similar to models of health from the 1760s and late eighteenth century. Roy Porter explains that up until the mid-eighteenth century, doctors diagnosed their patients almost entirely through verbal questioning with “the doctor prompting the sick person to tell him what was wrong: pains and symptoms, when and how they began, what had apparently precipitated them, their comings and goings” (*Bodies* 89). However, Spielsberg asks Laura to indicate the place where she thinks the needle piercing occurred; she points to her neck, but notes that she was wearing “a morning dress, which covered the place” (Le Fanu 289).

Spielsberg chooses to visually examine her neck, and in doing so confirms the diagnosis he shared with Laura’s father. He tells Laura, “You won’t mind your papa’s lowering your dress a very little. It is necessary, to detect a symptom of the complaint under which you have been suffering” (289). Porter notes that “physical scrutiny, mainly by the unaided eye, paying attention to skin colour, inflammation, rashes, spots, signs of swelling, and so forth” was normal in the century before “Carmilla” (*Bodies* 89). However, much of Laura’s focus in this scene involves her lack of agency in a room enveloped by her father and doctor’s patriarchal authority. The way that Laura frames her response to the doctor’s indication that her father must lower her dress is dictated by the rules of decorum; she states, “I acquiesced. It was only an inch or two below the edge of my collar” (Le Fanu 289). Her hesitation can be attributed to the ways that doctors were represented in print and in the press as “present[ing] threats to one’s body” (Porter, “Body Politic” 24) and privacy (Vrettos 6).⁷⁷ Yet she describes her doctor elsewhere in

⁷⁷ Athena Vrettos clarifies, “the Victorian bourgeoisie were notoriously self-conscious about the intrusions of medicine upon individual (and particularly female) privacy” (6).

the narrative as “a skilful [*sic*] man, of sixty and upwards. He wore powder, and shaved his pale face as smooth as a pumpkin” (Le Fanu 271).⁷⁸ Skillful as he may be, Doctor Spielsberg does not explain his diagnosis to Laura; instead, he confirms a previously mused-about diagnosis with Laura’s father, stating “with a gloomy triumph,” “You see it now with your own eyes” (289). While awaiting the doctor’s prescribed course of action, Laura notes, “I fancied, perhaps luckily for my nerves, that the arrangement was prescribed simply to secure a companion, who would prevent my taking too much exercise, or eating unripe fruit, or doing any of the fifty foolish things to which young people are supposed to be prone” (291). That is, Laura assumes that the treatment for her illness will involve adjusting her excitement, as Brown outlines decreasing exercise as appropriate for treating sthenic illnesses (93).

This point in the novella marks the shift from the mundane to the marvelous. When Spielsberg last visited, he and Laura’s father were engaged in a discussion about what was killing the peasant women on his estate. Spielsberg suggests that the women had been attacked by a vampire, but because of his firm disavowal of “superstition,” Laura’s father sends the doctor away, laughing and saying, “Well, I do wonder at a wise man like you. What do you say to hippogriffs and dragons?” (Le Fanu 271). The doctor, however, takes the situation seriously and argues, “Nevertheless life and death are mysterious states, and we know little of the resources of either” (271). So when Spielsberg tells Laura’s father that he can see the mark of a vampire on his daughter’s neck, it marks a breaking down of this man’s previously held beliefs about the supernatural.

⁷⁸ Scholars such as Sage have noted that the male authority figures who attend to Laura, including the priest who visits her after her initial nightmare as well as Doctor Spielsberg, are obviously feminized, lacking facial hair and wearing powder (Sage 181).

Laura, however, does not encounter the marvelous until General Spieldorf describes the vampire Millarca's attack on Bertha and her subsequent illness and death. Laura states,

You may guess how strangely I felt as I heard my own symptoms so exactly described in those which had been experienced by the poor girl . . . You may suppose, also, how I felt as I heard him detail habits and mysterious peculiarities which were, in fact, those of our beautiful guest, Carmilla! (305)

Bertha's account echoes other aspects of Laura's experiences. Similar to her first conversation with Carmilla, Laura feels "strangely" about the uncanny similarities mirrored between the General's story and her own case. While her shared dream with Carmilla helps to dispel some of the horror she had attached to her childhood nightmare, her shared experience with Bertha causes her to "sink" further into her nervous illness. Earlier, in her description of her mental state, Laura says, "Dim thoughts of death began to open, and an idea that I was slowly sinking took gentle, and, somehow, not unwelcome, possession of me" (281). It is because of her close relationship with Carmilla and their shared dream that Laura is not horrified by the realization, following General Spieldorf's account of his niece Bertha's death at the hands of the vampire Millarca, that her friend Carmilla is most likely a vampire. Instead, she describes her mental state as "in a frightened dream" (305): swapping out one altered state, her sthenic disease (or being infected by a vampire) for another, dreaming. It is at this point in her disease that she finally succumbs to the superstition of the vampire, fully shifting to the Todorovian marvelous. General Spielsdorf's narrative of Millarca/Carmilla allows Laura to finally make sense of Carmilla's odd bodily state, and she is able to confirm and name Carmilla

as the ancient vampire Mircalla, Countess Karnstein, thus shifting the vampire from its obscure, and discounted, folkloric narrative form, to an identifiable physical form.⁷⁹

When Carmilla shifts her manipulation of Laura from rhetorical appeals and gloating physical affection to vampiric attacks, Laura shifts from pre-disposed to sthenic illness on Brown's continuum; however, because Carmilla begins feeding from Laura nightly, Laura's attempts to balance her excitement have no effect on her illness, and her health rapidly declines, mirroring Spielsdorf's narrative of Bertha's same illness. She is finally able to make sense of her own strange disease and the plague-like symptoms that had been affecting the village women.

3.5. CONCLUSION

Despite the violence done to her, Laura still feels attached to Carmilla, and her "heart s[ink]s" when she thinks that Carmilla has fled persecution and her friendship. When Laura does in fact "[see] very gladly the beautiful face and figure of Carmilla enter the shadowy chapel," she begins to "rise and speak, and nod[s] smiling, in answer to her peculiarly engaging smile" (Le Fanu 312). There is no terror in Laura's reaction to seeing the physical presence of her friend (who was moments before connected with a story of a supernatural monster); rather, she is relieved and "glad" to see her, despite Carmilla's possessive and overly passionate behavior. Yet her realization of her feelings towards

⁷⁹ In the conclusion of her tale, Laura distances herself from her friend Carmilla and writes about the vampire as a subject: "Mircalla seemed to be limited to a name which, if not her real one, should at least reproduce, without the omission or addition of a single letter, those, as we say, anagrammatically, which compose it. *Carmilla* did this; so did *Millarca*" (Le Fanu 317).

Carmilla cannot be of consequence. Carmilla is a vampire, and General Spieldorf and Laura's father kill her.

Significantly, Laura seems to be absent from the proceedings of the Inquisition and killing of Carmilla at the end of the novella; she ends her framed tale stating, "I write all this you suppose with composure. But far from it; I cannot think of it without agitation" (316). She writes ten years after Carmilla's death "with a trembling hand, with a confused and horrible recollection of certain occurrences and situations" (316). Agitation bespeaks a sthenic disease, and she confirms the state of her nervous health, explaining, that writing the account "has unstrung my nerves for months to come, and reintroduced a shadow of the unspeakable horror which years after my deliverance continued to make my days and nights dreadful, and solitude insupportably terrific" (316). Laura is now suffering from a true sthenic disease, but importantly, I argue, there is a chance for recovery because she no longer completely disavows superstition, but believes in the marvelous and engagement with marvelous events does not cause a nervous attack. That is, prior to her engagement with the marvelous through General Spielsdorf's narrative of Bertha's vampire-inflicted illness, Laura is unable to grasp the relationship between the supernatural and ill health; she can neither understand Carmilla's simulation of asthenic illness, her mind-body duality, and the way her asthenic illness presented, nor can she understand how her own balanced health shifted to a sthenic illness. Although Le Fanu's tale was published in the mid-Victorian period, he represents a late eighteenth-century model of health that continued to impact understandings of illness and wellness into the end of the nineteenth century. Reading Laura and Carmilla as figures of Brunonian illness

helps illuminate the relationship between the Gothic and the systems of medicine circulating in the mid-Victorian period.

CHAPTER 4 THE SHARED LANGUAGE OF MESMERISM AND HYPNOTISM IN VAMPIRE NARRATIVES

If the vampire's victim is often languid and depicted in such a way that we can read Brunonian asthenic diseases in their symptomology, then how are vampires traditionally represented as the creators of those diseases? Vampires are undead and immortal. The focus on the undead status of the vampire has received a lot of scholarly attention;⁸⁰ "since vampires are immortal, they are free to change incessantly," notes Nina Auerbach (5). The characterization of the vampire's altered or vampiric state changes over the nineteenth century. While I am not arguing for viewing the vampire's characterization as allegory,⁸¹ I certainly posit that the vampire's shifting construction reflects the developments of science, representations of altered states, and particularly understandings of the unconscious state. Following from Chapter Three's reading of *Carmilla* and *Laura* through the Brunonian lens, this chapter reads portrayals of the vampire within medical practices and conceptual fields shaped by understandings of the unconscious state of artificial sleep contemporary with their publication dates: mesmerism in "Christabel" (composed 1797-1800, published 1816) and "The Vampyre" (1819); and hypnotism in *Varney the Vampire* (serialized from 1845-1847, published in book form in 1847). This chapter ends with a discussion of how artificial sleep is used contemporarily in non-vampire texts; specifically, I address Robert Browning's poem "Mesmerism" (1855).

The terms consciousness and unconsciousness, however, are rife with confusion when applied to the nineteenth century because, as Alison Winter explains, "modern

⁸⁰ See Bosky and Heldreth and Pharr.

⁸¹ See Auerbach, who argues that the development of the vampire's characterization is constructed as an allegory, starting in the nineteenth century and leading up to the mid-1980s.

concepts of the unconscious, heavily influenced by Freud and his followers, have charged this term in a way that makes it misleading” (*Mesmerized* 10); that is to say, Freudian understandings of the unconscious involve the mental and physiological processes, emotions, and behaviours resulting from repression.⁸² This understanding shifted the meaning of the term away from its original definition: the lack of “the faculty of consciousness,” “awareness of thought, feeling, and volition” (*OED*). In the nineteenth century, there was a wide range of vocabulary used to describe altered states, including loss of consciousness, insensibility, suspended animation, sleep, artificial sleep, coma, catalepsy, transient death, human hibernation, anesthesia, dream, distraction, and reverie.⁸³ Alison Winter explains that “disputes over medical terminology extended quite deep into the vocabulary of mental and physical states” (*Mesmerized* 2); these disputes and controversies are addressed in the following sections that focus on mesmerism and hypnotism in particular.

Regardless of which term is used, it is clear that the Gothic mode is concerned with altered states of consciousness. States of altered consciousness were seen as “erasing demarcations and locally suspending the operations of ‘normal science,’” clarifies Roger Luckhurst (“Trance-Gothic” 155). “And since the gothic investigates transgression, seizing opportunistically on anxiously insecure borders, hypnosis was to be an inevitable site for” what Fred Botting calls “a play of ambivalence, a dynamic of limit and transgression that both restores and contests boundaries” (Luckhurst 155; Botting qtd. in

⁸² Freud acknowledges that psychoanalysis “did not drop from the skies ready-made. It had its starting-point in older ideas, which it developed further; it sprang from earlier suggestions, which it elaborated” (19:191). See Faflak’s *Romantic Psychoanalysis: The Burden of the Mystery*, in which he analyzes how Freud’s unconscious and psychoanalysis developed out of post-Enlightenment thinking in the Romantic period.

⁸³ See Stevenson, Alison Winter (*Mesmerized*), and Luckhurst (“Trance-Gothic”).

Luckhurst 155). In vampire literature, we see a focus on these “anxiously insecure borders” and an exploration of different states of consciousness. The interest in boundaries and borders also feeds into “a larger, theoretically complex project” of Gothic literature, “the history of the ‘subject’” (R. Miles, *Gothic Writing* 2). As Luckhurst explains, “the modern subject is founded, according to Foucault, upon a number of constitutive demarcations and acts of exclusion, one of which is to define reason against delirium” (“Trance-Gothic” 148-9). The binary pairs that define the concept of selfhood thus feed into the focus on interiority that demarcates the relationship between Romanticism and the Gothic: for, as Joel Faflak notes, “If Romanticism generates an overdetermined depth model of subjectivity, an interiority inconsistent within itself, then the Gothic is surely the place to investigate its haunting and haunted locus” (*Romantic Psychoanalysis* 13). Vampire characters prey on their victims’ selfhood by forcing their subjects into positions of altered states, particularly those associated with a lack of agency or will, which complicates ideas of the Romantic subject. The vampire creates altered states of consciousness that leave its victims incapable of reason. The horror results from this inability to reason, meaning that the victims cannot be considered subjects, playing on the “particular power and dark legitimacy” that Faflak associates with the eighteenth-century empiricist models of the self and subject (13). Connected to debates over selfhood was the role of will as well as the soul; in the nineteenth century, “the active surrender of will (other than to the will of God) was anathema” (Reed 154). In other words, the new nineteenth-century monster, the vampire, was particularly threatening because it had the ability to rob persons of their conscious will and, by casting them into an altered state, their selfhood.

4.1. WHYTT, MESMER, AND BRAID

Binary pairs, for example conscious versus unconscious states, inform the representation of brain science in nineteenth-century texts and, as such, concepts that threaten these binary pairs and empiricist understandings of altered states become the locus for gendered and moral fears. Faflak states that “[t]he rise of mesmerism is symptomatic of several philosophical and psychological conflicts: spirit/mind vs. body; science and philosophy vs. psychology and the imagination; rationalism and empiricism vs. the irrational and unknown; consciousness vs. the unconscious” (*Romantic Psychoanalysis* 53). Mesmerism is centered as “the core of this crisis of empiricism . . . the mesmerizing of reason by its own phantasy” (38). Thinking along these lines, John William Polidori in June 1816 at Lake Geneva wrote in his diary, “Shelley and I had a conversation about principles—whether man was to be thought merely as an instrument” (qtd. in Leask 56). The concern about whether man was autonomous stemmed from the existing medical debates and arising models of health and illness: Robert Whytt’s concept of involuntary motions and reflex arc (1750s; Faflak 55), John Brown’s theory of excitability (1780s; see Chapter Two), Anton Mesmer’s practice of animal magnetism or mesmerism (beginning in the 1770s and waning in the late 1840s⁸⁴), which led to John Braid’s idea of hypnotism (spanning from the 1840s to its eclipse by Freudian psychology in the 1890s).

While these are different models and practices, they are connected by their interest in the nervous system and focus on the will. Whytt was responding to ideas of the body

⁸⁴ William Hughes states, “The quiet death of mesmerism in Britain in the 1870s has, quite rightly, been associated with the rise of chemical anaesthesia” (*Devil’s Trick* 198).

as “a mere inanimate machine, producing motions purely by virtue of its mechanical construction” (2). In comparison, he viewed “the body’s interiority as a kind of circuitry of nervous forces, rooted in the central nervous system, but also mobilizing the body as a kind of heterogeneously dynamic organism” (Faflak 55). He argued that some motions are “produced by the immediate energy of the mind” and that “the nervous influence . . . may be owing either to the power of the will, or to a *stimulus*” (Whytt 2, 15). In Whytt’s 1751 text *On the Vital and other Involuntary Motions of Animals*, he categorized four levels of motion: natural, voluntary, involuntary, and mixed (Whytt 24). Whytt considered natural motions to be those associated with ongoing physiological processes such as heart beat and respiration;⁸⁵ he considered voluntary motions as those that “proceed from an immediate exertion of the active power of will” (2), whereas involuntary motions arise from “the action of the *stimulus*, upon the muscle, and cannot be affected, either as to its force or continuance, by the power of the will” (24). Whytt also has a category that he calls “mix’d motions”: “Some of each of these motions never cease, but go on alternately through the whole of our lives; while others are only excited on certain occasions” (322). The former motions include heartbeat and respiration, whereas the latter motions include the contraction of the pupils under certain light conditions and the contraction of the inner ear muscles (322). What is important to take from Whytt’s theory is its focus on the nervous system and the distinction between willed (voluntary) and unwilled (natural and involuntary) processes and motions.

⁸⁵ Whytt explains that “the heart . . . is alternately contracted and dilated, without being able, by any effort of the will, directly to hinder or promote its motions” (25), while respiration “agrees with that of the heart, in being performed whether we attend to it or no, whether we sleep or are awake” (272). However, Whytt allows that respiration is “partly under the dominion of the will” (272).

Mesmerism fits into Whytt's and Brown's theories because, as Nigel Leask explains, "when the regulating nerves are vitiated and unable to perform their function, they can be 'artificially' supplemented by the nervous vitality of another" (66). To put this another way, "Mesmerism depends upon a vitalist theory of life since this means that life can be introduced to the body from outside it," that the practice of mesmerism "conceives of a transferable life-force that can be channelled and manipulated" (Ruston, *Literature* 111). German physician Franz Friedrich Anton Mesmer believed in an invisible force that he argued connected humans together, through which he could heal those suffering from illnesses, especially those illnesses affecting the nervous system. Mesmer's theory of animal magnetism, or mesmerism, while "treated . . . as both rational high science and occult pseudoscience" in pre-revolutionary France (Faflak 51), was treated as a controversial pseudoscience and often clashed with medical science in England.⁸⁶ In his 1779 text, *Mémoire sur la découverte du magnétisme animal*, Mesmer outlined his theory, arguing that all "the properties of matter and the organic body depend upon . . . a universally distributed and continuous fluid . . . of an incomparably rarefied nature" (6). Interested in magnetism and electricity, Mesmer experimented with the impact of magnetic forces on the human body and argued that they helped disperse this magnetic fluid. By making passes with a metal conducting wand or his hand, the mesmerist caused "the nerves [to] become fatigued" (Royal Commission 57), which culminated in a *crise* or convulsion. Mesmer's second principle states that, due to this new theory, "the art of healing will thus reach its final state of perfection" (Mesmer 6).

⁸⁶ Hughes explains, "Unlike its French counterpart, British interest in animal magnetism is predominantly a nineteenth- rather than eighteenth-century phenomenon" (*Devil's Trick* 9).

Mesmer argued that by using animal magnetism, he and other mesmerists⁸⁷ could “cure maladies of the nerves immediately” (qtd. in Royal Commission 40), and by driving these *crises*, the magnetizer could master the patients’ illnesses (Royal Commission 40).

Mesmer believed that the imagination was key to unlocking and solving his patients’ illnesses. As with John Brown’s theory of health and illness, which posited that excitement could both create and treat various asthenic and sthenic diseases, the imagination for Mesmer was “at once capable of agitating and of calming” (Mesmer 9-10). Mesmer states that “we caused the convulsion to cease by the same charm that had induced it, by the power of the imagination” (9-10). Mesmer argued that imagination “renews or suspends the animal functions; it revives in hope or freezes in terror” (14).⁸⁸ The similarities between mesmerism and Brunonian medicine were well understood in the period. Poet Elizabeth Barrett Browning comments on this relationship in a letter written to her friend Mary Russell Mitton about the unsuitability of mesmerism for her health: “I understand that in cases like mine the remedy has done more harm than good, by over-exciting the system” (Barrett Browning, *Letters* 1: 207). Barrett Browning was chronically ill and existed in a state of asthenic disease and thus needed to be gradually excited; however, Mesmer’s practice forced a crisis by over-exciting the patient’s body. Barrett Browning’s understanding of her own health state allows her to correctly judge that mesmerism would not be an appropriate therapy for her asthenic disease. However, the focus on the imagination in the eighteenth-century was closely tied to “internal

⁸⁷ Mesmer preferred the term “magnetiser” to define his position (Hughes, *Devil’s Trick* 30); however, for the purposes of this chapter, which traces the history of mesmerism beyond Mesmer’s lifetime and practice, I will use the more usual term “mesmerist.”

⁸⁸ See Chapter One of Faflak’s *Romantic Psychoanalysis: The Burden of the Mystery*, especially pages 39-69 for a discussion of the Enlightenment imagination, Kant (39-55), and Coleridge (55-69).

functioning that unsettles this subject's external constructedness" (Faflak 40), so Mesmer, by positing that the imagination has a dual function, builds upon the issues surrounding questions of the self and reason.

Maria M. Tatar describes Mesmer's process: "He seated the patient directly across from him and locked the patient's knees between his own. Staring fixedly into his subject's eyes, Mesmer made passes over his limbs searching for the obstacles impeding circulation of the magnetic fluid" (13). Mesmerism placed emphasis on the gaze, voice, and touch: "All are subject to the magnetiser; even if they are quite prostrated his voice, a glance, a sign from him revives them" (Royal Commission 7). Regardless of the extent of one's conscious will and control, the mesmerist's voice or glance returns those existing in altered states of consciousness to full consciousness. Mesmerists' powers directly affected consciousness; creating an altered state meant that the brain could automatically perform higher-brain functions while in this state (Stiles et al. 793),⁸⁹ which became a prevalent worry, especially for the Catholic church. As Alan Richardson explains, these studies of automatic brain function called into question "the existence of the soul, the necessity of God, and the integrity of the self" (*British Romanticism* 12). The mesmerist circumvents both the volitional functions, as well as the necessity of God, and has the power to return the patient to consciousness.

However, mesmerism was especially controversial because the mesmerist manipulated the patient's will in his treatment of their nervous illness; nervous illnesses threatened the eighteenth century's "mental hygiene," which was "based on the training

⁸⁹ Stiles et al. define higher brain functions as "speaking, writing, or sensory perception" (804); they note that if these functions could be "accomplished automatically" by individuals in altered states or artificial sleep states, "then the regulatory power of the soul or will appears questionable" (804).

of the will and the subordination of passions to reason” (Ellenberger 197). Mesmer termed the convulsions that his patients had during his mesmerist performance “*crises*” and used these *crises* to determine “the state of health of each individual” (2). “Controlled by the agent’s look and touch,” Faflak explains, “mesmerism produced a type of physical catharsis or *crisis* in its patients” (51). In other words, by creating *crises* in his patients and evaluating their state of health following his mesmerist trance, whether they were overexcited (indicated by the patient experiencing convulsions or lethargy) or underexcited (which was also coded by the patient experiencing lethargy), Mesmer could diagnose the patient’s initial condition in terms of established understandings of health. Significantly, his *crises* seem analogous to the extremes in Brunonian theory in that they are followed by lethargy and languor (see Chapter Three). Despite the popular acceptance of mesmerism’s physiological grounding, in 1784, King Louis XVI appointed a number of men from France’s Royal Academy of Science and the Faculty of Medicine to investigate and evaluate the scientific grounds of Mesmer’s theory. In a secret report for the King entitled *Rapport Secret*, the Commission explains that a crisis “will always mean the state of either convulsions” or how “they are preceded or followed by languor and reverie and by a marked weakness and even prostration” (Royal Commission 6-7).

While the Royal Commission’s investigation ultimately found that the “fluid” aspect of Mesmer’s theory was entirely incorrect—Tatar describes it as “no more effective than the ‘sympathetic powders’ and other magical potions hawked by street vendors” (12)—they could not deny that some part of Mesmer’s procedure produced actual effects in his patients. The Royal Commission’s *Rapport* stated that when “forced to renounce physical proofs we were obliged to seek the causes of these real effects in the

states of mind [of the subjects]” (Royal Commission 8). Essentially, although the magnetism aspect of Mesmer’s theory was found to have no foundation, physiologically the patients often entered other states of mind or consciousness during the mesmerist procedure, and this was something worth investigating.

The Royal Commission indicated that they were particularly concerned with the gender dynamic between the male mesmerists and their often female patients; given women’s altered states of mind, and the close proximity from which the mesmerizers made passes with wands and hands over the women’s bodies, the Commission was concerned that mesmerism posed a threat to sexual morals.⁹⁰ Many mesmerist patients willingly entered these relationship dynamics, yet the Commission remained worried about morals due to the concern that these relationships could not be considered consensual if mesmerism suppressed these patients’ will. In their 1888 preface to Mesmer’s *Animal Magnetism*, Alfred Binet and Charles Féré state that the medical community thought that “mesmerism was indeed widely believed to be a morbid state and . . . upset a subject’s nervous system severely” (375). In Brunonian theory, women are more vulnerable to asthenic diseases and nervous illnesses because of their predisposition toward states that “recede from health and approaches disease” (Brown 22). John Brown explains that women are more vulnerable to these diseases because they exist in a state of “inanition,” resulting from lifestyles that leave them insufficiently stimulated” (89). The Royal Commission’s *Rapport* included an addendum noting that women’s “more mobile nerves” and “more easily excited imaginations were cited as

⁹⁰ Tatar and Faflak separately note that the *Rapport* also noted the danger mesmerism posed to political will. Tatar explains that mesmerism could “taint further generations of Frenchmen” (22), which Faflak explains as mesmerism’s potential to “exploit the imaginations of individuals by swaying them toward revolution” (*Romantic Psychoanalysis* 51).

dangers” during mesmerism (Binet and Féré 18, 20). Furthermore, as Daniel Pick argues, mesmerism challenged nineteenth-century understandings of the self at “the indeterminate border between covert command and creative collaboration, inspiration and interference, partnership and possession” (10). Pick further explains that “[m]any commentators took for granted women’s special vulnerability to such procedures” (10), and thus the fear for women’s moral integrity increased in the period of public fascination with mesmerism.

This fear became closely associated with a scandal surrounding John Elliotson, a society doctor (Moore), who began practicing mesmerism in 1829 with the hope of curing ailments. Elliotson performed public experiments on the O’Key sisters,⁹¹ who were suffering from epilepsy.⁹² His early mesmeric demonstrations would “alternate between inducing a state of ‘inoffensive delirium or sleep-waking’ in Elizabeth O’Key, to having her exhibit at different times unconsciousness, garrulousness and imitative behaviour” (Hughes, *Devil’s Trick* 115). However, his demonstrations threw O’Key’s morals into question: was she performing immoral acts through her own will (mummery) or performing immoral acts because her will was controlled by Elliotson? William Hughes explains, “Either she is already of imperfect morals or else Elliotson’s own conscious actions are undermining what morality she has. Both the magnetic operator and his subject are in morally questionable positions with respect to each other” (119). Later

⁹¹ Hughes notes that their surname had various spellings in the different publications, including O’Key, Okey, and Oky (*Devil’s Trick* 113).

⁹² Hughes explains that the report “contrasts the . . . professional assessments of Elliotson’s work, with a particular emphasis upon attacks made upon the Doctor in *The Lancet* . . . with reports in the non-medical press, and provides an innovative insight into how the non-professional might have regarded one of the most spectacular medical controversies of the early nineteenth century” (*Devil’s Trick* 17). See especially, pages 113-42.

in Elliotson and O'Key's demonstrations, the gender dynamic of the performances shifted: O'Key began directing Elliotson on how to mesmerize her. The role reversal and explicit hypersexualization in O'Key's performance were deemed as deeply uncomfortable, according to the numerous stories published in medical and lay journals that included *The Lancet*, *The Satirist*, *The Morning Post*, *The Medical Gazette*, *The Times* (113-42). For example, *The Satirist* reported, "With one jump the chaste Oky cleared all the distance between the chair and the Doctor, threw her dear magnetized arms round his neck and kissed him. O, how she did kiss him!" ("Another Mesmerian Mountebank"). Hughes notes how the writer "momentarily adopts the magisterial tone of a medical professional" and "plays quietly with the earlier suggestion that O'Key's immodesty and abandon were, if not actually generated by Elliotson's actual magnetism, at least encouraged by his credible position as a physician and a supposed gentleman" (*Devil's Trick* 120). The tension surrounding Elliotson's demonstrations hit its climax when a mesmerized O'Key performed medical clairvoyance: insinuating that she could "see" into the body of patients, diagnose illnesses, prescribe treatment, and predict death.⁹³ These performances caused vicious rumours about both Elliotson's professional ethics and morals, and many argued that O'Key's mesmerist trances were mummery. In 1838, Elliotson stopped performing and travelled to France. Finally, the Council of University College dismissed Elliotson from practicing mesmerism in the hospital in 1839.⁹⁴ While the controversy surrounding Elliotson and the O'Key sisters was reflected

⁹³ *The Times* describes this medical clairvoyance: "Doctor Elliotson ... had taken her into the men's ward, in the twilight, where she had prophesied respecting the termination of some of the diseases, and these prophecies were written down and given, in a sealed paper, to the apothecary" ("The Humbug Called Mesmerism").

⁹⁴ Hughes explains, "Quoting *The Medical Gazette*, *The Times* quietly intimated on 25 June 1838 that the hospital authorities had suddenly, after more than six months of his private and public experiments with Elizabeth O'Key, terminated Elliotson's public displays of animal magnetism" (*Devil's Trick* 124).

in *fin de siècle* literature, chiefly George du Maurier's 1895 *Tribly* and Arthur Conan Doyle's 1884 "The Parasite," the threat of mesmerism was represented in literature as early as Elizabeth Inchbald's 1788 *Animal Magnetism: A Farce, In Three Acts*.

Scottish physician James Braid, another important figure in the medical debates surrounding willed processes, was interested in ophthalmology, focusing on the role of the eyes in altered states of consciousness. Braid is primarily known for the introduction of hypnotism into the lexicon of altered states of consciousness. Braid shared both the medical community's and general public's contempt for "stage hypnotists, humanist popularizers, and parlor-room mystics" (Pintar 42-43). Similar to the Royal Commission, Braid rejected the notion of vital fluid in animal magnetism; however, he believed that the altered state that Mesmer and his followers, such as Elliotson, were able to create in their patients "had the capability of ameliorating symptoms of physical ailments" (42-43). After attending a mesmerist demonstration in 1841, Braid declared that the key to mesmerism was the patients' eyes (102). Elliotson also believed that the eyes were the most important part of mesmerism: "Of all parts of the body, the eyes are the most ready receivers and transmitters of mesmerism . . . the surface of the eye and the inner surface of the eyelid, to say nothing of the nervous interior of the eye to which there is admission through the pupil to projected mesmeric influence are the most susceptible" (4-5). However, Elliotson focused on the "patient's eyes as physiological organs" with the addition "of an *exterior* mesmeric influence," whereas Braid's model was rooted more deeply in physiology and provided a "practical model of ocular exhaustion" (Hughes, *Devil's Trick* 163). Tatar describes how Braid came to focus on the eyes: "What especially struck him . . . was that Lafontaine's subjects seemed incapable of opening

their eyes once they had been mesmerized, and this observation led him to conclude that the nerve centers of their eyes must have become paralyzed” (31). Braid’s model depended “upon the physical effort associated with maintaining a fixed stare, and the effect such an artificially and strenuously maintained gaze—termed ‘a double internal squint, or a double internal downward or upward squint’ in which ‘the pupils are powerfully contracted’—would have upon both the patient’s ocular muscles and their state of mind” (Hughes, *Devil’s Trick* 156). This ocular exhaustion would then spread “from the ocular muscles to the system, and deep sleep ensued” (“The Story of Hypnotism”). Braid’s hypnotism was tied to vitality and the focus on the nervous system. Because Braid was interested in the ways in which physical ailments could be positively affected by altered states, he focused on hypnotism’s relationship with the nervous system: “The manifestations were entirely attributable to the mechanical pressure operating on an excited state of the nervous system” (Braid, *Neurypnology* 99). He explained that through the focus on “the individual to maintain this fixed stare without winking or moving the eyeballs, congestion takes place in the eye, and a rapid exhaustion of the natural sensibility of the retina and motor nerves of the eye and eyelid” (“Mr Braid’s Lectures”). Braid started publishing his ideas about ocular paralysis and the resulting altered state in his text *Neuropynology or, The Rationale of Nervous Sleep, Considered in Relation with Animal Magnetism* in 1843, and introduced his own terminology, hypnotism, adapted from the Greek word for sleep, *hypnos* (Pintar 42-43).⁹⁵

⁹⁵ Prior to 1841, the term attached to Braid’s theory was Braidism; it was “initially applied as a derogatory label, coined with some sarcasm in a rhetorical attempt to equate Braid’s practice with the mesmerism he so publically derided” (Hughes, *Devil’s Trick* 154).

However, Braid's approach was Janus-faced with regards to the fear of morals. It could be practiced without touching the patient, removing, in part, the Royal Commission's fears regarding the close proximity of the male mesmerist and female patient. As Judith Pintar explains, "His theory of eye-fixation, specifically challenged the fluidist position that required stimulus from an external magnetized agent" (44). However, Braid's model also "allowed anyone to mesmerize anyone," though "this did not necessarily mean that the mesmerist was without exceptional power" (47). The latter effect increased the fear of remote mesmerism or hypnotism, which can be seen almost half a century later in Stoker's *Dracula* (see Luckhurst, "Trance-Gothic" 160-64), and the idea of non-consensual submission of will in mesmerism: many nineteenth-century criminal cases revolved around the idea of people being mesmerized or hypnotized against their will into committing crimes, as in the plot of Wilkie Collins' 1868 *The Moonstone*.⁹⁶

If Braid did not touch his patients, directing the "vital fluid" in their bodies as Mesmer did, how did he cause them to enter an altered state of consciousness? Braid's process, while not involving physical passes of the hand or a metal conducting wand over the patient, was performed in close proximity to his patients, but placed the responsibility for will and action on the patient:

⁹⁶ Reed notes that in the nineteenth century, there were questions about "the basic relationship of mind and body to the legal attribution of responsibility," stemming from the question of "what degree [to which] are creatures responsible who do not have full power of reasoning" (143). While Reed examines this relationship in respect to madness and will, see Andriopoulos ("Spellbound"), Leighton ("Under the Influence"), Knight, and Parker for works that directly examine the relationship between criminology and mesmerism and hypnosis.

He took a bright object, generally in his lancet-case, and held it in his left hand about a foot from the patient's eyes, and at such a distance above the forehead that it could not be seen without straining. The patient was told to look steadily at the object and think of nothing else. The operator then extended and separated the fore and middle fingers of the right hand, and carried them from the object towards the patient's eyes. (qtd. in Pick 60)

Braid explains how, in his theory, patient gaze is translated to suggested actions by the person whom their gaze is focused on. He states that the patients of hypnotism

become susceptible of being influenced and controlled entirely by the suggestions of others upon whom their attention is fixed . . . They *see* and *feel* as REAL, and they consider themselves *irresistibly* or *involuntarily fixed*, or *spellbound*, or *impelled to perform whatever may be said or signified by the other party upon whom their attention has become involuntarily and vividly riveted*. (Braid, *Magic* 66)

While Braid is clear that the hypnotized patient is “controlled entirely” by whomever “their attention is fixed” (*Neuryptology* 61), Braid's model shifts the will from the hypnotist to the patient. He explains, “To first initiate and then maintain this artificial squint necessitates a quite surprising degree of self-control in the entranced patient” (Hughes, *Devil's Trick* 156). Yet, Braid also recognized the involuntary, what Whytt termed “mix'd mode,” motion of the pupils, but postulated that the hypnotist has both control and will over the dilation of the pupils in hypnotism—he explains that the pupils become dilated “irrespective of the amount of light passing to the retina,” stating, “in this

manner we can contract or dilate the pupil at will” (Braid, *Neurypnology* 36).⁹⁷ Therefore, Braid shifts the trance action from the one-way gaze, touch, and speech of the mesmerist to his patient to a two-way gaze, where the patient’s gaze was as important as the hypnotizer’s. Further, the patient’s gaze did not need to be trained on the hypnotist’s eyes, but rather “any supposedly significant object which the subject is compelled . . . may form the catalyst for a gaze” (Hughes, *Devil’s Trick* 157). Braid’s model clarifies when and how anyone can hypnotize anyone (Braid, *Neurypnology* 36). In other words, hypnotism moved away from the focus on the conductor and touch (mesmerist) and Braid’s theory of hypnotism instead argued that the operator is “merely a facilitator, one who directs the gaze and through words and actions compels it to be maintained to the point of physiological exhaustion and consequent mental enervation” (Hughes, *Devil’s Trick* 158).

However, Elliotson’s dismissal caused many people to conflate Braid’s new theory of hypnotism with the scandal following mesmerism, and as such Braid’s “theory was vilified merely by association and ignored by mainstream science until resurfacing in France in the 1880s” (Luckhurst, “Trance-Gothic” 151).⁹⁸ Following the O’Key scandal,

⁹⁷ Hughes notes that “the ‘we’ here was applicable to the patient as it is to the operator” (*Devil’s Trick* 156n10).

⁹⁸ As Fred Kaplan meticulously charts in *Dickens and Mesmerism*, Charles Dickens not only attended Elliotson’s early experiments with the O’Key sisters (either the first or second demonstrations in May and June of 1838, respectively [36]), but also developed a very close friendship with Elliotson—a friendship that did not waver in the face of Elliotson’s dismissal (54). Kaplan notes that Dickens first “became fascinated by Elliotson’s experiments” “as early as January 1838” (26-27). In fact, Kaplan argues that their friendship “intensified during 1839” (56) and their shared interest in “institutions that dealt with criminals and the insane” (62) reinforced this bond, which continued until Elliotson’s death (56). Dicken’s regard for Elliotson was captured in his letters: “I have the utmost reliance in his honour, character and ability, and would trust my life in his hands at any time—and that after what I have seen with my own eyes, and observed with my own senses, I should be untrue to myself if I shrunk for a moment from saying that I am a believer, and that I became so against all my preconceived opinions and impressions” (qtd. in Kaplan, *Dickens* 54). Also, see A. N. Wilson for more on Dickens and Elliotson’s relationship (specifically pages 261-67).

Elliotson edited *The Zoist: A Journal of Cerebral Physiology, Mesmerism, and their Application to Human Welfare* (published quarterly from March 1843 to January 1856), in which he claims mesmerism is “a most potent remedy in the cure of disease,” promising that it has “enabled the knife of the operator to transverse and divide the living fibre unfelt by the patient. If such are the results of its infancy, what may not its maturity bring forth” (qtd. in Robinson 72). Hughes states that the main difference between mesmerism and hypnotism had to do with “the rise of a more physiologically oriented model of artificial (or artificially induced) sleep,” what he terms “the change from the mystical to the medical” (*Devil’s Trick* 164). Despite religion’s negative view of mesmerism as “a narcosis of the will” (Mitchell, “Suspended Animation” 109), Alison Winter explains that when mesmerism was used as a form of anaesthesia in hospitals, “mesmerists portrayed the suspension of pain as a restoration of moral order” (*Mesmerism* 171). Unlike mesmerism’s zealous champion Elliotson, Alison Winter tempers her comments about the role of mesmerism in medicine by arguing that mesmerism raised the question of “conscious control of the body” (171), thinking back to the difference between Whytt’s involuntary, natural and voluntary motions. In the following sections of this chapter, I focus on the representations of the relationship between the mesmerist, figured as a vampire, and the victim, with particular emphasis on the power of the glance, the voice, and the threat to female purity.

4.2. MESMERISM, "THE MAGNETIC LADY TO HER PATIENT," AND "CHRISTABEL"

Mesmerism enchanted many Romantic poets, including Samuel Taylor Coleridge and Percy Bysshe Shelley. As other scholars have noted, the 1810s resurgence of mesmerism in France and Germany "was a significant influence on both Coleridge and Percy Shelley's writings" (Faflak, *Romantic Psychoanalysis* 51) and "was equally felt in England, where mesmerism continued to haunt Britain's political unconscious well into the next century through its philosophy, aesthetics, and science" (Leask 54). Sharon Ruston, who has written extensively on Shelley and science, begins her discussion by stating, "The period of 1818-22 witnessed Shelley's most explicit contributions to the [vitalism] debate" (*Shelley* 21).⁹⁹ Mesmerism was a popular vitalist theory premised upon a magnetic force or powerful vital fluid that only resided in humans and animals, governing their energy and separating them from inanimate things. The practice of mesmerism helped magnetizers identify imbalances in vital forces. Ruston notes that "Shelley received mesmeric treatment in 1820 from Thomas Medwin, Jane Williams, and Mary, but both P. M. S. Dawson and Leask believe that he was aware of mesmerism long before this date" (111-12). Nigel Leask states that "[t]wo years after he had begun mesmeric therapy, Shelley wrote 'The Magnetic Lady to her Patient' which described his 'magnetization' by Jane Williams" (67). Shelley refers to the relationship between the vitalism debate and animal magnetism as "the powers of life" in his 1822 poem.

⁹⁹ Ruston's *Shelley and Vitality* reads Shelley's works within the framework of the vitalism debate, including "On Life," "The Sensitive Plant," "Lift not the painted veil," *Prometheus Unbound*, *Adonais*, and "The Triumph of Life."

While Frank Kaplan has argued that Shelley's poem is "more expressive of the poet than the [mesmerist] movement" ("Mesmeric Mania" 695), "The Magnetic Lady to Her Patient" focuses on some of the key concerns that Romantic- and Victorian-era society held about mesmerism and the later concept of hypnotism:

'Sleep, sleep on! forget thy pain;

My hand is on thy brow

My spirit on thy brain;

My pity on thy heart, poor friend;

And from my fingers flow

The powers of life, and like a sign,

Seal thee from thy hour of woe;

And brood on thee, but may not blend

With thine. (1-9)

The female speaker in the poem states, "By mine thy being is to its deep / Possessed" (35-36). The fact that Shelley made his mesmerist speaker female is in itself important, entailing "a reversal of the normal gender relations of mesmerism" (Leask 67), and reflecting the period's anxieties surrounding gendered power dynamics and the loss of self-control and conscious will. Leask notes that Shelley was particularly "unhappy about admitting the principle of control essential to mesmerism" and that the poem, "[d]espite Shelley's assiduous and characteristic avoidance of the term 'will' does concede that

‘natural magic’, whether its name be mesmerism or poetry, *is* an effective mastery of another’s thoughts” (73). Shelley explicitly connects the mesmerist’s power to her soul:

‘Like a cloud big with a May shower,

My soul weeps healing rain

On thee, thou withered flower!

It breathes mute music on thy sleep

Its odour calms thy brain!

Its light within thy gloomy breast

Spreads like a second youth again.

By mine they being is to its deep

Possessed. (“Magnetic Lady” 28-36)

The antecedent of the word “mine” here is the mesmerist’s soul. In the nineteenth century, the soul and an individual’s conscious will were tied together; “free will [was] rule” and deviations from free will, such as those caused by mesmerism, were considered problematic because they undercut the understanding of how the will and the soul belonged to the provenance of God (Reed 150).¹⁰⁰ That is, for Locke and other Enlightenment writers who informed nineteenth-century thought, “[a] subject is ‘sensible’ of her soul only through waking reflection” (Faflak, *Romantic Psychoanalysis* 40). Mesmerism was considered dangerous because it created an artificial sleep or altered

¹⁰⁰ Faflak explains the importance of the soul for Locke: “The soul had to be protected at all costs” because “it reveals to us the rationality of God’s plan” (*Romantic Psychoanalysis* 40).

state in its patients, which robbed them of their ability to reflect on their soul. Shelley's speaker reveals the immense power mesmerists had over their patients; the use of enjambment between the two lines pushes the reader to fall, like the patient, deeper, fully "possessed" (35-36). While Shelley's poem does not capture the ways that the mesmerist movement put a focus on, as Kaplan explains, "both intellect and emotion . . . often in conflict . . . [with] the rationality and the sentimentality of the eighteenth century" ("Mesmeric Mania" 692), analyzing "the metaphors of magnetism which litter Shelley's poetry" (Leask 53) along with the principles of mesmerism and the fear it inculcated, can help illuminate the hold vitalism and mesmerism had over literature and science during the period.

Moreover, mesmer-like control is a dominant characteristic of nineteenth-century vampires and in this chapter, I focus on the vampire's glance, voice, and threat to female purity associated with mesmerism. Of "Christabel," Arthur H. Nethercot first "advanced the then-novel theory that the unfinished tale is essentially a vampire story" in his 1939 text *The Road to Tryermaine* ("Coleridge's 'Christabel'" 32). He argues that "Christabel" is "the first and by far the subtlest of the many such stories in the English language" (32). Whereas Nethercot suggests the vampire story in "Christabel" is "the subtlest," I argue that in the poem Coleridge establishes control as characteristic of his vampire figure, Geraldine, in ways that reflect contemporary thought about altered states of consciousness and power.

In "Christabel," when Geraldine reveals herself to Christabel in the bedchamber near the conclusion of Part I, Geraldine's power is described:

And with low voice and doleful look

These words did say:

“In the touch of this bosom there worketh a spell,

Which is lord of thy utterance, Christabel!

Thou knowest to-night, and wilt know to-morrow,

This mark of my shame, this seal of my sorrow;

But vainly thou warrest,

For this is alone in

Thy power to declare,

That in the dim forest

Thou heard'st a low moaning,

And found'st a bright lady, surpassingly fair;

And didst bring her home with thee in love and in charity,

To shield her and shelter her from the damp air.” (265-78)

Similar to later explicitly vampiric characters, such as Lord Ruthven from John William Polidori's "The Vampyre" and Bram Stoker's titular character in *Dracula*, Geraldine's power comes from the spoken word: the narrator names Geraldine's words "a spell, / Which is lord of [Christabel's] utterance" (267-68). Geraldine's power both to control speech and entrance her victim is foreshadowed in the famous line, "A sight to dream of, not to tell!" (253). In *Coleridge on Dreaming*, Jennifer Ford describes the different ways dreaming was explained in the late eighteenth-century life-sciences debates: "Dreams could be explained as illustrations of involuntary excitability" (30), "caused by ideas received by the brain from the previous day" (16-17) "as the products of the imagination" (17), "offered to the soul by external spiritual beings who gain access to the dreamer's

sleeping consciousness” (18), or as a form of associationistic processes (see Chapter Two). Ford explains that “[t]he suspension of the powers of volition, reason, and understanding occurs in magnetic sleep, as with normal sleep” (100). Therefore, despite the suspension of will, when Christabel dreams of Geraldine, she can engage with the “sight” she sees; however, upon waking, she is unable to reveal what she dreams about. Geraldine’s body is censored, concealed within the conscious world but available within an altered state. This controlled access to Geraldine’s body is reminiscent of the careful medical examination of Laura in “Carmilla,” wherein there are concerns about the gendered concealment of her body, but she is also able to touch and be touched within the dream states Carmilla creates. In this way, Geraldine’s power controls Christabel, both in the conscious (telling) and the unconscious (dreaming) realms, but nevertheless allows for exploration within the latter.

Geraldine is also represented in terms that suggest an altered state of consciousness, looking as if she “ails” (Coleridge, “Christabel” line 207) and with a voice that is “altered” and “hollow” (204, 210) when she converses with the spirit of Christabel’s mother, suggesting that her altered state gives her access to the otherworld of the dead. Geraldine speaks in imperatives: “Off, woman off! (213); she uses the imperative “off” to position herself in relation to the spirit of Christabel’s mother, stating, “I have power to bid thee flee” (206). In stating “off!” (213), Geraldine enacts her powerful language and expels the spirit of Christabel’s dead mother. Geraldine also solidifies her possession of Christabel, declaring, “Though thou her guardian spirit be, / Off, woman off! ’tis given to me” (212-13). Anya Taylor argues that this scene is indeed a struggle for “control of the body or soul of Christabel” (713). Comparatively, in Shelley’s “Magnetic Lady,” the

mesmerist speaker explicitly uses her soul to mesmerize a victim. Here, Geraldine's prevarication, "it" (213), indicates that she takes ownership of Christabel's body or soul, but it is not definitive as to which (213). However, it is important that Christabel's soul is tied to Geraldine's will when Christabel enters the altered state; through the trance state Geraldine creates, Christabel's body or soul is "given" to her (213). Later in the poem, Geraldine's power over will is explicitly established when the narrator states, "Thou'st had [Christabel's] will! By tairn and rill, / The night-birds all that hour were still" (306-07).

It is not coincidental that Geraldine's eyes and voice are the sources of her power as she entrances Christabel. Recalling the description of Mesmer given in the Commission's *Rapport*, which highlights "his voice, his glance" (Royal Commission 7) when describing how the mesmerist controls his patients, Geraldine's spell is framed by this same pairing of speech and glance. However, unlike Christabel's "eyes so innocent and blue" (612), Geraldine's eyes "'gan to glitter bright" (221) before she works her spell upon Christabel. Nethercot and other scholars argue that Geraldine is not a "consistently unsympathetic villainess" ("Coleridge's 'Christabel'" 35), and point to the conflict and sorrow she feels when she preys on Christabel, often citing her "doleful look" (Paglia 265) as evidence.¹⁰¹ It is both Geraldine's glance and spell that establish her vampiric power for the vampires that come after her: her spell is "lord of [Christabel's] utterance" (268).

Moreover, what Jonathon Shears calls the "incantatory quality of Geraldine's chant" not only "silences her listener" (45), but also casts Christabel into an altered state of consciousness somewhere between a dream and a mesmeric trance. These two sleep

¹⁰¹ See Blann (13) and Paglia (217).

states interested Coleridge, and Ford explains that, despite changing his opinions about dreaming, Coleridge “never lost interest or belief in magnetic torpor as unique, as a state of consciousness caused by the influence of one person over another” (*Coleridge* 104). Christabel is described as “Asleep, and dreaming fearfully, / Fearfully dreaming” (291-92). Coleridge’s use of the rhetorical figure antimetabole, the repetition of words in reverse grammatical order in successive clauses, stresses the cyclical relationship of dreaming and fear. These “fearful” dreams are emphasized by the narrator’s naming of Geraldine as “the worker of these harms” (296), aligning mesmerism with Coleridge’s interest in the ways “the deep soporuous state . . . permitted the extension of one human will over another” (Ford, *Coleridge* 105; see *Coleridge Notebooks* 4: 4908). Thus Coleridge explicitly codes Geraldine’s power as like that of the mesmerist, creating trance states: “The lady Christabel / Gathers herself from out her trance” (311-12). What is interesting about the use of “trance” here is that Coleridge “understood suspension in terms of a powerful exterior force that controlled a susceptible interiority (thereby preventing otherwise autonomous acts of interior willing)” (Mitchell, “Suspended Animation” 117); that is to say, Christabel should not be able to pull “herself from out her trance” (312) because her autonomy has been compromised by Geraldine. Rather, Geraldine’s mesmerist power should be what returns Christabel to full consciousness.

However, Christabel’s reactions as she “[g]athers herself from out her trance” (312) echo the descriptions of Mesmer’s patients as languid and lethargic (Royal Commission 7): we are told that Christabel’s “limbs relax, her countenance / Grows sad and soft; the

smooth thin lids / Close o'er her eyes; and tears she sheds" (313-15).¹⁰² These lines describing Christabel post-trance can be compared to Le Fanu's Laura in the post-dream state described in "Carmilla." After she has been infected by Carmilla, Laura states, "the languor which I had long felt began to display itself in my countenance" (282). As in the case of a vampire attack, the *crises* that Mesmer produced in his patients pushed their excitement to an extreme, leaving languor in their wake. Similarly, in Christabel's case, Geraldine's trance causes too much excitement for Christabel's body, and she is left languid in response. These symptoms underscore the poem's connection to contemporary controversies over mesmerism. Reading Christabel's body in this scene through the lens of mesmerism highlights the lack of physical action following an altered state of consciousness, or a mesmerist's *crise*: "Which comforted her after-rest, / While in the lady's arms she lay, / Had put a rapture in her breast" (465-67). Following a Brunonian system of health, Christabel, having experienced a *crise* or similar over-powering of excitement, needs rest to balance her level of excitement, and she achieves this balance by physically resting in bed enclosed in Geraldine's arms.

As the action of "Christabel" rises to its climax, so do Geraldine's mesmerist powers over Christabel. When Christabel attempts to tell her father about Geraldine's spell, she finds "she had no power to tell / Aught else: so mighty was the spell" (473-74). Geraldine's power, and the larger "Gothic effect lies in an ambiguous oscillation between the two discrete voices" (Shears 48), yet when Christabel cannot voice her concerns, the power shifts entirely to Geraldine. Moreover, the perplexing "dull," "small," "snake's . . .

¹⁰² Many scholars read Christabel's smile that "spread . . . like light!" as she lay in Geraldine's arms as a reaction of sexual bliss (see Swann, Basler, Paglia, and Grossberg for early lesbian readings of the poem).

eye” that seems to transfer from Geraldine to Christabel has been the crux of many arguments; Taylor, for example, contends that Christabel is “so blank that in an instant her being takes the imprint of Geraldine” (717).¹⁰³ Susan Eilenberg calls Geraldine “a vampire of the semiotic variety,” stating that “she poses the dread threat of false representation, destroying by mimicry” (217). Victor Sage similarly describes the vampire’s “coy” “insect mimicry” of Laura in Le Fanu’s “Carmilla” (182); here, Geraldine also practices mimicry, presenting herself as innocent, fashioning herself after Christabel. However, this scene makes more sense in terms of the power of the glance in mesmerism. The narrator explains, “At Christabel [Geraldine] looked askance! / One moment—and the sight was fled!” (587-88), leaving Christabel “in a dizzy trance” (589). Similarly, the Royal Commission’s *Rapport* notes that they “were told that all the gestures used together do nothing except in a subject who has already been ‘mastered’ by fixing him with a gaze” (Royal Commission 43). They state, “This power of vision over the imagination explains the effects that the doctrine of magnetism ascribes to the gaze. Gaze has a pre-eminent power of magnetising” (43). Ford explains that Coleridge was aware of the arguments made in the Commission’s findings and was particularly interested in the “evidence of the ‘producing and beholding’ powers” attributed to mesmerism (*Coleridge* 104). Coleridge replicates the language, specifically the *Rapport*’s use of “mastered” later in the poem: “For what she knew she could not tell, / O’er-mastered by the mighty spell” (619-20). Similar to a mesmerist, Geraldine masters Christabel through her gaze, while simultaneously controlling Christabel’s ability to speak through her spell. While mesmerists were mainly male, the language used to

¹⁰³ See Eilenberg, McCarthy, Knox-Shaw, and Nethercot.

describe Geraldine's control is gendered—"O'er-mastered" (620) and "lord of thy utterance" (268)—aligning her more closely with male control ascribed to the mesmerist.

While Harold Bloom calls Geraldine "at times . . . an unwilling victimizer" (213), I argue that Geraldine is closer in her characterization to Polidori's vampire, Lord Ruthven, in "The Vampyre": Geraldine and Ruthven are deliberate in their mesmerist-like manipulations of their victims. "Christabel" establishes the characteristic of mesmeric control through Geraldine's glance and spell. However, in contrast to the typical depiction of the mesmerist's power dynamic with his patient, Coleridge creates an ambiguous power dynamic in Christabel's response to Geraldine's dream-state: is she experiencing post-trance Brunonian exhaustion or sexual bliss? The dream-state certainly allows Christabel access to Geraldine's body, and Geraldine access to Christabel's body and/or soul. Yet this dream is ultimately described as fearful, and Geraldine's control over Christabel's speech firmly situates the dynamic as uneven and similar to the social fears surrounding mesmerism and female purity.

4.3. MESMERISM AND "THE VAMPYRE"

John William Polidori was Byron's personal physician from 23 April 1816 until mid-June 1816 (MacDonald and Scherf 10). Polidori began developing a fragment that was originally authored by Byron (as part of the Villa Diodati "ghost story challenge"), writing "The Vampyre" 1816, three years after Coleridge's "Christabel." During this period, "trance-like mental states were drawing particular scrutiny" (Stiles et al. 792). Polidori's "The Vampyre" (1819) was published "without Polidori's knowledge, under Byron's name" in *New Monthly Magazine* as "The Vampyre: A Tale by Lord Byron" on

April 1, 1819 (Macdonald and Scherf 10-11). Polidori's vampire, Lord Ruthven,¹⁰⁴ exhibits characteristics strikingly similar to those of a mesmerist, particularly the power of his voice, glance, and threat to women's morality. Because the fear of women behaving immorally was so prominent at the time of the publication of "The Vampyre," I posit a reading of Aubrey, Polidori's protagonist, as a feminized male character fitting the standard critically examined role of female mesmerist patients. In this section, I argue that the relationship between Ruthven and Aubrey can be better understood in the context of the power dynamic between a mesmerist and his patient.

Correspondingly, in Gothic literature, excessive sensibility is seen as dangerous and connected to ruination. Sensibility is fundamental to conceptions of nervous disorders. Thomas Trotter, a Scottish naval physician, wrote treatises including *A Review of the Medical Department in the British Navy* (1790), *Medical and Chemical Essays, containing additional Observations on Scurvy* (1796), and *Medicina Nautica: An Essay on the Diseases of Seamen* (1797). In his 1807 text, *A View of the Nervous Temperament*, he provides a theory of how nervous diseases affect various classes of individuals. Trotter terms excessive sensibility the "nervous temperament" (xii): "Nervous feelings, nervous affections, or weak nerves" (xii). He develops a theory of nervous temperament based on the idea that these nervous disorders "vary in every constitution; and assume, in the same person, at different times of life, an inconstant assemblage of symptoms" (xi). Therefore, for Trotter, these varied constitutions are correlated to social backgrounds. Specifically,

¹⁰⁴ D. L. Macdonald explains that the vampire character was named Lord Ruthven "in the original version of the tale" (13), and notes that "There really was a Lord Ruthven; Polidori may have changed the name to Strongmore in order to make the tale less libelous as well as less obviously Byronic and more his own" (41n1). In this chapter, however, I retain the use of Ruthven rather than Strongmore as it is more commonly used in scholarship on the story.

he classifies men as coming from six different social backgrounds: “Literary Men,” “Men of business,” “The idle and dissipated,” “The artificer and manufacturer,” “Those employed in drudgery,” “Persons returned from the colonies,” and his seventh category contains “The female sex” (Trotter 34).

Like Brown’s theory of excitability, Trotter’s theory is gendered. He notes that “Nature has endued the female constitution with greater delicacy and sensibility than the male, as destined for a different occupation in life” (46-47). Trotter also distinguishes between those residing “in populous towns” and those living rurally, and states that nervous diseases “increase in proportion to the deviation from simplicity of living” (51). Therefore “urban females” are emphasized as being particularly predisposed to nervous disease as their bodies are described as inactive and languid, “where sensibility trembles at every breath” (49). The “urban female” body is dominated by excessive sensibility and therefore unable to escape being predisposed to nervous disorders. Trotter classifies women by wealth and explains that the modern urban subject is surrounded by “luxury” and “pleasure,” and thus “[t]he nervous temperament is . . . indivisible from the female body” (Logan 24). That is to say, luxury and pleasure breed inactive women, who engage in or are subject to excessive sensibility, and this inactivity and sensibility in part gives rise to nervous disorders and diseases. For Trotter’s “model of nervous function . . . feeling,” or excessive sensibility, “itself endangers health” (Trotter 49) when compared with hardy rural women, who were valuable because of their capability to produce many children. In comparison to wealthy women, Trotter classifies men based on their professions; urban men (“literary men” or “men of business”) “approach . . . the female constitution” (46), in that they have feminized bodies due to their sedentary lifestyles.

The protagonist of Polidori's "The Vampyre," Aubrey, is presented as a feminized urban man in the Gothic tale.

"The Vampyre" focuses on a young orphaned aristocrat, Aubrey, who is embarking on his Grand Tour of Europe when he encounters an aristocratic man named Ruthven. They travel around Europe until Aubrey notices Ruthven's less-than-virtuous treatment of young ladies and his gambling problem. The two men part ways and Aubrey travels to Greece and falls in love with a young woman named Ianthe; however, she is sadly killed by a supernaturally strong force—a vampire. Aubrey is devastated, has a nervous fit, and suffers from brain fever. Ruthven, a seemingly changed man, returns and cares for Aubrey. Once Aubrey recovers, the two continue their tour and happen upon a band of robbers: Ruthven is shot, and on his death bed he makes Aubrey swear an oath that he will not tell anyone about his death for a year. Aubrey agrees, wanting to preserve Ruthven's honour. When he returns home from his tour of the continent, he rejoins society, but thinking he sees Ruthven at a drawing room, he becomes monomaniacal and wanders the streets, to be eventually deemed insane. While he is once again recovering, he finds out that his sister is engaged to be married to Ruthven under an alias. Ruthven confronts Aubrey and reminds him of his oath. Aubrey ultimately dies from a burst blood vessel because his guardians and doctor will not let him speak to his sister about her upcoming nuptials to Ruthven, and the tale ends with the statement, "Aubrey's sister had glutted the thirst of a VAMPYRE!" (Polidori 56).

In Trotter's understanding of disease, social condition is gendered and, for women especially, married to sensibility. Polidori's male protagonist Aubrey can be classified as one of Trotter's feminized men, a literary man, by his social condition, practices, and

display of excessive sensibility. Trotter describes this category of men as those “who devote most of their time to study” and “lead a sedentary life” (34). He considers these men as feminized because of their languid lifestyles:

By little recreation, and no change of objects to relieve the attention, the whole nervous system sinks into listlessness and inactivity. The mind itself, by pursuing one train of thought, and pouring too long over the same subject, becomes torpid to external agents: and an undue mental exertion seems to subtract from the body much of that stimulation which is required for many operations in the animal economy, particularly what belongs to emotion and passion. (35-36)

I argue that Aubrey’s position arises from increased imagination, his inability to separate the real and the imagined, and his “study” of romantic and Gothic tales. Simon Bainbridge argues that the descriptions of Aubrey’s excessive imagination place him in the category of the Gothic heroine (27), lending his body to the “nervous consequences” of excessive “sensibility” (Logan 28). Bainbridge notes that as “a wealthy orphan without the benefit of a proper education . . . [Aubrey] occupies the place in Gothic fiction normally filled by the ‘heroine’” (27), for he is described as having “cultivated more his imagination than his judgment” (Polidori 40). Aubrey’s excessive imagination is thus tied to the feminization of his body. While the narrator of “The Vampyre” attributes Aubrey’s excessive imagination to the lack of guidance he receives from his guardians, who “relinquished the more important charge of his mind to the care of mercenary subalterns” (40), this excess is an indication of his sensibility and potentially his classification as a feminized man.

Aubrey’s reading habits corrupt his moral education and cultivate his excessive

sensibility. Aubrey's imagination is "formed" through his reading of "romances" that include "pleasing pictures and descriptions" (40). Aubrey is depicted not as reading "high" literature but as reading what Peter Melville Logan calls "passion-inflaming" romances (19). He is akin to what Ian Watt terms the "novel reading girl" (152), readers who "fall victim to their overworked imaginations" (Gerster 121-22). As Robert Darnton explains, "women were seen as especially prone to such literary excitability and dreaminess" (81). He elaborates, stating that

Some books are so exciting to the attention, to the imagination, to the passions that they produce a mental debauch . . . in reading the mind is often in a passive state, like that of dreaming or reverie, in which images flit before the mind without any act of volition to retain them. (Darnton 13-14)

In other words, such passive mental states cause women to be vulnerable to suggestions and nervous impressions. For Trotter, "early habits, pursuits of life, modes of living [and] moral character" (212) are all factors contributing to how the body is predisposed to nervous disorders.¹⁰⁵ Trotter devotes a section of his text to passions of the mind, under which the "passion of novel reading" fits. He says of novel reading, "In the present age it is one of the great causes of nervous disorders," explaining the feminization of the activity by stating that the passion and enjoyment taken from novels is "beneath the level of a rational being" (87-88). However, the physiological way that reading is linked to nervous disorders has to do with how reading "engender[s] ardent passions, and then leaves the mind without the power to resist or subdue them . . . without any moral guide

¹⁰⁵ Trotter lists the following, in order, as remote causes of nervous disorders: air, exercise, food, clothing, passions of the mind, intense study, lactation, miscarriages and premature labours, climate, and medicine (51).

in the real occurrences of life” (87-88). Indeed, Aubrey finds himself prone to reverie throughout “The Vampyre”; he becomes “a masculine version of Catherine Morland” (Senf, “Polidori’s *The Vampire*” 204), Jane Austen’s heroine memorable for an inability to separate reality from the imagined formed by her reading habits.¹⁰⁶ Due to the habit of reading romances, which Trotter closely associates with “the female mind” (88), Aubrey’s body is further feminized, through his “imaginative excesses” (Botting 2-3), and so predisposed to nervous illness and primed for mesmerism.

Not only is Aubrey feminized by these habits and therefore a susceptible patient for mesmerism, but he also actively wishes to be transported to one of his novels. Aubrey craves the romantic, sensationalized narratives that he finds in the volumes “from which he had formed his study” (40), so much so that the way “candles flicker” makes him think of “the presence of a ghost” (40). While Aubrey’s reading habits may push his mental state to become passive, he is more aware than Catherine Morland. Aubrey recognizes that the novels he has been reading present worlds far removed from the real: “there was no foundation in real life for any of that congeries of pleasing horrors and descriptions contained in the volumes” (40).

In contrast to Aubrey, Lord Ruthven is described as magnetic and characterized by his power to make women debase themselves. In this way, Ruthven echoes “the key anxiety” of mesmerism: “the risk to women at the hands of male charlatans” (Luckhurst, “Trance-Gothic” 156). When Ruthven is first introduced, as in the case of Geraldine in “Christabel,” the text focuses on the mesmerist-figure’s eyes:

¹⁰⁶ See Senf for a comparison of *Northanger Abbey* and “The Vampyre”; she argues that “[a]t its best, [“The Vampyre”] begins to resemble *Northanger Abbey*, an overtly anti-Gothic work that had been published the preceding year” (“Polidori’s *The Vampire*” 206).

Those who felt this sensation of awe, could not explain whence it arose: some attributed it to the dead grey eye, which, fixing upon the object's face, did not seem to penetrate, and at one glance to pierce through to the inward workings of the heart; but to throw upon the cheek with a leaden ray that weighed upon the skin it could not pass. (Polidori 39)

The “sensation of awe” is important here because it is explicitly tied to Ruthven’s eyes. His eyes are not described as glittering, as Geraldine’s are (Coleridge 221); rather, the telling adjective “dead” emphasizes his altered state as a vampire. Ruthven’s glance could “pierce through to the inner workings of the heart” (Polidori 39). The power of Ruthven’s gaze and voice corresponds with “[r]eports on hypnotic acts in the late nineteenth century”; as Pick characterizes these techniques, “the performer would stare hard and speak commandingly, at which point the subject would be rooted to the spot, transfixed by the master’s overwhelming presence” (56). For example, in his mesmeric practice, Pick notes, Elliotson “established intense contact with his epileptic or hysterical patients by prolonged eye-to-eye contact” (59).

Polidori’s vampire thus reflects Geraldine and the mesmerist figure in having a powerful gaze as well as a powerful voice. Although he does not cast a spell the way Geraldine does, he manipulates Aubrey into swearing an oath to silence, so that both Aubrey and Christabel are similarly unable to speak the truth that will save others. Furthermore, Ruthven manipulates all manner of women: women who would a third of a century later be described as good Victorian angels of the house (Patmore) as well as women lacking these virtues. Ruthven draws women to him through the power of his voice: “He had, however, the reputation of a winning tongue; and whether it was that it

even overcame the dread of his singular character, or that they were moved by his apparent hatred of vice, he was often among those females who form the boast of their sex from their domestic virtues, as among those who sully it by their vices” (Polidori 40). Ruthven’s mesmeric power affects all women equally, and virtue is no additional defense. Both the mesmerist and the vampire rely on the power of their voice to threaten women’s purity, as Ruthven causes women to degrade themselves (43).¹⁰⁷

Some scholars read Aubrey’s feminization as a marker of his queerness.¹⁰⁸ Although he is feminized, he is not in the same kind of danger as the female characters—Ruthven threatens Aubrey’s social status, by associating with Ruthven, Aubrey’s integrity and honour are jeopardized. However, Aubrey is friends with Ruthven, which places his reputation in danger by association. Aubrey’s guardians warn him of Ruthven’s “dreadfully vicious” character, noting that he is in “possession of irresistible powers of seduction,” powers that “rendered his licentious habits too dangerous to society” (43). Further, women’s immorality is not just bad in and of itself, but it is a threat to men such as Aubrey, and thus to “society” as a whole. As an effect, the man who creates this immoral behaviour is a further threat. Aubrey’s guardians are worried about Lord Ruthven’s effects on society, similar to how the Royal Commission was worried about the effects of mesmerism; both groups are particularly worried about women’s reputations. D. L. Macdonald notes that one of Polidori’s best-remembered innovations to the characterization of the vampire “is to make the vampire a seducer” (197), “since

¹⁰⁷ Ridenhour states that Polidori’s “The Vampyre” is “an important progenitor” of the motif of the vampire causing “corruption of innocence, sexually or otherwise” (Introduction xix).

¹⁰⁸ See Rigby, Gelder, and Boone for queer readings of “The Vampyre.” Rigby argues that the story is “indeed both disquieting and deeply queer” (par. 2). Also see Paolucci who argues that “Aubrey’s sworn secrecy about Ruthven’s true nature . . . is both vampiric and homoerotic, correspond[ing] thematically and ideologically to a narrative silencing of the homoerotic” (91).

almost all vampire narratives are written by men and express masculine desires and anxieties” (200). Ruthven is thus aptly characterized as a predator to women and their morals.

After a vampire that Aubrey recognizes as Ruthven brutally murders Aubrey’s love interest, Ianthe, however, Aubrey enters a different kind of trance state: one of delirium. Polidori writes,

He shut his eyes, hoping that it was but a vision arising from his disturbed imagination; but he again saw same the same form, when he unclosed them, stretched by his side. There was no colour upon her cheek, not even upon her lip; yet there was a stillness about her face that seemed almost as attaching as the life that once dwelt there:—upon her neck and breast was blood, and upon her throat were the marks of teeth having opened the vein. (48)

It is important to note that reason is defined against delirium, as delirious states suspend the will and cannot be considered agential (Luckhurst, “Trance-Gothic” 148-49). This scene shows that Aubrey no longer desires the supernatural. That is to say that before leaving London for his tour, Aubrey wanted supernatural presences, but when faced with the ruin left by a supernatural monster, the vampire, Aubrey wishes the world mundane and free of supernatural forces. His previous desire for the supernatural can be compared to “Christabel” where the titular character can access her desires, “A sight to dream of, not to tell” (253), within the dream-state as an altered state, but the danger arises when the supernatural leaks out into the waking “real” world; similarly, Aubrey can explore his desire for the supernatural in a dream state, but the boundaries are crossed when the supernatural leaks into his conscious waking world, his trip to Greece. This shift is

clearest after Ianthe's murder: Aubrey hopes that what he is seeing is purely created from his exaggerated imagination. The imagination figured prominently in Mesmer's practice, pushing patients' excitement to a level at which it would cause a *crise*. Although Aubrey is not mesmerized in this scene, he is in an altered state and his imagination pushes his excitement to an extreme, resulting in a nervous fit: "He knew not what his thoughts were—his mind was benumbed" (Polidori 48). Aubrey's "imagination" is described as "disturbed" and as such cannot help him recover from this nervous fit.

Aubrey recovers from his nervous break and is cared for by Ruthven. Yet Aubrey continues to enter trance states following Ianthe's death—these states are preceded by mention of Ruthven's powerful and "fixed" glance: Aubrey "was surprised to meet his gaze fixed intently upon him, with a smile of malicious exultation playing upon his lips" (Polidori 49). Aubrey begins to search for solitude, but finds that "if he sought it amidst the ruins he had formerly frequented, Ianthe's form stood by his side—if he sought it in the woods, her light step would appear wandering amidst the underwood, in quest of the modest violet" (49). These apparitions seem similar to phenomena the protagonist, Emily St. Aubert, experiences in this state in *The Mysteries of Udolpho*'s protagonist Emily St. Aubert's, as the apparitions are "not abjected" but "a space for memorial retention" (Luckhurst, "Trance-Gothic" 149). As Terry Castle explains, Emily's "nostalgic memories of the mourned or absent beloved construct 'inner pictures' in which 'one becomes more and more transfixed . . . lost, as it were, in romantic reverie'" (244).¹⁰⁹ Aubrey, too, becomes lost and transfixed by the memory of Ianthe; however, the vision of

¹⁰⁹ Castle notes that "if one engages in the kind of obsessional reflection that Radcliffe seems to advocate . . . the real distinction between life and death will ultimately become irrelevant. If the dead appear to be alive in the mind, how does one distinguish between them and one's mental images of the living?" (248).

Ianthe in death always follows Aubrey's vision of her in life: "Ianthe's form stood by his side—if he sought it in the woods, her light step would sound wandering amidst the underwood, in quest of the modest violet; and often she would suddenly turning round, show, to his wild imagination, her pale face and wounded throat, while a meek smile played upon her lips" (Polidori 49). Because of the way Ianthe appears in these trances, Aubrey's memory and dreaminess cause his illness to progress as his state becomes an "amnesic dispersal of the self" (Luckhurst, "Trance-Gothic" 149). Aubrey cannot comfort himself with romantic reverie, what Castle describes as "longing for simulacra and nostalgic fantasy" (250), because these mental images are interrupted by images of Ianthe in death that agitate him still further. Post-vampire attack, Aubrey's physical actions (walking and touring picturesque Greece) should gradually increase his body's excitement until he becomes balanced.

Aubrey's desire to distance himself from these fancies reflects the suggested treatment for nervous illness explained by Trotter. Trotter notes, "It is not easy to combat the fancies and apprehensions of nervous people, when under strong paroxysms of their disease; while these last, they are to be considered as alienations of mind, and treated accordingly" (189). Trotter considers treatment of nervous disorders to have two parts: first strengthening the constitution and then "to palliate particular symptoms" by referring back to his list of reasons for remote causes of nervous disorder (298): "Change of scene in these cases, is commonly the first step to the cure: as by removing the distance of all objects that have a tendency to refresh the memory, or cause association of ideas, that bring up gloomy reflections, you weaken the chain of sympathy, till it is gradually broken" (280). Aubrey identifies Athens as the source of his trance states and delirium,

and the narrator states, “He determined to fly scenes, every feature of which created bitter associations in his mind” (Polidori 49). Aubrey’s self-prescribed treatment for his weakened mental state is for him and Ruthven to “visit those parts of Greece neither had yet seen. They travelled in every direction, and sought every spot to which a recollection could be attached” (50). Aubrey seeks escape from recollection; by changing scenes, he is able to create new associations and escape the haunting recollections of Ianthe. This strategy seems to work until they come across a band of robbers and Ruthven is shot, overexciting Aubrey’s fragile nervous health.

Further adding to his altered state, when Aubrey first sees Lord Ruthven (after he has recovered from his delirium), “he was horrified and startled at the sight of him whose image he had now combined with that of a Vampyre; but Lord Ruthven, by his kind words . . . soon reconciled him to his presence” (51). Ruthven uses his power to ameliorate Aubrey’s horror so that he can tolerate being around Ruthven, thus making Ruthven’s voice calming in a way that Aubrey’s nostalgic daydreams are not. Despite Aubrey associating Ruthven with the death of his beloved Ianthe, the two men continue the Grand Tour until they encounter robbers and Ruthven is shot and appears to be dying. Similar to Geraldine and later Carmilla, Ruthven leverages his apparent poor state of health to ensnare Aubrey with his powerful speech and glance. Ruthven is described “as unconscious of the pain as he had been of the objects about him: but towards the close of the last evening, his mind became apparently uneasy, and his eye often fixed upon Aubrey” (51). He also manipulates Aubrey and forces him to swear an oath—in this final act, he combines the power of his imperative with his glance; the narrator describes how “His eyes seemed bursting from their sockets” (51). Ruthven states, “Swear by all your

soul reveres, by all your nature fears, swear that, for a year and a day you will not impart your knowledge of my crimes or death to any living being in any way, whatever may happen, or whatever you may see” (51). Aubrey swears an oath to Ruthven. As a result of this oath, however, and just as Christabel cannot tell her father about Geraldine, Aubrey cannot discuss Ruthven’s death. Aubrey is manipulated by Ruthven’s “winning tongue” and the appearance of his illness. In this way, Aubrey’s oath extracted under duress is distinct from the spell Geraldine uses to bind Christabel to her and remove her ability to speak.

At the same time, like Christabel after her first night with Geraldine, Aubrey is unable to discuss his time spent with Ruthven in Greece when he returns to society after Ruthven’s death. After thinking he has seen him at a London “drawing-room” (54), Aubrey becomes obsessed with Ruthven: “If before his mind had been absorbed by one subject, how much more completely was it engrossed now that the certainty of the monster’s living again pressed upon his thoughts” (55). When Aubrey sees Ruthven “again before him—circumstances started up in dreadful array—the dagger—his oath.— He roused himself, he could not believe it possible—the dead rise again!—He thought his imagination had conjured up the image his mind was resting upon” (54). The dashes in this passage indicate Aubrey’s nervous condition, his inability to reasonably understand Ruthven’s presence, and so work through either “the dagger” or “his oath” (54). Aubrey assumes he is dreaming, that he has entered an altered state driven by his excited imagination. His imagination pushes him closer to delirium and further away from reason, creating a nervous fit, or what Trotter calls a bilious attack (211).

While Aubrey appears to have recovered over the time Ruthven had been presumed

dead, upon viewing an image of his sister's fiancé (Ruthven's alias, Earl of Marsden), "He bade her swear that she would never wed this monster, for he—But he could not advance—it seemed as if that voice again bade him remember his oath" (Polidori 57). Aubrey tries to exercise the same kind of linguistic power as Ruthven, asking Miss Aubrey to "swear [to him] that she would never wed this monster"; however, he fails and she refuses (57). Patricia Rigby notes that "when Ruthven reappears in London, it is expected that Aubrey will be unable to speak, while the vampire's repeated exhortations to 'remember your oath' strengthen the linguistic lock" (par. 8). Aubrey's recovery lapses and he becomes more nervous than before because he is unable to tell his sister why she cannot marry her fiancé. His mind is "left in a state of inaction" and that allows it to "relapse into its old feelings, and become the prey of former passions" (Trotter 251). Unlike Christabel, who is pushed into another altered state as she attempts to express her concern about Geraldine to her father, Aubrey's nervous state is heightened by his inability to narrate his story, "for though he attempted to ask concerning Lord Ruthven, the name hung upon his lips, and he could not succeed in gaining information" (Polidori 54). Aubrey's inability to "advance" or "ask" (54) about Ruthven is the result of both the oath he makes and Ruthven's mesmeric qualities. Aubrey becomes aware of his lack of volition, that his oath is closer to a spell than promissory language, this realization "startling" him (55). Aubrey is shocked at the level of power Ruthven extends over him. Aubrey's failure to stop Ruthven's immoral acts preys upon his conscience: "was he then to allow this monster to roam, bearing ruin upon his breath, amidst all he held dear, and not avert its progress?" (55). Because his narrative is suppressed, we are told by the narrator, "Aubrey's mind became almost broken under so many repeated horrors" (52).

The act of vocal suppression pushes his imagination to overexcitement and causes his “nervous fit” as he is unable to attain “[s]ufficient stimulus” and balance his excitement (Trotter 252).

Aubrey is unable to break his oath, while Ruthven, as his double, gains strength and power through his speech. Ruthven is described as using his power of speech to win Aubrey’s sister: “he knew so well how to use the serpent’s art, or such was the will of fate, that he gained her affections” (Polidori 57). This danger is made explicit in the narrator’s depiction of Ruthven’s victims of his sexual dalliances: “all those females whom he had sought, apparently on account of their virtue, had, since his departure, thrown even the mask aside, and had not scrupled to expose the whole deformity of their vices to the public gaze” (43). MacDonald explains that Ruthven does not “create” or “turn” women into vampires as his descendants Varney and Dracula do; he instead through the power of his voice creates “sexual monsters” (200). The women he has preyed upon fall “from the pinnacle of unsullied virtue, down to the lowest abyss of infamy and degradation” (Polidori 43), and, significantly, they “expose the whole deformity of their vices to the public gaze” (43). That is, Ruthven fills society with women who no longer care about maintaining an appearance of virtue; these previously hidden vices are now exposed. While Aubrey does not become a sexual monster, Ruthven removes Aubrey’s conscious will and, as a result, Ruthven has access to Aubrey’s sister and her morals.

Constructing Ruthven as a sexual predator who attacks these virtuous women makes Aubrey’s inability to protect his sister from Ruthven all the more tragic, for Aubrey is not disabled by a lack of knowledge about Ruthven’s ways, but by the oath he

made to him and Ruthven's mesmeric control. This suppression of speech takes on greater importance when combined with Ruthven's words to Aubrey: "Lord Ruthven whispered in his ear—'Remember your oath, and know, if not my bride to day, your sister is dishonoured. Women are frail!'" (Polidori 58). Ruthven's threat mirrors the Creature's promise to Victor from Mary Shelley's *Frankenstein* (also written during the Villa Diodati competition): "*I shall be with you on your wedding-night*" (195), Ruthven implies both that he has already had sexual intercourse with Aubrey's sister, and, like the Creature, that he will commit future violence against women.

In "The Vampyre," Aubrey moves through both stages of Trotter's conception of nervous disease: predisposition and manifestation. Because he is feminized by his reading habits and excessive sensibility, Aubrey, like men of business, literary men, and all classes of women, is predisposed to his nervous disease by his habits and lifestyle. Aubrey's feminization places him in the position of the mesmerist's patient. When his nervous—or asthenic—disease is manifested in his body, Aubrey's encounters with Ruthven's control, in addition to the oath he swears to Ruthven push his excitement so that Ruthven creates a mesmeric *crise* in his body. However, his periods of languor are followed by more excitement and his body ultimately cannot withstand these attacks and so he dies. While Geraldine's status is unconfirmed because of the fragmentary and unfinished nature of "Christabel," Carmilla is clearly eliminated before the end of her vampire story. In comparison, both Ruthven and Varney survive beyond the ends of their vampire stories, acting as a dramatized warning for the dangers of mesmerism and hypnotism, respectively.

4.4. HYPNOTISM AND VARNEY THE VAMPIRE

While Geraldine in “Christabel” and Ruthven in “The Vampyre” use the power of their voices and their eyes to mesmerize their victims, enacting oaths or casting spells that work to silence their victims’ abilities to speak of the terrors they experience, in *Varney the Vampire* the gaze becomes the focus of the vampire’s power, on terms consistent with the developing model of hypnotism (Hughes, *Devil’s Trick* 158). Hughes states that the main difference between mesmerism and hypnotism had to do with “the rise of a more physiologically oriented model of artificial (or artificially induced) sleep,” what he characterizes as “the change from the mystical to the medical” (164). In 1845, Malcolm Rymer’s *Varney the Vampire, or The Feast of Blood* registered this shift by grounding the descriptions of the vampire’s actions and the victim’s responses in the physiological realm.

The weekly serialized penny dreadful *Varney the Vampire* focuses on the troubles of its title character, Sir Francis Varney. Because of its publication history, there are a lot of inconsistencies in the setting, plot, and characterization of Varney, but Varney’s main goal is to possess Bannerworth Hall, which is owned by Mrs. Bannerworth and her children Henry, Flora, and George after Mr. Bannerworth drove the family to ruin. Flora is attacked by a vampire and the rest of the narrative of the first volume follows the family’s attempts to care for Flora’s resulting nervous health as the vampire continues to hunt and torment Flora. The vampire Flora sees bears a striking resemblance to both the Bannerworths’ new neighbour Sir Francis Varney as well as to a portrait hanging in Bannerworth Hall of a relative, Sir Runnagate Bannerworth. Varney’s characterization includes many of the features associated with vampires including fangs, drinking human

blood for sustenance, hypnotic or mesmeric powers, and superhuman strength. However, he is able to function in the daylight, can consume food and drink, and is killed repeatedly but revived by the moonlight.

In Volume I of *Varney*, Flora Bannerworth is attacked by a vampire. After the attack, Flora's brother Henry tries to comfort Flora, who is interested in discussing the terror she encountered; he warns her, "Talk of something else, dear Flora . . . you will make yourself much worse, if you indulge yourself in these strange fancies" (Rymer 16). The "much distressed Henry" references the effect of "fancies" on the brain, noting, "All this will pass away like a dream, and leave so faint a trace upon your memory, that the time will come when you will wonder if it ever made so deep an impression on your mind" (16). Henry's language about the effects of fancies recalls Trotter, who discussed the role of retaining impressions of terror on the brain's nerves, arguing that a nervous person is not able to transmit these impressions (199), and "the body will be so enervated as to be in a state of constant pain, tremor or convulsion" (211). Henry fears that if Flora gives in to her fancies, their impressions on her nervous system will not fade. Under nineteenth-century understandings of mesmerism, this would make her vulnerable to a mesmeric crisis.

The focus on the physiological effects of the vampire attack are brought to the fore through the Bannerworth family friend, Mr. Marchdale, and town physician, Mr. Chillingworth. Immediately after the opening vampire attack, Flora's paralysis is correctly identified as "a swoon" and not "sleep" by Mr. Marchdale (8). At this point, the narrator notes, "Active measures were now adopted to restore the languid circulation" (8). The focus on "active measures" as a method of bringing Flora out of her "languid"

swoon follows the principles of the Brunonian model of health in that the men gradually excite Flora's system, balancing her excitement. Furthermore, Mr. Chillingworth also engages with this model; however, his discussion of physiological effects is not restricted to Flora, but applies to the entire party present at the Bannerworth mansion. He reminds Flora's brother of the Brunonian model of health: "Come home now, I pray you; you are far too excited about this matter to pursue it with the calmness which should be brought to bear upon it . . . you will but make yourself seriously unwell" (24). Mr.

Chillingworth's reference to "excitement" is accepted by the party, indicating that they are all familiar with the spectrum of languor to excitement and presumably the illnesses and states of health associated with the extremes of the spectrum. That is to say, Henry will become sthenically ill if he continues to allow his body to become excited by his imagination.

As Flora recovers, Mr. Chillingworth states that "she is one among a thousand. Most young girls would never at all have recovered the fearful shock to the nerves" (32). Chillingworth's comment challenges the gendered boundary separating men and women's abilities to recover from shock and excitement, by referring to the exceptional woman in Victorian fiction—that is, the exception that proves the rule. Mr. Marchdale also maintains this delineation, telling Henry and the men, "Let the imagination paint its very worst terrors; let fear do what it will and what it can in peopling the mind with horrors. Shrink from nothing, and even then I would deny them all" (40). The overactive imaginations of women in general and Polidori's *Aubrey*, which are attributed to their feminized languid lifestyles, pose threats to their abilities to dispel imprints resulting from terror on their nervous systems. In contrast, Mr. Marchdale's comment indicates

that a bravado against this terror is not innate, while also constructing men as invulnerable to such imprints stemming from terror and horror. Recalling Aubrey's feminized reading habits, Flora's betrothed lover, Charles, and Henry discuss activities that Flora should engage in "to withdraw her mind from a too close and consequently painful contemplation of the distressing circumstances" and ultimately Henry notes, "the pages of romance once had a charm for her gentle spirit" (85). Unlike Aubrey, however, Flora's reading habits are not grounded in romance. She surprises her brother with her knowledge of the superstition of vampires; he exclaims, "Good God, who told you so?," and she replies, "No one. I have read of them in the book of travels in Norway, which Mr. Marchdale lent us all" (16). This short exchange showcases the breadth of Flora's reading habits, and the lack of effect on her nervous system recalls the opening of "Carmilla" where Laura discusses the relationship between stories and superstition, noting that she was raised not to be influenced in this way (see Chapter Three). In this way, Flora and Laura are less feminized than other vampire victims discussed here.

In "The Vampyre," the relationship between Aubrey's imagination (his desire for the fantastic) and his social background predisposes him to poor health; however, in *Varney*, the relationship between Flora's imagination and her poor health is more narratively developed and described more physiologically. When Flora and Henry first discuss the events of the previous night, Flora states, "I shall die of terror, Henry" (Rymer 15). While her exclamation may read as melodramatic, her imagination has real effects on her health. She tells Henry, "I sometimes fancy I am in the tomb, and that some one is feasting on my flesh. They do say, too, that those who in life have been bled by a vampyre, become themselves vampyres, and have the same horrible taste for blood as

those before them. Is it not horrible?" (16). In response, he reminds her that "Mr. Chillingworth is coming to see [her]," to diagnose her nervous health (16). Flora's fancy combines remembered, traumatic aspects of her attack with fantastic and superstitious facts from the travel books she has read. When she gives in to these imaginings, her excitement level spikes, and her body's natural response is to increase along Brown's spectrum and respond with languor. She continues, "There is a strange confusion in my brain, and sleep comes over me suddenly, when I least expect it" (16). Similar to Christabel's body after the encounter with Geraldine, Flora's body slips into sleep in order to become balanced. It is worth remembering that, in the Brunonian model, languor is the response to both excitement and the lack thereof, associated with both sthenic and asthenic diseases, respectively.

Although the description of Flora's health conforms to nineteenth-century models of health (especially in the descriptions of how her fading health is apparent in her face), her ability to protect her body against excitement sets her apart from other female victims of the vampire. Flora's fear that she "shall never, never be again . . . be what [she] was" is picked up by her betrothed, Charles. Just as Laura's father comments on how unhealthy Laura looks in comparison to the vampire Carmilla with her "beautiful tints" (Le Fanu 287), Charles remarks, "ah, how pale, how wan—how languid and full of the evidences of much mental suffering was [Flora]" (Rymer 74). Charles' description of how "the light of joy which had lent its most transcendent charms to that heavenly face, was gone" (74) indicates that her physical appearance correlates with languor and asthenic illnesses. However, unlike Aubrey and Christabel, who either perish from or remain ill due to the continued presence of their vampires, in the case of Flora the more contact she has with

Varney, the more she is able to steel her nerves against his influence. In the climax of Flora's narrative arc in *Varney*, when the vampire Varney confesses his love for Flora, she replies, "To hear you speak in such a strain . . . calms the excited fancy, and strips even your horrible presence of some of its maddening influence" (156). Instead of the vampire's glance and voice pushing Flora's excitement to the end of the Brunonian extreme, the rationality indicated through his speech allows Flora to separate his altered state from his vampiric state. To stress the point that there is a correlation between the abject horror and obscurity of the vampire and its effect on its victim, the narrator states, "No doubt the interview she had with Varney in the summer-house in the garden had dispelled a host of imaginary terrors which she had surrounded him" (163). In other words, by breaking the obscurity of "the vampire," she confirms "that he and he only was the dreadful being who had caused her so much misery" (163). By having a conversation with Varney, Flora is able to confront the horror and, as a result, "she looked better, calmer, and more collected" (163) than when she was grappling with the supernatural, obscure, and unknown aspects of her earlier attacks.

It is clear that *Varney* is firmly rooted in nineteenth-century models of health but, beyond replicating these models, *Varney* also characterizes its titular vampire figure through the language of hypnotism. Varney's ability to rob Flora of speech, along with the focus on his eyes (as seen also with Geraldine and Ruthven), plays a key role in his power over Flora. Rymer's description of Varney's eyes as serpent-like recalls the snake imagery describing Geraldine in "Christabel." Varney's victim Flora is unable to speak, "but her eyes are fascinated. The glance of a serpent could not have produced a greater effect upon her than did the fixed gaze of those awful, metallic-looking eyes that were

bent on her face” (Rymer 3). Here, the vampire’s eyes are described as more powerful than the unblinking hypnotic serpent. The focus on his gaze is similar to the importance of the strength of the gaze in Braid’s theory of hypnotism. While this passage is previously quoted, here I include it to illustrate Braid’s description of how artificial sleep must be created:

My theory is this,—that by an individual keeping up a steady gaze or fixed stare at an object placed in such a position as to put the greatest number of muscles connected with that organ and its appendages into action, and which of course requires an abstraction of mind from other subjects to enable the individual to maintain this fixed stare without winking or moving the eyeballs, congestion takes place in the eye, and a rapid exhaustion of the natural sensibility of the retina and motor nerves of the eye and eyelids. (qtd. in “Mr Braid’s Lectures”)

In the opening scene, Flora is in her room when she notices the figure of the vampire outside of her window: there are no other subjects in the room. Hughes explains what the eye of the patient is doing when they are entranced: “If a patient is fascinated by some object or some person, their precipitation into trance is associated by Braid not with that which the eye actually *sees* but rather with the *effort necessary* to maintain the association of the gaze with its focus” (*Devil’s Trick* 157). In the scene between Flora and the vampire, neither gaze is passive—Flora’s is described as “fascinated” and the vampire’s as “fixed” (Rymer 3-4). In his description of his theory, Braid uses the term “fixed stare,” which is repeated a number of times in the scene between Flora and the vampire. The vampire looks upon her with his “fixed gaze” and as a result Flora “cannot withdraw her eyes” (3, 4); however, she is not completely paralyzed, for “[h]er bosom

heaves, and her limbs tremble” (4). Flora’s respiration falls under Whytt’s category of natural motions and would be unimpeded by the vampire’s thrall. Again, the focus on the vampire’s eyes recalls Ruthven’s “dead grey eye” (Polidori 39), as Varney’s eyes are described as “awful, metallic-looking” and “glassy, horrible” (Rymer 3-4). Although the eyes are important to both mesmerism and hypnotism, Hughes states, “The eye of the subject, rather than the directing gestures of the magnetiser, is the prime mover in the induction of trance” in hypnotism and that this shift from trance conductor to patient “undermines the centrality hitherto accorded to the magnetiser” (*Devil’s Trick* 158). Braid’s physiological explanation of the “rapid exhaustion” of the nerves in the eye makes his focus on the “effort” behind the gaze clear: a passive or distracted gaze would not create the same effect on the ocular nerves.

Yet Braid explains the process by which the patient is overcome, arguing that the rapid exhaustion of the nerves in the eye is “reflected on the brain, and from that to the heart and lungs, producing enervation, and consequent sinking in the force and frequency of the heart’s action”; when the body tries to restore the heart’s action to “overcome its increased labour [it] is compelled to increase the velocity to compensate for its diminished power” (“Mr Braid’s Lectures”). As a result, “[t]he pulse now rises, and is followed by determination to the brain” (“Mr Braid’s Lectures”). These physiological effects are echoed almost to the letter by Mr. Marchdale in *Varney*. In response to Henry’s comment that Flora “seems to be labouring under the effect of some narcotic,” Marchdale says, if “she really has lost a quantity of blood, [then the] loss has decreased the heart’s action sufficiently to produce the languor under which she now evidently labours” (Rymer 18). Marchdale’s assessment shifts the cause of Flora’s languor from an

unknown narcotic to the physiological effect following blood loss, which aligns nicely with Braid's goal in making hypnotism more about the body's physiological condition than the occult (Hughes, *Devil's Trick* 154). It is worth noting that *Varney* is the first instance of the vampire figure explicitly using its "fang-like teeth" to puncture its victim's neck and suck its blood (Rymer 4). Comparatively, in Polidori's earlier text, "The Vampyre," the connection between the vampire figure and fangs is not as explicit. When Aubrey and Ruthven physically fight in the cave, Ruthven "place[s] his hands upon [Aubrey's] throat" and the narrator alludes to Ruthven having fangs and using them to puncture Ianthe's neck: "upon her neck and breast was blood, and upon her throat were the marks of teeth having opened the vein" (Polidori 48). Ianthe's physical state causes the men to "cry . . . simultaneously struck with horror, 'A Vampyre! A Vampyre!'" (48). Similarly, at the end of the tale, the narrator states, "Aubrey's sister had glutted the thirst of a VAMPYRE!" (59), but the reference to the vampire's fangs does not occur in the story itself, unlike the case of *Varney*. In that text, after Varney feasts on Flora's blood, both her body and her nervous system have been overcome, leaving her languid. This state leads Mr. Marchdale to "recommend . . . that some stimulant should be given to her" (Rymer 9), the effects of which is described as "beneficial" (9). By the end of the first chapter of *Varney*, readers are ensconced in and expect the physiological to prevail as an explanation of the supernatural.

However, the influence of Varney's eyes not only holds power that results in the fascination of Flora, but also extends to male characters, Henry and Charles, both of whom spend time in the room in Bannerworth Hall decorated with a portrait. In these scenes that predate "Carmilla" and its important portrait scene (see Chapter Three),

Henry and Mr. Marchdale are surprised to see a portrait hanging in the Bannerworth mansion of a long-dead relative who looks uncannily similar to the vampire. In particular, the power of the portrait lies in the subject's eyes. When Henry shows Mr. Marchdale the portrait, he exclaims, "Gracious Heaven, how like!" and Henry notes, "It is—it is . . . Those eyes—" (Rymer 10). Hanging after his mention of the likeness between the vampire's and portrait's eyes, Henry's fragmented speech illustrates his level of discomfort with the double. He chooses to stay the night in the room with the portrait, and "[h]e looked so many times at the portrait which was in the panel that at length he felt an undefined sensation of terror creep over him whenever he took his eyes off it" (11). Henry's fascination with the likeness of the portrait to the vampire shifts to terror "when the heavy shadow of night is upon all things" (11), recalling the Burkean obscure. Burke states, "When we know the full extent of any danger, when we can accustom our eyes to it, a great deal of the apprehension vanishes" (58-9). Henry's physical state bears similarities to that of hypnotized patients; Braid discusses how this is the result of the patient's unbroken, fixed gaze and isolation. It is important that Henry experiences a version of terror like that which Flora felt when the vampire first entered her room only when he breaks his gaze from the portrait's eyes. Flora finds comfort and calms her nerves by talking with Varney, and Henry similarly finds looking at the portrait calms his nerves. He realizes the only way to stop the feeling of terror is "to look at [the portrait] continually" (11), an effort that reduces the terror produced by the obscure. However, Henry's fixed gaze also recreates the conditions for an artificial altered state such as hypnosis. Henry's connection of the portrait's eyes to his soul is extended by Rymer: "And how strangely, too, the eyes of that portrait appeared to look upon him—as if

instinct with life, and as if the head to which they belonged was busy in endeavouring to find out the secret communing of his soul” (11). Although the portrait is unable to command Henry’s will or facilitate his hypnotic trance, his inability to break his gaze recalls the power of the real vampire’s eyes. Staring at an object causes an altered state in which agency is compromised, but, simultaneously, staring at a painting can be an act of will; Henry chooses to look at and examine the portrait, reducing Burkean obscurity, which balances his health.

The role of superstition also contributes to the power the portrait holds over Henry in comparison with Charles. Henry was present the night of the attack, observed his sister’s apparent drastic shift from health to illness, and discussed the “superstition” of the vampire with Mr. Marchdale. Marchdale tells Henry that he is not “a superstitious man”: “never in all my life was I so absolutely staggered as I have been by the occurrences” (12). This conversation anticipates a similar conversation in “Carmilla” between Laura’s father and General Spieldorf. Laura’s father believes in the supernatural tale General Spieldorf tells because he trusts General Spieldorf as a man. Similarly, Marchdale confides, “There is a frightful, a hideous solution of them; one which every consideration will tend to add strength to, one which I tremble to name now, although, yesterday, at this hour, I should have laughed it to scorn” (12). Marchdale’s measured and hedged introduction to his revelation that he believes Flora was attacked by a vampire shows the change he has undergone in relationship to superstition. Furthermore, he asks Henry to “promise” not to share his revelation. His request for Henry’s promise echoes the oath Ruthven forces Aubrey to swear, but flips the conditions of the oath so that it is not Marchdale’s identity as a vampire that Henry is promising “on [his] honour” (12), but

his knowledge of Marchdale's change in belief about vampires.

This promise scene, culminating in superstition, highlights the thread of interest in superstition in vampire tales (Aubrey in "The Vampyre," Laura's father in "Carmilla," and Jonathan Harker in *Dracula*) and the importance of widening frames of understanding or belief to include the supernatural.¹¹⁰ The narrator in *Varney* explains, "Everywhere then, in every house, public as well as private, something was being continually said of the vampyre. Nursery maids began to think a vampyre vastly superior to 'old scratch and old bogie' as a means of terrifying their infant charges into quietness, if not to sleep, until they themselves became too afraid on the subject to mention it" (Rymer 66). Superstition is tied to terror and silence. As rumours spread in the town about "the vampyre," the vampire's power to terrify increases; rumours have to be spread by speech, increasing the power of both the vampire's speech and speech about the vampire. In the narrator's comment, children are terrified "into quietness" and the nursery maids "became too afraid on the subject to mention it" (66). The difference between the mesmerizing speech of the vampire and the tales of terror spread by gossip exist along the same continuum. Thus the narrator's comment about paralyzing tales of terror mirrors Flora's loss of speech (and thus Christabel's and Aubrey's as well). When the vampire first moves into her room, Flora "tries to scream again but a choking sensation comes over her, and she cannot" (3). Whether or not *Varney* is extending his power to silence Flora, the relationship between terror and speech crosses into horror, in which

¹¹⁰ On his way to Count Dracula's castle, Jonathan Harker encounters many Transylvanian villagers that urge him not to travel to Castle Dracula while feverishly crossing themselves; however, instead of giving credence to any of their warnings or stories, Harker simply writes them off as the kind of silly superstitions held by peasants: "I have been taught to regard such things as in some measure idolatrous" (Stoker, *Dracula* 35) and makes note to "ask the Count about these superstitions" (36).

sensibilities “freeze” (Radcliffe 147). This relationship is made explicit when the narrator questions whether Flora has gone mad because the “young and beautiful girl [has been] exposed to so much terror” (Rymer 3). Furthermore, as the vampire “draws closer,” Flora’s speech rapidly decreases; her ability to “cry” shifts and she finds “[t]he power of articulation is gone” (3).

Unlike Henry and Flora, Dr. Chillingworth, a man of science, refuses to believe in and warns the party against superstition: “I mean to hold out to the last. I said at the first, and I say so still, that I never will give way to this outrageous superstition” (102). Similarly, Charles’ experience with the portrait is not influenced by superstitious beliefs. While he is not overcome by terror, he notes the power of the portrait’s eyes to draw his fascination: “It was one of those kinds of portraits that seem so life-like, that, as you look at them, they seem to return your gaze fully, and even to follow you with their eyes” (51). Charles, however, is skeptical about this effect and rationally attributes it to candlelight: “By candle-light such an effect is more likely to become striking . . . he felt wonderfully interested in its life-like appearance” (51). Charles also highlights the importance of one’s nervous impressions: “by a slight movement of the candle, such as any one not blessed with nerves of iron would be sure to make, and such a movement made the face look as if it was inspired with vitality” (51). This perceived gendered divide also emphasizes individuals’ previous experiences with terror. Unlike Flora, whose terror pushes her gender-predisposed asthenic body to the extreme and results in her inability to speak, Charles, with his masculine nerves and sthenic body, may encounter a spike in excitement without it leaving an impression on his nerves. George Haggerty notes that the association of nervous illness and sensibility with women in the later eighteenth

century happened “at the precise moment of cultural history at which gender roles were being codified” (4). He explains that this intersection is why it is interesting to study men in fiction from this period, noting that “men who professed sensibility were always suspected of passivity, effeminacy, or worse” (Haggarty 4). Similarly, in *Varney*, Charles and Henry are better able to manage and process nervous encounters than Aubrey in “The Vampyre” because they have not been predisposed to nervous illness by their lifestyles.

When Henry first meets his neighbour, Sir Francis Varney, he is confronted by Varney’s doubled appearance (as both the vampire terrorizing his family and as the subject of the portrait). Varney’s appearance causes Henry to become shocked and, unlike Flora who is unable to express her terror vocally (Rymer 3-4), he utters “[a] cry of surprise, mingled with terror . . . *The original of the portrait on the panel stood before him!*” (61). Importantly, the narrator highlights Varney’s “dark, lustrous, although somewhat sombre” hypnotic eyes (61). Varney “cast a strange glance upon Henry, whose eyes were riveted upon his face, as if with a species of fascination which he could not resist” (61). When Flora is first entranced by the vampire, she is also “fascinated” (3). Henry is aware that the moment causes a shift in his state of consciousness; although Rymer suggests that Henry becomes hypnotized or entranced based on his inability to break his gaze from Varney’s eyes, Henry wonders if he has entered a different altered state, that of dreaming or madness, asking, “Marchdale, is this a dream? Look—look—oh! look” (61). His fragmented speech focuses on the repetition of “look,” thus closely associated with the power of the glance. By considering the importance of the gaze to the emergence of hypnotism, I argue that Henry’s repetition is not coincidental. Furthermore, his physical reaction to Varney’s gaze causes Marchdale to admit to Varney that “recent

circumstances have shattered [Henry's] nerves" (61). Thus far in *Varney*, and the previous vampire texts, shattered nerves have occurred within the female body, but here we have them extended to Henry, again aligning him more with Flora, Christabel, and Aubrey. However, when Sir Francis Varney states, "I presume ill health has thus shattered your nerves?" (62), Henry resents the association of his nervous body with female-coded illness and retorts, "No; ill health has not done the work" (62). Regardless of Henry's attempt to reclaim his masculinity, Varney treats Henry's sthenic, nervous body, offering him "a glass of wine" which will make him "better" (63). This entire scene plays like a page out of a Brunonian textbook and underscores the importance of superstition and the power of the hypnotist/ vampire's gaze, as well as echoing Burkean obscurity which paralyzes the gazing subject. Superstition predisposes Henry's masculine body for a sthenic disease and, when confronted by the hypnotic gaze, Henry's nervous system becomes overexcited, and he becomes fixated by Varney's eyes.

As a hypnotist-figure, however, Varney is painted much more sympathetically than either Geraldine or Ruthven, suggesting a change in the understanding of altered states in the shift from mesmerism to hypnotism. While both mesmerism and hypnotism were grounded in current understandings of physiology, mesmerism focused on the mesmerist's power over his patient, whereas Braid asserted that hypnotism "was a consequence of predictable conditions prevailing (or made to prevail) within the patient's body rather than the result of some occult or innate force deriving from the person of the operator" (Hughes, *Devil's Trick* 154), and thus shifted the power dynamic between the patient and the operator. In Hughes' words, "Braid's theory was refreshingly clear in its association of induced trance with quite unexceptional physical conditions" (157). I align

Varney with hypnotism because, although mesmerism was largely discredited and clinically discarded by 1848, the way that Varney operates and creates terror in his victims, Flora and Henry, moves both the cause and effect of the hypnotic states back into the victim's body and away from unexplained, supernatural causes of the vampire's power; furthermore, Varney's power is also rooted in physiology and the vampiric state is itself described as an altered state of consciousness. In a surprising twist to the vampire's show of power, Varney implores Flora to give him sympathy:

Believe me, that if my victims, those whom my insatiable thirst for blood make wretched, suffer much, I, the vampyre, am not without my moments of unutterable agony. But it is a mysterious law of our nature, that as the period approaches when the exhausted energies of life require a new support from the warm, gushing fountain of another's veins, the strong desire to live grows upon us, until, in a paroxysm of wild insanity, which will recognise no obstacles, human or divine, we seek a victim. (Rymer 157)

Varney describes his "health" in terms similar to that of nineteenth-century medical discourse. Like Flora whose body was so overcome by shock and excitement that she was pushed into languor, here Varney focuses on his "exhausted energies of life" (157). Later in their conversation, Varney uses vocabulary explicitly linked to the Brunonian model and vitality, stating, "I shall feel the languor of death creeping over me, and then will come that mad excitement of the brain" (158). The reason Varney feels such "wild insanity" is because he oscillates from languor and asthenic illness to excitement and its subsequent nervous illness—Flora interjects that the vampiric state is a "fearful state!" (157). In fact, Bette B. Roberts argues that "Varney is not a terrifying character," but is

pathetic, accounting for why “Flora feels sorry for him” (3). Terrifying or not, Sir Francis Varney speaks rationally. He says that “when the dreadful repast is over, then again the pulse beats healthfully, and the wasted energies of a strange kind of vitality are restored to us, we become calm again, but with that calmness comes all the horror, all the agony of reflection, and we suffer far more than tongue can tell” (Rymer 157). Varney’s focus on describing his supernatural condition in purely vitalist and physiological terms contributes to the shift from occult power to physiological explanations for altered states in Gothic literature, perhaps initially influenced by Mary Shelley’s *Frankenstein*.

Although Varney’s power draws on both mesmerism and hypnotism’s focus on the gaze, there are differences in the characterization of mesmerism versus hypnotism. Whereas Geraldine’s relationship with Christabel has been considered ambiguous, by the end of the fragmented “Christabel,” the titular victim is silenced and unable to convince her father of Geraldine’s malicious nature. Christabel, “devoid of guile and sin” (Coleridge 601), replicates the snake-like glance that Geraldine has turned on her, “and passively did imitate / That look of dull and treacherous hate! / And thus she stood, in dizzy trance” (607-609). Despite being entranced, she begs her father, ““By my mother’s soul do I entreat / That thou this woman send away!” (618-19); however, as previously emphasized, Christabel, “o’er-mastered by the mighty spell” (622), is unable to give her father any indication of why he should turn Geraldine, the daughter of his friend, away. In return her father feels “dishonoured by his only child” (645) and turns to care for Geraldine. Thus Geraldine remains in power. Aubrey from “The Vampyre” is similarly entranced by Lord Ruthven, with an added emphasis on his oath to not tell anyone of Ruthven’s vampiric character. Furthermore, Ruthven describes himself as “an individual

having no sympathy with any being on the crowded earth” (Polidori 57) as he seduces Aubrey’s sister. Even more so than the title character in “Christabel,” Aubrey becomes ill due to Ruthven’s mesmeric power and succumbs in part due to his inability to confess Ruthven’s sins to his guardians and sister as his nervous body deteriorates and swings more into the extremes of Brunonian health. Ruthven retains his power over both Aubrey’s and his sister’s bodies and minds.

Even further distanced from Geraldine and Lord Ruthven’s depictions, however, is how Varney is represented as both manipulator and victim, a dual role that Flora navigates in reaction to Varney’s explanation of his vampiric state. By the end of *Varney the Vampire*, however, Flora extends her sympathy to Varney. After he tells her about his vampiric altered state and confesses his love for her, she tells him, “You have my pity” (Rymer 157). He offers a compromise: if she leaves Bannerworth Hall, then he will not pursue her. By the end of the novel, his power remains tied to the physical location; like Carmilla and her ties to the Karnstein family, Varney’s powers remain tied to his old home, Bannerworth Hall, and he does not make Flora swear an oath to him; instead his oath is tied to Bannerworth Hall. He says, “As for Bannerworth Hall, I will yet have it in my power; I have sworn to do so, I will keep my oath” (276). Varney’s characterization signals a departure in vampire literature from the unsympathetic vampire figure who wields mesmeric powers over their victims to a more sympathetic figure who willingly loosens his grip on his victim. This shift has to do with the corresponding contemporary shift from mesmerism to hypnotism—that hypnotism requires the complicity of the target to enter an altered state. While it is difficult to untangle the interwoven strands of the medical theories of mind and will that persisted into the late nineteenth century, “the

common language through which animal magnetism was both conveyed and disputed retained a residue of all power that unavoidably shaped the reception of subsequent practices such as hypnotism” (Hughes, *Devil’s Trick* 3). Hughes argues that “literary critics have in recent years readily responded to the fact that the vast majority of English-language fictional portrayals of magnetic or hypnotic phenomena were produced in the nineteenth- rather than the eighteenth-century” (13), yet the texts I examine in this chapter demonstrate the shift in the popularity from mesmerism to hypnotism.

Furthermore, Hughes shows that these historians and critics resist the idea that these two practices are interwoven, arguing that “the languages and characteristic gestures of both are sufficiently congruent to tincture any new development with the colour of rediscovery” (13). The biggest shift is apparent in the way that, in *Varney*, both the vampire and his victims’ altered states are grounded in the physiological, a shift also important in “Carmilla.”

4.5. A RETURN TO “MESMERISM”

Although the physiological shift rooted in Brunonian and Trotterian understandings of health can be identified in certain fictional depictions of hypnotism, Hughes’ statement that “[t]he boundaries thus established between [mesmerism and hypnotism] are at best questionable and at worst misleading” (*Devil’s Trick* 14) is exemplified in the later nineteenth-century texts that focus on mesmerism and not hypnotism, even though, scientifically speaking, hypnotism had eclipsed mesmerism by this point. I would like to close this chapter by turning to Robert Browning’s “Mesmerism,” which was published in 1855, twenty years after Shelley’s “The Magnetic Lady to Her Patient,” and certainly

after the rise of hypnotism. As Daniel Karlin notes, “the design of Browning’s poem is shaped by the central feature of mesmerism, the personal relation between practitioner and subject” (65). Browning’s dramatic speaker opens the poem by promising the listener that they are able “to get / By a method as strange as new” everything they desire (3-4). The “method as strange as new” is mesmerism and what the speaker wants is to possess a certain woman with “hair-plait’s chestnut gold” (29). The speaker repeatedly couches his desire at the beginning of stanzas, as Daniel Creed notes, in the language of matrimony: “to have and hold” (Browning, “Mesmerism” 26, 31, 36, 41; Creed 74-74). This language normalizes the speaker’s abnormal and troublesome desire to mesmerism this woman. He expresses his desire to hold power over the woman from stanza six onward.

The majority of the language and the title of the poem imply that the speaker is practicing mesmerism; however, as later seen in *Dracula* and other *fin-de-siècle* narratives that include remote control, the speaker is hypnotizing the woman from a distance:

I have sat and brought
(So to speak) my thought
To bear on the woman away,
Till I felt my hair turn grey— (“Mesmerism” 22-25)

The word “away” sits at the end of a line before a comma, before the personal pronoun in the next line, emphasizing the physical distance between the woman and the speaker.

This distance is more indicative of hypnotism than mesmerism where the mesmerist and subject were joined to the metallic conveyer or by passes of the hand or conducting wand over the body.

Despite this muddling of mesmerism and hypnotism, the speaker's description of the woman he is entrancing echoes those of the texts I have discussed in this chapter: she is unable to speak (33) and she is "passive" (34); the mesmerist's power stems from his gaze, and both the soul and nerves are emphasized:

And through all and each
Of the veils I reach
To her soul and never swerve,
Knitting an iron nerve. (37-40)

This perspective aligns with the nineteenth-century belief that "[t]he soul is one with the will" (Reed 174), and highlights the increasing interest in the role of the human body, specifically the brain, with respect to will; John Reed explains that "investigations of the human brain were gradually succeeding in localizing mental functions" and that "eventually such investigations produced grave doubts about man's freedom" (184). Browning's concerns about such freedom are, as W. C. DeVane explains, conveyed in "Mesmerism": the poem "expresses Browning's belief in the sacredness of the individual soul; he feels it must not be invaded" (14). In this way, Browning's poem reminds readers of the debate surrounding unconscious control of the body and involuntary motions. Here, Browning's speaker attempts to hold power over the woman, power that stems from his understanding of the physiology of her brain, but he exercises this power in a transgressive way that ultimately exhausts him, turning his hair grey (25). Similarly, the matrimonial language becomes perverse when the speaker wishes to "Have and hold" the woman "Breathing and mute, / Passive and yet aware, / In the grasp of my steady stare—" (31, 33-35). The altered state that the speaker wants to inflict upon this woman is between

consciousness and unconsciousness. His focus on ensuring that she is “yet aware,” is transgressive because she loses her agency and is rendered “passive” but is “aware” that she has been robbed of her free will.

The speaker of this poem bears similarities to the speaker of Browning’s “Porphyria’s Lover” (1836) in that he desires Porphyria to be “mine, mine, fair, / Perfectly pure and good” (36-37). He states that Porphyria is “Too weak” to “give herself to me for ever” (24-25), so he goes further than the speaker of “Mesmerism” and claims her as his by strangling her. He asserts his power over her, removing her will, and turns her into a corpse:

The smiling rosy little head,

So glad it has its utmost will,

That all it scorned at once is fled,

And I, its love, am gained instead! (52-55)

Eerily, the speaker envisions that Porphyria’s corpse has gained “its utmost will” as a result of his murder. Porphyria is dead and the speaker shifts pronouns from “her” to “it” (51-52) as he exerts his control over her body and grants her “one wish” (57), explicitly noting that he achieves this goal by dominating her body: “she guessed not how / Her darling one wish would be heard” (56-57). In this way, he controls Porphyria’s agency in similar way as the speaker of “Mesmerism” controls the woman he has enthralled.

However, in “Mesmerism” the mesmerist speaker wants more than to control her mind; he wants “All her body and soul / That completes my whole” (37-38). His focus on the soul’s role in animal magnetism recalls Shelley’s “Magnetic Lady”; however, in Shelley’s poem, it is the mesmerist’s soul that is tied to her power. In order to “command

her soul to advance” (Browning 51), Browning’s speaker states, “through all and each / Of the veils I reach / To her soul” (47-49). By putting focus on the woman’s soul, Browning’s depiction of mesmerism overrides understandings of both free will and will under God’s sovereignty.¹¹¹ As Alison Winter says, mesmerism “was possession in the sense of the deliberate manipulation of another person’s being, mind, or soul” (*Mesmerized* 239). Karlin notes that Browning’s use of the dramatic monologue form for a poem about mesmerism echoes the content in its form: “it confers power on its protagonist, and he or she, in turn, is characteristically engaged in exercising power over a silent interlocutor” (70). Both Karlin and Creed have analyzed how Browning’s form and use of repetition can be seen as an attempt to entrance the silent readers that “pulls readers deeper into . . . their own trance state, where the poem acts as a hypnotic suggestion” (Creed 73).

The mesmerist’s power over the woman combines the characteristics we have come to expect from mesmerism and hypnotism, enacted through his “steady stare” (“Mesmerism” 35) and hands which “give vent to [his] ardour and [his] aim,” “pointing the power from it” (63-64, 59). The poem’s short quintet, entangled with the speaker’s personal pronouns and commands, create an enclosed space for the woman’s altered state. The speaker states that his power will make her feel “suffocat[ed] / If she breaks not from its leaden line / And escape from its close confine” (78-80). Despite the physical distance between the mesmerist and his victim, his power alters her state of consciousness so that she feels trapped in “close confine” (80) and must travel to him.

¹¹¹ John Reed explains in *Victorian Will* that “to possess free will was henceforth to subordinate the power of the will to the duty ordained by God” (198).

Although Browning's speaker, like many of those featured in his dramatic monologues,¹¹² is certainly a patriarchal sociopath, in his desire for control over the woman, what sets Browning's mesmerist apart from Geraldine and Ruthven, and what I would argue aligns him with *Varney*, is that he stops exerting his powers. Where *Varney* confides in Flora about the pain he undergoes when he controls her and receives her pity in return, Browning's speaker suddenly realizes "the discourse of power exemplified by mesmerism" and turns to prayer (Creed 75). He recognizes that, although he can control it, the soul belongs to the woman ("Mesmerism" 128). Isobel Armstrong characterizes "Mesmerism" as conveying the "monstrous act of will, a fantasy of total power" (287). Browning ends the stanza with a plea, "For a time, restrain me now!" ("Mesmerism" 130). However, he is quick to note, "I admonish me while I may, / Not to squander guilt" (131-32), but because she will take "a price one day" (132). Kirk H. Beetz explains that Browning's speaker does not seem remorseful for his transgressive act of hypnotism; rather "his only worry is about divine retribution" (9). This concern is echoed in Browning's "Porphyria's Lover," where the speaker feels justified in his murder: "And yet God has not said a word!" (60). Browning's "Mesmerism" mixes mesmerism and hypnotism, indicating "the shared language that lies" between the two pseudoscientific practices (Hughes, *Devil's Trick* 13).¹¹³ For, as Hughes declares, "There is no discrete age of animal magnetism, no unequivocal era of hypnotism, no *absolute* separation between the two that can be satisfactorily enforced through either chronological or conceptual criteria" (14). Ultimately, Browning's poem and, later, Stoker's *Dracula* demonstrate that

¹¹² I analyze "Porphyria's Lover," but "My Last Dutchess" (1842), and "The Bishop Orders his Tomb at St. Praxed's Church" (1845) could also be read within the framework of control and agency.

¹¹³ For more on Browning's "Mesmerism" see Schneck ("Robert Browning and Mesmerism") and Chapman.

the lifetime of these practices extends into the late nineteenth century. While many fictional depictions of mesmerism and hypnotism cannot be said to show certainly the conventions of a specific practice, which is especially true of mid- to later-nineteenth-century texts such as Browning's "Mesmerism," the vampire literature published before 1846 characterizes the vampire figures (and their victims) as using the shared language of mesmerism and hypnotism, with a particular focus on the gendered power dynamic, threats to female purity, and the mesmerist's powerful gaze and voice.

CHAPTER 5 SOMNAMBULISM AND VAMPIRIC INTENT

Asleep but not asleep, dead but not dead: such contradictory phrases often describe the vampire and so emphasize its association with altered states of consciousness, from hypnotism to somnambulism. Stoker's *Dracula*, in particular, popularized the close relationship between vampires and sleep states, especially somnambulism, and many scholars have examined the medical foundations of Stoker's *Dracula* (Stiles et al. 789).¹¹⁴ Several adaptations of *Dracula* feature Dracula's victim Lucy erotically sleepwalking into Dracula's arms in various stages of undress, highlighting the power of this connection.¹¹⁵ However, in the earliest vampire texts, Coleridge's "Christabel" and Polidori's "The Vampyre," somnambulism is noticeably absent. By tracing the correlation between sleepwalking and vampire stories in these earlier texts, I consider when sleepwalking first became associated with the vampire and why that correlation shifted and becomes so prominent in later nineteenth-century texts.

This chapter traces the development of medical thought about somnambulism to consider its depiction in *The Moonstone*, *Varney the Vampire*, and *Dracula*. I examine *The Moonstone*'s Franklin Blake and Ezra Jennings as a case study of competing medical theories of somnambulism in nineteenth-century fiction in general before moving to Flora's sleepwalking in *Varney the Vampire* and the more sustained sleepwalking episodes in *Dracula*, focussing particularly on Lucy. Comparing these texts shows how vampire texts use somnambulism differently from other genres of fiction in the Victorian

¹¹⁴ See Hughes (*Beyond Dracula*), Jennifer Miles, Hallab, Sparks, Feimer, and Kistler.

¹¹⁵ The character of Lucy occasionally has had different names in various adaptations. In the 1922 *Nosferatu*, the character is named Annie and, in the 1979 *Nosferatu: Phantom der Nacht*, Lucy and Mina's names are switched.

period.

Varney the Vampire raises broad questions about the representation of sleep in literature, inviting us to think about the significance of specific altered states of consciousness tied to sleep, especially sleepwalking. To understand this element of *Varney*, we need to turn to late-eighteenth- and early-nineteenth-century conceptualizations of these altered states: what happens when an individual performs physical actions that are not automatic (breathing, pulse) while in a sleep state, and why was this altered state important to vampire literature from *Dracula* forward? As I discuss here, *Varney* offers an important mid-century consideration of altered states of consciousness, especially natural somnambulism, that go beyond the artificial states of mesmerism and hypnotism discussed in Chapter Four. Moreover, as a weekly serialized tale published in Edward Lloyd's penny bloods,¹¹⁶ *Varney* serves to remind us that questions about consciousness circulated widely in the long nineteenth century.

5.1. SOMNAMBULISM, MEMORY, AND CONSCIOUSNESS

While *Varney the Vampire* is the first vampire text to feature sleepwalking, somnambulism had already been featured in many other works. Commenting on the development of and focus on somnambulism in the long eighteenth century, Sasha Handley notes that “[t]he pages of leading periodicals, magazines, newspapers, plays, novels, medical and philosophical texts and entertaining collections of miscellanea were

¹¹⁶ Andrew King explains that “the generic term for Lloyd’s serials is ‘bloods’ because of their association with illustrations of criminal wounding and mutilation” and notes that *Varney* had 109 parts published between 1845-47” (42). See King for an overview of serialized and penny dreadful fiction in the nineteenth century.

flooded by case studies and observations relating to the nature, cause and significance of this singular disorder” (305). It is important to recognize how popular somnambulism was to understand why and how it captured so much interest leading up to the mid-nineteenth century. The pervasiveness of somnambulism as it spilled over the boundaries of medical texts and into literature is related, I argue, to its operation as a site of gothic terror.

Many of the medical theorists adopted binary language to categorize the differences they saw in their conceptualizations of somnambulism. Psychiatry historian Henri Ellenberger describes how the evolution of dynamic psychiatry can be traced to “one particular condition,” somnambulism, and breaks down the condition into “spontaneous somnambulism and its artificially induced counterpart, hypnosis” (112).¹¹⁷ However, to clarify the vocabulary applied here, I use “natural” and “artificial” to capture the difference between somnambulism caused by the body’s natural processes versus somnambulism artificially induced through hypnotism, mesmerism, or the consumption of opium, alcohol, or other stimulants.

Natural and artificial somnambulism raised different fears in nineteenth-century culture.¹¹⁸ Eric G. Wilson explores how artificial somnambulism can be caused by mesmerism and expands on the intersections between mesmerism, secular control over an individual’s will, and gendered concepts of morality¹¹⁹: “Those opposed to mesmerism practice and the sleepwalkers it produced often expressed terror over the improprieties of

¹¹⁷ “Spontaneous somnambulism” was termed “natural somnambulism” by Carpenter and others.

¹¹⁸ See Chapter Four for a discussion of artificial somnambulism.

¹¹⁹ As Handley explains, “The negative religious and cultural associations of sleepwalking are exemplified in Shakespeare’s *Lady Macbeth*. . . . The physician who attends her in this state judges that ‘Unnatural deeds / Do breed unnatural troubles: infected minds/ To their deaf pillows will discharge their secrets / More needs she the divine than the physician’” (306).

one person controlling another, frequently a woman in dishabille” (333-34). Since artificial somnambulism places focus on the actions of one individual controlling another, the terror associated with this form of somnambulism is related to the fragmentation of self that occurs when an individual no longer has control of their own will, coupled with gendered fears of improprieties carried out by the inducer.¹²⁰

However, natural somnambulism created another type of terror that arose from the idea that “sleepwalking ominously suggested the possibility that the human body and brain could function mechanically, without the guiding power of the soul or will” (Stiles et al. 790). These fears revolved around the idea that specific organs, such as the brain, could automatically carry out bodily processes without conscious intent, thereby causing nineteenth-century society to question whether humans had agency or were mere automatons, functioning according to a prior design (790). The intersections of memory, control, gender, and will challenged the ways society understood the body to function; that is, that the body had the capability to include involuntary motions (automatic processes) beyond willed or voluntary motions (Whytt 2-3, 321-22), and these involuntary motions were heightened during altered states. Texts that feature somnambulism are important to analyze in light of these contexts because they help us to pinpoint why somnambulism was emblematic of nineteenth-century concerns.

From the mid- to late-eighteenth century through to the late-nineteenth century, somnambulism was categorized and understood differently as developments in brain science occurred. In 1769, Scottish physician, William Cullen, defined “oneirodynia” as

¹²⁰ Roger Luckhurst states that “[f]rom the first accounts of Mesmer’s treatments it was the risk to women at the hands of male charlatans that was the key anxiety” (“Trance-Gothic” 156). See Luckhurst for more on the relationship between nineteenth-century anxieties and gendered control of individuals through mesmerism (“Trance-Gothic”).

“indicat[ing] nightmares” but, as Anne Stiles, Stanley Finger, and John Bulevich explain, “the term was eventually extended to include ‘inflamed or disturbed imagination during sleep,’ a state of mind that could lead to sleepwalking” (792). Cullen divided the disorder into two classes: those in which unconscious individuals walked in their sleep and those in which an oppressive form “associated with the sense of weight on the chest” was experienced in sleep (Stiles et al. 139). As understandings changed from Cullen to William B. Carpenter, a physician practicing 50 years later, the definition of somnambulism continued to carry this thread of “walking” or taking physical actions while asleep. The biggest differences between various definitions have to do with the physiological causes for such actions and whether volition was suspended. As such, the oft-repeated phrasing of “compromised volition” or “will” in medical treatises discussing somnambulism often drew criticism and caused anxiety.

In a number of chapters in *Zoonomia*, for example, Erasmus Darwin discusses sleeping and dreaming, and the suspension of volition is how he distinguishes between sleep and somnambulism. Darwin considered somnambulism a different state from sleep or dreaming: “For Darwin ‘somnambulism’ was formally categorized as a type of reverie, and it differed from sleep because it incorporated a degree of volition” (Handley 71). Darwin classified somnambulism as a disease of the “epileptic or cataleptic kind” (*Zoonomia* 225). Because somnambulists responded to external stimuli while in reverie, Darwin argued that there was “no suspension of volition during the fits of reverie” (223). Unlike Cullen who argued that sleep states, nightmares, and somnambulism were connected, Darwin saw a disconnect and suggested somnambulism was a symptom of a disease rather than a separate disorder. As such, Darwin’s comments on sleep are more

consistent with how Polidori, and later Carpenter, would conceptualize automatic motions. Darwin explains that while volition is “entirely suspended during sleep, . . . other classes of motion, which are more immediately necessary to life, as those caused by internal stimuli, for instance the pulsations of the heart and arteries . . . continue to strengthen their habits without interruption” (199). Essentially, Darwin argues that bodies continue key autonomic processes and motions whether waking or sleeping. States of consciousness differ, then, primarily in terms of agency: we can choose to act while awake, but not while we sleep. Somnambulism, as a state that allows what Handley terms “a degree of volition,” lies between these two states—neither fully volitional (as in waking) nor reduced to what Robert Whytt called “involuntary motions” (2-3).

However, Darwin’s comments on the intersections between somnambulism and memory are most relevant here. He thought of somnambulism as a “formidable disease” because the sleepwalker experienced “total forgetfulness of what passed in reverie” (*Zoonomia* 220) after waking due to “the inaptitude of the mind to attend to external stimuli” (221). Darwin was fascinated by the intersection of the will and what Whytt called “involuntary motions” (see Chapter Two). If the mind can process external stimuli and transitions in the altered state of reverie, but is unable to remember these processed imaged upon returning to consciousness, could an individual be expected to make decisions and exercise will while in this altered state? Although Darwin devoted a number of chapters to sleep and reverie in *Zoonomia*, later Romantic writers would go even further in their discussions of somnambulism.

John Polidori wrote his medical thesis on oneirodynia¹²¹ and, in a departure from

¹²¹ The *OED* defines oneirodynia as “disturbed sleep, including that in which nightmares and sleepwalking occur.”

Cullen, who conceptualized oneirodynia as a possible precursor to sleepwalking (in that he saw this “inflamed . . . imagination” [*Nosology* 134] in nightmares as leading to walking while asleep), Polidori focussed on the variety of physical actions carried out by the sleepwalker. He defined oneirodynia as somnambulism, “walking while in a dream” (Polidori, *Medical Dissertation* 776), whereas Cullen defined oneirodynia based on its causes. Cullen’s etymology though pairs “dream” and “anxiety” (*Nosology* 237)—and he distinguishes between different species of oneirodynia: “activa” “inciting persons to walking and to various motions” and “gravans” for the nightmare sensation of weight on the chest (*Nosology* 134, 135). He classified the former species under hallucinations and madness (Polidori, *Medical Dissertation* 776).¹²² That is to say, Cullen focused on the “disturbed imagination,” linking it to mental states, while Polidori was interested in the physical, “motor aspects of the disease” (Petraïn 785n7). Polidori traced the derivation of “oneirodynia” to support his definition; however, as both D. L. Macdonald and David E. Petraïn explain, Polidori mistakenly traced the derivation (Macdonald 31 -42; Petraïn 784). His “deviant derivation highlights” “the motor aspects of the disease” (to walk) rather than focusing on the derivation of the definition from the root for “pain” as Cullen does by using the word “inflamed” in his definition (Petraïn 784).¹²³

Unlike Cullen, then, Polidori expands his definition beyond walking to include “someone who appears to wake up while still asleep, and who performs actions or speaks as if he were awake” (Polidori 776). Perhaps more importantly, unlike Cullen, Polidori

¹²² Petraïn translated Polidori’s Latin medical thesis to English—I depend on his translation for my use of Polidori’s thesis throughout this chapter.

¹²³ Polidori’s approaches to somnambulism differed from his contemporary, Arnold Weinholt, whose lectures were not available in English until the 1840s. Finger and Stiles note that Weinholt’s approach mixed medicine with theology and brought “the immortal human soul to the fore” (144). In comparison, Polidori’s approach is strictly medical and his thesis includes two case studies of individuals suffering from somnambulism.

distinguishes oneirodynia or somnambulism from sleep because, in his view, oneirodynia allows mental activity but sleep does not: rather, sleep is “that state of the mind in which there is either no mental activity or, if any is present, it pursues only memory and the connections between ideas with practically all of the body’s senses displaced” (783). This perspective is consistent with Coleridge’s view of dreaming, rooted in established scientific thought, where dreaming involves “streamy association” (*Notebooks* 1: 1770; see Chapter Two). Polidori characterizes somnambulism as a state that simulates a waking state, as the patient “appears to wake up” and act “as if he were awake” (776), therefore calling into question what it means to be aware, conscious, and agential.

In comparison to his definition of sleep, Polidori’s description of somnambulism states that “the mind enjoys an unusually vivid memory and some parts of the body are primed for receiving its impressions” (Polidori 784). It is worth noting that Polidori’s views on the distinction between somnambulism and sleep echo Darwin’s, although Polidori considered somnambulism to be similar to sleep and not related to a specific disease like epilepsy. The controversial idea that sleep and somnambulism were different states was later taken up by A.J.F. Bertrand (1823) and J.C.A. Heinroth (1818), and disputed by James Cowles Prichard (1835) who argued for the “near connection between somnambulism and dreams” (Prichard 194; qtd. in Umanath et al. 261).¹²⁴ More controversial, however, as Stiles, Finger, and Bulevich explain, was Polidori’s emphasis on the brain’s activity and memory during somnambulism (790).

¹²⁴ Bertrand is interesting because he, similar to Polidori and Carpenter, categorized somnambulism based on its four causes: essential, “which occurs in those with a particular nervous temperament, but are otherwise in good health”, symptomatic, “which occurs over the course of particular diseases, artificial, and ecstatic (qtd. in Umanath et al. 262). Bertrand and Prichard’s writing was introduced in English in Hammond’s 1869 *Sleep and its Derangements*. Prichard wrote the sections dealing with somnambulism for *The Cyclopaedia of Practical Medicine* in 1835 (Umanath et al. 261).

While relying on previous paradigms of brain science with regards to sleep (such as the understanding published in Diderot's *Encyclopédie*), Polidori's argument is original in its emphasis on the activity of the brain during somnambulism. Furthermore, he speculated that somnambulists had a "twofold memory" (Polidori 784), "what we now call state-dependent memory" (Stiles et al. 793), where one track follows the altered state of consciousness in sleep and the other follows the conscious awake brain, "the track followed by the soul as it thinks and remembers" (Polidori 777). He uses this classification to explain why somnambulists can remember their actions from their previous episodes while in the somnambulistic state, but when awakened do not remember anything that occurred in the somnambulistic state (777).¹²⁵ That is to say, when an individual is conscious, they make memories of events that occur while they are conscious; when they enter somnambulistic states, they make memories of events that occur while they are in this state; the mind switches from one track to the other depending on the state of consciousness, but one memory track cannot be accessed from the other memory-track's state. Polidori (and later Elliotson and Carpenter) theorized that when an individual returned to the somnambulistic state, they would remember memories and actions that they had taken the last time they were in this altered state.

Polidori's argument also differs from eighteenth-century medical thought in its understanding of the "proximate" cause of somnambulism. He argues that "the disease arose not from an organic affliction of the brain, but from a hyperexcitability of the brain and nerves" (Polidori 781), harkening back to the Brunonian model of health. That is,

¹²⁵ Alan Richardson notes that "Polidori overlooked the possibility that his cases might have been acting or playing pranks" (*British Romanticism* 797). David A. E. Shephard also explains that early chemical analgesics were used recreationally and had amnesia qualities before they were used as anesthesia (36).

over the course of the long eighteenth century, “sleepwalking was conceptually transformed into a unique disorder of the brain and nervous system that was thought to afflict polite ladies and gentlemen who suffered from an excess of nervous sensibility” (Handley 306).¹²⁶ The connection of the disorder to excessive nervous sensibility recalls how Cullen grouped the motor species of oneirodynia under “neuroses” (461); however, Polidori does not conceptualize somnambulism as a form of mania. Instead, he explains the symptoms and causes of somnambulism. Under Polidori’s three classes of the cause of disease (an adaptation of Brown’s model: proximate, remote, and predisposing), the remote cause, “the cause that precedes the proximate,” includes states that allow for this hyper-excitability, and that the predisposing cause(s), “the cause[s] that make . . . men susceptible to a certain disease,” include a wide range of factors. He particularly notes, in this order, the following series of predisposing factors for somnambulism (Polidori 777): “intoxication, overeating, food that produces gas, use of too much bedding, placing the head lower than the body, lying on one’s back, study, use of opium, and everything that moves blood to the brain” (777). Somnambulism is caused by a number of activities that Brown associates with exhaustion of excitability, and part of what Polidori is thinking about here overlaps with Brown’s remarks on “morbid sleep”: “the cause of morbid sleep is either [indirect or direct] debility, when no stimulus acts upon the weakened system so as to throw it into a state of agitation” (275). Brown’s “morbid sleep” would not lead to somnambulism because it is diametrically opposed to “a state of agitation” (275); however, Brown’s morbid sleep and Polidori’s somnambulism share similar causes (such

¹²⁶ Yet, as Handley notes, this excess of nervous sensibility should have marked sleepwalking as fashionable and enhance the individuals suffering from it as part of Cheyne’s famous “English malady”; however, sleep disorders did not carry such cachet (306-10).

as overeating or excess bedding) and Polidori's somnambulism follows the cause and cure model of Brunonian excitability, generally. While Polidori's explanations of the different causes of somnambulism adhere to Romantic-era medical thought, his thesis on somnambulism put forward a new argument about consciousness during dreaming that separates somnambulism from other sleep states.¹²⁷

Writing after Polidori, John Elliotson posited ideas about somnambulism that returned the disorder to its close associations with sleep; Elliotson classifies somnambulism as "imperfect and partial sleep" (614), whereas Polidori (and later Carpenter) conceptualizes somnambulism as an entirely different state from sleep. Elliotson's mesmeric demonstrations, featuring the O'Key sisters, focused on the "somnambulistic activities manifested by a female epileptic patient, a phenomenon Elliotson called 'sleep-waking'" or "somno-vigilium" (Kaplan, *Dickens* 31).¹²⁸ Fred Kaplan notes that Elliotson makes the connection between the mesmerist trance state he termed "sleep-waking" and naturally produced somnambulism, "pointing out the resemblance between" the two states (31-32). Elliotson considers mesmerism as a slightly different version of what happens physiologically in natural somnambulism.

Much of Elliotson's commentary regarding somnambulism derives from his defense against the mechanistic view of the body upheld by metaphysicians,¹²⁹ that "[i]n sleep the function of the brain is suspended, and if, it is perfect, there is no sensation,

¹²⁷ See Viets, Macdonald, and Rieger for scholarship on Polidori's thesis.

¹²⁸ Elliotson also used the term "somno-vigilium," as Kaplan explains, "because in this state patients may not walk, or may even be unable to walk" ("Mesmeric Mania" 627).

¹²⁹ In his footnotes, Elliotson explains that Blumenbach and Cabanis define sleep as a "function" (613nv), stating, "To say intercourse of the mind and body, and not activity of brain and its dependences . . . is antiquated nonsense" (613). Elliotson moves away from the general discussion of mind and body and pushes for the adoption of more specified language of the "encephalo-spinal system," including the brain and nerves (613).

consciousness, thought, emotion, or volition: but the degree of suspension is extremely various” (613). The “degree of suspension” determines conditions such as somnambulism that are created by “*partial* activity of the brain” (614; emphasis added). Essentially, Elliotson does not believe external sensory impressions play a role in the cause of somnambulism and maintains that somnambulism occurs only because of “partial” brain activity (not automatic, unconscious processes, as Polidori and Carpenter discuss in their works); however, Elliotson espouses the theory of “double consciousness” (like Polidori’s “twofold memory” and Carpenter’s separate tracks) to account for the way memory functions in unconscious versus conscious states (659).¹³⁰

Furthermore, medical understandings of consciousness continued to rapidly expand after the discovery of anesthesia in 1846. In 1874, William B. Carpenter published his *Principles of Mental Physiology*, which explained a theory of mental physiology and consciousness that he was developing in the 1850s. Carpenter is remembered for creating the idea of “unconscious cerebration,” a term he used to explain how the brain functioned during various altered states of consciousness, including dreaming, somnambulism, and reverie. As Stiles, Finger, and Bulevich state, “unconscious cerebration” was a “forerunner of Freud’s more famous conception of the unconscious,” explaining that “Carpenter and other nineteenth-century scientists conceived of it as a *physical process* rather than an untapped reservoir of repressed ideas and feelings” (803; emphasis added).¹³¹

To clarify, before Polidori’s writing on the brain’s activity during somnambulism

¹³⁰ Elliotson argues that somnambulism has “all the same exciting causes as other nervous diseases” and does not place focus on external sensory impressions preceding somnambulism (659).

¹³¹ Throughout this chapter, when I use the word “unconscious,” I am referring to individuals being in an unconscious state, and not to Freud’s psychoanalytic unconscious.

and Carpenter's concept of unconscious cerebration, metaphysicians "maintain[ed] that actions which were originally prompted by the Will with a distinct intention, and which are still entirely under its control, can never cease to be Volitional" (Carpenter 19). In other words, Carpenter acknowledges that "[t]here may still be Metaphysicians who" believe that if an individual chooses to breathe, they exert their will to do so, and this will can never be separated from the bodily action (even if it involves "an infinitesimally small amount of will") (20).¹³² However, in opposition to the metaphysicians were those medical writers, such as Whytt, who theorized about the relationship between the will and bodily movements in terms of bodily functions that were and were not subject to the will¹³³: these thinkers distinguished these two types of movements as "*voluntary* and *involuntary*" (Carpenter 16). In his work, Carpenter suggests updating this binary formulation and instead terming the two types of movement

volitional and *automatic*, the former being those which are called forth by a distinct effort of Will, and are directed to the execution of a definite *purpose*; whilst the latter are performed in response [*sic*] to an internal prompting of which we may or may not be conscious, and are not dependent on any preformed intention,—being executed, to use a common expression, "mechanically." (16)

As mentioned earlier, Carpenter lists "movements of which the uninterrupted performance is essential to the maintenance of Life" as "*primarily* automatic" (16); these movements "are not only independent of the Will, but entirely beyond its control" (16)

¹³² Carpenter names Sir William Hamilton (516) and "Archbishop Manning and Mr. Martineau, who many be considered as a typical Metaphysicians, and who hold the Freedom of the Will as a fundamental article of their Religious and Ethical creeds . . . that our succession of Thoughts and Feelings is in great degree determined by antecedent conditions, which are intimately related to those of our Physiological Mechanism" (xi).

¹³³ See Whytt's 1751 *Essay on the Vital and Involuntary Motions of Animals*, a text focusing on the vitalism debates about bodily functions that were not subject to the will.

and include the “beating of the Heart” and “the act of Respiration” (16).

Carpenter contended that “it will be further shown that there are a great number of mental phenomena which cannot be accounted for in any other way, than as resulting from the operation of a Physiological mechanism, which may go on not only *automatically*, but even *unconsciously*” (15). Carpenter’s model is developed from Whytt’s *Involuntary Motions*: “It has been customary to classify these as *voluntary* or *involuntary*” (Carpenter 16). Yet, Carpenter makes a distinction between processes that are “*primarily Automatic*,” such as “beating of the Heart”¹³⁴ and “*secondarily Automatic*” (16). For Carpenter, unconscious processes involve “a succession of Mental states” arising from suggestions not formed by the will (15). These automatic processes “excite . . . to a certain measure of intensity, or, in physiological language, [are] *reflex actions of the Cerebrum*” (279). In these “*reflex actions of the Cerebrum*” (279), “excito-motor or excito-sensory impressions” trigger “certain kinds of nerves going to certain centres,” which ultimately “excite cerebral reflex actions and conscious states, whether they be instinctive, sensational, emotional, or volitional” (Laycock 2). Due to the range of automatic or volitional actions and states, Carpenter avoids “involuntary” as terminology in favour of “automatic.” These reflexes, he argues, are evident in altered states of consciousness such as somnambulism.

Carpenter divides altered states into four categories: dreaming, somnambulism, delirium, and finally, a classification for reverie and abstraction.¹³⁵ In his work on

¹³⁴ Carpenter notes that though the heartbeat is “liable to be affected by *emotional* disturbance, [it] cannot be altered either in force or frequency by any *volitional* effort” (16).

¹³⁵ Carpenter considers reverie and abstraction states that come from the same automatic functions: when the Mind is *not* following any definite distraction of its own, one idea may be readily substituted for another by new *suggestions* from without; and thus the whole state of convictions, the feelings, and the impulses to action, may be altered from time to time, without the least perception of the strangeness of the transition” (544). That is to say, reverie and abstraction are not sleep states, but states where the mind

dreaming, Carpenter focusses on the distinction between what he calls “*ordinary profound Sleep*,” which is defined as the “complete *suspension of sensorial activity*” beyond “reflex actions” such as heart beat, breathing, and swallowing (568), and the “series of gradational states between” consciousness and unconsciousness (570). Carpenter identifies the essential feature of altered states of consciousness (including dreaming, delirium, reverie, and somnambulism—natural and artificial) as “the complete *suspension* of the power of volition directing the current of thought and feeling” (393). He suggests that dreaming varies because of “the degree to which the coherence of the successive states is maintained by preformed Associations” (393); dreams vary based on “the consistency in trains of thought” (394), or “preformed Associations” (393), that are experienced during conscious states. The other altered states do not function in the same way. For instance, he suggests that somnambulism depends on the mind’s “receptivity” to internal and external impressions (608), with artificial somnambulism and insanity also requiring some degree of “[e]motional excitement” (393; 608). In brief, Carpenter argues that altered states are characterized by a suspension of conscious will simultaneous with diverse processes.

Accordingly, Carpenter splits somnambulism into two kinds: “*naturally produced*” and “*artificially induced*” (591, 601). It is important to note that, like Polidori, Carpenter considers hypnotism and mesmerism artificial versions of the “natural” altered state of somnambulism.¹³⁶ While Carpenter was critical of mesmerism and far more accepting of its more physiologically grounded evolution, hypnosis, he notes that he undertook a

streams on in such a way that it does not feel “strange” to the individual: “*Reverie* being the automatic mental action of the Poet, *Abstraction* that of the Reasoner” (544). This category with its overlapping states is similar to the concept of a “brown study” (see Chapter Six).

¹³⁶ See Chapter Four.

“course of study of mesmerism” and explains that once one studies mesmerism, one can determine which aspects of mesmerism are “genuine,” physiological effects of the practice, and which aspects cause onlookers to be deceived by the performance (623-26). Carpenter is only interested in physiological explanations for mesmerism and overall argued against understandings that “intertwined” mesmerism with supernatural understandings such as spiritualism, “a movement which emerged in America in the late 1840s and arrived in Britain soon after” (Pick 56). Carpenter uses “artificial somnambulism” to refer to hypnotism because he considers hypnotism more authentic because it is more grounded in physiology, whereas he groups mesmerism with spiritualism and refers heavily to the Commission’s *Rapport Secret* and the ways that mesmerism can be an illusion or performance (see Chapter Four). For Carpenter, natural somnambulism is always genuine and hypnotism is closer to it than mesmerism and only differs in degree, not kind; he explains that in “Hypnotized somnambule” there is a “greater concentration” or “*greater intensity* of the gaze, and in the more complete concentration of Will upon the direction of the eyes” than in natural somnambulism (601). The level to which sensory perceptions are perceived is determined by this increased “intensity” “of the Mind with whatever may be for a time the object of its attention” (608). The main characteristic of artificial somnambulism, for Carpenter, is that, prior to suggestions or “the prompting of the operator” to take action, the hypnotized subject “appears to be profoundly asleep” (602). This physical characteristic helps determine whether a somnambulist is acting based on vivid sensory impressions and their receptivity to those impressions.

Furthermore, Carpenter expands on the phenomenon Polidori termed “twofold

memory,” highlighting as a “distinctive feature of the Somnambulistic state,” that “trains of thought” and actions are not “usually remembered in the waking state” (596). However, Carpenter argues that the inability to remember has to do with the distance of different states from consciousness; he explains that somnambulism is further from ordinary consciousness than regular sleep, which is why the memories and actions that occur in somnambulist states are not remembered in waking consciousness (589). He uses this theory to explain why dreams are remembered, whereas memories made in states that are further from ordinary sleep are not remembered in consciousness. On the topic, Carpenter (and Polidori) as noted earlier, further suggests that “both trains of thought and the occurrences of the somnambulistic state . . . are frequently remembered with the utmost vividness *on the recurrence of that state*” (596). On the topic of state-dependent memory, Carpenter echoes Darwin, Elliotson, and Polidori.

Carpenter was also interested in the ways in which “‘nervine stimulants,’ such as Alcohol, Opium, and Hachisch” impacted volition, memory, and dreaming (392). He states that these stimulants “*exalt* the automatic activity of the Mind, while *diminishing* the power of volitional control; and this is not only *relatively* but *absolutely*” (392). Carpenter uses Coleridge as his case study, noting that

the whole mental life of Coleridge was one of singular automatic activity . . . whilst there was a no less marked deficiency in the power of volitional self-direction; and there can be little doubt that this deficiency, probably constitutional in the first instance, was aggravated by the habitual use of the nervine stimulants which augmented the automatic activity of his Psychological nature. (393)

Coleridge is used as evidence for Carpenter’s theorization of the impact of stimulants on

altered states--how the power of volitional control is affected, or “aggravated,” by the use, and particularly the habitual use, of stimulants such as opium.

While medical writers conceptualized and classified somnambulism differently from the late eighteenth century through the nineteenth century in concert with rapid developments in brain science, a few characteristics continued to define the disorder. Most writers used binary pairs to organize their conceptions of somnambulism, such as Carpenter’s naturally produced and artificially induced somnambulism. These writers can be split based on whether they thought sleep and somnambulism were connected (Cullen, Darwin, Elliotson, Prichard) or different states (Polidori, Bertrand, Carpenter), whether they believed volition was suspended in somnambulism (Polidori, Elliotson, Carpenter) or unaffected (Darwin and the metaphysicians), and whether they thought somnambulism was related to epileptic or cataleptic diseases (Darwin, Prichard) or not (Polidori, Bertrand, Elliotson, Carpenter). However, the relationship between memory and somnambulism was, for the most part, considered state-dependent; memory was tied to either the conscious or unconscious state and rarely remembered when the individual transitioned from one state of consciousness to the other. Furthermore, from Polidori onward, somnambulism included movement beyond walking. However, these writers’ conceptualizations of brain activity, as conscious and willed (the metaphysicians), partially active (Elliotson), or unconscious and automatic (Polidori, Carpenter, Darwin in sleep but not somnambulism), helped to define the relationship between terror and somnambulism in the nineteenth century.

5.2. "A CASE OF VERY FINE STEERING": EXCITEMENT, LAUDANUM, AND SOMNAMBULISM IN *THE MOONSTONE*

Before examining how vampire texts use somnambulism to complicate the ideas of agency, it is worth questioning how somnambulism is generally represented in nineteenth-century fiction. Here, I examine Wilkie Collins' 1868 serialized novel *The Moonstone* as one influential text in British Victorian writing, recognizing that there are other literary treatments of somnambulism.¹³⁷ In *The Moonstone*, a crime is committed and in the final chapters an eccentric doctor's assistant, Ezra Jennings, carries out an experiment that involves artificially inducing somnambulism through the use of laudanum for Mr. Franklin Blake, who has been revealed as the thief of the Moonstone by his paramour, Rachel Verinder. The reason *The Moonstone* is so important in setting up our understanding of somnambulism and the role of intent is that Blake stole the Moonstone without being aware that he had done so. Jennings' prediction is that Blake must have committed the crime while in a somnambulist trance Doctor Candy created in Blake through the use of opium as a petty trick played in response to Blake's criticism of the medical profession and Candy's diagnosis of Blake's unbalanced excitement and nerves.

As some have noted, in comparison to the sleepwalking protagonist in Charles Brockden Brown's *Edgar Huntly*, the protagonist in Collins' *The Moonstone* has conscious motivation for the crime he unconsciously commits (Self 3); that is to say, Blake "appears to exhibit a particular motivation prior" to the inducement of the artificial somnambulist state (3). Susan Zeiger states that "*The Moonstone* is a novel about

¹³⁷ One key American example, for instance, is Charles Brockden Brown's *Edgar Huntly*; see Cody, Lueck, and Murison for scholarship on *Edgar Huntly* and somnambulism.

empire, but it is also a novel about drugs. Most criticism that calculates its imperial politics also weighs its representation of opium” (210).¹³⁸ While many read *The Moonstone* through a psychoanalytic or imperial lens,¹³⁹ in this chapter I am interested in the underpinnings of Blake’s somnambulistic states in medical notions of the physiology of somnambulism. The question of Blake’s motivation, and not whether Blake’s somnambulistic state excuses his crime, remains the focus of the plot;¹⁴⁰ however, Rachel Verinder, Jennings, Mr. Betteredge, and Mr. Bruff absolve Blake of any culpability after witnessing Jennings’ experiment (Pearl 175; Heller, *Dead Secrets* 146). Legal scholar Emily Grant notes that “[s]ince Shakespeare wrote *Macbeth*, sleepwalking has become a part of criminal law jurisprudence as a defense for various crimes. It is commonly regarded as a subset of the automatism defense based on the theory that a sleepwalker performs the criminal act involuntarily and, therefore, cannot be held liable” (998).

While the novel glosses over the question of Blake’s culpability, opting to focus on the romantic reconciliation between Blake and Verinder,¹⁴¹ R.D. MacKay explains that involuntary versus voluntary actions are “the root of the legal notion of automatism” (22). Vanessa Ryan takes this question of involuntary actions and houses it in a discussion of

¹³⁸ Zeiger refers to Marty Roth’s work and declares the importance of opium to the imperial politics in the novel: opium “indexes a British failure of memory and self-recognition, both at the level of the plot and in the larger context of imperial politics” (210).

¹³⁹ See Bellak, Bergler, Pederson-Krag, Rycroft, and Lawson for psychoanalytic approaches to *The Moonstone*. Lillian Nayder provides a literature review of scholarship published prior to 1999 on *The Moonstone* (257-329). See Manavalli, Milligan (*Pleasures* and “Morphine-Addicted Doctors”), Free, and Willey for readings of imperialism and Empire in *The Moonstone*. Krishna Manavalli notes that “*The Moonstone* was written in the years during which the Empire in India was formalized” (68), and explains that despite Collins’ “romanticization of the Hindu-Brahmin subject,” the recovery of the Moonstone at the end of the novel is significant: “Collins also shows himself keen to make good the injustice through which the moonstone, a colonial prize, has entered the Verinder house-hold as a dubious gift from the corrupt colonial officer Herculastle by rerouting the jewel back to its proper ‘Hindu origins’” (69).

¹⁴⁰ See Leighton (“Under the Influence”).

¹⁴¹ Ryan notes that “Blake is less intent on recovering the diamond than on recovering his cherished place in his beloved Rachel’s affections by proving his innocence” (32).

Victorian novels; she states that “a potent mixture of the attempted scientific explanation for involuntary behavior and the questioning of standard notions of individual responsibility and free will contributed to the wide fascination with physiological psychology” (3). *The Moonstone* expresses Collins’ fascination with physiological psychology and his interest in mesmerism. As Ira B. Nadel summarizes, “Collins clearly enjoys contradicting the old science with the new” (248);¹⁴² this section will expand on Nadel’s comment and argue that Collins’ *The Moonstone* does not hold such diametric categories as “old” and “new,” but presents the waning fad of mesmerism with the developments in cerebral automatism together, granting medical authority to both phenomena.

Here, I unpack the Fourth Narrative, extracted from Jennings’ journal, particularly the exchanges between Blake and Jennings and the narration of the experiment itself, to examine Collins’ representation of somnambulism and the way it mixes mesmerism and cerebral automatism. However, it is necessary to first briefly discuss the ways in which *The Moonstone* presents health and illness generally. After Rachel Verinder’s Moonstone is taken, Blake, in conversation with the butler, Mr. Betteredge, questions her “conduct” and offers a diagnosis: “What do we know? We know that the lost [*sic*] of the Moonstone, on Thursday morning last, threw her into a state of nervous excitement which she has not recovered yet” (180). Blake equates Rachel’s uncharacteristically cool treatment of him with what Brown would call her asthenic illness.

As a result of Rachel’s refusal to take part in Sergeant Cuff’s investigation, Lady

¹⁴² Nadel argues that the focus on physiological psychology in *The Moonstone* is “the natural consequence of [Collins’] desire to provide a rational foundation for the mysteries contained in his fiction in addition to incorporating in his writing the advances in contemporary thought he believed were essential to comprehend his age” (239).

Verinder takes Rachel to Frizinghall to recover. After an outburst over tea with Miss Clack, Lady Verinder states, “Remember what the doctor told you, Rachel, about quieting yourself with a book after taking your meals” (210). Lady Verinder continues, stating, “The doctors recommend plenty of exercise and amusement for Rachel, and strongly urge me to keep her mind as much as possible from dwelling on the past” (210). The doctor’s suggestions reflect medical thinking on restoring balance for ladies who have experienced bilious, or nervous, attacks, which John Brown termed asthenic illness. Rachel is to balance the excitement provided by dinner guests by spending time, quietly, alone afterwards.¹⁴³ However, when she spends too much time alone, brooding on the theft of the Moonstone (in addition to Blake’s later revealed betrayal), she must again rebalance her excitement through walking and gradual exercise. Collins’ portrayal of women’s nervous health sets up the Brunonian model in which Blake’s health and illness is later tested, prior to Jennings’ somnambulist trance experiment.

Jennings’ narration reveals that Blake’s unknowing theft was caused by Dr. Candy tampering with Blake’s brandy by adding laudanum.¹⁴⁴ The laudanum, combined with Blake’s emotional excitement (Carpenter 393) and fears that a group of Indians will steal back the Moonstone, predispose Blake to a natural somnambulistic state. Dr. Candy hoped to prove a lesson to Blake following the dispute between the two over the medical

¹⁴³ Lady Verinder also notes the doctor’s advice given to her: “‘The doctor tells me,’ my poor misguided relative went on, ‘that I am not so well to-day. He forbids me to see any strangers; and he orders me, if I read at all, only to read the lightest and most amusing books,’” explicitly stating, “Do nothing, Lady Verinder, to weary your head, or to quicken your pulse” (Collins 232). See Krienke’s “‘The Wholesome Application’ of Novels: Gender and Rehabilitative Reading in *The Moonstone*.”

¹⁴⁴ Polidori includes the “use of opium” in his list of “predisposing or determining . . . causes” for somnambulism (777). In the nineteenth century, laudanum was “a name for various preparations in which opium was the main ingredient,” but most commonly referred to “The simple alcoholic tincture of opium” (*OED*). See Collins 412-13. Nadel notes, “Because of its presence in such pacifiers as Godfrey’s Cordial, Bately’s Sedative Solution, and Daffy’s Elixir . . . , opium was taken by virtually every Victorian in some direct or indirect manner, sometimes in the unexpected form of liniments, plasters, lozenges and liquorice, and could be bought from pharmacists, grocers, and general foodstores” (244).

profession at Lady Verinder's dinner party in honour of Rachel's birthday (Collins 81). As Mr. Betteredge explains, "The dispute between them began in Mr. Franklin being led—I forget how—to acknowledge that he had latterly slept very badly at night. Mr. Candy thereupon told him that his nerves were all out of order, and that he ought to go through a course of medicine immediately" (81). Following a Brunonian understanding of medicine, Candy views Blake's poor sleeping as a result of his unbalanced excitement causing a nervous, or sthenic, illness. Brunonian and Trotterian models of nervous health are gendered and state that women are predisposed to nervous disorders based on their gender, correlated languid lifestyles, often excessive sensibility, and easily excited imaginations (Trotter 49). Candy's diagnosis feminizes Blake's illness by implying that his nerves need correcting and balancing. Candy's comment is the foundation for Jennings' focus on and recording of Blake's excitement and nervous health later in the novel.

Before Blake goes to Jennings for medical help in understanding his unconscious actions, he turns to Betteredge to find out if he had a childhood history of somnambulism. Having known Blake as a child, Betteredge serves as a non-medical authority on Blake's health; Blake states, "Now tell me plainly, do you remember anything strange of me, after I had gone to bed at night? Did you ever discover me walking in my sleep?" (Collins 336). Blake categorizes somnambulism as "strange," despite its natural occurrence in otherwise healthy individuals (Bertrand; qtd. in Umanath et al. 262). After Betteredge's retort, "Walk in your sleep? You never did such a thing in your life!" (Collins 336), Blake remains frustrated.

After reading the letter from Rosanna Spearman, Blake speaks with Rachel, hoping

that she can explain why she suspected Blake the night of the Moonstone's disappearance. When faced with her reason, "*You villain, I saw you take the Diamond with my own eyes!*" (347), Blake asks a series of questions to determine whether he was sleepwalking. He focuses on physical markers of excitement linked to somnambulism, such as "how" he walked, his facial expressions, and eyes (350-51): "Did you notice anything strange in [my eyes]? Anything like a fixed, vacant expression?" Rachel replies, "Nothing of the sort. Your eyes were bright—brighter than usual. You looked about the room, as if you knew you were where you ought not to be, and as if you were afraid of being found out" (350). Later, Jennings attributes this brightness in Blake's eyes to opium use, but Blake is so focused on trying to prove "the idea of sleep-walking, and the idea of intoxication" (351) that he assumes that Rachel's answer disproves these explanations for his actions. That is to say, because Blake's eyes are not described by Rachel as "fixed" or "vacant," physical qualities Blake associates with somnambulism, he must not have been sleepwalking. However, Blake does not understand the physiology behind intoxication and somnambulism. The later explanation of Jennings, the medical authority in the text, however, helps to make sense of this exchange.

Jennings' conversation with Blake introduces the medical authorities used in the text: William B. Carpenter, John Elliotson, and Thomas De Quincey. It is worth noting how much voice Jennings gives to the three different authorities: he explicitly draws Blake's attention to a passage from Carpenter, only describes Elliotson's Irish porter example of state-dependent memory (Ryan 41), and gives Blake a copy of De Quincey to later read. While Collins "mines competing scientific voices" to characterize Jennings' position as a physiological psychologist (33), Jennings' scientific principles most closely

align with Carpenter's theories. Although, as Nadel claims, "Science for Collins is not cordoned off into rigid categories but touches on the metaphysical as well as the inductive, dreams as much as facts" (240), a fair amount of scholarly work has aimed to pull apart how and where Collins draws on Carpenter and Elliotson, often disparaging Elliotson's work as quackery.¹⁴⁵ Albert Hutter claims that, "in spite of a number of valuable contributions to physiology, [Elliotson] had been regarded by many as a quack" (197). Elliotson was not well regarded: he was a mesmerist and had been forced to leave University College Hospital after a scandal (see J. B. Taylor 56-60; see Chapter Four). Yet Collins affords both Carpenter and Elliotson medical authority for good reason; Elliotson's association with mesmerism would have been enough to tarnish his credibility by the 1860s. References to Elliotson would have been understood by Collins' "original readers" (197), and they would have judged Jennings' medical authority with slightly more caution based on these references.

Additionally, the last "authority" to which Jennings refers Blake is important as it helps to untangle Blake's misunderstanding of opium's effects on physiology. Blake says,

I don't understand the effect of laudanum on me. I don't understand my walking downstairs, and along corridors, and my opening and shutting the drawers of a cabinet, and my going back again to my own room. All these are active proceedings. I thought the influence of opium was first to stupefy you, and then to send you to sleep. (Collins 391)

¹⁴⁵ Jenny Bourne Taylor and Hutter both independently make the argument that "the mix of reputable and disreputable scientists, of which Collins must have been aware, weakens Jennings's medical authority" (Ryan 40); however, as Ryan explains, "Collins's citation of Elliotson is a problem only if we assume that Collins is making a claim for scientific objectivity" (41).

Blake categorizes the actions that Rachel described to him as “active proceedings” (391) and is unable to reconcile laudanum as a stimulant with action, seeing it only as a sedative with effects such as a “fixed” and “vacant” expression in the eyes (350) and a slower walking pace. Jennings comments that Blake is making “the common error about opium” (391).

After handing Blake De Quincey’s book and suggesting he read about De Quincey’s active opium wanderings,¹⁴⁶ Jennings answers Blake’s question by explaining the dual nature of opium, expressed through the Greek term *pharmakon*, “which can be translated as both cure and poison” (Zieger 211). I quote Jennings in full because it is an important description that can be traced back through Carpenter’s and Elliotson’s works:

The action of opium is comprised, in the majority of cases, in two influences—a stimulating influence first, and a sedative influence afterwards. Under the stimulating influence, the latest and most vivid impressions left on your mind—namely, the impressions relating to the Diamond—would be likely, in your morbidly sensitive nervous condition, to become intensified in your brain, and would subordinate to themselves your judgement and your will—exactly as an ordinary dream subordinates to itself your judgment and your will. Little by little, under this action, any apprehensions about the safety of the Diamond which you might have felt during the day, would be liable to develop themselves from the state of doubt to the state of certainty—would impel you into practical action to preserve the jewel—would direct your steps, with that motive in view, into the room which you entered—and would

¹⁴⁶ De Quincey was also an influence for Charlotte Brontë’s *Villette*, specifically on the “Cloud” chapter and Lucy’s active wanderings (see Hirtle 88-90).

hide your hand to the drawers of the cabinet, until you had found the drawer which held the stone. (Collins 392)

Jennings' comments are drawn from Carpenter's ideas in *Principles of Mental Physiology*,¹⁴⁷ as previously discussed; Nadel notes, "It is essential for Jennings's authenticity as a medical figure to refer to and quote actual sources to interpret Franklin's behaviour" (251). Jennings' first comment about the vividness of the impressions left on Blake's mind due to his use of opium are almost word-for-word from Carpenter's Chapter XV, specifically the section on the "Influence of Sense-impressions": here, Carpenter explains that "dreamy states induced by certain narcotics" create sense-impression that are "intensified in a most extraordinary degree" (589). Because of the laudanum secretly given to Blake, his sense-impressions were more vivid and caused "an *entire* suspension of volitional control over the current of thought, which flows-on automatically, sometimes in a uniform, coherent order, but more commonly in a strangely incongruous sequence" (584).

Like Carpenter, who explains how these sensory impressions are transformed into actions in the state of somnambulism, Elliotson focuses on excitement, but his *Human Physiology* model is not as physiologically grounded, arguing instead that "in sleep walking . . . an intellectual and sometimes also moral, part of the nervous system . . . is excited in the midst of the torpidity, sometimes one part, sometimes another" (660). Both Carpenter and Elliotson describe the shift from torpidity to *acting* dreams in a somnambulistic state as being triggered by excitement and vivid sense-impressions.

¹⁴⁷ As Nadel notes, "*Principles of Human Physiology* appeared in 1842 and remained the standard English work on the subject for nearly thirty years, according to T.H. Huxley" (251-52).

Jennings focuses on Blake's "apprehensions about the safety of the Diamond" (Collins 392) and recalls Carpenter's ideas about sense-impressions in explaining opium's effects to Blake, including in his emphasis on the role of "Emotional excitement" in Carpenter's model (393). For Carpenter, one of the three main factors in what I am calling altered states is "the degree in which the normal operation of the Intellectual faculties is disturbed by Emotional excitement" (393). Jennings notes that the circumstances leading to Blake's somnambulistic state fulfilled all three of the conditions Carpenter describes: laudanum has heightened Blake's passive receptivity, the preformed Associations between the Moonstone and Blake's fears of its theft by the Indians occupy the "*entire engrossment of the Mind*" (Carpenter 608), and the degree to which these fears occupy his mental state is high.

Jennings' description of the sedative action of laudanum also echoes Carpenter's ideas. Jennings states, "Later, as the sedative action began to gain on the stimulant action, you would slowly become inert and stupefied. Later still you would fall into a deep sleep. When the morning came, and the effect of the opium had been all slept off, you would wake as absolutely ignorant of what you had done in the night" (Collins 392). In correcting Blake's misconceptions about opium's effects, Jennings echoes Carpenter's account of somnambulism and particularly his argument that "dreams . . . which occur in a state more allied to Somnambulism are more completely isolated from the ordinary consciousness" (Carpenter 596) and so not remembered upon waking.

Similarly, Elliotson's conception of memory and sleep-waking, a natural trance state that arises from sleep, draws the conclusion of what he called "dual consciousness": "In sleep-waking generally, the whole is forgotten: sometimes remembered; sometimes

remembered and mistaken for reality; and sometimes remembered only when the same state returns” (628). That is, although Elliotson views sleep-waking as an extension of sleep and not as trance related to opiate use, his understanding, like Polidori’s and Carpenter’s, is expressed as state-dependent memory (Stiles et al. 793).¹⁴⁸ Jennings invokes twofold memory just like Elliotson and Carpenter when he explains why Blake is unable to remember the actions as a result of both his opium use (specifically the sedative action of opium), and his somnambulistic state; he is drawing on a prevalent idea of state-dependent memory that was supported by both Elliotson and Carpenter, without needing to specify one model over the other.

Thus when Jennings is planning his experiment to recreate Blake’s somnambulistic state and theft of the Moonstone, he relies on medical principles of sleep and altered states, opium, and Brunonian excitement. As Jennings explains to Blake how he helped Doctor Candy recover from his illness, he explicitly comments on his suggestion of “stimulant treatment” (Collins 372); Jennings believes that Candy was suffering from too little excitement and that what was needed to rebalance his excitement was stimulation: “I admitted the rapidity of the pulse, but I also pointed to its alarming feebleness as indicating an exhausted condition of the system, and as showing a plain necessity for the administration of stimulants” (372). His medical authority is challenged by the other physicians caring for Candy; however, it is Jennings’ Brunonian treatment that makes a difference in Candy’s recovery.

Collins indicates the foundations of Jennings’ medical views early in the narrative,

¹⁴⁸ Elliotson describes state-dependent memory by relaying an example about an Irish porter who could not remember what he had done while drunk and had lost a parcel. However, the next time he was drunk, he was able to remember where he left the parcel (390).

making it clear that excitement is crucial to Blake's health before they conduct their experiment. As Jennings tries to pin-point what led to Blake's susceptibility for laudanum-induced somnambulism, he asks, "Were your nerves out of order, at this time last year? Were you unusually restless and irritable? . . . Did you sleep badly?" (381). Once he confirms Blake's predisposition for nervous illness, Jennings traces back further and asks what "Betteredge attributed [Blake's] sleeplessness to" (384) and is answered by Blake's confirmation that he had recently stopped smoking after having been "a habitual smoker" (384). Jennings explains that "a man must have no common constitution who can [stop smoking] suddenly without some temporary damage to his nervous system," and so Blake's "sleepless nights are accounted for" (384). Similarly, because Blake's health was unbalanced as a smoker, when he stops smoking the unbalance continues and his sleep states are consequently affected. Smoking is a stimulant, so suddenly quitting forces Blake's excitement to become temporarily unbalanced. Earlier, Blake notes, "I sat smoking, and building up theories, one more profoundly improbable than another. When I did get to sleep, my waking fancies pursued me in dreams" (361). When Blake is smoking, it affects his dreaming, so that his "waking fancies" (361) "flow-on automatically" (Carpenter 584), manifesting in his dreams.

Consequently, Jennings attempts to replicate this damage to Blake's nervous system in anticipation of the experiment by ensuring his health does not become balanced: Jennings logs Blake's excitement and other physical markers of his nervous health in his journal. Jennings notes that Blake's ability to sleep "is the result, no doubt, of the ride which I advised him to take. I fear I shall have to curtail his restorative exercise in the fresh air. He must not be too well; he must not be too ill. It is a case (as a

sailor would say) of very fine steering” (Collins 400). Following the same Brunonian principles explored in Chapter Three, Blake’s nervous health has been restored through gradual excitement from fresh air. Interestingly, as noted earlier, both Candy and Jennings prescribe re-calibrating Blake’s excitement as though he were experiencing an asthenic illness, typically reserved for women. This feminization of Blake’s body is furthered by Jennings’ comment that both he and Blake “felt beneficially the blessed influence of the soft summer air” (411), tying their nervous illnesses together. As Susan Zieger has noted, Jennings feminizes his own body later in the novel, stating, “Physiology says, and says truly, that some men are born with female constitutions—and I am one of them!” (Collins 439, 441; Zieger 214). In his next report on Blake’s health, Jennings states, “I found him in an over-wrought, over-excited state, this morning—he had two hours’ sound sleep on the sofa after dinner” (Collins 411). Jennings notes, however, that, while “over-excited,” Blake’s “state of nervous sensitiveness . . . just stops short of nervous irritation” (411). In other words, while Blake’s state of health appears quite similar to Rachel’s female nervous illness as previously described, he is not experiencing a bilious attack, or asthenic illness: rather, he borders on “nervous irritation,” and his nervous illnesses are temporary (see Chapter Three). This state is part of Jennings’ effort to re-create the actions the night of the Moonstone’s theft.

As the first stage of his experiment, Jennings documents and comments on Blake’s shifting altered states; Ronald R. Thomas notes that given “the scientific disciplines [Jennings] represents, the underlying motives for the crimes of empire are reduced to questions of bodily fluids, nervous reactions, and intoxicating drugs” (“Minding the Body Politic” 241). To properly balance the relationship between Blake’s preconscious

thoughts and the amount of stimulant needed to predispose his body for natural somnambulism, Jennings decides “on increasing the dose” of laudanum based on Blake’s physiology (Collins 413); Jennings’ line of thought comes from the fact that Blake’s receptivity to impressions is affected by “his having (unconsciously to himself) a certain capacity in him to resist the effects of” opium (413). Jennings finds that his dose is correct and signals that the stimulant has taken effect by describing Blake’s eyes.

This description recalls Rachel’s earlier observation that Blake’s eyes were not “fixed” or “vacant” (350); here, instead, “[t]he sublime intoxication of opium gleamed in his eyes” (423), and “[t]he pupils of his eyes were now contracted; his eyeballs gleamed in the light of the candle as he moved his head slowly to and fro” (424). Because Collins has Jennings explain the stimulant and sedative aspects of opium and their effects on somnambulism earlier in his narrative, Jennings can use shorthand to comment on the “elaborative chain of physical, physiological and chemical interactions,” expecting readers to make the connections (Thomas, “*Moonstone*” 67). That is, Jennings indicates that Blake is gradually transitioning from the opium functioning as a stimulant to functioning as a sedative with this shorthand: Blake’s eyes “were getting dull and heavy; the glitter in them was fast dying out” (Collins 426). Therefore, Jennings believes he will be successful in his experiment, stating to Blake, “I am firmly persuaded that I can prove you to have been unconscious of what you were about, when you entered the room and took the Diamond” (381-82).

Collins effectively uses Jennings’ diagnosis of Blake’s nervous body and experiment to represent the competing ideas about somnambulism and memory “without contradiction” (Nadel 240). As Ryan declares, “*The Moonstone* is perhaps an exception

among Victorian novels for the explicitness with which it introduces the new psychology” (51). *The Moonstone* does not include vampirism, but shows that “[o]f greatest importance to the psycho-physiologists and mesmerists of the mid-Victorian age was the importance and manipulation of the will when in a hypnotic or mesmeric state” (Nadel 254); moreover, as I have shown, the symptomology analyzed in the novel draws heavily on Brunonian theory. Although Blake experiences natural somnambulism, there is a focus placed on the “trickery” of secretly predisposing him, with the motivation being the thief’s own anxiety over the potential theft of the Moonstone. The domestic “crime” in the novel does not hold as much of a threat as the imperial theft of the Moonstone and the violence that comes with it, a massive crime against millions of people.¹⁴⁹ However, as my analysis focuses on the domestic crime, I compare the severity of Blake’s somnambulistic theft to the crimes perpetrated by the vampires in *Varney the Vampire* and *Dracula* and argue that the domestic theft lacks severity; thus *The Moonstone* shifts the focus on the intent and manipulation of the will to the background that is later brought to the forefront in vampire fiction.

5.3. FLORA, “THE QUEEN OF SOME FANTASTIC REALM” AND SOMNAMBULISM

As discussed earlier, *Varney the Vampire* focuses on the eponymous vampire, Sir Francis Varney, and his interactions terrorizing of the Bannerworth family, chiefly Flora. *Varney the Vampire*, however, focuses on the Varney’s two desires: blood sustenance and monetary gain (at times he seems more interested in owning Bannerworth Hall than

¹⁴⁹ See Free for a discussion of the domestic and the Empire in *The Moonstone*.

preying on maidens). Early in the text, Varney stalks Flora Bannerworth through her window, enters her room, hypnotizes her, and feeds from her neck. Flora becomes obsessed with avoiding Varney's attacks and is very suspicious of a portrait hanging in their house that bears an uncanny resemblance to both the new neighbour, Sir Francis Varney, as well as the vampire that attacked her. Later in the novel, exhausted and on the brink of a nervous, bilious, attack, Flora sleepwalks out to the garden and encounters Varney, her tormentor.

As discussed in Chapter Four, both Flora and Coleridge's Christabel experience altered states of consciousness; however, Christabel is disoriented by the overflow of one state into another and is unable to distinguish between them, whereas Flora more easily passes from the somnambulistic state to consciousness. The ways the narrator describes Flora's altered state range from madness to sleep to death, encompassing the gamut of altered states of consciousness. Through his attacks on Flora, which cause her fragile nervous state, Varney causes Flora's predisposition to sleepwalking; however, her sleepwalking itself is categorized as natural rather than caused by her abuser's hypnotic power, unlike Christabel's mesmeric states in Coleridge's text. Yet the narrator and Varney are similarly confused by the presentation of Flora's altered states, which reflects the multiplicity of ideas and debates about consciousness in the nineteenth century.

In *Varney the Vampire*, Flora's altered state of consciousness reflects Polidori's ideas about somnambulism, showing that his writings were influential for works other than "The Vampyre" and anticipated a shift in thinking about somnambulism. Anna Gasperini states, "The Gothic roots of the penny blood in general, and of *Varney* in particular, allow the narrative to subscribe to ideas surrounding the medical figure that

were already in the air, and that would be fully explored and exploited in the sensation novel” (88). As an effect of her natural somnambulism, Flora’s vulnerability emphasizes the danger that vampire figures such as Varney pose to victims in altered states of consciousness. The characteristics Polidori attributes to sleepwalkers are also consistent with the characteristics Sara Luly identifies in medical discourse as having been considered ideal for making individuals susceptible to mesmeric control: “passivity, impressionability, and [nervous] weakness” (Luly 422). As discussed in Chapter Four, the first volume of *Varney* focuses on the terror the vampire creates in the Bannerworth family. At the beginning of the volume, Flora is hypnotized by Varney. However, she later experiences natural somnambulism.¹⁵⁰ In the Brunonian health model, Flora is predisposed for nervous excess because of her gender. She is driven to this state of nervous excess by half of a novel’s worth of hypnotic control, exhaustion, and numerous vampiric attacks, and then, as is consistent with Polidori’s theory, Flora begins to experience natural somnambulism.

However, Flora’s altered state is represented by both Varney and the narrator, and her physical symptoms seem to confuse them. Varney watches Flora approach him from afar and notes, “How strange and spectral-like she moves along; there seems no speculation in her countenance, but with some strange and gliding step, she walks like some dim shadow of the past . . . She is very pale, and on her brow there is the stamp of suffering” (Rymer 152). Varney is initially “terrified” and assumes that, based on Flora’s uncanny walk, she has succumbed to her nervous illness and has returned as a “spirit,”

¹⁵⁰ The classification of somnambulism as natural or artificial can be traced back to the 1820s. Writing after Polidori, Prichard distinguished between natural and artificial forms of somnambulism in 1835 *The Cyclopaedia of Practical Medicine* in a section titled “Somnambulism and Animal Magnetism” (Umanath et al. 261).

coded by her “strange and gliding step” (152), “come to wreak some terrible vengeance upon him” (154). However, the narrator clarifies that Flora is not dead: she just appears to be so because of her altered state of consciousness. Similar to the vampire who is not quite dead, Flora is not quite asleep and this hybrid state (asleep but with an active brain) skates closer to the state of death than it does to that of consciousness.

Rymer’s narrator uses language similar to Polidori’s in his definition of somnambulism and his portrayal of the consequent fears of unconscious action when individuals enter such altered states. This fear is registered in the description of Flora walking “apparently unthinking” (152) and the narrator’s concern, “Has madness really seized upon the brain of that beautiful girl?” (152-53). Flora’s actions are not conscious and so, for her to walk without conscious will, she must be mad or an automaton. The narrator questions, “Has the strong intellect really sunk beneath the oppressions to which it has been subjected?” (153). This comment emphasizes two important elements of the text’s medical framework. First, Varney is responsible for the “oppressions” that result in Flora’s nervous excess; Varney’s repeated attacks have weakened Flora’s nerves so much that she has entered an altered state the narrator first questions as madness (recalling the fact that Cullen categorized physical somnambulism under mania in his *Nosology*). Second, the use of the word “sunk” calls to mind Polidori’s definition of dual memory associated with somnambulism, suggesting that the track of Flora’s memory and conscious will are buried beneath this second track in her “unconscious” state.

However, the narrator then associates Flora’s somnambulism with dreaming: “Flora Bannerworth is not mad, but under the strong influence of some eccentric dream, which has pictured to her mind images which have no home but in the airy realms of

imagination” (153). The connection of somnambulism with dreaming (and ordinary sleep) divided a number of medical writers contemporary with Rymer, but Rymer’s connection of Flora’s somnambulism with the imagery of dreaming clearly reflects the ideas of earlier writers such as Coleridge, Hartley, and Darwin who discussed why dreams could be surprising or appear, as Coleridge writes, as “alien forms” (Miall 59; see Chapter Two). However, Rymer’s description could also be interpreted in relation to state-dependent dreaming; that is because Flora’s memory in the somnambulistic state functions on another track, these images “have no home” in consciousness (Rymer 153). Both Polidori and Bertrand, contemporary with Rymer, “held that memory for nocturnal events is state-dependent and, therefore, unlike dreaming” (Umanath et al. 261). Furthermore, the narrator connects Flora to these images and the imagination, aligning the somnambulistic state with the altered state of imagination or hallucination, comparable to Polidori’s representation of Aubrey from “The Vampyre” prior to his nervous collapse.

Flora’s mind unconsciously processes images that she remembers in her conscious state. Centering these images on Flora’s presumed-dead lover Charles, Rymer also plays with the gendered fears surrounding altered states of consciousness. Eric G. Wilson states, “sleepwalking is also seductive, for it imitates scenes unconstrained by the will or morality: languorous tranquility and sexual lassitude” (336). The narrator continues to clarify his thoughts about Flora’s altered state of consciousness in this section and, barely a page later, the narrator explicitly terms Flora’s state of consciousness somnambulism: “Yes, she is sleeping; but, with the precision such as the somnambulist so strangely exerts” (154). Flora’s actions take place in an unconscious state, are unwilled, and

described with markers of the uncanny: it is like sleep, but is not—it is, as Rymer’s narrator says, a kind of “half-sleep” (155). Flora’s liminal state parallels the vampire’s existence on the boundary between dead and undead.

In her somnambulistic state, Flora replicates actions, specifically romantic or sexually motivated actions that she might have thought about but would not normally have taken in a conscious state, risking her reputation. Flora’s actions in her somnambulistic state are driven by her thoughts and love for Charles, as she walks “towards that summer’s bower” and “she sat upon that rustic seat, where she had reposed when Charles had clasped her to his heart” (154). These gendered fears about Flora’s virtue are emphasized when Varney views Flora’s altered state as a weakness that he can take advantage of. Languid, Flora calls out “in tender, beseeching accents” (155). Varney identifies her emotional state as passion: “Ha! . . . this passion is her first, and takes a strong hold on her young heart—she loves him—but what are human affections to me?” (154). Passionate states were considered outside of reason, and thus unwilled (Carpenter 393). Beyond walking and tracing a different memory path than she had when she was conscious, Flora also speaks and calls out to Charles:

The remembrance of that pure affection came across her, and in the tenderest and most melodious accents, she said,—

“Charles! Charles! and do you love me still? No—no; you have not forsaken me.

Save me, save me from the vampyre!” (Rymer 154)

These motor actions, which fall beyond walking, reflect how Polidori’s definition of somnambulism extends beyond individuals who walk in their sleep to include “someone who appears to wake up while still asleep, and who performs actions or speaks as if he

were awake” (Polidori, *Medical Dissertation* 776). In her somnambulistic state, Flora is plagued by fears of the vampire that has been preying on her. Varney uses these fears to his advantage, as “an opportunity of further increasing the dread of [his] visitation” (Rymer 154), to “gloat over the helpless condition of her” (155). Once he ensures Flora is vulnerable, he startles her out of her somnambulistic state and returns her to consciousness so that he can reveal that he is the vampire that has been preying upon her: “In a fearfully distinct voice he said, —‘Flora Bannerworth, awake! awake! and look upon me, although the sight blast you, and drive you to despair. Awake! awake!’” (155). While he recognizes that Flora’s sleepwalking makes her even more vulnerable to his attack, at the same time he terrifies her to return her to consciousness and then confesses both his identity as a vampire as well as his love for her.

Furthermore, this scene suggests familiarity with ideas about waking a somnambulist from their trance state. Polidori’s two “indications” for helping somnambulist patients were to “interrupt the progress of episodes that are underway” and “keep the episodes away once they have withdrawn” (Polidori 785). Furthermore, he suggests that, in interrupting the altered state, “methods should be applied that may rouse the sufferer from sleep by terrifying him” (785). In the passage quoted above, Varney relies on terror to awaken Flora, although, as the narrator notes, it is not Varney’s speech but his touch that awakens Flora from her altered state: “It is said that those who sleep in that eccentric manner, are insensible to sounds, but that the lightest touch will arouse them in an instant; and so it was in this case, for Sir Francis Varney, as he spoke, laid upon the hand of Flora two of his cold, corpse-like looking fingers” (Rymer 155). Varney’s approach mirrors Polidori’s suggestions—Flora is terrified out of her

somnambulistic state.

Flora's transition out of her trance state is sudden and, following the "shriek [that] burst from her lips" (155), she "shook as in a convulsion and looked as white as any marble statue" (155). This description also echoes the *crises* state caused by mesmerists in their patients (see Chapter Four). Flora's convulsion in this scene is tied to the uncomfortable transition between somnambulism and consciousness, a liminal state in which confusion is often noted. Rymer could also be alluding to the relationship between somnambulism and epilepsy that Darwin and Prichard espoused. *Varney the Vampire's* narrator says, "The confusion of her memory and conceptions was immense" (155). Flora's confusion illustrates state-dependent memory as she asks, "Gracious Heavens! Where am I?" (155) and "But how came I here?" (156). Her confusion is based on her inability to remember how she came out to the summer-house in her somnambulistic state. However, once Flora is returned to consciousness, she is able to balance her excitement and "[t]he hue of health faintly again visited her cheeks . . . with a feeling of more energy and strength than she had been capable of exerting for many days" (160). Flora's ability to transition from somnambulism to consciousness indicates that Rymer may have thought of somnambulism as a distinct state of consciousness (Polidori; Bertrand), rather than as an extension of sleep states (Elliotson; Prichard). *Varney* also attributes Flora's sleepwalking to disordered sleep or oneirodynia and a "disordered imagination" (Rymer 154), which recalls Aubrey's heightened imagination in "The Vampyre." The narrator intrudes on the action once more to note that Flora remains in an altered state, commenting, "[I]f that half-waking sleep could indeed be considered as any thing akin to ordinary slumber" (155). Despite using the language of sleep and dreams in

this scene, Rymer defines Flora's somnambulistic state as inconsistent with the conventions and understandings of normal sleep.

Serialized from 1845-1847, and published as a novel in 1847, *Varney the Vampire* represents the cusp of medical change. In his characterization of Flora's somnambulism, Rymer explores a number of contemporary questions about somnambulism: is it a sleep state or an entirely different state? Is it a disease like epilepsy? How does memory function in somnambulism? Flora's gender predisposes her to Varney's hypnotic power and his attack pushes her into natural somnambulism by disturbing her sleep and creating an unbalanced excitement. Despite her questions about how and why she is outside, Varney does not provide any information about somnambulism to Flora; instead, the narrator falls into the role of the medical authority in the scenes (not unlike Jennings in *The Moonstone*), commenting on Flora's somnambulistic state, often referring to it as a sort of hybrid state. By noting Flora's brain activity, Rymer seems to be anticipating Carpenter's unconscious cerebration with vocabulary choices such as "unthinking" combined with motor actions. Rymer reflects contemporary understandings of medical thought on sleep states and somnambulistic states of consciousness, specifically ideas put into motion by Polidori, and, as such, *Varney the Vampire* is a mid-century popular fiction case study of natural somnambulism.

5.4. UNCONSCIOUS CEREBRATION AND DRACULA

In *Dracula*, Stoker places more emphasis on the representation of somnambulism and brain science than authors of other nineteenth-century vampire works. It can be tempting to approach Stoker's use of medical discourse as simply repetitive of what

authors of previous texts have written or as a conflation of hypnotism and mesmerism;¹⁵¹ however, Stoker's novel engages with different theories about states of consciousness, strengthening my argument about the uneven development of brain science and literature. Furthermore, as Stiles carefully documents in "Bram Stoker's Brother, the Brain Surgeon," "[b]ecause Bram Stoker consulted with his older brother on *Dracula's* medical scenes, the novel is very much informed by the neuroscience of the 1890s" (199). Sir William Thornley Stoker was an important Irish medical man, a neurosurgeon whose work developed from Ferrier's cortical mapping and led to a number of important advancements in brain surgery. Stiles argues that Bram Stoker builds on Thornley's work by modelling the physician characters and their surgical efforts on his brother, which is made especially clear in Dr. Seward's and Professor Van Helsing's "knowledge of cerebral localization research" (199). Thus much of the medical humanities' attention to *Dracula* focuses on Dr. Seward and his treatment of his patient Renfield (E. Winter), or on the novel's use of new medical approaches such as brain mapping (Stiles, "Bram Stoker's Brother"). For example, Karen Beth Strovas examines the "liminal spaces" that *Dracula* creates in his victims. Strovas' interest lies in the representation of natural and electric light in *Dracula*, and how light impacts hypnagogia; she argues about Mina that "a vampiric trance causes her to misinterpret as dreaming the liminal spaces between sleeping and waking" (60).

Although this blurring of states of consciousness affects both Lucy and Mina throughout the novel, my chapter focuses on Lucy's altered states. Lucy is useful for

¹⁵¹ Stoker conflates mesmerism and hypnotism in his depiction of both *Dracula's* and Van Helsing's control over other characters. As Glennis Byron notes in Appendix E of the Broadview edition of *Dracula*, "while hypnotism is accorded more scientific respectability in *Dracula*, what Van Helsing practices on Mina edges closer to the more flamboyant and 'incredible' phenomenon of mesmerism" (464).

exploring the issues raised here because, in her experiences with somnambulism, she is both victim and vampire, shifting from natural to artificial somnambulism. Non-medical narratives from Mina and Lucy, as well as narratives from the physician character, Dr. Seward, frame Lucy's somnambulistic experiences. In these characters' journal and diary entries, Stoker reflects not only late nineteenth-century understandings of consciousness, but also various developments in brain science over the course of the century.

Lucy's decline in health is first reported not by physicians, but in Mina's and Lucy's journal and diary entries, reflecting non-specialist understandings of sleep and altered states of consciousness (similar to the role Betteredge serves as a non-medical authority on Blake's health in *The Moonstone*). From July 26 to Seward's first diagnosis on September 2, Lucy's health is filtered through Mina. Mina's annotations and comments on Lucy's sleepwalking episodes indicate contemporary layperson understandings of this altered state of consciousness. Mina's first journal entry notes, "Lucy, although she is so well, has lately taken to her old habit of walking in her sleep" (Stoker, *Dracula* 105). As Lucy's somnambulistic episodes increase in frequency, Mina comments on Lucy's nervous temperament, stating, "Lucy's health keeps up" (105) and that Lucy's anxiety about her betrothed, Arthur Holmwood, visiting her in Whitby "does not touch her looks; she is a trifle stouter, and her cheeks are a lovely rose pink" (106). Lucy's good health aligns her with the established understanding of somnambulism as naturally occurring in "those with a particular nervous temperament" (Bertrand; qtd. in Umanath et al. 262). In contrast, Lucy's nervous illness and artificial somnambulism later in the novel result from Dracula's first vampire attack and not simply because of her gendered predisposition.

However, Lucy's sleepwalking first wears on Mina's health, rather than her own health state. Mina compares Lucy's nervousness to her own, and comments, "the anxiety and the perpetually being wakened [by Lucy's sleepwalking] is beginning to tell on me, and I am getting nervous and wakeful myself" (Stoker 106). Like Lucy, Mina's gender predisposes her for nervousness, and her worrying about both Jonathon while he is away at Castle Dracula and about Lucy's sleepwalking makes it her actual state of health. Mina's comments on Lucy's somnambulism reflect the understanding that so long as Lucy remains "otherwise healthy" (Bertrand qtd. in Umanath et al. 262), her somnambulism is understood as natural and non-threatening.

Nevertheless, Mina's focus on Lucy's will during her somnambulistic state indicates her understanding of the relationship between agency, will, and memory, an understanding consistent with the works of Polidori and Carpenter. Mina's descriptions of Lucy's actions echo Polidori's definition of somnambulism, which includes any actions normally done in consciousness that the individual carries out in their somnambulistic state. Lucy's somnambulist episodes seem to echo Carpenter's idea of unconscious cerebration: that Lucy's sensorium must have been overcome by suggestion to take a specific action, and her brain unconsciously processes this suggestion physically through actions. Carpenter explains that "the Somnambulist's attention is so completely fixed upon *his own* trains of thought, that he is only conscious of such external impressions as are in harmony with them" (592). In other words, when Mina introduces external stimuli that are not harmonious with Lucy's train of thought, Lucy loses focus on whatever action she was trying to do—her agency can thus be diminished and controlled by the conscious Mina. Mina says, "[Lucy] got up twice and dressed herself. Fortunately,

each time I awoke in time, and managed to undress her without waking her, and got her back to bed” (Stoker 120). Lucy’s will is to get up, get dressed, and go somewhere, and these actions fall within her normal social state and do not endanger her reputation, unlike her later somnambulistic actions, but when Mina interrupts Lucy’s physical actions, Lucy’s resulting actions reflect Carpenter’s ideas of intent and external impressions.

Furthermore, Mina comments on and questions the relationship between sleep and somnambulism, which Polidori and Carpenter conceive of as separate states. Mina notes, “Lucy was very restless all night, and I, too, could not sleep” (120). Mina’s rest and sleep are tied to Lucy’s somnambulism. Mina indicates the difference between consciousness and somnambulist actions in the previously quoted passage about Lucy attempting to dress and leave the room. Here, the ever-observant Mina is aware that there is a difference between waking to consciousness and performing physical actions while in a somnambulist state. Mina manages to guide Lucy back into her bed (120), but does not comment on whether Lucy returns to a sleep state or remains in a somnambulistic state, as Mina’s next journal entry focuses on the morning after this episode.

However, Mina identifies Lucy’s somnambulistic memory and intention as “odd,” writing that “she will not admit to me that there is any cause for restlessness; or if there be, she does not understand it herself” (121). Mina’s phrasing shows her deliberating over whether Lucy actually remembers her actions while in a somnambulistic state and does not want to tell Mina, or if Lucy can’t remember or understand her memories. More likely, Mina refers also to waking memory—that something in Lucy’s conscious waking state creates nervous excess and predisposes her to somnambulism. Mina writes down a

list of memories from their day together that she believes will be on Lucy's mind and so flow into her dreams. Lucy and Mina attend the funeral of a ship captain during the day and Mina notes, "Poor Lucy seemed much upset. She was restless and uneasy all the time, and I cannot but think that her dreaming at night is telling on her" (121). That is, as in the case of the comment Mina makes about how Lucy's sleepwalking is starting to wear on her own nervousness, here Mina confirms that Lucy's sleepwalking episodes are increasing in frequency and starting to impact Lucy's nervousness during the day. After recounting their day, Mina suggests, "The whole agglomeration of things—the ship steered into port by a dead man; his attitude, tied to the wheel with a crucifix and beads; the touching funeral; the dog, now furious and now in terror—will all afford material for her dreams" (122). Mina's list indicates the causes of Lucy's excess nervousness. The events of their day together can be connected to Carpenter's statement that ordinary dreaming (which is also a natural altered state) "flows-on automatically, sometimes in a uniform, coherent order" and occurs "when the mind simply takes-up the train of thought on which it had been engaged during the waking-hours" (584). Somnambulism picks up on images left on the sensorium, and so Lucy's path for sleepwalking follows her excess sensibility regarding the funeral and returns her to the church graveyard.

Yet Mina is prepared and takes preventive measures to stop Lucy from sleepwalking; these measures align with the Brunonian health model and Polidori's ideas about predisposing factors for somnambulism. Mina writes, "I think it will be best for her to go to bed tired out physically . . . She ought not to have much inclination for sleep-walking then" (Stoker 122). Mina thus takes Lucy for a walk along "the cliffs of Robin Hood's Bay and back" (122). Mina reports that the walk has tired Lucy and states, "I

believe we forgot everything, except, of course, personal fear, and it seemed to wipe the slate clean and give us a fresh start” (123). By gradually exciting Lucy’s nervous body through their walk, Mina hopes to have set Lucy up for an ordinary night of dreaming without somnambulism. However, Lucy’s emotional excitement (Mina worries that Lucy may have too much sensibility) and the walking route are retained in Lucy’s sensorium when she enters her somnambulistic state that evening.

Instead of these images furnishing her dreams, Lucy acts out her dreams in a somnambulistic state. Lucy returns to the physical space, the church graveyard, from earlier in the day, and her brain seemingly automatically processes the impressions and suggestions left on her sensorium. Mina also notes in an earlier entry that the graveyard has been on Lucy’s mind as she would like to bring Arthur Holmwood “up to the seat on the churchyard cliff and show him the beauty of Whitby” (105). However, it is important to note that Mina, while looking for Lucy after she had left the house in her somnambulistic state, draws attention to Lucy’s intentions: “it struck me that the clothes she wore might give me some clue to her dreaming intention” (124). Lucy’s “dreaming intention,” however, is not entirely her own but, as readers later learn, hypnotically suggested to her by Dracula. Although Lucy’s vampire victim status is not diagnosed until later by Van Helsing, Mina notes of Lucy that “the skin of her throat was pierced” and marked by “two little red points like pin-pricks” (127). When Dracula attacks Lucy and remotely hypnotizes her into action, Lucy’s somnambulism switches from natural to artificially induced, under Carpenter’s schema: the suggestion left on Lucy’s sensorium is like a mesmerist or hypnotic suggestion and compels her to return to the graveyard.

Beyond her fear that Lucy has sleepwalked a dangerous distance, Mina’s comments

reflect moral, gendered anxieties discussed earlier in this chapter. After Mina awakens to find Lucy missing, she panics upon finding the door unlocked and has to venture outdoors to find her. Before Mina leaves the house in search of Lucy, she notes that because her friend had not put on her dressing gown (which she would wear in the house) or dress (which she would wear outside), she must not be far away from her bedroom (124). However, she sees Lucy across the harbour on the East Cliff, stating, “on our favourite seat, the silver light of the moon struck a half-reclining figure, snowy white” (125). Once Mina runs over to the graveyard, she tries “very gently to wake [Lucy]” but when this does not work, Mina’s fear that someone will see Lucy in her state of undress takes precedence as Mina “wished to get her home at once” (126); Mina writes, “I shook her more forcibly, till finally she opened her eyes and awoke” (126). Mina’s successful strategy for rousing Lucy from her somnambulistic state reflects Polidori’s suggestion that an individual should terrify the sleepwalker (*Medical Dissertation* 785). Both *Varney the Vampire* and *Dracula* depict the waking of a sleepwalker, and in both texts sudden terror is used as a strategy, which aligns with Polidori’s comments on waking a sleepwalker.

Both Mina and Lucy are concerned about how the somnambulistic adventure will affect Lucy’s reputation. Mina explains, “I was filled with anxiety about Lucy, not only for her health, lest she should suffer from the exposure, but for her reputation in case the story should get wind” (Stoker 126). Not only does Lucy’s reputation fill the second half of Mina’s clause, but it is also the subject of one of Lucy’s first conscious thoughts. Mina writes, Lucy was “somewhat appalled at walking unclad in a churchyard at night” (126). Mary Elizabeth Leighton notes that “[e]xperiments on mesmerized subjects had long

involved instruction to commit acts inimical to the waking subject's moral senses" ("Under the Influence" 208). In this instance, Dracula extends his will over Lucy and his instruction for her to leave the house and come to the graveyard ignores any moral objections Lucy would have to leaving in her state of undress. Stoker suggests that Lucy's state of undress is affecting Mina's nervous health: "My heart beat so loud all the time that sometimes I thought I should faint" (126). Lucy's somnambulistic actions are similar to two kinds of fear that were circulating at the time: "the dangers posed by hypnotism, most notably to women who may be subjected to the hypnotist's will" (Leighton, "Under the Influence" 214), and the fears that undergoing anesthesia could cause women to act in a sexualized manner, unconsciously motivated and performed regardless of social conventions such as modesty (Brady 14).¹⁵² Although Lucy's actions are not as extreme as these fears, both Mina and Lucy are concerned about Lucy's state of undress.

Mina and Lucy's focus on Lucy's reputation, in particular her violation of gendered notions of reputation, finds its male counterpart in *The Moonstone's* Franklin Blake. Later revealed to be a sleepwalker, Blake is told about his crimes by his love, Rachel; she tells him that he violated her personal honour and jeopardized her integrity in his theft of the Moonstone. Blake says, "I have not a word to say about my own sensations. My impression is, that the shock inflicted on me completely suspended my thinking and feeling power" (Collins 315). The thought that he could be the thief renders him unable to speak or think or feel, robbing him of his agency and pushing him into a state nearly

¹⁵² Leighton notes one extreme case of the dangers of hypnotism in which immoral actions suggested by the hypnotist were performed by the female patient: "On 21 May 1887 . . . the *British Medical Journal* condemned 'the abuse of hypnotism' at a Paris exhibition where a hypnotized woman exposed herself 'for the pleasure and entertainment of a public eager for a new sensation'" ("Under the Influence" 209).

reduced to automatic processes. The extent to which Blake's crime impacts his ability to behave morally is conveyed through his question to himself, "Do I seclude myself from all human society?" (315). At this point in the novel, Blake is unaware of how susceptible to somnambulism he is due to his predisposed body and laudanum consumption, which impacts whether his seclusion must be temporary or permanent. When he confronts Rachel and asks her to describe how she knows he took the Moonstone, she asks, "[I]s it a manly action, on your part, to find your way to me as you have found it to-day? It seems a cowardly experience" (345). Rachel's coding of his action as unmanly is further extended when she tells Blake, "You were once a gentleman. You were once dear to my mother, and dearer still to me" (345). Her use of the repetition of the past tense "once" in relation to Blake's status as a gentleman indicates the extent of the damage his crime has had on his status as a man, as an honest gentleman. Blake pushes Rachel to further disclose the information she has kept secret, again focusing on his desire: "My chance of ever holding up my head again among honest men depended on my chance of inducing her to make her disclosure complete" (348). However, Rachel retorts that if she had revealed his secret, Blake "would have been disgraced for life!" (355).

Rachel would prefer Blake to seclude himself and not force her to publicly expose him. That is to say, Rachel is morally implicated because she kept Blake's crime a secret. As Ryan notes, during Sergeant Cuff's investigation, Cuff reads the "changing color of her face...as an indicator of her guilt" (31); however, it is "actually a sign of shame for her lover. Rachel thus allows herself to be compromised—to be thought guilty of the crime herself—rather than implicate her lover" (31), and directly states that she has "suffered the consequences of concealing it" (345). Her comments feature repetition: "I

can't say the words! I can't expose you! I am worse, if worse can be, than you are yourself" (356). Her guilt about her concealment of his secret has impacted her health, making her nervous. Her nervous illness is codified at the level of her dialogue with Blake: she breaks off her thoughts early (signified by the use of dashes) and emphasizes the extremity of Blake's actions (signified by the use of italics), declaring him a "*villain*" (347). Both Mina's and Rachel's fears represent the general fear that bodies in altered states perform actions without conscious thought and that these actions could be deemed morally unacceptable, violating chastity or risking reputation for women, and gentlemanly status for men. Furthermore, in both cases, the sleepwalkers' actions disrupt the health of those who know the secret: Mina and Rachel both exhibit excessive nervousness and consequences for their health.

Recalling Blake's reduction to automatic functions, Lucy's body automatically enacts Dracula's suggestions without a conscious thought for morality. This likewise suggests that her agency has been compromised and she cannot control her body's actions, immoral or otherwise; moreover, it is relevant that Lucy is attacked by Dracula while in an altered state because her health begins to deteriorate when she enters other altered states. By August 12 and 13, Lucy's somnambulistic actions are dictated by Dracula's influence, and thus can be categorized as artificial somnambulism.¹⁵³ Her daily actions are described, however, in her letters to Mina before she begins sleepwalking: "Town is very pleasant just now, and we go a good deal to picture-galleries and for walks and rides in the park" (Stoker 87). Therefore, when Lucy exhibits natural somnambulism, it would make sense for her actions to be part of this social realm. However, when Lucy

¹⁵³ Dracula arrives in Whitby on August 10th aboard the Demeter (Stoker 116-122).

experiences artificial somnambulism, her actions are different because she acts upon the suggestions given to her by her inducer, Dracula. Leighton explains, “Hypnotism could redirect a subject’s moral compass, subjecting her to the will of the operator and removing all moral and sexual inhibitions” (“Under the Influence” 206). Leighton calls this redirection and subordination of the patient’s will “will transference” (206). In *Dracula*, when Lucy experiences artificial somnambulism, her agency and will is removed and in their place are Dracula’s will and desires. Thus remotely hypnotized, Lucy is intent to work out a way to remove the barriers between herself and Dracula, so as to give him better access to her body. She becomes obsessed with windows and doors, responding to Dracula’s suggestions, for, as Carpenter states in reference to somnambulists, the sleepwalker “could be completely directed by whispering into his ear” (600). Mina notes that Lucy “seemed, even in her sleep, to be a little impatient at finding the door shut, and went back to bed under a sort of protest” (Stoker 128). However, Mina explains the relationship between Lucy’s somnambulist actions and physical barriers: “It is a very strange thing, this sleep-walking, for as soon as her will is thwarted in any physical way, her intention, if there be any, disappears, and she yields herself almost exactly to the routine of her life” (120). Mina questions whether Lucy has an “intention” in her somnambulist state, and focuses on how Lucy stops her actions when her will is impeded. Therefore, Lucy’s will becomes confused as Dracula drains her agency—before Dracula’s attack, her sensorium is filled with the walk she and Mina had taken during the day, but once Dracula begins controlling her steps go in other directions. Her actions are dependent on locked doors and windows—when she sleepwalks to the graveyard Mina notes that “the catch of the lock had not caught” (124), ultimately

allowing Lucy to move to the source of her somnambulist state.

Lucy's memories from her somnambulist episodes, in particular of Dracula, start to bleed over into her conscious and natural dreaming states, crossing her memory tracks. Mina notes that Lucy "murmured to herself: — 'His red eyes again! They are just the same'" (128). Here, Stoker departs from Polidori's and Carpenter's theories of memory and somnambulism in that Lucy's return to imagery of red eyes (signified by her use of "again") takes place in different states of consciousness. I argue that Stoker may use memory in a way that differs from the way in which Carpenter and Polidori understand somnambulist and dreaming states to be "frequently remembered with the utmost vividness *on the recurrence of that state*" (Carpenter 600) in order to connect Lucy's different experiences and memories from one altered state (somnambulism) to another (dreaming). As I describe in relation to *The Moonstone*, Carpenter's explanation for which dreams are "most distinctly remembered" has to do with whether they take place during "transitional phase[s]" of sleep or if they occur in somnambulist states which are "more completely isolated from the ordinary consciousness" (596). Lucy experiences artificial somnambulism, and I argue that Dracula's power over her is represented as conflating these states (dreaming and somnambulism), so that she slips easily from one to another and increasingly becomes stuck half in one state and half in another.

Mina explains, for example, how Lucy begins to mumble about "[h]is red eyes" while "in a half-dreamy state, with an odd look on her face" when they are spending time on the East Cliff (Stoker 129). Mina tries to follow Lucy's eyes and notes,

She appeared to be looking over at our own seat, whereon was a dark figure seated alone. I was quite startled myself, for it seemed for an instant as if the

stranger had great eyes like burning flames, but a second look dispelled the illusion. The red sunlight was shining on the windows of St. Mary's Church behind our seat, and as the sun dipped there was just sufficient change in the refraction and reflection to make it appear as if the light moved. (129)

Here, Mina rationalizes what she momentarily thinks is a supernatural occurrence by focusing on the effects of the sunlight and the stained glass of the church, similar to Henry's preoccupation with the painting of Varney. Trying to follow Lucy's memory track also reminds Mina of when she found Lucy in the graveyard; Mina thought she saw red eyes and a figure looming over Lucy, "something raised a head, and from where I was I could see a white face and red, gleaming eyes" (125), but she dismissed what she thought she saw for when she approaches Lucy, "she was quite alone, and there was not a sign of any living thing about" (125). While Lucy does not mention seeing red eyes in her somnambulistic state, the re-emergence of the imagery connects Mina's experience of describing Lucy's different states with her own memory when she thought she saw a figure with red eyes. Thus red eyes appear at two different moments, when Mina observes Lucy in her somnambulistic state in the graveyard, and when Mina and Lucy visit the East Cliff during sunset, so arguably in Stoker's departure from Polidori and Carpenter this imagery would re-emerge during another state, specifically a transitory "half-dreaming" state of consciousness.

This slippage between altered states can also be found in another recurring example of imagery that haunts Lucy. Carpenter explains that "There can be no doubt that the materials of our dreams are often furnished by the 'traces' left upon the brain" (587) and, if Lucy is being preyed upon while somnambulistic then, when she shifts to a half-

dreaming state, the traces of Dracula's image may be left behind and taken up in her other altered states, including dreaming. Lucy tries to recall her dream for Mina, but struggles:

Then I have a vague memory of something long and dark with red eyes, just as we saw in the sunset, and something very sweet and very bitter all around me at once; and then I seemed sinking into deep green water, and there was a singing in my ears, as I have heard there is to drowning men; and then everything seemed passing away from me; my soul seemed to go out from my body. (Stoker 133)

Beyond the imagery of the red eyes, the vocabulary in this passage suggests a metaphor for the transition between states of consciousness, in that Lucy's self is "sinking" down closer to death.

Le Fanu's *Carmilla* uses similar language when she tries to recall the attack that turned her into a vampire. Both *Carmilla* and *Lucy* use imagery of trying to look through deep water to explain the process of endeavouring to remember faint memories. *Carmilla* says, "I remember everything about it—with an effort. I see it all, as divers see what is going on above them, through a medium, dense, rippling, but transparent" (Le Fanu 276); that is, the memories themselves are clear, but to remember them takes "effort" and they are beneath the surface (276). For *Lucy*, the memory felt like she was "sinking into deep green water" (Stoker 133). *Lucy* also compares her state to that of drowning men, perhaps linking this altered state to the history of suspended animation, which historically emerged as an explanation for undead drowned individuals.¹⁵⁴ The connection *Lucy* makes between her experience, hearing "singing" and that of drowning men likens

¹⁵⁴ We now understand this state of consciousness as comatose.

Dracula to the Sirens in Homer, who seductively strip their victims of their agency.¹⁵⁵

Stoker's use of siren imagery is an interesting reversal of the usual gendered siren imagery so pervasive in the decadent art of the 1890s that casts women as demonic. Bram Dijkstra connects this late nineteenth-century fascination with sirens and mermaids to the "especially urgent problem facing . . . explorers of the soul" (250). That is, Dijkstra argues, "The siren's physical allure spelled death to man's transcendent soul" (266). In the passage from *Dracula*, the explicit description of Lucy's soul leaving her body aptly describes her loss of volition and agency and paints Dracula as a male, bestial siren.

Although Lucy is able to remember parts of this dream or memory, I argue it is because she is, as Mina describes, in a "half-dreaming" state (Stoker 132). Half-dreaming states would theoretically be half dreaming and half consciousness, so Lucy is able to remember memories and dreams that occur in a natural sleep state, fuelled by images of Dracula preying on her in her somnambulistic state. When Lucy writes in her diary, she notes that her dreams have been "all dark and horrid . . . for I can remember nothing; but I am full of vague fear, and I feel so weak and worn out" (144) and that "I wish I could remember them" (145). When Lucy completely exits one altered state (dreaming) for consciousness, she is unable to remember what happens during her somnambulistic or sleep states, recalling Polidori's and Carpenter's conceptions of state-dependent memory; however, in the transitory "half-dreaming" state (132), Lucy is able to access memories from both somnambulist and sleep states.

Another example of Lucy's state-dependent memory is when Seward and Van Helsing take turns staying awake to monitor Lucy's sleep states. Seward's diary entries

¹⁵⁵ I am grateful for this connection made by my supervisor, Dr. Julia M. Wright and third reader Dr. Marjorie Stone.

logging Lucy's different states of consciousness recall Jennings' medical log of Blake's excitability in *The Moonstone*. When Seward prompts Lucy about her desire to not sleep, Lucy explains that, to her, "sleep was a presage of horror!" (161)—when she enters a sleep state, Lucy encounters horror. Furthermore, the horror for Lucy comes from her inability to remember what happens once she is asleep or begins her somnambulistic trance; she says, "I don't know; oh, I don't know. And that is what is so terrible. All this weakness comes to me in sleep; until I dread the very thought" (161). Lucy connects weakness with her lack of control over her memories and dreams—her inability to know what has happened.

The state of Lucy's health is similarly twofold. While she is conscious or naturally sleeping, she appears close to death, her body showing the signs of a serious illness, but when she is in altered states or trance states, she appears healthier than when she is conscious. Physically, Lucy's artificial somnambulism affects her bodily health in a way that her natural somnambulism does not. The artificial somnambulism not only brings her to Dracula, but also allows him to feed on her; his manipulation of Lucy is masked by her trance state. Accordingly, Mina notes markers of Lucy's deteriorating health: "she is paler than is her wont," she is "languid and tired," "the roses in her cheeks are fading, and she gets weaker and more languid day by day" (129-30). Like the vampire's victims whose health I trace in Chapter Three, Lucy becomes "more languid" as she deteriorates, regardless of Mina's attempts to balance Lucy's excitement, such as taking her to "enjoy the fresh air" (130). Mina thinks that Lucy's ill-health must be fueled by her lack of sleep. The more languid Lucy becomes, the closer she approaches the Brunonian extreme of asthenic disease. Furthermore, the physical changes that are associated with vampires

appear in Lucy when she is sleeping. Seward writes, “Her breathing grew stertorous, the mouth opened, and the pale gums, drawn back, made the teeth look longer and sharper than ever . . . her eyes . . . were now dull and hard at once” (197). These physical changes make Lucy seem uncanny, unnatural, and inhuman.

When Dr. Seward is asked to intervene and provide a diagnosis, the text shifts from Mina and Lucy’s recorded health histories in their separate diaries to the sphere of physicians. This shift from laypeople to qualified doctors is indicative of Stoker’s access to contemporary brain science via a memo from his brother, Thornley. Stiles explains that Thornley “actively participated in the composition of *Dracula* by providing its author with medical advice that rendered certain scenes more realistic” (“Bram Stoker’s Brother” 211); specifically, in a memo dated “sometime between 1890 and 1896 . . . Thornley provided his brother with the details for the description of the brain surgery performed on Renfield” (211). In comparison to the medical authority expressed in Seward’s diary, which seems to function like a medical diary of experiments, Mina’s journal is kept for herself only; it is worth noting that Mina does not “suppose there will be much of interest [in her journal] to other people; but it is not intended for them” (Stoker 86). Mina does not set out to purposefully log Lucy’s health in her journal; she envisions it as private: “a sort of journal which I can write in whenever I feel inclined” (86).¹⁵⁶ However, Mina’s journal entries reflect the contemporary understanding a layperson may have about somnambulism.

¹⁵⁶ Mina explains her intentions for journaling, writing to Lucy, “I shall try to do what I see lady journalists do: interviewing and writing descriptions and trying to remember conversations. I am told that, with a little practice, one can remember all that goes on that one hears said during a day. However, we shall see” (Stoker, *Dracula* 86).

In Seward's first examination of Lucy, he states, in his letter to her fiancé, Arthur Holmwood, that he is not able to easily diagnose Lucy as "[t]he qualitative analysis gives a quite normal condition, and shows, I should infer, in itself a vigorous state of health" (147). From an excitement perspective, Lucy appears healthy. Seward further explains, "In other physical matters I was quite satisfied that there is no need for anxiety; but as there must be a cause somewhere, I have come to the conclusion that it must be something mental" (147). Kaley Kramer argues that Seward's relegation of Lucy's ill health to the mental realm, "internalizes the cause in Lucy herself, in her resides both the cause and the effect of her illness" (74). Seward does not stand in as a simple representation of Victorian patriarchy, immediately dismissing Lucy's complaints as hysteria or nervous disease. Rather, his comments and conclusions are grounded in Lucy's physiology, and he analyzes her blood and provides a "qualitative analysis" of her health (Stoker 147).

Seward reports that Lucy "complains of difficulty in breathing satisfactorily at times, and of heavy, lethargic sleep, with dreams that frighten her, but regarding which she can remember nothing" (147). Seward takes these complaints seriously but cannot find "a cause" in her physical health (147). Lucy states that "as a child she used to walk in her sleep, and that when in Whitby the habit came back" (147), explaining her sleepwalking adventure to the East Cliff; however, Lucy "assures [him] that of late the habit has not returned" (147). Seward's letter to Arthur Holmwood reveals the discrepancy between Lucy's self-reported history of sleepwalking and her observed health by Mina. Seward admits that he does not understand Lucy's health complaints, stating, "I am in doubt" (147), and notes that he is planning on reaching out to his "old

friend and master,” Professor Van Helsing (147). There is a finely grained trajectory in medical and scientific authority here, from Mina to Seward to Van Helsing. The cause of Lucy’s complaints is later explained by Van Helsing as vampirism to the shocked disbeliever of the supernatural, Seward.

Van Helsing is particularly interested in Lucy’s sleep habits and somnambulism. Unlike Mina and Seward, he identifies Lucy’s somnambulism as artificial and takes measures to stop Dracula’s hypnotic control of Lucy’s sleep states by introducing garlic flowers. Lucy’s sleep actions recall the case studies in Polidori’s dissertation where individuals acted, such as searching for something, while in somnambulistic states (778-82): “Whilst still asleep she took the paper from her breast and tore it in two . . . All the same, however, she went on with the action of tearing, as though the material were still in her hands; finally, she lifted her hands and opened them as though scattering the fragments” (Stoker 189). The shift from actual tearing to a miming of it makes Lucy’s behaviour even more markedly uncanny. When she recovers from her blood transfusions, her unconscious actions, when she “put the garlic flowers from herself,” seem at odds with her conscious actions when she “pressed the garlic flowers close to her” (196). When she is in an artificial somnambulistic state and is controlled by Dracula’s hypnotic or mesmeric powers, she pushes the garlic flowers away to allow Dracula more control, but when she is conscious or in a natural sleep state, her unconscious fears of being preyed upon bleed over and she presses the garlic flowers closer to herself to ward off the pain she experiences in somnambulism. Lucy writes, “I feel comfort from them already . . . I never liked garlic before, but tonight it is delightful! There is peace in its smell; I feel sleep coming already. Goodnight, everybody” (169). Seward records Lucy’s pattern of

pushing away and pressing the garlic flowers to herself and notes that “[t]here was no possibility of making any mistake about this; for in the long hours that followed, she had many spells of sleeping and waking and repeated both actions many times” (196). Seward correctly notes that Lucy cycles through states, specifically, artificial somnambulism and natural somnambulism or a half-dreamy state.

Furthermore, for the first time in her somnambulistic state, Lucy speaks, increasing the list of her somnambulist actions. She calls to her betrothed, Arthur, “in a sort of sleep-waking, vague, unconscious way”: “Arthur! Oh, my love, I am so glad you have come! Kiss me!” (197). Seward notes that her “soft voluptuous voice” sounds uncanny, explaining that it was “such as I had never heard from her lips” (197). Seward describes Lucy’s state as “sleep-waking,” which echoes Elliotson’s term for his conception of sleepwalking, “sleep-waking,” because in his theoretical system sleep-waking was an extension of an ordinary sleep and thus a dream state that did not always include physical motor actions such as walking (31-32). However, Lucy’s plea for Arthur to kiss her is not consciously willed, but a suggestion from Dracula given to Lucy in her artificial somnambulistic state. Dracula’s control over Lucy’s will is identified by Seward: “And then insensibly there came the strange change which I had noticed in the night” (Stoker 197). Van Helsing does not allow this kiss to transpire, identifying Lucy’s actions as similar to those of the undead, exclaiming, “‘Not for your life! . . . not for your living soul and hers!’ And he stood between them like a lion at bay” (198). After Dracula’s will is thwarted, Lucy slips from artificial somnambulism back to consciousness. Seward describes how her eyes return to “all their softness” and her body is described as “poor, pale, [and] thin” (198): conscious Lucy appears nearly dead.

However, as Lucy ultimately succumbs to her mysterious illness, her physical changes shock Seward and Arthur. Lucy's countenance and physical markers of health are recorded by both Seward and Mina. When Lucy experiences somnambulism, she is described as looking healthy by Mina, "She has more colour in her cheeks than usual, and looks, oh, so sweet" (123); however, when Lucy experiences ordinary sleep, Mina notes, "she is paler than is her wont, and there is a drawn, haggard look under her eyes which I do not like" (129). That is, Lucy's health is easily reflected in her visage and the juxtaposition of health and illness in artificially induced somnambulism and ordinary sleep is sharp. Nearing the end of her mortal life, Seward describes Lucy: "Death had given back part of her beauty, for her brow and cheeks had recovered some of their flowing lines; even the lips had lost their deadly pallor" (198). Lucy no longer appears drawn, pale, and bloodless, but as if she has circulation. Her beauty is explicitly described as half-alive with a focus on some of the physical markers of good health. In particular, as Byrne notes, Lucy's physical appearance replicates the distinctive characteristic symptoms of consumption (131).¹⁵⁷ Comparing Lucy's undead body with the body of Le Fanu's Carmilla reveals why Carmilla's undead body is so starkly uncanny and Lucy's corpse is more natural. In "Carmilla," the vampire appears to be extremely healthy with attention paid to the physiological processes of circulation and respiration, yet she lies in a coffin filled with blood. This jarring "force of contrast" creates terror (Radcliffe 149), whereas in *Dracula*, Lucy's body is closer to a hybrid of life and death as she dies.

¹⁵⁷ See Byrne for a discussion of Stoker's *Dracula* and consumption (especially pages 124-49). In addition, Day quotes a passage from a 1790 article in *The Lady's Magazine*, emphasizing the striking contrast of paleness and "hectic flush" apparent in patients suffering from consumption: "In the last stage of a consumption a lady may exhibit the roses and lilies of youth and health, and be admired for her complexion—the day she is to be buried" (604).

Seward tries to explain to Arthur that the reason Lucy appears lifelike in death is that her face is no longer drawn by pain; pain is an exciting force that indicates Lucy's continued life but leaves her exhausted. In the absence of pain, Lucy's body achieves an excitatory balance. While Lucy may appear healthier, her body lacks exciting forces, and she is left dead. Seward then quotes two lines from Thomas Hood's "The Death-Bed": "We thought her dying whilst she slept, / And sleeping when she died" (Stoker 199). The inclusion of this quotation captures the way Dracula's attacks have confused what Seward can attribute to good or poor health due to Dracula's effects on Lucy's physical markers of health and illness. Lucy's altered vampiric state directly affects the way she physically presents in death.

In death Lucy retains part of the health and beauty that were found in her somnambulist states. However, the juxtaposition of Lucy's physical appearances before death (nightmarish) and after death (lifelike and beautiful) are striking and reminiscent of the stark contrast between Carmilla's life-like body and undead status as she floats in her blood-filled coffin (Le Fanu 315-16). Dracula's vampirism and control over Lucy overexcites her body and so she appears "like a nightmare" (Stoker 252). Just before Lucy dies, Seward says, "She seemed like a nightmare of Lucy as she lay there; the pointed teeth, the bloodstained, voluptuous mouth—which it made one shudder to see—the whole carnal and unspiritual appearance, seeming like a devilish mockery of Lucy's sweet purity" (252). Here, the juxtaposition comes from Lucy's conscious, pre-somnambulist state, her "sweet purity" (252) contrasted with her more horrific vampiric appearance. Health and beauty typically codes individuals with goodness; therefore, when she returns in part to beauty in sleep, it makes it more difficult for Seward to

believe she is the Bloofer lady who has been slaying children, and even harder for Seward, Van Helsing, and Arthur Holmwood to end her undead state.

The role somnambulism plays in Lucy's decline and eventual death helps mark her body physically and shows the extent of her illness. However, this appearance characterizes her as pitiable and not terrifying like Dracula or Polidori's Ruthven; that is to say, Lucy's appearance when she is in a somnambulist trance masks Dracula's attack and confuses Seward. Van Helsing describes the phenomenon to Seward by explaining the importance of trance states to Lucy's illness. He says, "She was bitten by the vampire when she was in a trance, sleepwalking . . . and in trance could he best come to take more blood. In trance she died, and in trance she is Un-Dead, too" (239). Lucy's natural somnambulism, like that of Flora from *Varney the Vampire*, explicitly makes her more vulnerable to Dracula's powers, especially to his mesmeric control, which is represented as inducing a state of artificial somnambulism.

Yet the focus on her awakening from "sleep" is confusing here: is it ordinary profound sleep? Artificial somnambulism? An undead state? When she transitions out of death and into her undead state, Lucy has all the characteristics we associate with vampires: she is languid and mesmeric, and Van Helsing is the only character who treats her as being as dangerous as she is. Seward explains, "There was something diabolically sweet in her tones—something of the tingling of glass when struck—which rang through the brains even of us who heard words addressed to another" (250), in this case Arthur, indicating the mesmeric resonance of her voice (see Chapter Four). Lucy speaks in imperatives, "Come, my husband, come!" (249-50) and seemingly he appears "under a spell" (250). However, Van Helsing, armed with extensive knowledge of vampirism,

hypnotism, and somnambulism, does not fall under Lucy's spell. He views Lucy as "a foul Thing for all eternity" when she exists in an artificial somnambulistic or undead state (255). It is Lucy's beauty and "sweet purity," in her final conscious, uncontrolled moments before death that make it difficult for Van Helsing to kill her (252). Van Helsing expresses this conflict, stating, "There is no malign there [in her common dead appearance], and so it make hard that I must kill her in her sleep" (239). Importantly, after she is staked, he says, "She is God's true dead, whose soul is with Him" (255). When she existed in altered states, Lucy was considered soulless due to the automatic cerebral functions; here, Van Helsing explains that now that Lucy is no longer in a somnambulistic state, her soul can be returned to God in true death.

Stoker's interest in developments in brain science in the 1800s is reflected in his depiction of Lucy's decline in health and rise as the undead. Like Rymer, Stoker emphasizes somnambulism as a natural process, so much so that, when Lucy crosses from natural to artificial somnambulism, it becomes difficult to distinguish her altered states. These confused, hybrid states of consciousness are marked by the terms that Stoker uses, "half-dreamy" and "sleep-waking" (132; 197). Suggesting the extent to which the general public understood sleep and altered states in the nineteenth century, Stoker frames Lucy's narrative through Mina's non-specialist voice. Her log of Lucy's health shows how the Brunonian health model and concepts of altered states of consciousness endured in the culture even though they were largely superseded in medical literature. Furthermore, Mina's concern about Lucy's reputation when she enters these altered states underscores the gendered concerns about the suspension of volition. Taken with Lucy's own diary entries and Dr. Seward's notebook entries, Mina's log

stresses the unmistakable relationship between the vampire victim and sleepwalking that continues in adaptations of *Dracula* and other vampire texts.

5.5. CONCLUSION

Tracing brain science development from *Varney the Vampire* to *Dracula*, this chapter attempts to answer the question of why sleepwalking is associated with the vampire. Read through the lens of Polidori's thesis on somnambulism, Rymer's *Varney the Vampire* picks up this thread and strengthens it by representing the vampire's victim Flora as experiencing natural somnambulism. The text's somnambulism sequence is short, but questions the boundaries between rationality and madness, the individual and the automaton, as well as the characteristics of somnambulism. Half a century later in *Dracula*, Stoker gathers the threads of the previous vampire-text authors and combines them to create a more nuanced relationship between the vampire, its victim, and somnambulism. Prominent developments in brain science over the course of the nineteenth century were commonly understood by all levels of society. With this in mind, Stoker frames Lucy's experiences, transitioning between natural and artificial somnambulism and consciousness through medical characters and non-specialists alike. What is most terrifying in all of these texts is not the altered states themselves, but the characters' inability to distinguish between these altered states and behaviours, including their inability to return to ordinary consciousness and control their will.

CHAPTER 6 *THE JEWEL OF SEVEN STARS*: CONSCIOUSNESS and CONCLUSIONS

In *Dracula*, Van Helsing succinctly explains the relationship between medical sciences and the supernatural: “it is the fault of our science that it wants to explain all; and if it explain not, then it says there is nothing to explain” (191). Bram Stoker’s subsequent novel *The Jewel of Seven Stars*, first published in 1903 and republished in 1912 with an alternative ending,¹⁵⁸ captures the spirit of Van Helsing’s comment in presenting a world where a supernatural Egyptian mummy queen is explicitly tied to scientific innovation and brain science. Roger Luckhurst describes Stoker’s approach to the mummy plot as one where “the exertion of magical will and radioactive particles coexist in the vanishing point between science and the occult” (*Mummy’s Curse* 175). As I will discuss, the novel’s two endings make this vanishing point more concrete, with the earlier ending condemning science and the republished ending more accepting of the occult and supernatural.

The Jewel of Seven Stars opens with Stoker’s protagonist, a barrister named Malcolm Ross, awakening from a prophetic dream about Margaret Trelawny, a woman he met and befriended prior to the timeframe of the novel. Margaret calls on Ross to come to her aid when her father, Abel Trelawny, falls into an unnatural trance state after being injured in a room within their residence filled with Egyptian artifacts, including the

¹⁵⁸ The 1912 version removes “Chapter 16: Powers Old & New”; William Hughes argues that Stoker removed Chapter 16 because it “threatened dominant religious beliefs with its speculative focus on Egyptian powers” (“Profane Resurrections” 135).

sarcophagus of the Egyptian Queen Tera. The air in the room, the “mummy air,” “mephitic odour” (72), or “Egyptian smell” (41), begins to affect the characters as they lapse into different altered states.¹⁵⁹ As the characters puzzle their way through the mystery surrounding Trelawny’s trance state, Trelawny’s Egyptologist partner, Mr. Corbeck, ends up joining the party and sharing two narratives: one from an early Dutch Egyptologist who was obsessed with Queen Tera and her great ruby, the Jewel of Seven Stars, and one from Corbeck and Trelawny’s own expedition to the tomb of Queen Tera. Trelawny awakens from his trance with no medical or logical explanation. Upon waking, he explains that he wants to pursue an experiment to reanimate Queen Tera’s embalmed mummified body in order to learn from the ancient yet advanced Egyptian scientific knowledge that has been lost in contemporary society. Through Corbeck’s and Trelawny’s narratives, Margaret’s relationship with Queen Tera is revealed: when the two men were on their expedition and uncovered Tera’s tomb, they fell into a trance state at the same time as Trelawny’s wife gave birth to Margaret and died as a result.¹⁶⁰ As the party begins preparations for what they call the Great Experiment,¹⁶¹ Ross notices that Margaret seems to have taken on what he calls a “dual existence” (275), and he begins to wonder if Queen Tera is channeling Margaret in order to spread the mummy’s motivation

¹⁵⁹ Shelley Trower and Martin Willis (*Vision*) both discuss Stoker’s use of miasmaist and contagionist theories in *Jewel*. Miasma “saw disease as a product of the environment, of conditions such as foul air and bad water, and could be best managed by the alleviation of poverty,” and Trower further notes that miasma could transcend borders (205).

¹⁶⁰ Some scholars (Smith, Trower, and Deane) read Margaret as the reincarnation of Tera, or as the “offspring of undying occult power and imperial archeology” (Deane 404). Deane also notes a series of other mummy texts that feature the female mummy being reborn into modern England: Marie Corelli’s *Ziska* (1897), Guy Boothby’s “A Professor of Egyptology” (1904), and C. J. Cutcliffe Hyne’s “The Mummy of Thompson-Pratt” (1904) (410n61).

¹⁶¹ As Deane notes, there is an interesting connection between the party’s title for the resurrection, “The Great Experiment” and a comment made by one of Cromer’s undersecretaries, Alfred Milner, who “called the hybrid system in Egypt ‘the most absurd experiment in human government’” (392).

and desire for the experiment to prove successful and realize her desire to leave her astral body and wake into a new world. Save for Margaret and Ross, the party unrolls Tera's body, breathing in the air filled with the gums and spices used in her embalming process. To their surprise, they find that Tera is not traditionally mummified, but perfectly preserved and that Margaret eerily resembles her. Tera's mummified body is intact, save for her hand that was severed at the wrist by previous greed-motivated Egyptologists who wanted her jewel, and Margaret, Tera's double, bears a bizarre birthmark on the same wrist that looks like blood droplets from a scar.

In both the 1903 and 1912 endings, the room fills with a pungent, dense smoke from the coffer, and Ross sees something white move by the couch where Tera's body is laid out. However, in the original ending, Stoker seemingly condemns the party's scientific experiment, leaving all of the characters dead save for Ross. The 1912 ending is more ambiguous—while none of the characters perish, Tera's body disappears and there is an abrupt ending that shifts from the night of the Great Experiment to a description of Margaret and Ross's wedding. This alternate ending suggests that Tera did not disappear but has been resurrected in Margaret or, if nothing else, shares her consciousness. Glennis Byron notes that Stoker “concludes by leaving us . . . in a state of complete uncertainty” (“Bram Stoker's Gothic” 56), and Bradley Deane argues that it is “the most stunningly abrupt and inconclusive ending in Victorian fiction” (404).

The novel continues the nineteenth-century interest in exploring trance states, specifically remote hypnotism and dreams; however, Stoker includes additional contemporary medical theories from the *fin de siècle*, namely radioactivity and X-rays,¹⁶²

¹⁶² See Eleanor Dobson's 2017 article, “Gods and Ghost-Light: Ancient Egypt, Electricity, and X-Rays”; she also points to Glover, Senf, and Hebblethwaite, noting, “Bram Stoker's reliance upon developments in

in combination with the late Victorian obsession, Egyptomania.¹⁶³ What interests me most about this novel is that it follows a similar formula to *Dracula*—introducing a supernatural monster that is explicitly tied to contemporary medical science (swapping out vampires for mummies). However, David Glover points out that *Jewel* is “far less well-known than *Dracula*,” noting that “because of *Dracula*’s success . . . the bulk of Stoker’s work has been eclipsed, shunted off to the sidelines of critical discussion,” and “as a result, we have lost any sense of the range of his writings, as well as any real understanding of the issues with which they are preoccupied and how these changed over time” (*Vampires* 8). Glover notes that in each text, “Stoker starts from some contemporary brand of learning, a set of observations or a stray theory, and uses it to elaborate a blatantly phantasmagoric order of possibilities in which men and women can be reborn or remade” (17). Some scholars question the balance between Stoker’s development of character and plot with his use of contemporary sciences, and argue that it is this lack of cohesion that makes *Jewel* an “ultimately unsuccessful” novel (Senf, *Science* 82),¹⁶⁴ especially in comparison to *Dracula*, published less than five years earlier.¹⁶⁵ Carol A. Senf and Glover independently argue that perhaps this failure is tied to Stoker’s “negative assessment of the sciences because here, rather than working to

theories of radiation when writing *The Jewel of Seven Stars*” can be tied to the scientific endeavours that occurred the year he published the novel, such as the “scientific pioneers in the field of radioactivity, Marie Curie, Pierre Curie and Henri Becquerel, jointly received the Nobel Prize in Physics” (Dobson 129).

¹⁶³ For more on England’s Egyptomania, see Gange, Luckhurst (“Mummy’s Curse: A Genealogy,” “Mummy’s Curse: A Study,” and *Mummy’s Curse*), Brier, and Willis (*Vision*).

¹⁶⁴ Glover and Deane both note that while the novel may have been viewed as a failure, it had long lasting impacts on the burgeoning mummy film genre; Glover states that “it subsequently inspired at least two recent horror films, *Blood from the Mummy’s Tomb* (1971) and *The Awakening* (1980)” (“Lure” 1), while Deane contends that *Jewel* “has proven [to be the] most influential in the . . . mummy film tradition,” adding *Legend of the Mummy* (1997) to Glover’s list (404).

¹⁶⁵ Glover states that *Jewel* “has been in and out of print since it first appeared at the turn of the century” (“Lure” 1).

identify, control, and eliminate the transgressive and the monstrous, science works to release it” (Byron, “Bram Stoker’s Gothic” 57).

In the party’s efforts to resurrect the mummy Queen Tera, the team uses a kind of remote hypnotism, threatening Margaret’s will; however, Tera’s possession of Margaret is not represented as malicious, unlike Dracula’s control of Lucy. Furthermore, Ross, unlike Mina, does not attempt to intervene in the remote hypnotism or warn Margaret’s father or any of the other characters participating in the Great Experiment. Ross is a strange narrator and, as Andrew Smith argues, his concealment of Margaret’s dual consciousness is motivated purely by his romantic relationship with and love for her (“Love” 82). Here, I aim to tease apart Stoker’s representation of altered states and science; I argue that Tera’s occupation of and control over Margaret’s will, while transgressive, is more hesitant and has very different motivations than Dracula’s remote hypnotism of Lucy.¹⁶⁶

6.1. EGYPTOLOGY, IMPERIALISM, AND THE JEWEL OF SEVEN STARS

Following the expulsion of Napoleon’s troops from Egypt in 1801, British involvement in Egypt was resurrected in 1877. Toby Wilkinson explains, “Between January 1881 and July 1882” the golden age of Egyptology began (245). Khediv Isma’il Pasha had to solve Egypt’s “colossal \$443 million” foreign debt in 1875; in an attempt to do so, he sold his 44 percent holding in the Suez Canal Company to the British government (246). Kate Hebblethwaite explains why the Suez Canal was so important to

¹⁶⁶ Throughout this chapter, I use the term “occupy” rather than “control” to mimic the political dynamic of England occupying Egypt during this period.

Britain: “44 per cent of Egyptian imports came from the UK, and 80 per cent of Egyptian exports came to Britain. Opened in 1869, the Suez Canal was a vital route to India for both commercial and military reasons.” From here, “British and French bond-holders, and their governments” pressured Ismail and “he was forced to accept foreign control over Egypt’s finances,” which became known as the Anglo-French dominance—the “Dual Control” (246). While the Dual Control had little interest in “direct intervention” in Ismail’s desire to regain control over his country by establishing an entirely Egyptian ministry, they forced Ismail to abdicate. Ismail’s successor, Tewfiq, was more reluctant to cede control to the Dual Control, and the two countries thus came to hold “only advisory powers and a consultative role in the cabinet” (249). The nationalist Egyptian rebellion rose up and rioted in June 1882 in Alexandria, killing approximately fifty European residents. To deal with this insurgence, in July 1882, “British warships began the bombardment of the city” (251).

After Britain’s military success, it made a decision regarding its future involvement in Egypt: while Britain did not “particularly want to add Egypt to its colonial possessions,” Egypt was “simply too strategically important” for British control, so Britain continued its governance of Egypt as a “veiled protectorate” (252). Wilkinson notes that this unofficial occupation “made it even harder for Egyptian patriots to challenge the status quo, since it had no legal standing or structure” (373). Although “Egypt’s new de facto ruler, Evelyn Baring,” was “no particular fan of archeology,” Britain, France, America, and Germany began their official ransacking of Egypt, bringing home artifacts to their museums, despite the Egyptian government’s decree that “all monuments and all antiquities belonged to the Egyptian state and were inalienable”

(259).

The British Museum and Amelia Edwards, a Victorian novelist, traveler, and “indefatigable champion of Egypt’s ancient heritage” (Wilkinson Plate 12),¹⁶⁷ founded the Egypt Exploration Fund (EEF) on 27 March 1882 (261). One key figure in the EEF was William Matthew Flinders Petrie, who, over the following four decades, “made more major discoveries than any other archaeologist, before or since, amassed a vast collection of antiquities, and published a thousand books, articles and reviews” (269). However, as Egyptologists’ interest in artifacts grew, so too did tourists’ and “scoundrels’” attraction (289), as a direct result of Egypt’s economic boom under Baring’s leadership (278). Wilkinson considers Ernest Alfred Thompson Wallis Budge, another key figure in this period, one such scoundrel and “treasure hunter” (290). Budge was the “first keeper of Egyptian antiquities at the British Museum and a great popularizer of pharaonic civilization” (281). He first set foot in Egypt in late 1886 but returned for thirteen additional excavation expeditions between 1891 and 1913 (298). 1886 also marked “the first unwrapping of a royal mummy at the Egyptian Museum, which was honoured by the khedive’s presence (274). Baring was uncomfortable with Budge’s rash evacuations of artifacts, warning him that his actions might “complicate political ‘relationships” (293): this warning was unheeded.¹⁶⁸ While Petrie’s and Budge’s approaches towards Egypt’s

¹⁶⁷ Edwards rallied support for her cause, to explore the Nile Delta, signing quite a few monied and erudite individuals to fund the relocation of Cleopatra’s Needle to London (Wilkinson 260). The EEF secretary and treasurer Edwards and Erasmus Wilson, “despite opposition from some of the fund’s committee . . . decided to give the unknown Petrie a chance” and backed his first excavation” (267).

¹⁶⁸ However, Britain’s role in Egypt came to an end in November 1914 as Britain “found itself at war with the Ottoman Empire, of which Egypt was still technically a part” (374). This war was over the control of the Nile. The EEF’s presence in Egypt dwindled in the years following the first and second world wars, (although it is worth noting that Egyptological missions continued but became privately funded) (379). Although “[a]n agreement was subsequently reached in 1899, establishing an Anglo-Egyptian Sudan, under which Sudan was run by a governor-general appointed by Egypt with British consent” (Hebblethwaite),

antiquities differed, Britain's unofficial occupation of Egypt and its imperialist desire to "claim" and "recover" artifacts are the political landscape of Stoker's *The Jewel of Seven Stars*.

In the novel's tentative treatment of the female mummy as monster, Stoker replicates the dynamic of England's unofficial occupation of Egypt (1882-1914), centering on the Egyptologist characters' appetites to possess Egyptian artifacts and recover the "lost sciences" of the Egyptians for their own personal and national advantages. Trelawny and Corbeck's obsession can be framed, as Deane argues, as an extension of the 1882 EEF's mission to "protect Egyptian antiquities from decay" in an effort motivated "more purely for scientific knowledge" (387). However, Trelawny is a tourist and collector and it is difficult to read his unearthing and displacement of Tera's sarcophagus and body from Egypt to his home in London as anything short of a form of violation.¹⁶⁹ While Trelawny and the other male party members seem to project the "focus [of] masculine Egyptological desire onto the mummies themselves" (Deane 387), Trelawny is surprisingly not the British representative allegorically situated in the national tale (Corbett). Rather, Ross and Margaret both seem to fulfill the British side of the marriage plot in the 1912 version of the text. Deane argues that "mummy fiction stands apart from other imperial romances by combining elements of the gothic tradition with familiar elements of domestic fiction, especially the marriage plot" (391).¹⁷⁰

Britain's imperial rule did not last. Ultimately, the 1956 Suez Canal "debacle," concluded Britain and France's "influence" in Egypt (Wilkinson 428).

¹⁶⁹ Nolwenn Corriou explains how mummy fiction "point[s] to a construction of the ancient Egyptian body as a feminine entity. This gendering of the antique object, and of antiquity itself, implies a problematic relation or even relationship between the British archaeologist and the historical past that takes the shape of a mummy" (par. 5).

Deane specifically comments on Trelawny's obsession with Tera's resurrection as "an expression of a will to power in the form of omniscience" (387, 405).

¹⁷⁰ See Deane for a full analysis of this marriage plot in mummy fiction; some of the texts he discusses

Stoker's two endings present different views of science, as will be discussed below, as well as the political relationship between England and Egypt.¹⁷¹ In both endings, Tera is released from her altered state and is figured as occupying Margaret, although as Glover notes, Stoker's *Jewel* is quite "exploratory in tone, at times quite hopelessly unsure of its ground" ("Lure" 4). My analysis does not resolve the ending of *Jewel*, and it is worth noting that inconclusive endings, lack of closure, and "strategies of suspense . . . [that] were the fundamental conditions of British power in Egypt" are trends across the mummy texts from the period (Deane 401). However, in Stoker's novel this exploratory tone plays out quite differently than it does in the other mummy texts Deane discusses, as *Jewel* presents a flip of the traditional England/Egypt allegorical marriage (381-84):¹⁷² here, we have a female Egyptian figure invading an Englishwoman, and, as I argue, this "eternal union" takes place between Tera and Margaret (and Ross).¹⁷³

6.2. TERA-MARGARET'S DOUBLING THE DOUBLE AND POSSESSION

Jewel leans wholeheartedly into the Gothic trope of the double established earlier in the century, wherein the double is used "to destabilize identity through the uncanny

include: H. Rider Haggard's "Smith and the Pharaohs" (1912-13) and *She* (1886, 1887), H.D. Everett's *Iras: A Mystery* (1896), Grant Allen's "My New Year's Eve Among the Mummies" (1878), Julian Hawthorne's "The Unseen Man's Story" (1893), and Arthur Conan Doyle's "The Ring of Toth" (1890). Deane notes that in *She* and Doyle's story, the female characters are not mummies but British Egyptologist ladies who act as doubles for the mummy.

¹⁷¹ See Deane's discussion of the unofficial occupation of Egypt and the role of the veiled protectorate (especially 381-84, 392-93). Also, see Lant who argues that Egypt was considered "an empire that had failed, yet one whose achievements continued to baffle and provoke scholars and administrators of a later and increasingly insecure imperial age" (91).

¹⁷² See Deane for an analysis of the nationalist reading of *Punch* comics (381-84).

¹⁷³ See Corriou for an interesting reading in which she applies Stephen Arata's concept of "reverse colonization" (originally discussed in relation to *Dracula*) to *Jewel* (par. 23-27). Corriou argues that by the end of the 1912 version of *Jewel*, "Tera has achieved the occupation of the colonizer's body and the infiltration of the colonial mind into the heart of the nation" (par. 26).

repetition of the familiar in apparently alien forms” (Deane 401);¹⁷⁴ however, Stoker combines the use of the double with his focus on trance states, specifically a kind of remote hypnotism, effected through astral projection. Margaret is both the double of Tera and is possessed by Tera—in this confusion, Margaret’s individual consciousness becomes lost, and only Ross can distinguish “his” Margaret from the “new” Margaret. It is worth noting that this doubling extends to Margaret’s and Tera’s names, as many scholars identify that “the name Tera [is] encrypted in” Margaret’s name (Luckhurst, *Mummy’s Curse* 174) and that “Tera” is an anadrome of the end of Margaret’s name.¹⁷⁵ This blurring of consciousness is a more complex representation of the transgressive act of one individual controlling another’s will, and thus it is analogous to similar acts of transgression in the vampire texts analyzed in Chapters Three, Four, and Five. Tera, however, is not a whole individual: her spirit exists outside of her dead, mummified body. Mr. Trelawny explains that the Egyptians could become doubles of themselves through the use of the “Buddhist belief” of “astral projection” that “had its rise in Ancient Egypt”: “First there is the ‘Ka’, or ‘Double’, which . . . may be defined as ‘an abstract individuality of personality’ which was imbued with all the characteristic attributes of the individual it represented, and possessed an absolutely independent existence. It was free to move from place to place on earth at will” (Stoker 235).¹⁷⁶ Drawing on the authority of Budge,¹⁷⁷ Trelawny suggests the astral body is a double of the individual themselves,

¹⁷⁴ Deane connects the use of the double in mummy texts to “their greatest expression in one of mummy fiction’s most characteristic themes: reincarnation” (402).

¹⁷⁵ I want to thank my supervisor, Julia M. Wright, for pointing out this palindrome. I would also like to thank Meghan Nieman for noting that the meaning of the name Margaret is “pearl” and that the meaning of the name Tera is “Earth”—a doubling of the grounding/ Earth elements of their names.

¹⁷⁶ At various points in *Jewel*, Stoker attributes practices of Eastern religions to Egypt specifically, including astral projection, and the concept of the Elysian Fields.

¹⁷⁷ Luckhurst notes that Stoker had his own ties to Egyptology, as he “was a neighbour and protégé of Sir William Wilde (Oscar’s father), who had travelled in Egypt and owned an extensive collection of ancient

who retains the soul. Trelawny states that this split or doubled existence “would give a terrible extension of power to one who held the gift of magic” (236). His comment echoes the early shift in the novel from established medicine to the supernatural and occult, as he explains why the doubling is necessary: “With a soul with the Gods, a spirit which could wander the earth at will, and a power of corporeal transference, or an astral body, there need be no bounds or limits to her ambition” (237). The frightening possibilities of the extent of Tera’s power through astral projection do not seem to make an impact on the party; rather, Ross and the other party members simply accept Trelawny’s explanation of Egyptian “magic” (236) and the need to resurrect Tera (238).¹⁷⁸ However, when Margaret asks what resurrection meant to the Egyptians, Trelawny answers that there were two views: “There were some who believed that this was to be a definite resurrection of the body into the real world. But in the common belief, the Spirit found joy in the Elysian Fields” (238). *Jewel*’s two endings, while ambiguous, explore both of these views. In the 1903 ending, after Tera’s mummified body disappears, Ross, the sole survivor of the team, suggests that either the Great Experiment has failed or that Tera has been resurrected in such a way that her spirit can finally rest in the Elysian fields. However, the 1912 ending blurs the meaning of embodied resurrection—while Tera’s body is once again missing, there is the sense that she has been resurrected into Margaret’s body, or that Margaret’s and Tera’s consciousnesses share Margaret’s body.

artefacts, including a mummy” and that Stoker’s “library contained a number of works by Flinders Petrie and Wallis Budge, including the latter’s translation of the Book of the Dead and his Egyptian Magic” (*Mummy’s Curse* 173).

¹⁷⁸ Doctor Winchester, in particular, upon accepting the occult powers, notes, “we must leave everything in the shape of science and experience behind us. I confess that it has its fascinations for me; though at every new thought I find myself romancing in a way that makes me pull up suddenly and look facts resolutely in the face” (Stoker, *Jewel* 93).

With the framework of astral projection in place and understood by the party members, and by extension readers, Stoker represents Tera's astral body invading Margaret's consciousness and will; specifically, Stoker marks this control through the descriptive tag of Margaret's eyes taking on a "far-away look" (239). Ross is the only character who is able to recognize when Margaret's will has been compromised. However, much as the vampire figures' power is attributed to their voice (see Chapter Four), when Tera controls Margaret's body, she speaks. Throughout this chapter, I use "Tera-Margaret" to represent this blended voice and figure. Tera-Margaret's speech is markedly powerful and hypnotic. Ross uses the words "entranced" (239, 241) and "spellbound" (299, 313) to describe the male party members' reactions to Tera-Margaret's speeches. The first time this happens is immediately after Trelawny's description of the astral bodies. Tera-Margaret says,

To me, then, it is given to understand what was the dream of this great and far-thinking and high-souled lady of old. . . . The love that is the dream of every woman's life . . . may have been the joy or pain of her life in other ways. Oh! I know it! I know it! I am a woman, and I know a woman's heart. What were the lack of food or the plenitude of it; what were feast or famine to this woman, born in a palace, with the shadow of the Crown of the Two Egypts on her brows! . . . At whose word rose temples filled with all the artistic beauty of the Times of Old which it was her aim and pleasure to restore! Under whose guidance the solid rock yawned into the sepulchre that she designed! Surely, surely, such a one had nobler dreams! I can feel them in my heart; I can see them with my sleeping eyes!

(238-39)

Tera-Margaret's impassioned speech includes numerous curious references to aspects of Tera's life mixed with Margaret's characteristic sensibility. The focus on a dream of "love" is repeated in the final paragraph of the 1912 ending. Ross' description of Tera-Margaret embraces the doubled imagery of altered states: he notes that "she seemed to be inspired; and her eyes had a far-away look as though they saw something beyond mortal sight" (239). Tera-Margaret refers to her own eyes as "sleeping" in this passage, inviting a comparison between Margaret's occupied consciousness and dreaming states of consciousness that happen in sleep. While these descriptions may be attributed to sensibility and the passion of women, the description of Margaret's eyes is repeated thirteen times in the final third of the novel and is always accompanied by a change in her character.

Most significant, however, is Ross' statement, "The very soul of the woman seemed to speak in her voice" (239). His use of the pronoun "her" and "the woman" is ambiguous because its antecedent could be Margaret or Tera. The power of "her voice" is significant and heightened as Ross states its effect: "we who listened sat entranced" (239). Additionally, Ross remarks, "Her noble words, flowing in musical cadence and vibrant with internal force, seemed to issue from some great instrument of elemental power. Even her tone was new to us all; so that we listened as to some new and strange being from a new and strange world" (241). Stoker's explicit reference to the other party members as "silent unconscious" is significant because it seems to imply that they cannot do anything but listen to Tera-Margaret's interpretation of Tera's dream (241). While Glover notes that in *Jewel* "the word *unconscious* [is] employed in practically all its then-current registers" (*Vampires* 82), in this scene the medical definition of "unconscious"

seems mutually exclusive of the action of “listening” (Stoker 241). Ross describes the effect Tera-Margaret’s speech has had on him: “I was like one in a trance” (241). This ambiguity is furthered by Ross’ narration as he indicates the party members’ return to unaltered conscious states: “When we had all got back to earth again in our various ways, Mr. Trelawny, holding his daughter’s hand in his, went on with his discourse” (242). That is, Ross’ metaphor of the party members returning “to earth” indicates Tera-Margaret’s ability to create an altered state that transports the party members above Earth. In this scene, Margaret is described as a “great instrument of elemental power” (241), implying that she is simply an instrument, a body through which Tera can speak; when she speaks, Ross and the other party members are surprised by how “strange” and “new” Margaret appears (241). Ross asks, “Who was this new, radiant being who had won to existence out of the mist and darkness of our fears?” (241). Ross’ word choice of “being” echoes the language that Trelawny uses when describing astral bodies. The other men notice that Margaret is different, but do not realize that Margaret’s consciousness has been augmented, nor does Ross yet realize that Tera is occupying Margaret’s consciousness; however, Margaret has transformed in Ross’ eyes into an “angel form,” and his love for Margaret grows (241).

Following her experience of this altered state, Margaret’s “radian[ce]” wears off as “she was generally more or less distraite, as though sunk in a brown study” (255).¹⁷⁹ Ross observes Margaret’s symptoms before and after each possession and attributes them

179 Here, Stoker uses “brown study” to illustrate Margaret’s state of mind. The *OED* indicates that the term originated in the mid sixteenth century and was used to describe an altered state: “A state of mental abstraction or musing: ‘gloomy meditations’ (Johnson); ‘serious reverie, thoughtful absent-mindedness’ (Webster); now *esp.* an idle or purposeless reverie.” It is thus fitting that Stoker uses the noun to illustrate Margaret’s shifts in consciousness from Tera-Margaret back to herself.

to gendered understandings of nervous illness. However, shifting her excitement does not seem to lessen her illness; rather, her illness is explicitly tied to Tera and by extension to the Jewel of Seven Stars and other Egyptian artifacts. When Trelawny packs the Jewel of Seven Stars for their trip to Cornwall, the sight of it has a specific effect on Margaret, “who had all at once seemed to grow deadly tired and stood beside her father pale and rigid, suddenly became all aglow, as though the sight of the Jewel had inspired her” (252-53). In an instant, Margaret’s body undergoes a change. Here, Stoker departs from his use of nineteenth-century medical theories. In *Dracula*, although Lucy is affected by Dracula’s remote hypnotism and experiences both natural and artificial somnambulism, her health state conforms to Brunonian principles of excitability, but Margaret’s poor health is not as easily explained by the Brunonian system. John Brown’s system involves the body’s reaction to stimuli, and he breaks these exciting powers into two categories: internal and external, which includes “heat, food, wine, poisons, contagions, the blood, secreted fluids, and air” (cxxvii). While Tera’s possession of Margaret could be understood as an external source of her rapid oscillations between vigour and languor, it is not as easily understood using Brown’s system in comparison to, for example, the way the party members are affected by the mummy air earlier in the novel (when they leave Trelawny’s room, their health becomes balanced). The difference between these models is key: Tera’s presence controls Margaret’s bodily response, rather than Margaret’s body responding to external exciting powers. If her possession followed Brunonian understandings, it would create “too great excitement” (cxxvii), and immediately following these alterations, Margaret would appear to be suffering from an asthenic illness, completely languid and at a much-reduced capacity than appearing “aglow”

(Stoker 252). However, Margaret seems to be able to shift between Tera-Margaret and her old self with little impact on her excitability. When Ross describes how “she seemed to be in some way overcome” (255), he highlights nineteenth-century attitudes toward gendered health and illness, attributing Margaret’s nervous health to her gender: “Perhaps it was that she was a woman, whilst we were men” (258-59). When Margaret is at her healthiest and “aglow,” she is channeling Tera (255).

While Margaret’s earlier speech about Tera’s dreams could be attributed to Margaret’s passion, as the party gets closer to the Great Experiment, Margaret’s speeches become more prophetic and direct. Expressing his concern given his and Trelawny’s previous experience with disturbing Tera’s tomb, Mr. Corbeck states, “She—or something—wrecked us in the desert when we had come from the tomb in the Valley of the Sorcerer!” (253). Tera-Margaret “answered him in a flash” and rationalizes, “Ah! She was then near her tomb from which for thousands of years her body had not been moved. She must know that things are different now. . . . If she has that astral body that Father spoke of, surely she must know! How can she fail to, with an invisible presence and an intellect that can roam abroad even to the stars and the worlds beyond us!” (253). She definitively states to the party, “She will not wreck your arrangements for any cause” (253). While these comments are not framed with reference to a far-away look in her eyes, the speech is punctuated similarly to Tera-Margaret’s first speech. Ross observes that following Tera-Margaret’s defense of their experiment, Mr. Trelawny tries to rally the other members, declaring, “We must have the courage of our convictions, and act on them—to the last!” and in response, “Margaret took his hand and held it in a dreamy kind of way” (253). Ross repeatedly notes changes in tone that distinguish Tera-Margaret from

Margaret.

As they get closer to the date selected by Trelawny for their Great Experiment, Ross notes that when Margaret is not impassioned (as Tera-Margaret), she appears to be in a mood of “abstraction” (293) and quite languid, not unlike the vampire’s victim. Ross’ diction through this section focuses on Margaret “waking” or “shifting” from one mood to another, or, as I argue, from one state of consciousness, as Margaret, to another, as Tera-Margaret. Following these shifts in her consciousness, Margaret “looked pale and somewhat overwrought,” and Ross “advised her to lie down and try to sleep” (294). Ross assumes the excitement surrounding the temporarily misplaced Jewel has affected and heightened Margaret’s asthenic illness and suggests sleep as a reduction of excitement, but it does not seem to restore her to balanced health. The continued possessions appear to have a cumulative effect on Margaret’s body. Ross describes the sharp contrast in her moods during this period, noting that Trelawny’s “words seemed to wake Margaret from her introspective mood. An agonised spasm swept her face; but almost on the instant she was calm” (258). However, this is when Ross starts referring to Margaret as either his “old” Margaret or this “new” Margaret (294). When Margaret is in full control of her consciousness, she is affectionate to Ross, who explains that “with her old sweetness and loving delicacy she kissed me good-bye for the present” (294). However, when she is Tera-Margaret, she is indifferent and cold. He states, “I think that Margaret must have at times felt that there was some cloud between us, for towards the end of the first day she began to shun me a little; or perhaps it was that she had become more diffident than usual about me” (270). Ross is unsure how to reconcile these two versions of Margaret, and even after he begins to suspect that Margaret is channelling Tera, he does not say

anything to Trelawny or the other party members and simply holds onto the hope that the Margaret he faces is his “old” Margaret.

Perhaps the clearest example of Tera-Margaret’s altered state is seen in Trelawny’s Cornwall cave when Margaret’s cat, Silvio, attacks the mummified tiger-cat that was found in Tera’s tomb with her own sarcophagus. This is the incident that prompts Ross to objectively assess the changes in Margaret’s personality:

The incident showed Margaret in a new phase, and one which gave my heart a pang. She had been standing quite still at one side of the cave leaning on a sarcophagus, in one of those fits of abstraction which had of late come upon her; but on hearing the sound, and seeing Silvio’s violent onslaught, she seemed to fall into a positive fury of passion. Her eyes blazed, and her mouth took a hard, cruel tension which was new to me. Instinctively she stepped towards Silvio as if to interfere in the attack. But I too had stepped forward; and as she caught my eye a strange spasm came upon her, and she stopped. Its intensity made me hold my breath; and I put up my hand to clear my eyes. When I had done this, she had on the instant recovered her calm, and there was a look of brief wonder on her face. With all her old grace and sweetness she swept over and lifted Silvio, just as she had done on former occasions, and held him in her arms, petting him and treating him as though he were a little child who had erred. (264)

Ross describes how Margaret’s “new phase” involves “passion” and “fury” (264).

However, unlike Tera-Margaret’s impassioned speech about Tera’s dream, here Ross is not spellbound by Tera-Margaret. Instead, he registers how Margaret also physically does not look like herself: “Her eyes blazed, and her mouth took a hard, cruel tension which

was new to me” (264). As the Great Experiment grows closer, Margaret’s eyes begin to be described more often as fiery, and they “blazed” with less “sweetness” (264).

Particularly interesting in this passage is how quickly Tera-Margaret shifts back to Margaret; Ross says, “as she caught my eye a strange spasm came upon her, and she stopped” (264). Ross describes how quickly Margaret seemingly transforms: “I put up my hand to clear my eyes. When I had done this, she had on the instant recovered her calm, and there was a look of brief wonder on her face” (264). Ross is terrified of the change, calling it a “strange fear,” but also comforted by the return of his old Margaret, “with all her old grace and sweetness” (264).¹⁸⁰

While Tera’s invasion of Margaret’s consciousness and will is transgressive and disturbing, it is not what Ross fears the most: he is most afraid that he will lose his old Margaret to this new “being.”¹⁸¹ He differentiates between the two consciousnesses by referring to Tera-Margaret primarily as “she” and “new Margaret” as “my” or “old” Margaret: “Up to the time of leaving London I had been content whenever she was present. . . . I never knew whether the personality present was my Margaret—the old Margaret whom I had loved at the first glance—or the other new Margaret, whom I hardly understood, and whose intellectual aloofness made an impalpable barrier between us” (269). Andrew Smith explores why Tera-Margaret is undesirable to Ross, positing that he is a stand-in for the nineteenth-century man uncomfortable with the “new woman”: “The figure that inhabits her possesses an ‘intellectual aloofness’ that, whilst

¹⁸⁰ Other scholars have read this scene against the scene of Margaret after the Great Experiment in the 1912 ending and have used Silvio’s positive and loving attitude towards Margaret, versus his attacks towards Tera-Margaret, as a “spiritual index” to determine when Margaret is herself versus when she is Tera-Margaret (Byron, “Bram Stoker’s Gothic” 60).

¹⁸¹ Perhaps Ross’ fear is linked to Stoker’s own distaste for the “new woman.” Ross’ policing of Margaret and her body can be read as another form of invasion and possession linked explicitly to his gaze and narrative positioning.

typical of Stoker's hostility to the new woman, also emphasizes that this is a mental as well as an epistemological battle" (*Gothic Death* 147). The battle over Margaret's consciousness frightens Ross for reasons he cannot initially express; as he notes, "a strange fear came over me" (Stoker 264). He explains, "Sometimes she would become, as it were, awake all at once. At such times, though she would say to me sweet and pleasant things which she had often said before, she would seem most unlike herself. It was almost as if she was speaking parrot-like or at dictation of one who could read words or acts, but not thoughts" (269). This description of Tera's control of Margaret's will skates close to the way the vampire figures are depicted as having a hypnotic control over their victims. Ross implies that Margaret's body is a puppet that Tera controls through his description of Margaret's "parrot-like" speech (269). Ross' distinction teases at the nineteenth-century interest in the mind-body distinction explored here: he describes Tera-Margaret's "dictation of one who could read words or acts, but not thoughts" (269)—that is to say, Tera-Margaret can act like Margaret, can speak in her voice (body), but her character or personality (mind) is not Margaret's. This split between the mind and body becomes sharper as Ross attempts to express how these shifts in Margaret appear. He says that when she is in these moods, it is "as though her mind—her very being—was not present" (269). From this comment, it is apparent that Ross considers Margaret's being to exist in her mind. While Tera-Margaret seems like Margaret outwardly (the other party members do not pick up on the changes in her mannerisms), their interiority is different.

Additionally, Ross' description of Tera-Margaret exiting this state of control contradicts Stoker's earlier use of state-dependent memory as drawn from Polidori and Carpenter in *Dracula's* Lucy. Aside from the occasional hybrid half-waking state of

consciousness that Lucy experiences, she is unable to access her memories from her somnambulist states upon waking (see Chapter Five). In *Jewel*, however, Stoker presents a fully hybrid state of shared consciousness, wherein Tera-Margaret has “full possession of observation and memory. She would know and remember all that was going on, and had gone on around her” (268-69). In other words, while Tera occupies Margaret’s consciousness, Margaret is able to retain the memories made in this altered state, but Ross’ comments on how “Margaret was changing!” make it clear this is not a seamless integration of Tera’s will with Margaret’s. He indicates that “her coming back to her old self had to me something of the sensation of a new person coming into the room” (269). Yet this is a curious comment, for it implies that Margaret herself is becoming a stranger, “a new person,” unfamiliar to Ross (269), and that Ross questions what part of Margaret is creating this unfamiliarity.

In *Jewel*, Stoker’s protagonist, Ross, is a barrister rather than a doctor; however, the makeup of the party aligns with “Stoker’s exposure to these medical and legal-bureaucratic specialisms,” and as he does in *Dracula*, he includes “communities of professional men who find themselves trying to make sense of a bizarre and initially inexplicable set of incidents” (Glover, *Vampires* 10).¹⁸² Doctor Winchester brings medical discourse into the novel as he cares for Trelawny in his altered state; however, as the Egyptological artifacts take on more supernatural significance, he mentions in a conversation with Ross, “I have exhausted all human and natural possibilities of the case, and am beginning to fall back on superhuman and supernatural possibilities” (Stoker

¹⁸² Glover notes that Stoker “passed his bar examinations in 1890, and his younger brother, Thomas, attended Trinity College, while his other brothers (William, Richard, and George), attended medical school (*Vampires* 10).

136). Winchester's comment underscores the limits of medical science in understanding the "unnatural sleep" from which Trelawny is suffering. Thus, it is interesting that Ross is the only party member able to notice the changes in Margaret—by the time Tera-Margaret becomes stronger than Margaret, Doctor Winchester has subsumed Mr. Trelawny's and Corbeck's interests in the supernatural. As Winchester leaves logic behind, Ross holds on more tightly to rational facts, exhibited in his enumerated list of the "strange" aspects of Margaret (273-75). As an arbiter of reason, Ross helps puzzle out this bizarre "dual existence" phenomenon in his capacity as narrator (275). When Ross tries to work out why the new Margaret is so unfamiliar to him, he states that the change in her "was so startling that I had to force myself into obedience to logical effort. My starting-place was this: Margaret was changed—in what way, and by what means?" (271). Ross' comment implies that he no longer finds logic an easy answer to the mystery surrounding Margaret; instead he has to will himself "into obedience to logical effort" (271). For Ross, logic is tied to the truth and will allow him to protect Margaret. He observes, "My first weapon in her defence was truth. I must know and understand; I might then be able to act" (273). Ross is more interested in defending Margaret's actions than trying to cure her of her strange new disposition.

As Smith notes, Ross' logic becomes corrupted by his love for Margaret. Hence Tera and Margaret's shared consciousness does not easily translate to Ross loving both sides of Margaret; as Smith explains, Ross wants to keep the two sides of his beloved separate, and "he longs for a return to the earlier version of Margaret who had seemed so vulnerable in his dream with which the novel began" (*Gothic Death* 86-87). Ross states, "Were it not for the few odd moments when the old Margaret was back with me full of

her charm I do not know what would have happened” (Stoker 269). Ross does not find Tera-Margaret charming; however, he recognizes the shifts in Margaret and comes to call the shared consciousness “Margaret’s strange condition,” “a dual existence” (275), and further questions, “what might happen when the two existences became one?” (285-86). As the party gets closer to the date of the Great Experiment, Ross does not realize that more often than not, Margaret is truly Tera-Margaret. Ross is threatened by Tera-Margaret and she begins to affect his own health: “Again, and again, and again I turned this matter over in my mind, till I could have shrieked out in nervous anxiety” (286). In this way, Ross is similar to Mina in *Dracula* and Rachel in *The Moonstone*, as these characters take on nervous illnesses in their efforts to help their loved ones retain their health.

Moreover, Ross begins to describe Tera-Margaret in negative terms. Tera-Margaret’s eyes are imagined as “the eyes of a caged lion” (284), wherein Ross can see the marked separation of Tera-Margaret’s mind and body—they are not unified and so “veil” Ross from seeing in Margaret “the inward thought behind her eyes” (284).¹⁸³ Ross’ fear stems from Tera’s “boundless” spiritual existence separate from her body: “Can you think that the active brain was at rest during all those weary centuries, whilst her free soul was flitting from world to world amongst the boundless regions of the stars?” (283). If the stars cannot bind Tera’s spirit, then Margaret would not stand a chance against her invasion. After Tera-Margaret voices her approval of the experiment, stating, “Queen

¹⁸³ Deane explains the use of veils in *Jewel* and other mummy texts: “The frequent appearance of veils and masks in mummy fiction was doubtless suggested by Orientalist images of Egyptian women and by their ready association with mummy wrappings. But masks, veils, and shrouds also had a long tradition in gothic fiction, which established them as conventional signposts of the intersection of dreadful mystery and compelling desire” (391).

Tera . . . will offer us no harm. I know it!” (284), Ross manipulates how Trelawny and the party engage with Tera-Margaret. To keep the other party members from feeling his terror regarding Tera’s probable astral projection, he states, “Why, sir! she couldn’t speak more eloquently if the very spirit of Queen Tera was with her to animate her and suggest thoughts!” (283). Tera is imagined as not only controlling Margaret’s body, but also influencing her mind.

The mind-body question is complicated further when Tera’s presence shifts from astral projection to her corpse, which is a focus of the party as they unwrap her mummified body. As Mr. Trelawny, Mr. Corbeck, and Doctor Winchester begin unwrapping Tera’s shrouding, Tera-Margaret comments on the mind-body union: “for this night the Queen’s Double, which is otherwise free, will remain in her heart, which is mortal and cannot leave its prison-place in the mummy shrouding” (295). Tera-Margaret calls Tera’s astral body her “Double,” and explicitly notes that while astral bodies are not imprisoned, for the night of the experiment, Tera’s presence is physically anchored to Tera’s body, calling her corpse “its prison-place” (295). Prior to this, Tera’s astral body does not take a physical form—the closest she comes is when her astral body inhabits Margaret’s living physical form. However, in true Gothic fashion, Stoker doubles the double of Tera through Margaret’s body. As Tera is unwrapped, Ross comments that he has never seen such an advanced embalming process: “All the pores of the body seemed to have been preserved in some wonderful way. The flesh was full and smooth, as in a living person; and the skin was as smooth as satin. The colour seemed extraordinary. It was like ivory, new ivory” (312). Ross’s description is reminiscent of both Le Fanu’s *Carmilla* and Stoker’s own *Lucy* as they lay in their coffins—blurring the lines between

dead and alive. Carmilla's features in particular are described as "tinted with the warmth of life" (Le Fanu 315) and, on her deathbed, Lucy is described as regaining "part of her beauty" in comparison to her ill body (Stoker, *Dracula* 198). The difference with Tera is that we expect her to be dead, her body shrunken and mummified; however, as Smith notes, she is instead "a beautiful corpse, which means that the potentially degraded status of the dead is replaced by an aesthetics of beauty" ("Loving" 140). Ross' descriptions of Tera begin by focusing on her body and skin, piling simile upon simile to emphasize her beauty, clashing human-like descriptions with luxurious aesthetic objects such as "satin," "ivory," and "pearl" (Stoker, *Jewel* 312). Ross' description highlights the "extraordinary colour" of Tera's skin, and thus her European appearance, "the white wonder of her beautiful form" (312).¹⁸⁴

Ross' description draws attention to Tera's beauty, which he describes like a Renaissance blazon, as well as her unnatural life-like qualities. However, Tera's body is not whole, and the synecdoche of her body parts becomes broken by the focus on her missing hand, which is doubled in Margaret's birthmark. Ross' catalogue of Tera's body parts and focus on her skin is fragmented by his description of Tera's "right arm, with shattered, bloodstained wrist and missing hand . . . lain bare to exposure in the sarcophagus for so many tens of centuries" (312). The bloodied wrist presents a sharp contrast to her beautiful, white, life-like face and skin. As stated earlier, Margaret bears an uncanny birthmark on her wrist, which is described as "a thin red jagged line, from which seemed to hang red stains like drops of blood!" (215).¹⁸⁵ Later, Ross connects

¹⁸⁴ Glover (*Vampires*) and Luckhurst (*Mummy's Curse*) connect Stoker's focus on Tera's whiteness to the whiteness of Queen Hatshepsut, often known as Hatasu (Glover 90; Luckhurst 173-74); Hatasu's tomb was discovered in 1902 by Howard Carter (Luckhurst 173-74).

¹⁸⁵ See Briefel's article on hand imagery in mummy texts and art. Corriou also notes that the plot of *Jewel*

Margaret's birthmark to Mr. Corbeck's narrative of the simultaneous birth of Margaret, death of her mother, and the trance state Corbeck and Trelawny fell into in Tera's tomb: "She had been, according to Corbeck's statement, born of a dead mother during the time that her father and his friend were in a trance in the tomb at Aswan. That trance was presumably effected by a woman; a woman mummied, yet preserving as we had every reason to believe from after experience, an astral body subject to a free will and an active intelligence. With that astral body, space ceased to exist" (271). However, when Trelawny has Margaret show her birthmark to Ross, it appears as a challenge to his desire to marry her, a challenge he easily passes as he "pushed back the golden cincture, stooped and kissed the wrist" (216), thus sealing their courtship bond.

Tera is further doubled in an unconventional way: while her astral body (her disembodied spirit) is a double of her physical body and Margaret is a double of Tera generally, when the party sees Tera's body, the similarity in their physical appearances impacts the understandings of the extremes of life and death. In particular, when Ross focuses on Tera's face, he sees it as separate from her body because Margaret has thrown over "the body the beautiful robe" (312), modestly veiling Tera from the male party members, a scene I discuss in more detail below. Tera's face is described as "more startling even than the body, for it seemed not dead, but alive. The eyelids were closed; but the long, black, curling lashes lay over on the cheeks" (312). While Trelawny and Corbeck marvel over the process of Tera's embalming, Ross remains hyper-focused on cataloguing Tera's face as a contrast to the "ivory" flesh that Margaret has removed from

and Haggard's *She* "is in great part articulated around the characters' efforts to, literally, win the hand of the mummy—or her reincarnation in Margaret's case" (par. 15).

his gaze.

Through the physical similarity of Tera to Margaret, Tera takes on more of a life-like quality, transforming from dead corpse to almost a living woman. Ross says, “This woman . . . was the image of Margaret as my eyes had first lit on her” (313); his comparison overturns the conventions, as he compares Tera to Margaret and not vice-versa, despite how ancient Tera is. Ross further states, “I could not think of her as a mummy or a corpse” (313). While, through the comparison, Tera becomes more alive based on her physical similarity to Margaret, Margaret appears to be closer to death than life. Trelawny, “overcome,” exclaims, “It looks as if you were dead, my child!” (313). This juxtaposition of life and death causes confusion about Margaret’s and Tera’s states. Smith notes that, in Henry Rider Haggard’s *She*, another *fin de siècle* mummy text, the male character, Holly, “is at a loss to categorise” the female mummy, Ayesha (“Loving” 140), and I argue that the slipperiness between Tera’s and Margaret’s bodies is an extension of this inability to recognize, in terms of medical science, the dead as dead and the alive as alive. In the unwrapping of the mummy scene, Tera’s eyes are closed, contrasting with Margaret’s own eyes as she and Ross watch the unwrapping progress; however, her gaze is doubled because of Tera’s occupation of her consciousness, which makes Margaret’s eyes “blaze like black suns” (Stoker 319).

As previously discussed, Tera-Margaret’s eyes are often described as “black” and “fiery” (319, 215). When Margaret reveals her birthmark to Ross, he describes her “marked” “negation of self” and emphasizes how through “all the fire that seemed to shine from the dark depths of her eyes into my very soul, pride shone conspicuously. . . . the pride of a veritable queen of Old Time, when to be royal was to be the first and

greatest and bravest in all high things” (215-16). Ross does not see Margaret, but rather Tera when he looks into her eyes. While the male characters, Ross especially, become entranced upon looking at the two women’s bodies, “Mr. Trelawny’s voice br[eaks] the spell” (313), returning the party to the task before them: preparing for the resurrection of Tera’s body and spirit.

6.3. DOUBLING OF LIFE/DEATH

Because Tera’s body is a double for her own, Margaret becomes possessive and protective as the male party members begin to unwrap Tera’s mummified body. While at the end of the 1903 version Tera becomes an imposing, terrifying figure, obliterating the party with the exception of Ross, here, as Smith argues, Tera’s body is “part erotic spectacle, but also part object of pity” (“Loving” 153). This desire to pity Tera is bolstered by Margaret’s earnest request that Trelawny not unroll Tera, “pleading in a whisper: ‘Father, you are not going to unswathe her! All you men . . .! And in the glare of light! . . . Just think, Father, a woman! All alone! In such a way! In such a place! Oh! it’s cruel, cruel!’” (Stoker 304). Margaret’s melodramatic speech is short, fragmented, and punctuated with exclamation marks. She is horrified that the exposure of Tera’s body (as her own doubled body) to the male gaze will affect her reputation as a woman: “Sex is not a matter of years! A woman is a woman, if she had been dead five thousand centuries!” (305). She calls the male party members’ actions “cruel” and initially plans to leave the room, perhaps her nervous body is unable to withstand the violation; however, she chooses not to leave Tera “all alone” and acts as a witness to the process. Margaret’s upset is related to Tera’s position as a woman. Trelawny argues that Tera is “[n]ot a

woman, dear; a mummy! She has been dead nearly five thousand years!” (305). Yet Trelawny’s statement directly contradicts Ross’ later statement that he cannot categorize Tera as mummy or a corpse because she appears so lifelike.

In this scene, however, Margaret shifts from her own will tempered by excess sensibility to Tera-Margaret’s authoritative will. Her physical appearance—the pale, drawn visage that Ross had associated with her nervous illness—also becomes altered, and instead, Margaret’s “cheeks were flaming red, and her eyes were full of indignant tears” (304). Although Tera-Margaret’s comment and reaction is read by Ross and the other male party members as intense sensibility, “manifestly much overcome” in a Brunonian understanding of nervous health (304), Tera-Margaret’s excessive excitability and passionate argument regarding women’s bodies is perceived as only as powerful as the body she inhabits. That is, Tera’s power is immense, but because she is channelled through Margaret, a woman, her argument is undercut in this moment by the authority of the male party members’ occupations: Egyptologists and physicians have business with women’s bodies¹⁸⁶ and both Margaret’s pleas and Tera-Margaret’s exclamation to not expose Tera’s body are ignored.

When Tera’s body is finally unveiled, Margaret blocks Tera—whom Deane calls “a figure of mesmerizing desirability” (405)—from the men’s gaze. Unlike the other men, Ross explains, “I felt a rush of shame sweep over me. It was not right that we should be there, gazing with irreverent eyes on such unclad beauty: it was indecent; it was almost

¹⁸⁶ Trelawny, acting as a mouthpiece for Stoker’s disdain for the new woman, lectures Margaret: “‘Then again, just think; it was men who embalmed her. They didn’t have women’s rights or lady doctors in ancient Egypt, my dear! And besides,’ he went on more freely, seeing that she was accepting his argument, if not yielding to it, ‘we men are accustomed to such things. Corbeck and I have unrolled a hundred mummies; and there were as many women as men amongst them. Doctor Winchester in his work has had to deal with women as well as men, till custom has made him think nothing of sex’” (Stoker 305).

sacrilegious! And yet the white wonder of that beautiful form was something to dream of” (312). Ross’ phrasing echoes the narrator of Coleridge’s “Christabel” when Christabel gazes on Geraldine’s body: “A sight to dream of, not to tell!” (253). Despite the fact that Ross does not speak against Trelawny’s comment, he emphasizes the party’s transgressions through his use of the words “indecent” and “sacrilegious” (312). Ross does not believe gazing at Tera’s naked body is morally sound (especially not for a barrister as Margaret makes clear!¹⁸⁷) and, given Tera’s Queenly status, their gaze feels even more transgressive. In his narration, Ross compares Corbeck, Trelawny, and Winchester’s business-like approach to Tera’s body with his own feelings: “I felt low-spirited, and miserable, and ashamed” (308). Despite echoing Tera-Margaret’s passion on the subject, Ross replaces gazing for dreaming—maintaining access to Tera’s body in an altered state, where the transgression is perhaps lessened. However, Ross describes Margaret’s state as she covers Tera’s body: “With a womanly impulse; with a mouth that drooped with pity, with eyes that flashed with anger, and cheeks that flamed, Margaret threw over the body the beautiful robe which lay across her arm” (306). This description corresponds with the lingering altered state that follows Tera-Margaret’s occupation of Margaret. However, as in the scene with the cat Silvio, Tera-Margaret is quickly able to transition back to Margaret: her “face cleared” and she states, “All right, Father! . . . But oh! it seems a horrible indignity to a Queen, and a woman” (307). Though softer, Margaret’s response remains preoccupied with the notion of “indignity” and maintains that Tera should be considered a woman (307). Ross’ description of Margaret’s shifts in character emphasizes her eyes and general health (accessible as either languid ill health

¹⁸⁷ Margaret sarcastically calls out Ross’ role in the unwrapping, stating, “Perhaps you had better stay, too! It may be useful to you in your work as a barrister!” (Stoker 307).

correlating to paleness or excited ill health correlated to her red cheeks and “flashing” eyes), which are key to his distinction between his old Margaret and the “new” Margaret in her “dual existence” as Tera-Margaret (275).

The outcome of the Great Experiment in both the 1903 and 1912 versions of the novel affects Tera-Margaret’s combined consciousness; in the former, Stoker returns Tera to the Elysian Fields but kills all of the characters save Ross, damning science and warning readers against meddling in both science and the supernatural, whereas the latter presents a *fin de siècle* marriage ending complicated by the continuation of Tera-Margaret. Glover explains that “towards the end of his life,” Stoker “revised the novel . . . to meet a publisher’s request for a more optimistic ending” (“Lure” 8). In the original ending, Ross is more interested and involved in the Great Experiment: “I could not see within from where I stood, but I gathered from the faces of all the four watchers that something strange was happening. . . I longed to run over and take a look for myself” (Stoker 306-07 [1903]). Ross remains at his post tending to the lamps but narrates what he can see from his position:

I saw something white rising up from the open sarcophagus. Something which appeared to my tortured eyes to be filmy, like a white mist. In the heart of this mist, which was cloudy and opaque like an opal, was something like a hand holding a fiery jewel flaming with many lights. As the fierce glow of the Coffin met this new living light, the green vapor floating between them seemed like a cascade of brilliant points—a miracle of light! (307 [1903])

In the 1903 ending, Tera seems to gain a ghostly body to match her astral body; however, Ross uses “thing” rather than “body” to describe the “filmy” being (307 [1903]). The

vagueness and uncanny doubling of Margaret and Tera is emphasized as Ross confuses Tera's earthly body for Margaret's: "As I went I stumbled across a body. I could feel by her dress that it was a woman. My heart sank; Margaret was unconscious, or perhaps dead" (310 [1903]). Relying on pronouns, Stoker's language is sufficiently ambiguous to fuel the confusion over Margaret and Tera as we trip over the pronoun "her" and noun "woman": Ross assumes that the body belongs to Margaret (310 [1903]). As he leaves the cave carrying his "dear burden" and heads for Margaret's room to find candles, he states, "It may have been that hope lightened my task; but as I went the weight that I bore seemed to grow less as I ascended from the cavern" (310 [1903]). When Ross, armed with candles, returns to where he lay the body, he is shocked to find not Margaret, but no body at all: "Her body was not there. But on the spot where I had laid her was Queen Tera's Bridal robe, and surrounding it was the girdle of wondrous gems. Where the heart had been, lay the Jewel of Seven Stars" (310 [1903]). His use of female pronouns instead of Margaret's name allows for the potential replacement of Tera for Margaret, a point that is reinforced when Ross returns to the cave and finds Margaret's actual dead body: "Margaret had put her hands before her face, but the glassy stare of her eyes through her fingers was more terrible than an open glare" (310-11 [1903]). However, Stoker does not expand on Ross' thoughts about Margaret or Tera or the experiment more broadly—the tale ends with his note that "there was nothing that could avail" his companions (311). Scholars have noted that the ending of the 1903 text presents "Stoker's most negative assessment of the sciences" (Byron, "Bram Stoker's Gothic" 56) in its blatantly unromantic and vague ending; Hebblethwaite argues that when the "queen vanishes, she has in fact taken possession of Margaret's body, her spirit moving from one medium to

another,” but this seems unlikely as Margaret is left dead at the end of the tale. Based on the presence of a physical female body Ross carries, I argue that Tera’s astral body is given an earthly body, but that she chooses to join the Elysian Fields posited by Trelawny as a possible form of resurrection as her physical body disappears.

The other option for resurrection that Trelawny outlines is bodily resurrection; however, since Tera’s body is mummified, it seems that she is resurrected into Margaret’s body in the 1912 ending—indicated through the Tera-Margaret speech markers and eye imagery. In this version, when the smoke has died down after the Great Experiment, Ross finds Margaret and asks her about the other party members, but she “answered in a sleepy way . . . ‘They will be alright. They won’t get any harm’” (Stoker 321 [1912]). Ross is so focused on opening the windows to clear the dense smoke that he does not question “how or on what ground she formed such an opinion” (321 [1912]). Margaret’s “sleepy” voice can be linked to how her eyes are often described as dreamy or as having a far away look to them when she is occupied by Tera’s astral body. Tera’s body is similarly missing in the 1912 ending and the party finds instead “a sort of ridge of impalpable dust, which gave out a strange dead odour,” and Ross notes, “On the couch lay the jewel of the disk and plumes which the Queen had worn in her hair, and the Star Jewel which had words to command the Gods” (323-24 [1912]). The party determines that the outcome of the experiment must have been “the physical annihilation of the mummy” (324 [1912]).

However, the typical *fin de siècle* marriage plot that becomes a trope in other mummy texts of the time (Deane) is complicated by the continued physical and consciousness doubling of Margaret and Tera. The 1912 ending jumps abruptly from the

“failed” experiment to a description of Ross and Margaret’s wedding:

In the autumn Margaret and I were married. On the occasion she wore the mummy robe and zone and the jewel which Queen Tera had worn in her hair. On her breast, set in a ring of gold to make like a twisted lotus stalk, she wore the strange Jewel of Seven Stars which held words to command the God of all the worlds. At the marriage the sunlight streaming through the chancel windows fell on it, and it seemed to glow like a living thing. (Stoker 324 [1912])

The description of Margaret’s wedding attire explicitly doubles Tera’s paraphernalia, which was left on the couch. Lisa Hopkins argues that Tera is “[s]afely reduced to her fetishized paraphernalia” and so is “definitively laid to rest and comprehensively replaced by Margaret” (140). However, in this scene the Jewel is described as appearing “to glow like a living thing” (324 [1912]). I argue that the glowing Jewel indicates Tera’s continued living consciousness, which can be supported by Margaret’s final words as Tera-Margaret: “Do not grieve for her! Who knows, but she may have found the joy she sought? Love and patience are all that make for happiness in this world; or in the world of the past or of the future; of the living or the dead. She dreamed her dream; and that is all that any of us can ask!” (324-25). Ross expresses his sadness about Tera not “wak[ing] into a new life in a new world” but in response, as he describes it, “my wife put both her hands in mine and look[ed] into my eyes with that far-away eloquent dreamy look which sometimes comes into her own” (324 [1912]). Stoker develops Tera-Margaret’s “far-away eloquent dreamy look” throughout the last third of the novel as a marker of Tera occupying Margaret’s consciousness. Here, however, Tera and Margaret begin to share a consciousness. This individual is not called Margaret in the final

paragraphs of the text but rather “my wife” and “her” (324-25 [1912]), allowing for this “dual existence” (275). Stoker makes “potentially monstrous women marriageable” (Deane 391), and the Tera-Margaret presented in the final paragraphs seems to be accepted by Ross as his wife. Further, Tera-Margaret’s final speech is reminiscent of the first speech Tera-Margaret makes about Tera’s purpose for resurrection. That is to say, the speech is unnecessarily elliptical and also focuses on female pronouns doubled with juxtapositions of “the past” or “the future” and “the living” or “the dead” (Stoker 325 [1912]), leaving Tera-Margaret in an unclear altered state of consciousness, a combination of the queenly supernatural with the dignified power of the new woman.

Although Tera did not gain the popular culture status that *Dracula* has earned, she remains powerful in both the 1903 and 1912 versions of *Jewel*, albeit only as powerful as she can be within a woman’s body at the *fin de siècle*. In the 1903 ending, as she gains a ghostly body fuelled by Egyptian X-ray science and magic, she becomes wholly powerful, obliterating almost the entire party. In comparison, in the 1912 ending, her power is transferred into Margaret’s body as they merge into a shared consciousness. No longer “boundless,” but rather imprisoned in Margaret’s nervous body, Tera becomes domesticated after the Great Experiment.

6.4. CONCLUSION

As a growing number of scholars have been examining, nineteenth-century writers often draws on medical thought in their representations of health and agency, particularly in relation to women. In the preceding chapters, I have shown that, although medical science progressed rapidly, medical theories often developed “unevenly” in literature, to

use Mary Poovey's useful term. Many authors discussed here thus engage both past and contemporary theories of medicine. We need to do more to explore the importance of the co-existence of these medical ideas, and in particular the strong influence of Brunonianism across the nineteenth century. While earlier chapters have addressed thematic trends, here I'd like to organize my overall conclusions chronologically to show the trajectories that link past medical theories with contemporary literary concerns.

Brown's ideas and related concepts, for instance, allowed writers to connect medicine to Romanticism's interest in consciousness. Romantic poets and artists were particularly interested in representing sleep states. Fuseli's painting *The Nightmare* (1781), Darwin's poem "The Nightmare" (1791), Coleridge's "Christabel" (composed 1797-1800, published 1816), Byron's "The Dream" (1816), P. B. Shelley's *Prometheus Unbound* (1820) and *Hellas* (1822), and Keats's "The Eve of St. Agnes" (1820) represent altered sleep states with philosophical and medical language and concepts, drawing from Hartley's theory of associationism (1749) and the physician Darwin's insistence that sleep states were void of agency (1794-96). Part of the "unevenness," however, can be seen in the range of engagement with these disparate models. Keats's "The Eve of St. Agnes" and Coleridge's "Christabel" depart from some of the ideas arising from the debates about sleep states. As a formally trained medical doctor, Keats's access to these concepts play out in "The Eve of St. Agnes" with a particular focus on how the transitions between consciousness and altered states impact memory based on the positioning of sleep states in comparison to consciousness, putting Keats closer to Hartley's ideas. Madeline's inability to distinguish conscious waking life from dream states is at the center of the poem's action and the stanzas that have particularly troubled

scholars. Female characters' lack of agency and ability to remember events from altered states, including dreams and nightmares, are a through-line in this project because of the gendering of mind-body relationship in this era.

Coleridge also draws on these mid- to late-eighteenth-century concepts about sleep states; however, "Christabel" differs from Keats's "Eve" in its focus on the transitions between different sleep states, which Coleridge infuses with his own concepts of "twinkling" and "streaming" between states of consciousness. In the poem, Christabel is able to transition or "stream" between altered states and remember the horrific images from the trance states imposed by Geraldine. Coleridge departs from Darwin and neurophysiologists such as Cullen in conceptualizing "nightmairs" as an altered state of consciousness that produces Burkean terror. Both Madeline and Christabel are stripped of their agency and unable to voice their experiences in these sleep states due to the actions of their manipulators, Porphyro and Geraldine, respectively. But in representing that loss of agency Romantic poets such as Keats and Coleridge take up (and, in the case of Coleridge, adapt) concepts of sleep states developed up to half a century earlier.

Later writers move from sleep states generally to specifically artificial or created sleep states such as those induced by mesmerism and hypnotism. This shift is particularly crucial for vampire narratives that also exhibit the "uneven" development of medical science and literature. While mesmerist practices began in 1779 with Mesmer's publication of his text, *Mémoire sur la découverte du magnétisme animal*, Braid further developed his practice of hypnotism in 1843, taking the concepts associated with mesmerism and grounding them more firmly in the physiology of the eye and gaze. Literary depictions shifted as well, though not neatly in alignment with these medical

changes. Shelley's "The Magnetic Lady to her Patient" (1822) represents mesmerism, with a focus on the mesmerist's control and power over her patient. Browning's later poem "Mesmerism" (1853) has a similar focus, but also conflates mesmerism and hypnotism, showing the survival of mesmerism and the gender anxieties associated with it into the literature of the mid-Victorian period. This is especially important to vampire literature of the same period, that is, the first half of the nineteenth century. The shifting constructions of the vampire's power in relation to the physiological effects of mesmerism and hypnotism are "unevenly" developed (Poovey 3) but clear in such texts as Coleridge's "Christabel" (1800), Polidori's "The Vampyre" (1819), and Rymer's *Varney the Vampire* (1845-47).

In the second half of the century, however, there is increased concern with somnambulism, especially in vampire texts. The medical theories of somnambulism carry across the writings of three physicians—Darwin (1794-96), Elliotson (1835), and Carpenter (1842)—and emerge later in such works as Rymer's *Varney the Vampire* (1845-47), Collins' *The Moonstone* (1868), and Stoker's *Dracula* (1897), reinforcing Hughes' point about "co-existence and retention" (13). Collins, in particular, mixes the different medical theorists' conceptions of somnambulism and, importantly, gives them equal weight. *The Moonstone*, like *Varney* and *Dracula*, represents an important shift from non-specialist understandings of somnambulism to those of professional medical figures, highlighting the rise of medicine as a profession with social authority.

All three of these novels also use somnambulism as a site of Gothic terror and feature gendered fears of "will transference" (Leighton, "Under the Influence" 206) from vulnerable female figures to controlling male characters. Rymer and Stoker depart from

medically understood somnambulist states to include half-dreaming and transitory states, which have different affects on the somnambulist characters' abilities to remember events occurring in these different altered states. The inability of these characters to distinguish between the nuanced shifts in altered states is more frightening than the loss of agency and will represented in both artificial and natural somnambulism.

In my main case study, "Carmilla," (1872) another mid-to-late nineteenth-century text, Le Fanu closely echoes Romantic-era theories of medicine, specifically the systems of John Brown (1780) and Thomas Trotter (1808). In doing so, he represents nervous ill health not only in the vampire's victim, Laura, but also simulated ill health in the vampire figure, Carmilla. Laura gives voice to her illness in her first-person narration, echoing the specific language of Brunonian excitement. In comparison, as an undead vampire, Carmilla is not alive and therefore cannot pass as either ill or healthy. She chooses to simulate the fashionable languid lifestyle of an asthenic nineteenth-century woman; however, her purpose in doing so is to become closer to Laura, whom she both preys upon and loves, through the nurse/patient relationship and their close female friendship. The wedding of these two dynamics makes this text particularly useful for exploring the complicated entanglements of health, medical practice, and gender in this period. Even after the revelation that Carmilla is a vampire and her subsequent termination, Laura's health remains unbalanced and tenuous. "Carmilla" demonstrates the survival of Brunonian theory in Gothic literature, especially in the specifics of its depictions of vampiric power and the symptoms of the vampire's victim.

Stoker's *The Jewel of Seven Stars*, my final example, departs in significant ways from earlier representations of women made ill by supernatural forces. Stoker imagines a

way for altered states of consciousness to exist outside of the explicit fear they elicit in the other texts I discussed in this project. While “Christabel,” “Carmilla,” and *The Jewel of Seven Stars* feature one woman influencing another, in *Jewel* the merging of consciousnesses within a single body poses entirely new questions about the integrity of the self and the concept of agency that speak to the malleability of earlier medical theories to suit new literary purposes.

The lens I have employed throughout can be applied to other forms of altered states represented in nineteenth-century literature, such as those depicted in opium tales and the “buried alive” stories frequently published in *Blackwood’s Magazine*. As I have shown, medical concepts have been deployed by authors in ways that demonstrate their enduring cultural relevance beyond their contemporary medical use. The survival of Brunonianism, in addition to other earlier medical concepts, over the long nineteenth century underscores the importance of exploring the “uneven developments” of medical discourse in literary works to better understand the models of consciousness and agency at work in nineteenth-century literature as well as the broader cultural impact of medicine.

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