Neo-Victorian Medicine

Doctors, Patients, and Clinical Spaces in Neo-Victorian Fiction, 1996-2016

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Contents

Abstract

This thesis presents an original study of the depiction of medicine in nine neo-Victorian novels published around the turn of the millennium, resituating it within key contemporary and historical socio-medical contexts. I build on existing scholarship in the fields of neo-Victorian studies, Gothic studies, and the medical humanities, to argue that the dialogue between past and present in these texts is fundamentally reciprocal, and that they communicate medical ideas, practices, and anxieties which traverse historical boundaries.

Broadly, this thesis is split into two main sections: Chapters One and Two focus on the characterisation of the 'medical man', a central but not defining figure of the mode; Chapters Three and Four build on this analysis to consider his relationships with patients, clinical spaces, and practices of care and healing. I examine four interconnected themes through four corresponding theoretical frameworks: masculinity and modernity through theories of degeneration; medical violence and anatomical procurement through legislation; epidemics and contagious illness through phenomenology; and 'madness' through the patient narrative. These distinct thematic and theoretical interests have been selected for their enduring, or recurring, significance between the nineteenth-century settings of these novels, and their readerly reception in the late-twentieth/early-twenty-first.

Highlighting these dual temporal influences, I look both at how modern ideas around medicine are transposed onto our reimaginations of the past, and to the enduring mythologies which have surrounded medical practice from the Victorian era into the twenty-first century. In highlighting such parallels, I am concerned the implications of this recurring theme for conventional narratives of social and scientific progress, and what this reveals about continuing trends in clinical practice. I aim to move beyond an existing critical understanding of neo-Victorian medicine as primarily symbolic of social and cultural concerns; rather, I focus on its continual resurrection in neo-Victorian fiction as a manifestation of contemporary anxieties specifically relating to medicine, health, and illness. Overall, this thesis presents an interdisciplinary and cross-temporal perspective on the, as yet under-analysed, subject of neo-Victorian medicine, evaluating the social, literary, and clinical significance of its continual reoccurrence in popular culture.

Introduction

Neo-Victorian Medicine

In April 2020, two weeks into the United Kingdom's first national Covid-19 lockdown, historian Richard J. Evans wrote for *The New Statesman* on the echoes between the coronavirus pandemic and cholera outbreaks which struck Europe across the nineteenth century. Opening with a historical overview of the 1892 cholera epidemic in Hamburg, the article traces a number of prescient concerns into the present day, including the social and economic effects of quarantine, conflicting medical guidance, and the limits of interventionist governance. Evans's article, written for a readership in the earliest throes of a similarly destructive and deadly wave of contagious illness, recommends a didactic approach to such historical comparison, asking 'Can we learn anything from this catastrophe for our current predicament?'[1] Evans's article was not the first to suggest significant parallels between Covid-19 and historical epidemic events and propose an instructive reading of such 'lessons from history'. In February and March 2020, a number of journalistic outlets presented their current events news stories alongside reflective pieces on the subject of historical epidemics, most prominently the 1918-1920 influenza pandemic.[2] Historical fictions relating to the 1918 epidemic began emerging with more frequency, and novels which were scheduled for later release were expedited to present to a readership hungry for epidemic narratives.[3]

As the coronavirus pandemic has illustrated, parallels between past and present emerge and proliferate through public discourse, but also in cultural outputs. Historical fiction has provided a venue to explore the experience and ramifications of contagious illness, examining the longer shadows cast by the epidemic in a way which might otherwise be inaccessible to readers experiencing a similar historical moment. The genre can thus be consolatory and recuperative, capturing 'universalising tendencies' between historical subjects and readers of the present, but it is also, as Jerome De Groot argues, about exploring 'dissonance and displacement between here and now'.[4] *Neo*-historical fiction, characterised by a self-conscious approach to the relationship between past and present, is particularly critical of this impulse to affirm only historical continuities. Identifying and examining the sub-genre,

[1] Richard J. Evans, 'How the coronavirus crisis echoes Europe's 19th-century cholera pandemic', *New Statesman,* 2 April 2020 https://www.newstatesman.com/long-reads/2020/04/how-coronavirus-crisis-echoes-europe-s-19th-century-cholera [accessed 27 November 2023].

[2] Frequently-cited examples include *Wall Street Journal* on 6 March 2020 (https://www.wsj.com/articles/what-we-can-learn-from-the-20th-centurys-deadliest-pandemic-11583510468), *Washington Post* on 29 February 2020 (https://www.washingtonpost.com/history/2020/02/29/1918-flu-coronavirus-trump/), and *The Times* on 29 March 2020 (https://www.thetimes.co.uk/article/spanish-flu-v-coronavirus-how-the-times-reported-the-1918-pandemic-zn3rzztk9) [accessed 27 November 2023].

[3] Emma Donoghue's *The Pull of the Stars* (2020), for example, is one such novel which was completed in March 2020 and published in July of the same year.

[4] Jerome De Groot, *The Historical Novel* (Routledge, 2010), p. 4.

Elodie Rousselot highlights the ways in which neo-historical fiction offers 'creative and critical engagement with the cultural mores of the period it revisits' and participates in 'contemporary culture's continuing fascination with history'.[5] Neo-historical fiction thus engages with, and often subverts, readerly expectations regarding the historical novel, drawing attention to problems of genre as well as temporal dissonances.

These dissonances are particularly discernible in neo-historical fiction which explores medical phenomena, whether large-scale public health events, or the individual experience of illness and clinical encounters. More broadly, narratives of scientific endeavour have been a mainstay of the neo-historical mode, particularly in neo-Victorianism, a sub-genre which engages primarily with the nineteenth century. As John Glendening notes, a focus on scientific discovery in neo-Victorian fiction permits the exploration of a number of intersecting discourses of the period, including historical continuity and change, social problems and solutions, and changing meanings and values.[6] Medicine, mediating between technological innovation and public service, is a field which exemplifies these connections between the social and the scientific. Medical practice, spaces, and figures appear frequently in neo-Victorian fiction, a recurrence which speaks to the rapid evolution of medicine across the nineteenth century, its centrality within the cultural imagination of the Victorian era, and to a contemporary desire to re-examine the foundations of our modern clinical system. The depiction of medicine in neo-Victorian fiction can offer substantial insights into contemporary attitudes to health, history, and fiction, but have thus far not been the subject of extended critical investigation.

This study offers an original analysis of the depiction of medicine in neo-Victorian fiction of the late-twentieth and early-twenty first centuries, resituating this within key contemporary and historical socio-medical contexts. I focus on novels set across the nineteenth century, and build on current scholarship in the fields of neo-Victorian studies, Gothic studies, and the medical humanities, to argue that the dialogue between past and present in these texts is fundamentally reciprocal, and that medical figures, spaces, and practices in neo-Victorianism communicate anxieties and understandings which traverse historical boundaries. Drawing on existing criticism surrounding (neo)Victorian medicine in fiction, I aim to move beyond an understanding of its reflection of social and cultural concerns; rather, I focus on this recurring interest as a manifestation of contemporary anxieties specifically relating to medicine, health, and illness. I identify four key areas of thematic interest in fictions which feature neo-Victorian medicine – masculinity and modernity, anatomy and abuse, private and public, and diagnosis and description – which speak both to the nineteenth-century settings of these novels, and to their more recent authorial contexts. Highlighting these dual temporal influences, I look

[5] Elodie Rousselot, 'Introduction: Exoticizing the Past in Contemporary Neo-Historical Fiction' in *Exoticizing the Past in Contemporary Neo-Historical Fiction* ed. by Elodie Rousselot (Palgrave Macmillan, 2014), pp. 1-18 (pp. 2-3).

[6] John Glendening, *Science and Religion in Neo-Victorian Novels: Eye of the Ichthyosaur* (Taylor & Francis Group, 2013), p. 213.

both at how modern ideas around medicine are transposed onto our reimaginations of the past, and to the enduring mythologies which have surrounded medical practice from the Victorian era into the twenty-first century. As with Evans's invocation of historical precedent in the context of Covid-19, I am interested in the ways in which the past is mobilised and reinterpreted in line with contemporary events, particularly in relation to enduring concerns around health and illness. By considering recent depictions of nineteenth-century medicine as symptomatic of a fluctuating, cross-temporal landscape around ideals of medical practice, this project evaluates the ways in which this theme reappears repeatedly in neo-Victorian texts and becomes implicated in conflicting visions of both modernity and history.

Neo-Victorianism

A reading of this kind, engaged with the cross-historical resonances of literature, culture, and medicine, finds an appropriate venue in the study of neo-Victorian fiction. As a mode, neo-Victorianism often offers a self-conscious resuscitation of the Nineteenth Century and is characterised by its melding of contemporary and historical influence. Ann Heilmann and Mark Llewellyn's seminal *Neo-Victorianism: The Victorians in the Twenty-First Century, 1999-2009* (2010) argues that, to be considered neo-Victorian, texts must be '*self-consciously engaged with the act of (re)interpretation, (re)discovery and (re)vision concerning the Victorians*', positioning the genre as a dually fictive and critical enterprise.[7] Meanwhile, Louisa Hadley's broader definition identifies neo-Victorian fiction as 'contemporary fiction that engages with the Victorian era, at either the level of plot, structure, or both'.[8] Though the term 'neo-Victorian' is now most widely agreed upon, scholarship in this area has also referred to the retro-Victorian, post-Victorian, or Victoriana; Andrea Kirchknopf notes that, despite the different implications of these terms, all are agreed that the Victorian is taken as a basis to which prefixes or suffixes can be added, 'in order to recontextualise current rewrites in different ideological discourses'.[9] The Victorian is central to the neo-Victorian, which responds to, or reinterprets, the nineteenth century in some way.

The genre is often dated to the late-1960s with the publication of Jean Rhys's *Wide Sargasso Sea* (1966) and John Fowles's *The French Lieutenant's Woman* (1969), texts which, in differing ways, open a reinterrogation of the dominant myths of the Victorian era, and highlight their authors' latterly perspectives in the mid-twentieth century. Emerging contemporaneously with literary postmodernism,

[7] Ann Heilmann and Mark Llewellyn, *Neo-Victorianism: The Victorians in the Twenty-First Century, 1999-2009* Palgrave Macmillan, 2010), p. 4, original emphasis.
[8] Louisa Hadley, *Neo-Victorian Fiction and Historical Narrative: the Victorians and Us* (Palgrave Macmillan, 2010), p. 4.
[9] Andrea Kirchknopf, '(Re)workings of Nineteenth-Century Fiction: Definitions, Terminology, Contexts', *Neo-Victorian Studies,* 1.1 (2008), pp. 53-80 (p. 59).

the correlations between the two movements have been emphasised in critical definitions of neo-Victorianism. The term 'historiographic metafiction', coined by Linda Hutcheon in *A Poetics of Postmodernism* (1988), has often been applied to postmodern historical novels which are 'both intensely self-reflective and yet paradoxically also lay claim to historical events and personages'.[10] There are therefore notable correspondences between neo-Victorianism, and postmodernism, both cultural and literary movements which emphasise their association with, but differentiation from, earlier periods. Significantly, it is not only postmodernism but postmodernity which has shaped neo-Victorian fiction, and a number of critics have related a resurgence of interest in the nineteenth century with the prescient concerns of the postmodern era. Julie Sanders, for example, lists such enduring, or recurring, anxieties as 'questions of identity; of environmental and genetic conditioning; repressed and oppressed modes of sexuality; criminality and violence; the urban phenomenon; the operations of law and authority; science and religion; the postcolonial legacies of the empire'.[11] With the Victorians having 'ushered in (proto-)modernity', their continual reassessment in postmodernity suggests a self-reflective desire to re-examine our present historical moment through comparison with our predecessors.[12]

In this way, neo-Victorianism is characterised as much by its relationship with the present as with the past. Criticism has often positioned the mode as a dialogue, a dual-facing interaction which draws as much from its contemporary authorial context as from the nineteenth century it evokes and recreates. Helen Davies, in her analysis of the ventriloquial strategies employed in neo-Victorianism, considers the genre as a way for contemporary writers to 'speak through' the figures of the past, warning of the dangers of 'speaking for' otherwise silenced subjects of the Victorian era.[13] She also, crucially, understands neo-Victorianism as a means of 'talking back' to the Victorians:

> 'Talking back' suggests a response; one can only engage in a process of 'talking back' after being addressed in some manner, after being brought into being as a subject by a prior discursive agency. Finally, 'talking back' also has connotations of historicity; there has been a preceding utterance or voicing that is being answered.[14]

Neo-Victorianism is positioned as a response to, rather than a repetition of, the nineteenth century, adding a new layer of meaning to our understandings of the past. Kirchknopf highlights the centrality of this 'newness' to the genre, arguing that it is significant that contemporary rewrites can 'supply different perspectives from the canonised Victorian ones.'[15] Neo-Victorian fiction often focuses on characters, stories, and events which have been otherwise sidelined in historical and contemporary

[10] Linda Hutcheon, *A Poetics of Postmodernism: History, Theory, Fiction* (Routledge, 1988), p. 5.
[11] Julie Sanders, *Adaptation and Appropriation* (Routledge, 2006), p. 129.
[12] Heilmann and Llewellyn, *Neo-Victorianism,* p. 3.
[13] Helen Davies, *Gender and Ventriloquism in Victorian and Neo-Victorian Fiction: Passionate Puppets* (Palgrave Macmillan, 2012), p. 4.
[14] Davies, *Gender and Ventriloquism,* p. 1.
[15] Kirchknopf, '(Re)workings of Nineteenth-Century Fiction', p. 54.

understandings of the nineteenth century, and indeed, Heilmann and Llewellyn note that a desire to disturb the dominant myths of the Victorian era was a defining impulse in the establishment of the neo-Victorian mode.[16] Neo-Victorianism thus intersects with feminist and postcolonial literary movements, providing opportunities to challenge what Davies has called the 'master discourse of history'.[17]

Neo-Victorian studies remains an expanding area of academic interest, with scholarship developing and accelerating since 2010. More recently, writers and critics of neo-Victorianism have problematised the ways in which the mode treats marginalised perspectives, interrogating neo-Victorianism's promise of a revisional or corrective approach to the nineteenth century; for Davies, for example, re-staging historical injustices risks enacting a 'symbolic re-victimisation' of marginalised voices, involving the mode in a number of ethical debates.[18] As is elaborated later in this introduction, the designation of texts from countries and cultures which were historically part of the British Empire as neo-Victorian has also been a key area of disagreement in scholarship of the last decade. Aware of these tensions within the discipline, throughout this project, I have rejected a singular definition of the 'neo-Victorian', instead drawing on a range of critical perspectives to explore the advantages and difficulties of categorising texts within this mode. Fundamentally, I am interested in the complexities of the relationship between past and present on display in neo-Victorianism, how and why the nineteenth century reappears in contemporary fiction, and the ways in which authors begin to project modern concerns, understandings, and investments onto their reimaginations of the past.

Neo-Victorian medicine at the turn of the millennium

This project's focus on neo-Victorian medicine arises from an interest in this interrogative potential of the mode. As introduced at the beginning of this thesis, the history of medicine has been, and continues to be, a key interest of both fiction and public discourse; a desire to resituate more recent health events, phenomena, and practices within an existing historical context has been overt in, for example, much journalistic coverage of Covid-19. Often less explicitly, contemporary socio-medical concerns have also bled into historical fiction, resulting in narratives which reveal as much about their authorial present as the pasts they recreate. In neo-Victorian fiction, this motivation to 'respond' to the events, anxieties, and discursive hegemonies of the present is implicit in the genre, making it a critically appropriate mode for exploring connections between past and present.

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[16] Heilmann and Llewellyn, *Neo-Victorianism,* p. 8. Jean Rhys's *Wide Sargasso Sea* (1966), which offers a postcolonial prequel to Charlotte Brontë's *Jane Eyre* (1847) and re-examines the story of Bertha, the 'madwoman in the attic', is one such notable example.

[17] Davies, *Gender and Ventriloquism,* p. 3.

[18] Helen Davies, 'Us and Them? Joseph Merrick in Neo-Victorian Children's Fiction', in *Neo-Victorian Biofiction: Reimagining Nineteenth-Century Historical Subjects* ed. by Marie-Luise Kohlke and Christian Gutleben (Rodopi, 2020) pp. 167-87 (p. 169).

Neo-Victorianism necessarily entails a drawing on, or interrogation of, the Victorian past, and so it is significant that medicine and medical figures were central to the nineteenth-century imaginary. As Marie-Luise Kohlke argues the period represented a significant juncture in the development of modern medicine; as the second chapter of this thesis outlines in more detail, major changes to the structure of the medical profession in the United Kingdom were enacted during the Victorian era, and medical training became increasingly formalised and centralised.[19] The century saw the passing of a number of significant pieces of medical legislation, including the Medical Act of 1858 which, for the first time, defined a 'qualified medical practitioner'.[20]

Though medicine has appeared in critical examinations of neo-Victorian fiction, such criticism has generally focused more specifically on the medical man, and fostered an assumption that his persisting place in popular culture is largely reflective of changing social, rather than clinical, concerns. Kohlke's interrogation of the Gothic resonances of the figure focuses on his continued association with oppressive and violent modes of masculinity, which undermines the inversion of hegemonic scripts which neo-Victorian fiction otherwise promises. For Kohlke, the medical man's continual reappearance in neo-Victorian fiction speaks to a postmodern desire to 'diagnose' the ethical failings of the nineteenth century in an attempt to produce 'self-constructions of postmodern identity as 'Other-than' the vestigial Victorians that continue to haunt us.'[21] Ann Heilmann and Mark Llewellyn, meanwhile, have considered the doctor figure as a symbol of the increasing influence of scientific empiricism versus religious spiritualism during the nineteenth century, a recurring metaphor in neo-Victorian fiction for the beginning of enlightened modernity.[22] In different ways, these critics have highlighted the correspondences between past and present attitudes to medicine, and how these discourses become implicated, both in the Victorian era and today, in wider social contexts.

However, the importance of neo-Victorian medicine as indicative of recent anxieties around healthcare ethics and practices has been underexplored. Just as the nineteenth century saw significant overhauls in the structure, theories, and reputation of the medical establishment, the turn of the millennium presented a similarly transformative period in clinical practice. In terms of scientific advancement, the late-twentieth and early-twenty-first centuries have been a locus for major developments in genomics, a strand of biological research which has had considerable influence in medical practice. The completion of the Human Genome Project in 2003, for example, which identified,

[19] Marie-Luise Kohlke, 'The Neo-Victorian Doctor and Resurrected Gothic Masculinities', *Victoriographies,* 5.2 (2015), pp. 122-42 (p. 123), doi:10.3366/vic.2015.0189.
[20] M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (University of California Press, 1978), p. 35. As M. Jeanne Peterson notes, references to the Victorian 'medical man' in recent fiction and criticism adopt early-nineteenth-century precedent, as 'at the beginning of the century it was common custom to refer to medical men according to their corporate affiliation – physician, surgeon, apothecary […] The generic use of the term 'doctor' was not universal until late in the century.'
[21] Kohlke, 'The Neo-Victorian Doctor', p. 139.
[22] Heilmann and Llewellyn, *Neo-Victorianism,* p.24.

mapped, and sequenced the genes of the human genome, has led to new developments in studies into inheritable predispositions to illness.[23] The first in-vitro testing for genetic abnormalities in embryos and the first successful mammal cloning experiment were also completed in the final decade of the twentieth century.[24] New theoretical models for clinical practice and relationships between patients and medical professionals have also been established, or gained wider reception, since the turn of the millennium, including narrative medicine, the medical humanities, the use of autopathography (or patient narratives) in clinical care, and phenomenological approaches to the experience of illness.[25] During the same period, major public health events have drawn attention to the role of medical science in public life, governance, and economics, perhaps most notably the HIV/AIDS crisis, the 2003 SARS outbreak, and the Covid-19 pandemic.

As in the nineteenth century, these events and developments have not been without contention. Michael Butter and Peter Knight have looked to the ways in which conspiracy theories surrounding Covid-19 have often implicated medical professionals and institutions, and have contributed towards anti-vaccination sentiment.[26] Since the inception of the Human Genome Project, concerns about the ways in which this technology might be employed in 'policing' bodies or selecting characteristics in embryos have been raised across and beyond the scientific community.[27] In the United Kingdom, in particular, the potential for transgression by medical professionals has been a subject which has at times dominated headlines, and shifted legislative policy. In the first month of the new millennium, the trial of Harold Shipman, the only doctor in British history to be convicted of murdering his patients, concluded, after a drawn-out case during which an initial investigation into Shipman's conduct was closed, allowing him to kill more patients before his eventual arrest.[28] Kay Wheat, referring to a surge in medical scandals and well-publicised cases of malpractice, negligence, and misconduct in the first

[23] Francis S. Collins and Monique K. Mansoura, 'The human genome project: Revealing the shared inheritance of all humankind', *Cancer* 91.1 (2001), pp. 221-25 (p. 222), doi:10.1002/1097-0142(20010101)91:1+<221::aid-cncr8>3.0.co;2-9.

[24] Jeanette Edwards, 'Why Dolly matters: Kinship, culture and cloning', *Ethnos* 64.3-4 (1999), pp. 301-24, doi: 10.1080/00141844.1999.9981606.

'Human Genome Project Timeline', National Huma Genome Research Institute, 5 July 2022, https://www.genome.gov/human-genome-project/timeline [accessed 18 March 2024].

A.H. Handyside et al., 'Birth of a normal girl after in vitro fertilization and preimplantation diagnostic testing for cystic fibrosis', *New England Journal of Medicine* 24.327 (1992), pp. 905-9, doi:10.1056/NEJM199209243271301.i.

[25] Rita Charon, 'Introduction', in *The Principles and Practice of Narrative Medicine* ed. by Rita Charon, Sayantani DasGupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel (Oxford University Press, 2017), pp. 1-12 (p. 2).

[26] Michael Butter and Peter Knight, 'Introduction: Covid-19 Conspiracy Theories in Global Perspective', in *Covid Conspiracy Theories in Global Perspective* ed. by Michael Butter and Peter Knight (Routledge, 2023), pp. 3-12 (p. 7).

[27] George J. Annas, 'Rules for Gene Banks: Protecting Privacy in the Genetics Age', in *Justice and the Human Genome Project* ed. by Timothy F. Murphy and Marc A. Lappé (University of California Press, 1999), pp. 75-90 (p. 80).

[28] David Ward, 'Police errors let Shipman go on killing', *Guardian,* 15 July 2003, https://www.theguardian.com/society/2003/jul/15/NHS.shipman2 [accessed 31 January 2024].

decade of the twenty-first century, highlights what was a 'crisis of confidence in the NHS which might fairly be characterized as a kind of malpractice crisis'.[29] In 2001, one of the most significant of these cases became a byword for medical violence, when an initial report into the Alder Hey organs scandal was released, identifying a long-running practice at the Alder Hey Hospital Trust of the unauthorised removal and retention of human tissue after death, primarily tissue belonging to children.[30] Public outcry and concern prompted the introduction of legislation which would become the Human Tissue Act of 2004, which continues to regulate the removal, storage, and use of human tissue.[31]

Whilst all of these events have notable social and cultural dimensions, within this analysis I am interested primarily in their influence on clinical practice and doctor/patient relations at the turn of the millennium. The turn of the millennium is, as this introduction has outlined, often considered a central point around which significant scientific, technological, and medical developments have taken place, but it is also a key juncture for the writing and study of neo-Victorian fiction. Louisa Hadley, among others, has identified a 'surge in neo-Victorian fictions' following the publication of A.S. Byatt's critically-acclaimed *Possession: A Romance* in 1990, and suggests that the late-1980s to early-2000s should be considered a 'crucial nodal point' in the study of neo-Victorian fictions.[32] Drawing on the ways in which neo-Victorianism is able to 'respond' to contemporary issues through interactions with the nineteenth century, I argue that millennial anxieties about healthcare practices, the changing role and responsibilities of doctors, and an enduring fascination with disease and contagion narratives has resulted in a recent abundance of neo-Victorian texts concerning these themes. The ways in which these ideas are then explored, displaced, or interrogated through neo-historical fiction is the central focus of this project.

Beyond the medical man

Building on existing scholarship in neo-Victorian studies and the medical humanities, I aim to demonstrate the significance of the neo-Victorian medicine for contemporary understandings of medicine, health, and illness. To this end, this thesis takes a holistic view of medical figures, spaces, and practices, highlighting the interactions between medical professionals and the wider contexts in which they operate. Drawing on Kohlke's identification of the Gothic doctor as a prevalent figure in neo-Victorian fiction and popular discourse, I expand this analysis to encompass more aspects of the

[29] Kay Wheat, 'Is There a Medical Malpractice Crisis in the UK?', *The Journal of Law, Medicine & Ethics,* 33.3 (2005), pp. 444–55 (p. 451), doi:10.1111/j.1748-720X.2005.tb00511.x.
[30] 'Royal Liverpool Children's Inquiry', *Report/The Royal Liverpool Children's Inquiry* (London: The Stationery Office, 2001), p.9.
[31] Anonymous, 'Alder Hey children's organ scandal provokes changes in the law', *British Journal of Nursing*, 10.3 (Feb 2001), p. 140.
'Legislation', The Human Tissue Authority, n.d.https://www.hta.gov.uk/guidance-professionals/hta-legislation [accessed 31 January 2024].
[32] Hadley, *Neo-Victorian Fiction*, p. 2.

medical system in order to present a comprehensive view of the role of medicine in neo-Victorianism. Where existing scholarship on the neo-Victorian medical man largely focuses on his social and cultural symbolism, I use this figure as a starting point to introduce the specific medical contexts in which he is situated, both diegetically during the nineteenth century, and for the twentieth or twenty-first-century reader.

This project retains an interest in the medical man largely because of his significant place in nineteenth-century society. Kohlke points out that, in the overwhelmingly male medical establishment of the nineteenth century, 'committed to Enlightenment principles of serving and bettering humanity […] the doctor served as a primary model of the Cartesian subject of reason, itself implicitly male gendered but also inherently dualistic'.[33] Embodying Enlightenment ideals, the male Victorian doctor emerges as a figure upon which anxieties about gender, class, and 'the human costs of 'progress'' are played out, both in the fictions of the nineteenth century, and in modern retellings.[34] This potent figure comes to symbolise a rapidly changing social hierarchy as one of the primary emergent professions of the period, whilst simultaneously furthering antiquated gendered roles in a form of paternalistic medical practice. He represents a gateway between the innovative scientific developments of the nineteenth century and the general public, and yet never fully escapes an image of archaism, the profession continually associated with the body-snatching anatomists and brutal barber-surgeons of its past. The Victorian 'medical man' is a complex, and fluctuating, notion across the period, variously fortifying then undermining key cultural hegemonies around gender and scientific progress, particularly towards the end of the century.

Looking at the Victorian literary inheritance of the figure, Kohlke highlights the publication of Mary Shelley's *Frankenstein: or, The Modern Prometheus* (1818) as a turning point from which the depiction of the Gothicised male doctor has since been implicated within broader socio-medical contexts, including 'shifting power, gender, and class relations'.[35] Such anxieties, Kohlke reasons, have resurfaced in postmodernity, wherein the *neo*-Victorian doctor channels these enduring concerns alongside more contemporary issues around 'influence and historical debt/accountability'.[36] The medical man has become a consistent trope in neo-Victorian fiction, appearing in central and supporting roles across a number of the genre's most recognisable texts.[37]As Kohlke suggests, his continual return in neo-Victorianism is reflective of his significant place within nineteenth-century literature and culture, as well as the social and political interests of postmodernity. This trope also, I contend, speaks to neo-

[33] Kohlke, 'The Neo-Victorian Doctor', p. 123.
[34] Kohlke, 'The Neo-Victorian Doctor', p. 123.
[35] Kohlke, 'The Neo-Victorian Doctor', p. 123.
[36] Kohlke, 'The Neo-Victorian Doctor', p. 123.
[37] A few notable examples include Dr Grogan in *The French Lieutenant's Woman,* Dr Potter in Matthew Kneale's *English Passengers* (2000), and the revitalisation of Dr Jekyll in Valerie Martin's *Mary Reilly* (2004).

Victorianism's ability to voice a response to the anxieties of the present, many of which are scientific and clinical, as well as social and cultural.

The medical man is, however, one part of a wider network of interactions involved in the depiction of neo-Victorian medicine. Across this thesis, I highlight his situation within the medical establishment, evaluating how neo-Victorianism complicates the nineteenth-century individualised doctor trope to look at institutional practices. There are also notable interfaces between medicine and other institutional bodies in the neo-Victorian imaginary, primarily the legislature and judicial system. Examining the dual-facing exchanges between medical practice and legislation, I explore the ways in which a changing medical landscape necessitated, or otherwise influenced, changes to legal frameworks during the nineteenth century, particularly around anatomical procurement, public health systems, and involuntary hospitalisation. Though this thesis begins with the medical man, I conclude with sustained attention to neo-Victorian patienthood, turning towards the other side of the clinical dyad to evaluate how the experience of receiving medical care is figured in these fictions.

Broadly, this thesis is split into two main sections: Chapters One and Two focus on the characterisation of the 'medical man'; Chapters Three and Four build on this analysis to consider his relationships with patients, clinical spaces, and practices of care and healing. This 'zooming out' approach has been employed for a number of reasons. Firstly, I highlight the centrality of the figure of the medical man in neo-Victorian fiction; the mode is certainly concerned with medicine more broadly, but this is often rendered through the trope of the individual doctor, who may or may not appear in more institutional settings. Secondly, this structure allows me to introduce my analysis with the prevailing critical perspective on neo-Victorian medicine – namely that the medical man offers important insights into wider social understandings of masculinity and modernity – before problematising and expanding on this by relating him more closely to clinical and scientific contexts, highlighting the original contribution of this thesis. Finally, beginning with the medical man but then moving away from his characterisation in the second half of the thesis provides important background for my later analysis; a deeper understanding of neo-Victorian patienthood, for example, is enabled by first introducing the medical figures with whom these interactions occur. Turning more prominently towards wider medical structures and, in the final chapter, the perspective of the patient, these chapters draw on the medical man as a central figure in neo-Victorianism, but highlight an expansive network of interactions through which he can be understood. In this way, I aim to construct a comprehensive and wide-ranging view on neo-Victorian medicine, a significant trope within the mode, but one which has not yet been the subject of extended critical investigation.

Primary text parameters

It is necessary here to set out the parameters within which my neo-Victorian primary texts have been selected. This project draws primarily on nine contemporary novels which I have defined as neo-Victorian, and I have referred to Heilmann and Llewellyn's understanding of the self-consciousness of the mode, as well as Hadley's broader focus on plot or structure-level engagement with the Victorians, in order to delineate these boundaries. That the writing of these texts has occurred between the late-twentieth and early-twenty first centuries is a significant aspect of their inclusion in this project. The turn of the millennium is, as this introduction has outlined, often considered a central point around which significant scientific, technological, and medical developments have taken place, but it is also a key juncture for the writing and study of neo-Victorian fiction. Introducing the journal *Neo-Victorian Studies*, Kohlke proposes that critical accounts of neo-Victorianism should be concerned 'not so much to locate chronological boundary markers or points of origin as crucial nodal points in neo-Victorian output and dissemination'.[38] Identifying one such nodal point around the turn of the millennium, this thesis seeks to examine the representation of the neo-Victorian medical man during a period which has been influential for the writing and reception of the genre, as well as for a number of socio-medical contexts.

In selecting novels written and first received around the turn of the millennium, I draw on scholarly parallels between this and the *fin de siècle,* often compared as periods which are 'coded as a significant moment of cultural, political, and personal transformation'.[39] Heilmann and Llewellyn highlight the abundance of neo-Victorian fiction set at the end of the nineteenth century, arguing that such narratives offer clear temporal bridging between two transformative junctures in the development of the (post)modern world.[40] Though the primary novels considered in this thesis are not concentrated at the *fin de siècle,* I draw on this established critical comparison to evaluate the role of the nineteenth century more broadly in the cultural and literary identity of the millennium. With one exception, the novels considered here are set between 1832 and 1893, and considering texts set across this longer time period will also present opportunities to consider cultural and theoretical shifts within the nineteenth century, for example the changing social standing of the newly professionalised doctor or the increasing pathologisation of mental illness. Barbara Vine's *The Blood Doctor* (2002) is set primarily at the turn of the millennium, returning to the Victorian era through diary fragments and historical records. Returning to Rousselot's definition of neo-historical fiction, I consider *The Blood Doctor* to be neo-Victorian for the ways in which it focuses on the process of recording and relaying history, and for its

[38] Marie-Luise Kohlke, 'Introduction: Speculations in and on the Neo-Victorian Encounter', *Neo-Victorian Studies* 1.1 (2008) pp. 1-18 (p. 3).
[39] Heilmann and Llewellyn, *Neo-Victorianism,* p. 92. Dianne Sadoff and John Kucich, for example, refer to the 1990s as 'the millennial fin-de-siècle' ('Histories of the Present', *Nineteenth-Century Contexts*, 22.1 (2000), pp. 1–20 (p. 6)).
[40] Heilmann and Llewellyn, *Neo-Victorianism,* p. 92.

engagement with the nineteenth century within and outside of the plot through an emphasis on the act of (re)discovery regarding the Victorians.

The Blood Doctor also, through its engagement with the process of biography, speaks pertinently to the mythologising potential of historical fiction, and the ways in which this is interrogated by neo-historicism. A biographical project, concerning a prominent Victorian doctor, takes place as the plot unfolds, allowing Vine to reflect self-consciously on problems of historical record, narrativity, and authorship. The text is one of several considered in this project to feature supposed 'found fragments', or nineteenth-century archival material, giving readers direct access to diary entries and letters from the Victorian period. By including, and then querying the veracity of, these materials within the novel's biographical sub-plot, Vine opens a dialogue around the permissions and limitations of the extra-diegetic neo-Victorian project. I have placed the novel in conversation with Sarah Perry's 2016 novel, *The Essex Serpent*, which similarly draws on historical record and created epistolary elements. In *The Essex Serpent*, medicine is just one aspect of a complex network of discourses, beliefs, and social structures which inform the novel's central crisis, the titular mythical creature which appears to haunt an Essex village at the end of the nineteenth century. Perry's novel offers an important comparative focus for this analysis, in part because of the ways in which medicine is nestled within these wider contexts, and because the text retains an interest in the liminal space in which medical figures might operate in neo-Victorian fiction, between rationalism and mysticism. A bestselling and award-winning novel, *The Essex Serpent* also introduces a significant overlap between literary neo-Victorianism and popular historical fiction; it is important to note that these texts often draw on accessible and recognisable tropes, whilst also being formally and thematically experimental.[41]

I have therefore considered novels which fall into the category of contemporary popular fiction. This is in line with a growing recognition in neo-Victorian studies of the extent of neo-Victorian influence in popular historical fiction; Jessica Cox identifies a recent critical acknowledgement of 'the widespread influence of Victorian popular writing on neo-Victorian texts, and of contemporary popular fiction's persistent engagement with Victorian literature and culture, as well as a recognition of the relevance of critical discourses on popular culture to the field'.[42] Sheri Holman's *The Dress Lodger* (2000), Faye L Booth's *Trades of the Flesh* (2009), and E.S. Thomson's *Beloved Poison* (2016), are all considered in this analysis as examples of popular historical fiction which, in different ways, stretch the parameters of neo-Victorianism. All concern body-snatching for the anatomical trade, a popular and prevalent subject for neo-Victorian investigation; whilst Holman and Booth's novels centre on aberrant medical figures, Thomson explores the broader culpability of institutions. *The Dress Lodger* is a

[41] Jennifer Senior, 'A Spirited Widow and a Monstrous Serpent Propel a Lush Novel', *The New York Times* (7 June 2017), https://www.nytimes.com/2017/06/07/books/review-essex-serpent-sarah-perry.html [accessed 17 November 2024].

[42] Jessica Cox, 'Canonization, Colonization, and the Rise of Neo-Victorianism', *English,* 66.253 (2017), pp. 101–23 (p. 109), doi:10.1093/english/efw058.

classically neo-Victorian text, which addresses the reader directly, features an omniscient and embodied narrator, and draws on a present-day narrative perspective to withhold and divulge information. In this way, the novel, like *The Essex Serpent*, demonstrates the blurring of genres which occurs in neo-Victorian fiction, offering formal complexity but through an established thematic lens. Taking place during the 1832 Sunderland cholera epidemic, *The Dress Lodger* also draws on historical record, but is overt about its constructed elements; its inclusion in this project stems from this self-consciousness about its contemporary relevance, as well as its subject matter. *Trades of the Flesh* is similarly temporally situated, here within the context of the 1888 Whitechapel murders, allowing for direct comparison between the novel and a number of Gothic narratives which drew on, or influenced, the latterly mythologisation of Jack the Ripper. Intertextuality is a key component of these narratives and of the neo-Victorian mode more broadly, and so I have selected texts which offer opportunities to examine the parallels between contemporary fiction and relevant literary works of the nineteenth century.

Including texts which stretch the boundaries of the mode in this way has allowed for an evaluation of its influence on public opinion and discourse. Significantly, I have also included a number of texts which are widely considered to be seminal in neo-Victorianism, namely Michael Faber's *The Crimson Petal and the White* (2002) and Margaret Atwood's *Alias Grace* (1996). Among the earliest primary texts in this thesis, these novels form part of an established canon of neo-Victorian fiction, emerging at the height of the 'nodal point' around the turn of the millennium with which this analysis is concerned. These novels have been the subject of significant scholarly attention – Cox has noted that neo-Victorian criticism 'has continued to privilege 'literary' authors over popular fiction and culture' – but I have included them in this project for several key reasons.[43] Including more canonical texts has allowed for some consideration of the recurring and cyclical nature of the genre, the ways in which neo-Victorianism takes as its inspiration, not only the Victorian era and its own canons of fiction, but also an accepted, contemporary notion of the nineteenth century, formulated in part through neo-historical revival. Neo-Victorian narratives have been influenced by each other, as well as a variety of historical 'source texts', and highlighting these texts as key examples of the mode, I discuss their influence on contemporaneous fictions, as well as on prevailing understandings of 'madness' and asylum cultures.

As well as the temporalities of these texts, their geographical settings are also an important factor in this analysis. I have focused primarily on texts set in the United Kingdom, allowing for a more precise comparison of the cultural, legislative, and medical contexts within which these novels are situated. Two narratives – *Alias Grace* and Anne Roiphe's *An Imperfect Lens* (2006) – instead take place in Canada and Egypt respectively, both part of the British Empire at the times that these novels are set, and I wish to briefly outline here my reasoning for including these texts in this study of neo-

[43] Cox, 'Canonization, Colonization', p. 109.

Victorian fiction. Elizabeth Ho articulates a central problem of the neo-Victorian project, that in 'cementing a memory of the nineteenth century as the height of the British imperial project, neo-Victorianism allows for the creative and critical juxtaposition of imperialism in the past with neo-imperialist formations in play in a supposedly postcolonial present.'[44] Heilmann and Llewellyn have also problematised a critical tendency to conflate the neo-nineteenth-century and neo-Victorian, arguing that the latter suggests 'an overarching narrative that erases the specificities of cultural memory and inculcates a homogenisation of heritage'.[45] Remaining attentive to the imperial contexts within which *Alias Grace* and *An Imperfect Lens* are set, I have included these texts because of the specific ways in which they illuminate the connections between narratives of scientific progress and the imperial project, racism in epidemic fictions, and the wider geographical influence of British medical institutionalism. In the cross-temporal focus of this project, I also place these themes within a modern context, particularly in the case of *An Imperfect Lens*, and aim to challenge the assumption of contemporary progressiveness to which Ho refers.

I have also included texts across a broad generic spectrum in order to identify the interactions between neo-Victorianism and other literary movements in depictions of the medical man. Thomson's *Beloved Poison* has been selected for its comparative treatment of body-snatching, but it also highlights the intersections between neo-Victorianism and thriller or mystery genres. Neo-Victorianism encompasses a variety of genres and medias, creating what Heilmann and Llewellyn call a 'plurality of vision' which is central to the mode.[46] As this introduction has explored, neo-Victorianism is also often self-referential and might '[engage] the reader or audience in a game about its historical veracity and (intra/inter)textuality, and [invite] reflections on its metafictional playfulness.[47] For this reason, neo-Victorian fiction often replicates, or draws upon, dominant generic features of nineteenth-century fiction; in my analysis of *The Blood Doctor*, for example, I highlight the ways in which the biographizing tradition of the Victorian period is highlighted and critiqued in Vine's novel. Several of the primary texts to be considered in this project utilise thriller or mystery elements, drawing on a Victorian penchant for crime fiction and the growing cultural influence of the detective story. Aimed at younger readers, Deborah Hopkinson's *The Great Trouble: A Mystery of London, the Blue Death, and a Boy Called Eel* (2013), presents a simplified medical mystery narratives but also exemplifies the ways in which neo-Victorian elements appear in children's fictions. Like the mystery genre, literature for children also proliferated during the nineteenth century, a result of increasing literacy and wider

[44] Elizabeth Ho, *Neo-Victorianism and the Memory of Empire* (Bloomsbury, 2013), p. 171.
[45] Mark Llewellyn and Ann Heilmann, 'The Victorians Now: Global Reflections on Neo-Victorianism', *The Critical Quarterly*, 55.1 (2013), pp. 24–42 (p. 26), doi:10.1111/criq.12035.
[46] Ann Heilmann and Mark Llewellyn, 'On the Neo-Victorian, Now and Then', in *A New Companion To Victorian Literature And Culture* ed. by Herbert F. Tucker (Wiley Blackwell, 2014) pp. 493–506 (p. 495).
[47] Ann Heilmann, 'Doing It With Mirrors: Neo-Victorian Metatextual Magic in *Affinity, The Prestige* and *The Illusionist*', *Neo-Victorian Studies*, 2.2 (2009) Special Issue: 'Adapting the Nineteenth Century: Revisiting, Revising and Rewriting the Past', ed. by Alexia L. Bowler and Jessica Cox, 18-42 (18).

improvements in printing technologies.[48] With its child protagonist and a plot concerned with social justice, *The Great Trouble* draws on a distinctly Victorian literary tradition; there is a moral and educational impulse to Hopkinson's novel, in line with children's fiction of the period it depicts.[49] Replicating, but also modernising, this tradition, the novel introduces a number of the key tensions involved in neo-Victorianism's cross-genre influences.

Finally, I have chosen texts which represent medicine across specialisms, including surgery, anatomy, general practice, epidemiology, and alienism. This variation has also permitted the exploration of historical and contemporary contexts specific to each medical specialism, for example: changes to legislation under which anatomical teaching is delivered; the developing theorisation of mental illness; and the evolving interactions between scientists and the public during the epidemic. By considering medicine across these multiple permutations, I aim to build a more comprehensive analysis of its role in the neo-Victorian imaginary.

Key critical contexts

Due to the dual-facing nature of this project, I have analysed neo-Victorian medicine within the social, medical, and critical contexts of both its diegetic past and authorial present. As elaborated later in this introduction, each chapter of this project focuses on an overarching thematic interest of neo-Victorian medical fiction, and analyses it through a corresponding critical framework: degeneration, legislation, phenomenology, and autopathography. These theoretical lenses have been selected for their dual resonances in both the nineteenth and later-twentieth/early-twenty first centuries, emerging or experiencing significant shifts during the Victorian era, and then subsequently undergoing key developments around the turn of the millennium. Whilst the following chapters highlight the specific ways in which my analysis draws on these theories and practices, I introduce them here alongside the key critical works which are fundamental to this project.

Degeneration

Particular to the late-nineteenth century, and identifiable in the Gothic outputs of the period, theories of degeneration have shaped my readings of certain neo-Victorian texts. As Andrew Smith considers, degeneration finds its origins in early psychological writing, but takes on a newly cultural dimension by the end of the Victorian period, transforming into a 'narrative concerning individual pathology and national decline'.[50] A desire to diagnose both individuals and, more broadly, the political problems of

[48] Claudia Nelson, 'Growing Up: Childhood' in *A New Companion to Victorian Literature and Culture* ed. by Herbert F. Jr. Tucker (John Wiley & Sons, 2014), pp. 69-81 (p. 74).
[49] Nelson, 'Growing Up', p. 75.
[50] Andrew Smith, *Victorian Demons: Medicine, Masculinity and the Gothic at the Fin-de-Siecle* (Manchester University Press, 2004), p. 15.

imperial nations, manifests in the work of a number of theorists from the 1890s onwards, and I have drawn primarily on the influential work of Max Nordau, who presented a socio-scientific analysis of the relationship between cultural and medical degeneracy in his two-volume critical work *Degeneration* (1892). Across the text, Nordau examines the 'symptoms of degeneration' within the works of contemporary artists and writers, including Henrik Ibsen, Richard Wagner and Oscar Wilde, employing terminology and analytic strategies otherwise associated with the clinical encounter.[51] Nordau considers the social and cultural phenomena which he believed to produce and exacerbate degeneration, but his pathologized approach to degeneration is also informed, as he emphasises, by his medical training:

> The physician, especially if he have devoted himself to the special study of nervous and mental maladies, recognises at a glance, in the *fin-de-siecle* disposition […] the confluence of two well-defined conditions of disease, with which he is quite familiar, viz. degeneration (degeneracy) and hysteria.[52]

The idea that reading the wrong culture, or reading culture in an unhealthy way, could lead to degeneracy has become a mainstay of the late-Victorian Gothic mode, but Nordau's quasi-scientific perspective complicates an idea of purely cultural contagion. I have drawn also on his understanding of the inheritability of degeneracy, and medicine's role in discourses of descent; this hereditary element of degeneration also makes the neo-Victorian genre an appropriate mode through which to consider these theories, as ideas of inheritance and descent are implicit in the neo-historical form.

Degeneration is notably temporally situated, with Nordau often referring to the particular character of the *fin de siècle* as an evolutionary period during which national and individual identities were under contention. This idea of the era as liminal space, heralding the onset of modernity whilst unavoidably implicated in its Victorian precursor, is certainly not uncommon in *fin-de-siècle* writing, but Nordau's idea of the new period is not the optimistic expectation shared by some contemporaries. Rather, he considers degeneration to be symptomatic of the 'practical emancipation from traditional discipline' implied by the *fin de siècle.*[53] Connecting his theories explicitly with Britain's advance into the new century, Nordau's work points to the significance of medical discourse within scientific, but also social and cultural, visions of the future. This project therefore refers to his theories of degeneration, not only to consider the interactions between literary culture and ideas of scientific progress, but also to evaluate the role of medicine in realising and representing modernity.

Theories of degeneration therefore offer an appropriate way into the neo-Victorian mode within the context of this thesis. *Degeneration* gained a significant place in late-nineteenth-century discourse, and I highlight the ways in which neo-Victorian fiction, and neo-Victorian scholarship, may draw on

[51] Smith, *Victorian Demons,* p. 15.
[52] Max Nordau, *Degeneration*, 2nd edn (D. Appleton and Company, 1895), p. 15.
[53] Nordau, *Degeneration,* p. 5.

and complicate Victorian ideologies and understandings. It also invites a reading attentive to the crossovers between neo-Victorianism and the Gothic; Kohlke and Christian Gutleben's *Neo-Victorian Gothic* (2012), for example, looks to the role of degeneration in the Gothic imaginary, arguing that the Gothic has always reflected anxieties about 'general instability […] or decline of a distinct 'Culture'' which have been magnified in neo-Victorianism's postmodern turn.[54] Max Duperray has connected degeneration with late-nineteenth-century Gothic's pervasive emphasis on 'symptoms of contamination, disease and demonology', thematic concerns which are continually revived in the neo-Gothic and neo-Victorian.[55] I also use degeneration to introduce the extensive overlap between neo-Victorian and Gothic fiction, but my analysis deviates from the above scholars in its particular focus on the (pseudo-)scientific elements of *Degeneration*. I move away from the social and cultural dimensions of degeneration to highlight the specific implications of this understanding of cultural contagion alongside blood-borne inheritability, and the ways in which Nordau's work was validated by his identity as a medical professional.

Legislation

Legislation has provided another key analytical framework for this analysis, particularly in terms of the use of human tissue in anatomical study and experimentation. Kohlke draws attention to the issue of body-snatching as a crucial influence on neo-Victorian fiction and its rendering of the Gothicised doctor figure, with the practice highlighting 'a convergence of masculinity, medicine, and transgressive violation/violence' which has proved an enduring concern for the contemporary Victorian novel.[56] In particular, fictions set shortly before or around the passing of the 1832 Anatomy Act draw on established cultural mythologies including the Burke and Hare murders of 1827-28 in Edinburgh, events and figures which are frequently resurrected in neo-Victorianism.[57] As Ruth Richardson's seminal *Death, Dissection and the Destitute* (1987) examines, the Burke and Hare case provided a notable turning point in the history of body-snatching, implicating a doctor, Robert Knox, and revealing an extensive trade in bodies for anatomical teaching; increased parliamentary attention to this issue can be connected with the public outcry provoked by the Burke and Hare case.[58] Crucially for the purposes of this thesis, Richardson's analysis of the Anatomy Act focuses on its wording, looking to the specific implications of terminology such as 'unclaimed' and 'lawful custodian' with regards to bodies. In considering the development of the Act, and the groups who had an influence on its passing, Richardson situates the

[54] Marie-Luise Kohlke and Christian Gutleben, 'The (Mis)Shapes of Neo-Victorian Gothic: Continuations, Adaptations, Transformations' in *Neo-Victorian Gothic: Horror, Violence and Degeneration in the Re-Imagined Nineteenth Century* ed. by Marie-Luise Kohlke and Christian Gutleben (Rodopi, 2012), pp. 1-48 (p. 1).
[55] Max Duperray, ''Jack the Ripper' as Neo-Victorian Gothic Fiction: Twentieth-Century and Contemporary Sallies into a Late Victorian Case and Myth' in *Neo-Victorian Gothic,* pp. 167-195 (p. 171).
[56] Kohlke, 'The Neo-Victorian Doctor', 123-124.
[57] Kohlke, 'The Neo-Victorian Doctor', 126.
[58] Ruth Richardson, *Death, Dissection and the Destitute* (Taylor and Francis, 1987), p. 101.

body-snatching trade within a wider legislative system, and highlights the particular perils of such a system for the urban poor.

The Anatomy Act has since been revised and replaced in England, initially by the Anatomy Act 1984, and later by the Human Tissue Act 2004. Like the 1832 Act, the introduction of the 2004 Act followed a period of intense public and parliamentary scrutiny on the issue of anatomical procurement in the wake of the Alder Hey organs scandal. Elizabeth Hurren has placed the scandal, and its treatment in popular discourse, within a long history of anatomical practice and events which have contributed to an enduring distrust of the medical establishment; in a 2002 article, Hurren recommends a change in legislation which reflects 'a growing international market in organ and tissue sampling with strong commercial overtones'.[59] I draw on Hurren's work, but also look to the news coverage of the issue in the early years of the new millennium, with a particular focus on the *British Medical Journal* and how legislative proposals were received in clinical circles.

Following Richardson's linguistic analysis of the Anatomy Act, I have presented a similar treatment of the Human Tissue Act, highlighting the (dis)continuities between these two pieces of legislation in their formulation and articulation. Using the 2004 Act as a focal point, I draw out its key terminology and consider how this is indicative of a shift in prevailing attitudes towards consent and bodily autonomy at the beginning of the twenty-first century. Richardson's work 'first alerted historians of medicine to the significance of the Anatomy Act', but a number of literary scholars have also evaluated its impact on early-nineteenth-century creative outputs.[60] My contention is that the Human Tissue Act bore a similar significance for writers of neo-Victorian fiction, a significance which is complicated by the dually historicist and presentist elements of the mode. Constructing a parallel between these pieces of legislation, I look to the complex ramifications of both Acts for neo-Victorian anatomical narratives, which are shaped by the prescient concerns of the new millennium, alongside those of the nineteenth century.

Phenomenology

Situating this analysis primarily within literary studies, I have also drawn on a number of key medical concepts and theoretical frameworks within the medical humanities. Over the last decade, the field of the medical humanities has evolved and diversified, developing a 'critical turn' which has widened the

[59] Elizabeth Hurren, 'Patients' rights: from Alder Hey to the Nuremberg Code', *History and Policy* (2002), n.p.
[60] Elizabeth Hurren, ''Whose Body Is It Anyway?' Trading the Dead Poor, Coroner's Disputes, and the Business of Anatomy at Oxford University, 1885-1929', *Bulletin of the History of Medicine,* 82.4 (2008), pp. 775-819, doi: 10.1353/bhm.0.0151. Anna Gasperini, for example, has considered the ways in which Penny Bloods of the period reflect widespread concerns around medicine and bodily agency in the context of the Anatomy Act (*Nineteenth Century Popular Fiction, Medicine and Anatomy: The Victorian Penny Blood and the 1832 Anatomy Act* (Palgrave Macmillan, 2019)).

scope for research in the discipline beyond that of an accompaniment or supplement to medical education.[61] Encompassing 'a series of intersections, exchanges and entanglements between the biomedical sciences, the arts and humanities, and the social sciences', the critical medical humanities is a broad area of scholarly inquiry which, rather than being a 'third party' to the medical sphere, offers an interdisciplinary way of thinking through socio-scientific phenomena.[62] In their introduction to *The Edinburgh Companion to the Medical Humanities* (2016), Angela Woods and Anne Whitehead trace a brief genealogy of the medical humanities, highlighting a 'first phase' of the discipline in the mid-twentieth century which reflected a continental vision of the humanities influenced by earlier philosophical theorists, including Martin Heidegger and Jean-Paul Satre.[63] Challenging a dominant, mechanistic view of medicine, this first phase of the medical humanities drew on Heidegger's notion of 'being-in-the-world' to centre on issues of embodiment and patient subjectivity. From this, key questions emerged which have continued to shape the field and have provided significant theoretical grounding to this project – what does it mean to feel ill, or to be a patient?

Critical phenomenology, which broadly considers the nature of experience, is therefore intrinsic to the medical humanities. Phenomenological approaches to medicine have gained prominence in academic discourse since the turn of the millennium, but the philosophical roots of phenomenology originate earlier in the twentieth century. As Dermot Moran argues, the *fin de siècle* saw the initial rise of phenomenological thinking:

> Phenomenology was announced by Edmund Husserl in 1900-1901 as a bold, radically new way of doing philosophy, an attempt to bring philosophy back from abstract metaphysical speculation wrapped up in pseudo-problems, in order to come into contact with the matters themselves, with concrete living experience.[64]

This emphasis on 'concrete living experience' was key to Husserl's position and has continued to inform phenomenological medicine as it has developed across the twentieth century and beyond. Heidegger's 'transformation of phenomenology', beyond 'a set of philosophical propositions' and towards 'a new way of seeing', has allowed for the practical applications of phenomenological thinking now associated with modern conceptions of medicine, for example in 'patient-led care'.[65] Twenty-first-century theorists, most notably Frederik Svenaeus and Havi Carel, have re-interpreted phenomenological medicine once more, using phenomenology to consider experience in illness 'in a *non-empirical*

[61] Rosalind Crocker, Mary Dawson, Eva Surawy Stepney and Shauna Walker, 'Introduction: Medical Posthumanities – Reassessing and Reimagining the Human', *Interconnections: Journal of Posthumanism,* 2.2 (2023), pp. 4-13 (p. 4).
[62] Anne Whitehead and Angela Woods, 'Introduction', in *The Edinburgh Companion to the Critical Medical Humanities* ed. by Anne Whitehead and Angela Woods (Edinburgh University Press, 2016), pp. 1-31 (p. 1).
[63] Whitehead and Woods, 'Introduction', p. 1.
[64] Dermot Moran, *Introduction to Phenomenology* (Routledge: 2000), p. xiii.
[65] Moran, *Introduction to Phenomenology*, p. 228.

manner', rather than focusing on symptomology.[66] Crucial to phenomenology's emphasis on experience, is the Heideggerian idea of being-in-the-world, a position which examines 'subject-hood in relation to other subjects in the world', and articulates this form of relationality in illness between patient and others.[67]

Identifying the development of phenomenological thinking between the early-twentieth and early-twenty first centuries, I argue that it provides a framework by which to situate doctors and clinical encounters between ideals of both the nineteenth and twentieth centuries, making it an appropriate critical mode for the study of neo-Victorianism. Building on Carel's *Phenomenology of Illness* (2016), I look particularly to phenomenology in highlighting the interactivity of the contagious body, the ways in which epidemics foreground the social, as well as embodied, components of illness. Carel also refers to Svenaeus's conception of the 'unheimliche' in this context, the 'unhomelikeness' that might be enacted in one's body as it becomes unfamiliar through illness.[68] Situating my analysis in both the medical humanities and in Gothic studies, this idea of the unhomelike, or even uncanny, experience of illness has been a pertinent one; I draw on Svenaeus's work to interrogate the blurred boundaries between self and other, human and microbe, in these Gothicised renderings of infectious disease. Phenomenology has therefore been selected as a critical framework for this project, not only for its dual significance at the turn of the twentieth century and start of the new millennium, but also for its ability to illuminate key aspects of epidemic experience.

Autopathography

Alongside phenomenology, criticism surrounding the emergence and employment of the patient narrative has also informed this thesis. Across the nineteenth century, illness narratives featured often in fiction, with scenes of illness 'employed as registers of emotional tumult, as crucial stages in self-development, and as rather high-handed plot contrivances to bring events to their desired issue'.[69] As Miriam Bailin considers, a particular focus on the experience of the patient works in these narratives to highlight the narrativity of the 'sickroom scene' as a moment of transformation, 'a conventional rite of passage issuing in personal, moral or social recuperation'.[70] The century also saw the rise of popular non-fiction illness memoirs, written by the ill person, retrospectively or during their period of illness, for a public audience. The term 'autopathography', or patient testimony, broadly encompasses both

[66] Havi Carel, *Phenomenology of Illness* (Oxford University Press, 2016), p. 21.
[67] Megan Perram, 'Illness of the Gendered Body, Freud's The Uncanny, and "Being-in-the-World"', *Canadian Review of Comparative Literature/Revue Canadienne de Littérature Comparée*, 46.4 (2019), pp. 587-600 (p. 590), doi:10.1353/crc.2019.0043.
[68] Frederik Svenaeus, 'Das Unheimliche – towards a phenomenology of illness', *Medicine, Health Care and Philosophy,* 3 (2000), 3-16 (10-11).
[69] Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge University Press, 1994), p. 1.
[70] Bailin, *The Sickroom in Victorian Fiction*, p. 5.

fictive and non-fictional accounts of illness from the perspective of the ill person. Stemming from 'pathography', originally defined in 1853 in *Dungilson's Medical Lexicon* as a 'description of disease', autopathography reinstates the patient as the primary perspective in the clinical encounter, allowing for an increased emphasis on the subjectivities of illness.[71] Jeffrey K. Aronson, in identifying the genre of autopathography, highlights the ways in which the 'traditional case history stifles the patient's own narrative', offering the patient testimony as a corrective to the institutional perspective.[72] Aronson notes that autopathographies serve a number of purposes, potentially offering catharsis or understanding of one's illness, helping to spread awareness of conditions and their symptoms for the wider public, or critiquing a particular experience of care by the medical establishment.

More recently, Arthur Frank's *The Wounded Storyteller* (1995) has broadly categorised patient testimonies by their narrative structures: the restitution narrative which emphasises the 'triumph of medicine'; the chaos narrative which 'imagines life never getting better'; and the quest narrative which 'tells self-consciously of being transformed'.[73] However, as Frank explores, autopathography, ostensibly concerned with the experience of the patient/author, continually invokes the language, experience, and perspective of clinical authority, and the language of diagnosis in particular pervades the patient narrative. Diagnosis becomes a process of narrative transformation, 'reinterpreting pains as symptoms', which seeks to categorise experiences of illness and delineate them as parts of an overarching, clinically-recognisable, problem.[74] Issues of authority, language, and authorship arise in the patient narrative, and in this way, I argue, the genre is concerned with the same fundamental narrative problems as neo-historical fiction. As this thesis explores, neo-Victorianism highlights and interrogates the difficulties of faithfully representing experience, concerns which are often shared in autopathographical texts which look to the complex positionality of patienthood.

Turning towards the experience of the patient, I have chosen to examine neo-Victorian fictions through the lens of autopathography for several reasons. Firstly, illness memoirs have been a prominent genre of non-fiction writing since the nineteenth century, allowing for an exploration of the changing features and functions of the mode; I draw on Victorian examples such as *Perceval's Narrative* (1838) and Harriet Martineau's *Life in the Sickroom* (1844) to compare with their modern counterparts.

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[71] Robert Dungilson, *Medical Lexicon: A Dictionary of Medical Science* (Blanchard and Lea, 1851), p. 648. Autopathographies do not necessarily involve treatment, care, or formal diagnosis by or within the medical institution. The term 'patient testimony' is therefore not an exact equivalent, as not all ill persons are formally recognised as 'patients', however I use the terms relatively interchangeably in this thesis, as the autopathographies considered here are taking place within the influence of medical professionals and institutions. In Chapter Four, I consider the term 'patient' more precisely, and look to its implications for the genre of the patient narrative.

[72] Jeffrey K. Aronson, 'Autopathography: The Patient's Tale', *British Medical Journal,* 321 (2000), pp. 1599–602 (p. 1599).

[73] Arthur Frank, *The Wounded Storyteller*: *Body, Illness, and Ethics* (University of Chicago Press, 1995), pp. 115, 97, 118.

[74] Frank, *The Wounded Storyteller,* p. 5.

Secondly, the patient memoir, particularly when explored through Frank's taxonomic analysis, can speak to a range of core interests pertinent to this thesis, including narrative and medical power, reliability of narratorship, and subjectivity of experience. Finally, as this thesis seeks to examine neo-Victorian medicine holistically and comprehensively, including a range of perspectives – ranging from doctors, to omniscient narrators, to patients – will allow me to generate a broader view of the clinical encounter as rendered through neo-Victorian fiction. Looking to the autopathographical elements of my primary texts, I also highlight the complexities of reading fiction, even biofiction, through a critical lens ordinarily associated with non-fiction writing.

Thesis outline

Each chapter focuses on a different thematic interest, supported by a corresponding critical framework. Starting with the medical man as a defining figure of neo-Victorian medicine, Chapter One, 'Masculinity and Modernity: The Medical Man and Degeneration', introduces a number of key concerns underpinning this thesis, particularly around the temporal parallels constructed in neo-Victorian fiction between past and present. Here, I look to the link between theories of degeneration at the *fin de siècle*, particularly focusing on the work of Nordau, and 'end of the era' anxieties at the turn of the millennium. Chapter One focuses on two novels, Vine's *The Blood Doctor* and Perry's *The Essex Serpent*; both novels are, I argue, concerned with the implications of inheritance and inheritability, and place the medical man at the centre of a number of social and scientific discourses which were circulating at the end of the nineteenth century. Introduced by *The Blood Doctor*'s thematic interest in the human cost of scientific experimentation, Chapter Two, 'Anatomy and Abuse: A Legislative Analysis of Body Snatching', focuses on medical violence in three novels: Holman's *The Dress Lodger*, Booth's *Trades of the Flesh*, and Thompson's *Beloved Poison*, texts which consider the medical establishment and its involvement in the trade of body snatching across the nineteenth century. Drawing on these texts and a number of Victorian comparative fictions, this chapter looks to the evolving mythologies underlying dissection and anatomical research across the nineteenth century and beyond, connecting this phenomenon with contemporary discussions around the use of human tissue at the turn of the millennium.

Chapter Three, 'Private and Public: A Phenomenological Reading of the Epidemic', moves this thesis more firmly towards evaluating the wider medical establishment and experiences of patienthood. I evaluate two novels, Roiphe's *An Imperfect Lens* and Hopkinson's *The Great Trouble* which focus on cholera epidemics, reading these epidemiological texts through a phenomenological lens. The chapter outlines medicine's interpersonal significance – in communities, as a representative of wider scientific advancement, and administrator of public health measures – which can be readily evaluated in fiction concerning contagious illness. Ending with the patient's perspective as rendered through autopathographical fiction, Chapter Four, 'Diagnosis and Description: 'Madness' in Autopathographical

Writing', analyses two novels which represent the experience of madness: Atwood's *Alias Grace* and Faber's *The Crimson Petal and the White.* These texts, in differing ways, foreground the experience of the 'madwoman', remaining equivocal about the ability of the nineteenth-century medical profession to adequately diagnose and treat such patients. I thus evaluate the ways in which the autopathographical tradition has informed the writing of neo-Victorian 'madwomen' and the medical contexts in which they are treated.

In each chapter, a number of temporal lenses are employed to highlight the (dis)continuities between their fictive pasts and authorial, and readerly, presents. I begin by outlining the nineteenth-century contexts against which each primary text is set, moving into textual analysis, before repositioning these fictions within the events, attitudes, and developments of the twentieth and twenty-first centuries. In this way, I highlight the dual temporal influences at play in neo-Victorianism, and move chronologically through my analysis in order to effectively explore the ways in which nineteenth-century culture has been variously re-shaped and reimagined by later writers. Reflexive of the presentist impulse of neo-Victorian fiction and criticism, this thesis is also attentive to its own distinct historical moment; in my conclusion, I consider the renewed relevance of stories about Victorian medicine in the aftermath of the Covid-19 pandemic, and how the mode might continue to treat the pressing social and scientific concerns of this decade.

Across these chapters, I aim to build a comprehensive picture of neo-Victorian medicine in texts written around the turn of the millennium. This analysis is temporally-situated in both the diegetic pasts and authorial presents of these texts, and I draw on critical, but also literary, contextual, and historical comparisons between the nineteenth and twentieth/twenty-first centuries to aid my reading of key works of neo-Victorian fiction. In highlighting such parallels, I am concerned with the implications of these fictions for conventional narratives of social and scientific progress, and what they reveal about continuing trends in clinical practice. To this end, this project diverges from existing scholarship in this area, which has tended to focus primarily on the Victorian influences on such fictions; by contrast, I highlight the enduring interests which have fuelled medicine's recurrence in neo-Victorianism, situating these texts within contemporary discourses. In particular, I focus on the specific scientific and medical concerns which are at stake in these texts, moving beyond a predominantly social and cultural understanding of neo-Victorian medicine. Overall, this thesis presents an interdisciplinary and cross-temporal perspective on the, as yet under-analysed, depiction of medicine in neo-Victorianism, evaluating the literary and clinical significance of its continual reoccurrence in popular culture.

Chapter One

Masculinity and Modernity: The Medical Man and Degeneration

Symbolic of a changing social hierarchy in nineteenth-century society, whilst remaining associated with the archaic medical practices of the past, the Victorian doctor is situated at a problematic juncture in ideals of both masculinity and modernity. Post-Darwinian explorations of biological degeneration, linked by many contemporary critics to a sense of a declining empire, gained popular reception in Britain in the later decades of the nineteenth century, and presented genetic and social facets of 'masculinity' as disappearing characteristics.[75] *Degeneration* (1895), Max Nordau's seminal social study, positioned 'degeneracy' as a defining trait of the end-of-the-century, and the text begins with this identification of the *fin de siècle* as an epoch 'unmistakably in its decline' whilst 'another is announcing its approach'.[76] Nordau's exploration of degeneration emphasises the transgressive, corrupting potential of textual production, that degenerative qualities were transmissible between books and bodies. Alongside the communicability of degeneracy, there is also a hereditary concern with which to contend, and it is here that the medical man becomes particularly relevant to any discussion of degeneration at the *fin de siècle*.

This chapter examines the broad themes of 'masculinity and modernity' in neo-Victorian fiction through the theoretical framework of degeneration. I argue that emergent ideas of biological determinism, heredity, and eugenics around the *fin de siècle* present a problematic picture of declining masculinity, one that is supported by a preoccupation in popular culture with ideas of the 'New Woman' and corresponding 'New Man'. Mirroring this at the end of the twentieth century, concerns around changing modes of masculinity, as well as the broader social implications of illness, were highlighted in relation to the HIV/AIDS pandemic. Nineteenth-century ideas around medicine's potential role in biological inheritance have been realised in contemporary reproductive technologies, and modern genetic sequencing, completed during the Human Genome Project, raises ethical anxieties around the manipulation and choosing of certain inheritable traits which were also voiced during the Victorian era. Ideas of masculinity and modernity are reinvented by this discourse, and the position of the 'medical man' at the intersection of these issues, and as influenced by both nineteenth-century and late-twentieth-century socio-scientific ideas, is an important place in which to begin my analysis of the place of medicine in neo-Victorian fiction.

In terms of the ways in which such discourses manifest in fictions, this chapter looks primarily to Barbara Vine's *The Blood Doctor* (2002) and Sarah Perry's *The Essex Serpent* (2016), both novels

[75] Aside from Nordau, notable examples of such critical works include Cesare Lombroso's *The Man of Genius* (1891), and Henry Maudsley's *Body and Will* (1884). *Degeneration* is dedicated to Lombroso.
[76] Max Nordau, *Degeneration*, 2nd edn (D. Appleton and Company, 1895), p. 5.

which, in differing ways, consider the implications of contagion and inheritance which are at the heart of the neo-Victorian mode. Vine's narrative focuses closely on genetics and heredity, examining the treatment and suffering of haemophilia from the perspective of a royal doctor's biographer and descendent. Perry's treatment of such themes is more subtle, looking to the interplay at the end of the nineteenth century between spiritualism and rationalism by exploring a shared paleontological heritage which intervenes at the onset of modernity. More overtly, *The Essex Serpent* tells a story of anxious contagion, examining the spread of ancient and religious mythologies that continue to permeate an age of supposed scientific enlightenment. In this way, these novels can be seen to interrogate both sides of Nordau's dual degenerative theory, positioning the medical man between these concerns and at the heart of a wider conversation about medicine and social change.

Literary form is key to Nordau's analysis, and this chapter uses these texts to examine issues of genre in neo-Victorianism which informs later chapters, particularly with reference to *The Blood Doctor,* which explores the nineteenth century through letters and diaries. The second part of this chapter then addresses degeneration more closely, providing an in-depth explanation of several key contemporaneous texts on the subject, particularly Nordau's *Degeneration*. The degenerative potential of impending modernity is crucial to Nordau's theory, and this background helps to illuminate the ways in which *The Blood Doctor*'s cross-temporal structure presents a wider struggle between past and future. *The Essex Serpent* similarly positions the novel's doctor figure as harbinger of change towards the end of the nineteenth century. The narrative locates its central medical figure in ideological opposition with religious sentiment, and it will be appropriate here to discuss both novels in relation to Nordau's principles around ego-mania, mysticism and morality.

From here, the chapter moves to examine emergent ideas around the New Man figure, particularly in relation to ideals within the medical profession, and I argue here that late-twentieth/early-twenty-first century anxieties about the 'end of the era' as symbolised by the turn of the millennium are similar to *fin-de-siècle* concerns about the implications of modernity for established gender roles. This parallel between the two eras can be seen to operate in various ways for both writers and readers of neo-Victorian fiction. Tracy Hargreaves, for example, suggests that the neo-Victorian novel 'might recuperate or redeem our own anxieties and fears, providing a form of displacement for them', a critical stance which highlights the role of neo-Victorianism as a reflective mode, capable simultaneously of expanding upon and supplanting contemporary concerns.[77] I also here evaluate the postmodern implications of these narratives and reflect on the role of the clinician in destabilising historical hegemonies. Neo-Victorian fiction thus complicates a comparative analysis of the *fin de siècle* and the turn of the millennium, offering instead a more reciprocal, and interweaving, relationship which not

[77] Tracy Hargreaves, ''We Other Victorians': Literary Victorian Afterlives', *Journal of Victorian Culture,* 13:2 (2008), pp. 278-286 (p. 283), doi:10.3366/E1355550208000350.

only highlights the similarities and differences between past and present, but also the various functions of such invocations of history as they resonate through fiction.

Using Nordau's ideas around degeneration as a starting point, this chapter traces dual discourses around heredity and contagion through the neo-Victorian doctor's story, identifying the ways in which such ideas permeated the *fin-de-siècle* consciousness, and have continued to resonate through to the new millennium in order to address contemporary concerns. By situating the medical man within the cultural and scientific developments of the period, this chapter will interrogate the ideals of masculinity and modernity which he comes to represent.

Neo-Victorian heredity

The neo-Victorian project is one inescapably concerned with ideas of inheritance. Ann Heilmann and Mark Llewellyn note that the genre's 'obsessive return to the past' might form part of a 'Derridean reaffirmation of our shared cultural heritage', inviting a reading of neo-Victorianism as a kind of connection with the past premised upon common histories.[78] Joanna O'Leary similarly considers the 'generic link between Victorian fiction and twenty-first-century representations of that fiction' to be a crucial aspect of the popularity of neo-Victorianism, encouraging readerly investment in characters who become, not merely products of fiction, but 'rather our ancestors'.[79] Marie-Luise Kohlke and Christian Gutleben meanwhile argue that the popularisation of neo-Victorian biofiction highlights a misplaced sense of ownership over the lives of these ancestors which draws the form into contentious issues around 'individual rights to privacy, posthumous libel, and historical distortion'.[80] Our perceptions of the nineteenth century, its characters, places, and values, are undeniably shaped by such fictions, making them a key aspect of the cultural histories readers consume and pass on.

In this way, the notion that neo-Victorian writing has descended linearly from the Victorian is complicated, but the genre nonetheless exposes a trajectory between the nineteenth century and the twenty-first which is implicated in ideas of inheritance and descendance. In Barbara Vine's *The Blood Doctor*, these intergenerational connections are explored diegetically, as the narrative, set largely at the cusp of the new millennium, returns to the nineteenth century only through letters, diaries, and other historical materials. In 1999, as reform of the House of Lords is underway, hereditary peer Martin Nanther embarks on a biography of his great-grandfather, Henry Nanther, physician to Queen Victoria and expert on blood diseases. The novel becomes embedded in its own created histories, generating an

[78] Ann Heilmann and Mark Llewellyn, *Neo-Victorianism: The Victorians in the Twenty-First Century, 1999-2009* (Palgrave Macmillan, 2010), p. 8.
[79] Joanna Shawn Brigid O'Leary, 'Germ Theory Temporalities and Generic Innovation in Neo-Victorian Fiction'. *Neo-Victorian Studies,* 6.1 (2013), pp. 75-104 (p. 92).
[80] Marie-Luise Kohlke and Christian Gutleben, 'Taking Biofictional Liberties: Tactical Games and Gambits with Nineteenth-Century Lives', in *Neo-Victorian Biofiction: Reimagining Nineteenth-Century Historical Subjects*, ed. by Marie-Luise Kohlke and Christians Gutleben (Brill Rodopi, 2020), pp. 1-53 (p. 3).

illusion of historical authenticity through its blurring of real-life sources and fictionalised details. Two family trees in the book's opening pages highlight the complex interrelations between Henry and Martin, and evidence what Kohlke and Gutleben call a 'documentarism' that 'at once invokes and breaches a tacit truth contract with the reader: the images assert even as they dismiss the text's claims to mimesis'.[81] This appeal to authenticity is supported by a short biography of the fictional Henry Nanther, who 'at the Owens College and the Manchester Royal School of Medicine […] gained medals in chemistry, materia medica, operative surgery, physiology and anatomy'.[82] Such detail, particularly in the invocation of real settings and institutions, works together with the 'found fragments' of historical artifact within the narrative in order to solidify the central conceit of neo-Victorian biofiction, its veracity.

Though *The Blood Doctor* may not adhere to the usual constructs of neo-Victorianism, being largely set in the late-twentieth century, I contest that its relevance to this chapter lies in this ambiguity between past and present, fact and fiction. As the introduction to this chapter set out, Nordau's conception of degeneration tied it closely to the corrupting potential of literary form, identifying writers and other cultural figures who he deemed in some way responsible for 'the poisoning of civilized peoples'.[83] Nordau's language here suggests that degeneracy was not a naturally-occurring state, but a condition induced deliberately by external, often cultural, forces. *Degeneration* notably groups writers and cultural figures across the generic spectrum, connecting them through a shared preference for aestheticism over moralism, and it is a central tenet of Nordau's analysis that culture must be morally instructive in order to be valuable. Arguing that, 'it is the sacred duty of all healthy and moral men to take part in the work of protecting and saving those who are not already too deeply disabled', Nordau places the responsibility for slowing the spread of degeneration on the wider public, and this can be construed as instruction to avoid reading dangerous literature.[84] His critique of certain writers, and of reading them as a potentially degenerative exercise, make it appropriate first in this chapter to consider issues of literary form, particularly as the neo-Victorian project shares Nordau's concern with inheritance and descent.

As noted, *The Blood Doctor* does not follow the traditional form and style of neo-Victorian fiction. However, this interest in descent at the heart of the mode is a central concern of Vine's narrative, making it a particularly pertinent example with which to begin this analysis. The novel begins with a Gothicised, medicalised rendering of heredity in the form of blood, affirming its central place in the cultural mythologies of past and present:

[81] Kohlke and Gutleben, 'Taking Biofictional Liberties', p. 24.
[82] Barbara Vine, *The Blood Doctor* (Vintage Books, 2003), p. 32.
[83] Nordau, *Degeneration*, p. 34.
[84] Nordau, *Degeneration,* pp. 556-7.

> Blood is going to be its theme. I've made that decision long before I shall even begin writing the book. Blood in its metaphysical sense as the conductor of an inherited title, and blood as the transmitter of hereditary disease. Genes we'd say now, but not in the nineteenth century.[85]

Michel Foucault considers the significance of such blood imagery in *The History of Sexuality*, arguing that blood symbolism dominated social and political discourses right up to the middle of the twentieth century. Identifying the wider implications of blood relations, Foucault argues:

> For a society in which the systems of alliance, the political form of the sovereign, the differentiation into orders and castes, and the value of descent lines were predominant; for a society in which famine, epidemics, and violence made death imminent, blood constituted one of the fundamental values.'[86]

Both crucial aspects of this blood analogy, its physical and symbolic qualities, are highlighted here; blood is both violent and vital, a means of identifying community but also establishing difference. Martin's Victorian ancestor is notably involved in this discussion in both a literal figurative sense, passing down the title bestowed upon him for his service to the royal family, work which was concerned largely with the treatment of haemophilia. This introduction also begins a process of temporal destabilisation which characterises the rest of the novel, introducing the nineteenth-century conception of 'blood' before revealing Martin's historicist perspective. Martin's enmeshment of past and present in this opening evidences Richard J. Evans's argument that history is a story always 'written, consciously or unconsciously from the perspective of the present'.[87] Right from the beginning, then, the historical authenticity of Martin's rendering of his great-grandfather's life is called into question, and this equivocation around the multiple meanings and significances of 'blood' comes to colour more of Martin's historical investigations later in the novel.

This blood imagery lends itself to Gothic interpretation, invoking the corporeal horror and vampiric allusions of Victorian Gothic fiction as well as the terror of transmissibility associated with blood-borne illness. Marie Mulvey-Roberts also reads this fear of contagion as perpetuating a kind of 'Othering' in line with Gothic tropes, arguing that, 'the dread of difference is articulated through such bodies, particularly when seen as carriers'.[88] Transforming corporeal bodies from familiar components of the self to defamiliarised, contagious entities, this focus on blood creates a sense of bodily abjection,

[85] Vine, *The Blood Doctor*, p. 1.
[86] Michel Foucault, *The History of Sexuality, vol. 1: An Introduction* (Pantheon Books, 1978), p. 149.
[87] Richard J. Evans, *In Defence of History* (Grant, 1997), pp. 30-31.
[88] Marie Mulvey-Roberts, *Dangerous Bodies: Historicising the Gothic Corporeal* (Manchester University Press, 2016), p. 2.

connected by Kelly Hurley to Freud's notion of the 'uncanny'.[89] Hurley's reading of the 'abhuman', which she deems characteristic of *fin-de-siècle* Gothic, is also relevant to Vine's emphasis on blood.[90] Hurley notes that abhumanism, 'in place of the possibility of human transcendence' offers only 'the prospect of an existence circumscribed within the realities of gross corporeality'.[91] In Martin's part of the narrative certainly, there is a sense of unavoidability symbolised by blood, that hereditary illness is inevitable within these 'realities of gross corporeality'. Where there is this bodily diagnosis, there is also limitation on 'human transcendence', a sense of inescapability from one's biological 'destiny'.

This sense of preordained futurity is replicated in the novel's subplot revolving around the proposition of the 1999 House of Lords Act. The cyclical nature of such intervention is highlighted, where Jude asks, '"They've tried to reform the House of Lords before, haven't they […] I mean, in the nineteenth century and again in 1911?"'[92] The novel here benefits from its neo-Victorian perspective, highlighting a sense of continuity between Henry's time and Martin's, drawing a parallel between their experiences within the legislature. Contemporary readers will know that the Act succeeded, but, as Chris Ballinger notes, ultimately 'failed to fulfil its stated aim of removing all hereditary peers'.[93] Within the novel, anxieties about the extent of the Act, such as when a colleague of Martin's predicts that '"Titles will go […] You'll get what happens in Europe where lots of people are counts or whatever but everyone has forgotten it"', therefore appear implausible.[94] The continued involvement of hereditary peers in Britain's legislature, despite various previous attempts to eliminate these positions, is referenced here, and the chamber is uneasily historicised by references to its Victorian context. The novel's neo-Victorian perspective further undermines the fundamental hereditary premise of the House of Lords, as Henry's title, 'the 1st Lord Nanther' is shown to originate with his medical, professional services to Queen Victoria. Rather than a 'God-given right to rule', Martin's involvement in governance can be traced back to his ancestor's transactionary relationship with an employer, and to skills learned as part of a professional working class.[95]

Alongside the invocation of blood imagery, in the novel's opening, Martin's narratorial voice self-consciously reflects on the constructedness of historical biography, his choices about 'theme' and decisions about the structure of the narrative. Vine's decision to construct the novel around a process of biography is then also a significant one when considering the novel's Victorian inheritance. As

[89] Kelly Hurley, 'Abject and Grotesque', in *The Routledge Companion to the Gothic* ed. by Catherine Spooner and Emma McEvoy (Routledge, 2007), pp. 137-146 (p. 141).
[90] Kelly Hurley, *The Gothic Body: Sexuality, Materialism, and Degeneration at the Fin de Siecle* (Cambridge University Press, 2004), p. 168.
[91] Hurley, *The Gothic Body,* p. 3.
[92] Vine, *The Blood Doctor,* p. 11.
[93] Chris Ballinger, *The House of Lords 1911-2011: A Century of Non-Reform* (Bloomsbury Publishing Plc, 2014), p. 2.
[94] Vine, *The Blood Doctor*, p. 47.
[95] Vine, *The Blood Doctor*, p. 46.

Diana Barsham explains, 'by the late nineteenth century, biography had become established as the main literary forum for the public configuration of an idealized manhood', alluding to the genre's purpose in constructing, and solidifying, myths of masculine achievement.[96] Collective biographies of the period, such as Frederic Myers's *Lectures on Great Men* (1857) and Frederic Harrison's *The New Calendar of Great Men* (1892), offer particularly clear examples of the ways in which biography could be utilised to construct a lineage of 'great men'. Alongside new collective biographies, a resurgence in interest in similar classical texts, such as Plutarch's *Lives of the Noble Greeks and Romans* (commonly referred to as *Plutarch's Lives*), highlights this interest in the lives of 'great men' of history. Isobel Hurst associates this repopularisation of narratives like *Plutarch's Lives* with 'the individualism of the Victorian period', and a shared interest between Plutarch and nineteenth-century writers in reading the broader histories of a nation or culture through the lives of individual figures.[97] As Juliette Atkinson suggests, narratives of individual success played an important social rule during a century of unprecedented state intervention –'venerating great men provided a means of reaffirming faith in the individual at a time when scientific advances and the successive blows dealt to religious institutions threatened to reduce human action to a set of impersonal laws'.[98] Henry's own part in this act of mythologisation is emphasised in Martin's narration, which also serves as an explanation for the fortuitous preservation of historical documents – 'That he hoped to be the subject of a biography is clear from the orderly way in which he kept every significant (in his view) letter he received and often made copies of his own letters to other people'.[99] Even with this plethora of materials from which to draw, Henry's biographer draws attention to the documents which are absent – '[Henry] kept his domestic life distinct from his professional life, even to the extent or regarding his diaries as the repository of professional engagements and his letters as purely man-to-man confidences' – affirming the difficulties of constructing an authentic, or even clear, story of the past.[100]

This impulse towards cultivating a certain kind of professional legacy is certainly one with which medical men were engaged during the nineteenth century. As the second chapter of this thesis outlines in further detail, the first half of the century saw dramatic changes in the organisation, and public standing, of the medical profession, but medicine continued to struggle to fully shed its associations with the 'craft' of surgery and the 'apothecaries trade'.[101] Until the Medical Act of 1858, the medical establishment in Britain comprised a loose collective of separate specialisms; this

[96] Diana Barsham, *Arthur Conan Doyle and the Meaning of Masculinity* (Ashgate, 2000), p. 11.
[97] Isobel Hurst, 'Plutarch and the Victorians', in *Brill's Companion to the Reception of Plutarch* ed. by Sophia Xenophontos and Katerina Oikonomopoulou (Brill, 2019), pp. 563-72 (p. 567).
[98] Juliette Atkinson, *Victorian Biography Reconsidered: A Study of Nineteenth-Century 'Hidden' Lives* (Oxford University Press, 2010), p. 47.
[99] Vine, *The Blood Doctor,* p. 21
[100] Vine, *The Blood Doctor*, p. 76.
[101] M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (University of California Press, 1978), p. 196.

legislation for the first time defined a 'qualified medical practitioner', marking a crucial juncture in the history of the modern 'doctor'.[102] In Chapter Two, I highlight the resultant precarious position of early-nineteenth-century medicine, fixed in the public imagination as a non-professional trade whilst maintaining and developing close associations with the legislature and judicial institutions. The professionalisation of the nineteenth-century medical man was a fraught process, particularly as medical education expanded and necessitated an increasing reliance on anatomical procurement, a key, provocative issue for the Victorian public. Within this context, against this marginality of medicine between respectable trades and the 'securer' higher professions, medical memoirs took on a significant, social function.[103] If, as M. Jeanne Peterson considers, 'medical men claimed – and the lay world began to accept – their right to power based on their special knowledge', this 'special knowledge' needed to be communicated, explained, and demonstrated to the wider public.[104] In justifying the value of medical expertise, the methods by which this expertise might be gained would also be legitimised.

Medical men of the nineteenth century were often therefore engaging with a very literal form of narratorship, one mirrored by the increasingly interpretive practice of clinical medicine. Mary Fissell tracks the 'disappearance of the patient's narrative' in British hospital medicine in the late-eighteenth century, arguing that, with the rise of symptomology and diagnostic examination, the early-nineteenth-century medical man turns investigator, deducing and diagnosing from a range of evidential clues.[105] This reduced reliance on patient testimony further amplified the abjection of the physical body, as Janis McLaren Caldwell explains – 'with the rise of clinical medicine, as disease was correlated with local pathology through the post-mortem dissection, doctors began to try to elicit evidence of localised disease in the living patient'.[106] Medical men were therefore tasked with the pursuit of physical evidence for their hypotheses, in a process not unlike the textual investigation with which Martin engages in his research. As I return to in Chapter 4, the patient narrative, though waning in clinical use by the start of the Victorian era, experienced a resurgence towards the *fin de siècle* and into the twentieth century. Though the doctor's casebook format remained popular throughout Henry's life, by the turn of the millennium, patient memoirs had become an increasingly prevalent form of popular non-fiction, evidencing a turn toward institutional critique, activist writing, and a growing public interest in the non-diagnostic experience of illness. Neither Henry nor Martin draw directly on patient experience in their writings; however, in Martin's ambition to look beyond the factual tone of his ancestor's diaries and uncover hidden stories, he exhibits the same fundamental imperatives as

[102] Peterson, *The Medical Profession,* p. 5.
[103] Peterson, *The Medical Profession*, p. 206.
[104] Peterson, *The Medical Profession*, p. 187.
[105] Mary E. Fissell, 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine', in *British Medicine in an Age of Reform* ed. by Roger French and Andrew Wear (Routledge, 1991), pp. 92-109 (p. 100).
[106] Janis McLarren Caldwell, *Literature and Medicine in Nineteenth-Century Britain: From Mary Shelley to George Eliot* (Cambridge University Press, 2004), p. 143.

underlie the patient memoir. For the twenty-first-century reader of Vine's novel, a familiarity with the patient narrative format aids a reading of Martin's biographical project as alternative clinical history.

Both Henry and Martin are then implicitly framed as belonging to the same kind of interrogative professions, with Henry's diagnostic medical practice mirroring Martin's process of fact-finding biography. There is a complex sense of masculine revoicing in Martin's biographizing of his ancestor, with Henry's legacy communicated through the competing perspectives of his own diaries and Martin's latterly interpretation of these writings. This is further complicated by Vine's ultimate authorial influence, and issues of ventriloquism, particularly the cross-gendered ventriloquism of the female author speaking through a male character, operate as a particular form of 're-voicing' implicit within the neo-Victorian form.[107] As Helen Davies suggests, this kind of ventriloquising can be considered as a 'subversive strategy which exposes the constructed status of all gender roles, hinting that there might be more to neo-Victorian ventriloquisms than just 'repetition' of Victorian precursors'.[108] In *The Blood Doctor*, this gendered 'talking back' is complicated by the use of the male narrator, but Martin's biographical project might still be characterised by its tendency towards ventriloquism. Certainly, the repetition of Henry's authorial voice reaching the reader via Martin evidences the kind of 'speaking through' to which Davies refers.[109] However, unlike Davies's ventriloqual model, wherein neo-Victorian fiction often offers ''re-voicings' to the representation of subjects who have been largely absent from the traditional master discourse of history', Vine's Victorian subject is inarguably an establishment figure, who has benefited from 'a narrative which privileges patriarchy, heteronormativity, Eurocentricity and the 'able-bodied''.[110] His own narrative voice intervenes in Martin's biographical process, and is included in the novel as fragments in italics; as Martin contends, the self-consciously narratorial style of diary entries such as, 'All blood looks the same but it is not the same', evidences Henry's intention and expectation that he should be the subject of a biography, as well as Martin's complicity in repeating these dominant scripts.[111]

This trope of revelation and latterly interpretation is also reminiscent of an earlier Victorian literary mode, in which representatives from legal or medical institutions are called in to interrogate physical, often written, evidence. As Andrew Smith notes, late-Victorian Gothic fiction is often premised upon these forms of revelation and uncovering truths which can only be understood through

[107] Alongside formal connections between ventriloquism and neo-Victorianism, there are also key links between ventriloquial strategies and the Gothic. Ventriloquism features heavily in Charles Brockden Brown's *Wieland* (1798) and its sequel *Carwin the Biloquist* (1805), for example, a thematic concern which Eric A. Wolfe argues represents a particularly Gothic tension between voice and (dis)embodiment (Eric A. Wolfe, 'Ventriloquizing Nation: Voice, Identity, and Radical Democracy in Charles Brockden Brown's *Wieland*', *American Literature*, 78.3 (2006), pp. 431–57 (p. 436), doi:10.1215/00029831-2006-021).
[108] Helen Davies, *Gender and Ventriloquism in Victorian and Neo-Victorian Fiction: Passionate Puppets* (Palgrave Macmillan, 2012), p. 5.
[109] Davies, *Gender and Ventriloquism,* p. 4.
[110] Davies, *Gender and Ventriloquism,* p. 2.
[111] Vine, *The Blood Doctor*, p. 41

the lens of expertise – 'How to discover evidence for the type of truth that our Gothic narrators assert is also a key feature of these texts and is evident in the various multi-vocal inter-textual forms which characterise them.'[112] Such calls to authoritative detective work are present in many *fin-de-siècle* narratives, often aligning the medical profession with legal, or otherwise investigative, entities. In Arthur Conan Doyle's Sherlock Holmes stories, for example, the unification of Holmes and Watson, detective and medical doctor, serves to highlight the interrogative qualities of both professions, the partnership fulfilling a late-nineteenth-century trope of the investigative pairing. Pertinently to this discussion, Watson is also presented as Holmes's biographer, and the first published Holmes story, *A Study in Scarlet* (1888), opens with the note, 'Being a reprint from the reminiscences of JOHN H. WATSON, M.D', later stories sharing these origins by implication.[113] Watson's identification as a medical man grants his recollections an air of authority, deliberately imitating the increasingly popular doctor's casebook format. Throughout the stories, this record-keeping is considered a means of conserving, or otherwise constructing, Holmes's legacy in perpetuity, but the stories are often self-referential about Watson's manipulation of events, his catering to popular tastes, for example. In this way, in both the Holmes stories and *The Blood Doctor*, self-conscious attention to the process of biography undermines the central investigative conceits of the biographical subject's profession.

Against this thematic and formal consideration of heredity, Martin is also engaged in another struggle with, and for, inheritance. His partner Jude suffers a series of miscarriages throughout the novel, proving Martin's early claim that 'it's carrying a child beyond two or three months that seems impossible for her'.[114] These miscarriages are heralded twice by the appearance of blood; in the first, Martin describes the foetus as '[bleeding] away from her […] blood in our bed, all over both of us'.[115] In the second, Jude is absent for Martin's realisation of what has occurred, replaced, for both him and the reader, by blood as a poignant and visceral form of evidence – 'Jude isn't there, but the bedlamp on her side is on. The bed isn't soaked in blood, but there's a lot of it on the sheets and a big, still damp stain where she's been lying'.[116] Blood, for Martin, comes to represent loss and the curtailment of life as well as the continuation of family titles and inherited characteristics. Against the biographical context of the novel and its focus on lineage, Jude embodies a kind of temporal break, and the continuity of generations ordinarily associated with neo-historicism is withheld. This threat of childlessness defies expectations of the genre more widely, and that this is signalled by blood highlights its symbolic duality, its violent potential within the discourse of descent.

[112] Andrew Smith, 'Reading the Gothic and Gothic Readers', in *Interventions: Rethinking the Nineteenth Century,* ed. by Andrew Smith and Anna Barton (Manchester University Press, 2017), pp. 72-88 (p. 74).
[113] Arthur Conan Doyle, *A Study in Scarlet* (Ward, Lock & Co, 1888; repr. The Floating Press, 1989), p. 5.
[114] Vine, *The Blood Doctor*, p. 16.
[115] Vine, *The Blood Doctor,* p. 108.
[116] Vine, *The Blood Doctor*, p. 158.

The couple's inability to have children is initially, implicitly, attributed to Jude, as Martin already has an adult son. Nadine Muller notes that matrilineal narratives have become a mainstay of contemporary neo-Victorian fiction, and *motherhood*, more than merely parental lineage, becomes a key concern of the novel both in Jude's narrative and in the historical plot.[117] Such concerns are also invoked by the nature of haemophilia itself, and Martin confirms the central gendered divide of the effects of the disease – 'As far as is known men have been "bleeders" and women carriers since the beginning of time'.[118] Women operate troublingly within the narrative as the disruptors of heredity, passing down congenital illness to otherwise healthy sons, or being unable to continue their generational lines at all. As Henry notes in a memoir extract, the wider implications of haemophilia for various European royal families can be traced back to the most notable female figure of the nineteenth century – 'The Queen must know that it is she who carries the disease, she and she alone, and that it must have passed to her via the Reuss-Ebersdorffs, from which family her own mother came'.[119] Women, both in Henry's time and Martin's, are tasked with the continuity of masculinised lines of inheritance, the male legacies with which the novel's biographical narratives are concerned.

Once more, this issue appears both thematically and formally, as Martin refers to the problems of writing about Victorian women:

> There's a difficulty of identification, or perhaps I should say specification, when writing about middle- and upper-class women of the nineteenth century […] They weren't "all the same" as it's tempting to categorise them, but it's much harder to make a picture of an individual woman, to bring her out of the shadows into a hard outline and a clear light.[120]

There is an issue of record at play here, with Henry having been able to record his life through fragments and documentation, whilst the women in his life were denied the opportunity of such a narrative afterlife. That these figures are described as 'shadowy' might also imply a sense of malevolence in keeping with the suspicion with which Henry treated women across his lifetime, and within the context of the novel's wider gendered anxieties, this problem of historical evidence also becomes a problem of lineage once more disturbed by women.

Issues of inheritance clearly permeate this neo-Victorian novel, highlighting the ways in which the neo-Victorian form interacts with cross-historical lineages more widely. *The Blood Doctor* draws attention to its own constructedness by self-consciously referring to dominant nineteenth-century literary forms, including the doctor's memoir and the biography. Its invocation of Gothic imagery

[117] Nadine Muller, 'Not My Mother's Daughter: Matrilinealism, Third-wave Feminism & Neo-Victorian Fiction', *Neo-Victorian Studies* 2.2 (2009), pp. 109-136 (p. 110).
[118] Vine, *The Blood Doctor*, p. 71.
[119] Vine, *The Blood Doctor*, p. 37.
[120] Vine, *The Blood Doctor,* p. 101.

further identifies the narrative with a Victorian cultural tradition, and blood here comes to represent a variety of wider resonances. Perhaps most troublingly, and most pertinently within this discussion of masculinity in the neo-Victorian doctor's story, women are figured as disruptive forces in the process of heredity, with the novel drawing attention to a form of gendered anxiety which influences Martin's turn-of-the-millennium narrative as much as it does Henry's life at the *fin de siècle*. Having established neo-Victorianism's interaction with the ideas of inheritance at the heart of Nordau's analysis, this chapter will continue to examine in more detail the precise parallels between theories of degeneration and the neo-Victorian project.

Degeneration and modernity

Issues of inheritance resonate through both the form and content of neo-Victorian fiction, as well as connecting these texts with the central tenets of Nordau's degeneration principle: degeneration as contagious, and degeneration as hereditary. Having introduced the issues of genre at the heart of the neo-Victorian mode, it is appropriate here to consider how these problems of genre intersect with degeneration theory more widely, theories which were gaining traction in popular discourse towards the end of the nineteenth century. In his study of theories of degeneration across Europe, Daniel Pick notes that, 'progress has indeed proved a key term in the characterisation of the nineteenth century. As one intellectual historian has typically put it: 'progress was the religion of the nineteenth century, just as Catholicism was of the middle ages''.[121] Anxiety around the reversal of this progress therefore underpins many cultural discourses towards the end of the century, of which degeneration was one.

Nordau's *Degeneration* opens with an exploration of this precipice between the nineteenth and twentieth centuries, this sense that impending change would rewrite the norms and values of a previous era – 'Such is the notion underlying the word fin-de-siècle. It means a practical emancipation from traditional discipline, which theoretically is still in force'.[122] This change is, Nordau notes, inevitable, but, as the text goes on to assert, its effects on the individual can be reduced by the consumption of certain kinds of culture, and the rejection of others. Nordau's text thus popularised and solidified a dualistic understanding of degeneracy in socio-scientific discourse, treating degeneration not only as a pathological state, but as a social condition. The identification of degeneration is then, as Pick argues, not a purely medicalised process of diagnosis:

> Degeneration slides over from a description of disease or degradation as such, to become a kind of self-reproducing pathological process – a causal agent in the blood,

[121] Daniel Pick, *Faces of Degeneration: A European Disorder, c. 1848-1918* (Cambridge University Press, 1989), p. 12.
[122] Nordau, *Degeneration*, p. 5.

> the body and the race – which engendered a cycle of historical and social decline perhaps finally beyond social determination.[123]

This sense of 'historical and social decline' points to the ways in which discourses of biological degeneration were co-opted as part of a wider anxiety around changing social structures at the *fin de siècle*. Nordau also connects the emergence of degeneration with urbanisation and industrialisation:

> Trade, industry, and civilization were nowhere in the world so much developed as in England. Nowhere did men work so assiduously, nowhere did they live under such artificial conditions as there. Hence the state of degeneration and exhaustion which we observe to-day in all civilized countries as the result of this over-exertion, must of necessity have shown itself sooner in England than elsewhere.[124]

Issues of 'modernity' are invoked by this discourse, and Nordau's degeneration appears particular to the *fin de siècle* in this way. Invoking several major cultural figures of the end of the nineteenth century, Nordau succeeds in characterising the era as uniquely threatened by degeneracy in several distinct forms, underscored throughout by this sense of degeneration as dually inheritable and developable.

The cross-temporal structure of *The Blood Doctor* at once consolidates and complicates this idea of impending modernity, the abandonment of outdated modes of living in favour of novel ones. The comparisons between Martin's and Henry's lives, the continual reassertion of their similarities, undermine any true sense of progression between their two eras, a notion which proves uncomfortable for Martin. His proximity to his ancestor is often framed as the most disturbing aspect of his biographical research, and something Martin actively attempts to avoid. Towards the end of the novel, for example, when Martin has discovered that Henry was trialling a kind of research on his own family, Martin admonishes himself for initially hiding the discovery from his wife –'sparing Jude because she's pregnant is positively Victorian and something Henry might have done'.[125] Martin's fear of becoming 'Victorian' is consistently undercut by the similarities between the two eras, highlighted throughout but, perhaps most tragically, in a fleeting reference to the late-twentieth century's own catastrophic blood-borne illness, where Martin's son and his girlfriend are said to 'know a man who's a hemophiliac and is now HIV positive through being given a transfusion of infected blood.'[126] As Astrid Haas notes, HIV/AIDS discourse towards the end of the twentieth century drew on the same socio-political implications which inform Nordau's theorisation of degeneracy, as she refers to 'the widespread perception of both homosexuality and AIDS in the 1980s as pathological conditions that caused and marked the 'deformed' identities and 'contagious' bodies of those who seemingly threatened the social

[123] Pick, *Faces of Degeneration*, p. 22.
[124] Nordau, *Degeneration*, p. 75.
[125] Vine, *The Blood Doctor,* p. 357.
[126] Vine, *The Blood Doctor,* p. 254.

and/or medical health of the nation'.[127] The novel's emphasis on the royal family in particular neatly highlights these socio-political implications of haemophilia at the end of the nineteenth century, with the ill-health of potential heirs to the throne sparking wider fears about the stability of the nation itself. Though one illness is inheritable and one transmissible, the convergence of haemophilia and HIV towards the end of the novel affirms their shared conception within scripts of otherness and social threat. The novel's positioning at the turn of the millennium offers a clear parallel between these dual contexts, offering an uneasy reminder of the continuation of these kinds of illnesses, and the discourses which define them.

Sarah Perry's *The Essex Serpent* similarly positions its narrative at the 'threshold' of impending modernity.[128] Focusing on the intersection of rational science and ancient mythology, Perry's novel is set in 1896 and centres on the search for a curious serpentine beast which has been terrorising an Essex village. Cora Seabourne is an amateur palaeontologist who comes to represent an empirical, scientific perspective on the Essex Serpent phenomenon, whilst William Ransome, the village's vicar, wrangles with the villagers' folkloric conceptions of the serpent and his own religious convictions. The novel complicates such a binary, problematising Cora's recourse to scientific detachment and emphasising the points of connection between empiricism and spirituality. Throughout, William's Christian belief is placed at odds with the mysticism associated with belief in the serpent, 'a faith of enlightenment and clarity' rather than the outdated perspective on religion Cora appears to hold.[129] Despite William's continued calls to the relative modernity of his faith – several times, he dismisses Cora's concerns by distancing his practice from religion 'in the Dark Ages' – spirituality and spectrality are shown to interconnect in the Essex Serpent mythology.[130]

The Essex Serpent is, as Perry's author's note attests, a legend which originated in the pamphlet *Strange News Out of Essex* which alerted the villagers of Henham-on-the-Mount in 1669 to the creature's presence.[131] The pamphlet was authored by a small group of men, of which church warden Richard Jackson was one, and details the features of the serpent as well as situating the story within a wider canon of serpent sightings within classical literature, including the tale of 'Hydra, a monstrous

[127] Astrid Haas, ''This Long Disease, My Life': AIDS Activism and Contagious Bodies in Larry Kramer's *The Normal Heart* and *The Destiny of Me'*, in *Embodying Contagion: The Viropolitics of Horror and Desire in Contemporary Discourse* ed. by Sandra Becker, Megen de Bruin-Molé and Sara Polak (University of Wales Press, 2021), pp. 199-217 (p. 200).
[128] Sarah Perry, *The Essex Serpent* (Serpent's Tail, 2016), p. 13.
[129] Perry, *The Essex Serpent*, p. 123.
[130] Perry, *The Essex Serpent*, p. 323.
[131] 'The Flying serpent, or, Strange news out of Essex: being a true relation of a monstrous serpent which hath divers times been seen at a parish called Henham on the Mount within four miles of Saffron-Walden: showing the length, proportion and bigness of the serpent, the place where it commonly lurks, and what means hath been used to kill it: also a discourse of other serpents, and particularly of a cockatrice killed at Saffron-Walden' (Peter Lillicrap, 1669), n.p.

serpent'.[132] The mythology is thus positioned among ancient mythologies and early-modern Anglicanism, as well being a biological, studiable phenomenon. In the novel, it is this liminality which makes the creature so unsettling, but it also has the dual effect of implicating Cora and William in a melding discourse of religiosity and supernaturalism. Nordau's characterisation of the 'mystic' focuses on this intersection between religiosity and supernaturalism as he lists the 'common traits' of this form of degeneracy – 'wit, vague and incoherent thought, the tyranny of the association of ideas, the presence of obsessions, erotic excitability, religious enthusiasm'.[133] P.M Baldwin notes that Nordau's late-nineteenth-century writings are overwhelmingly 'rationalist, materialist and anti-religious', separating his own Zionist beliefs from the 'mysticism' he associated with other religious causes.[134] The Essex Serpent itself, then, along with the merging belief systems with which Cora and William approach the creature, offer an uneasy challenge to Nordau's designation of 'mysticism'. Rather, the Serpent highlights the entanglement of these dual scientific and religious discourses at the *fin de siècle*, as well as their pre-nineteenth-century origins.

Perhaps even more troublingly, Nordau further characterises the degenerate by his proximity to the dead – 'the hysterical and deranged receive spiritual inspirations, and begin to preach and prophesy, or they conjure up spirits and commune with the dead'.[135] Neo-Victorian fiction is consistently engaged in a form of 'communion' with the dead, reviving historical settings and figures in order not only to speak to them but allow the dead to 'speak' back. As I have outlined, this can be figured as a ventriloquial strategy, but it can also be characterised as a 'resurrection' of Victorian figures and characters. Writer and scholar of neo-Victorianism, Patricia Duncker, looks to the 'literary lure of the Victorian period to which contemporary novelists are attracted, like maggots to a corpse', evocatively framing neo-Victorian production as a process of rediscovering and repurposing existing material.[136] Neo-Victorian scholarship has often adopted this way of discussing the relationship between contemporary writers and their Victorian predecessors, sometimes aligning writers of neo-Victorian fiction with the nineteenth-century figure of the resurrectionist, or body-snatcher. In his article on the neo-Victorian poetics of exhumation, Gutleben has made this correlation stark, identifying neo-Victorianism as a 'literal and metaphorical unearthing of nineteenth-century literary treasures', whose plots often self-consciously feature scenes of (un)burial.[137] In Chapter Two, I highlight the ways in which the resurrective practices of neo-Victorianism are core structural and thematic interests of the mode, but this process of (un)burial also applies here to Martin's treatment of historical material relating

[132] 'Flying serpent; Strange news out of Essex', n.p.
[133] Nordau, *Degeneration,* p. 241.
[134] P. M Baldwin, 'Liberalism, Nationalism, and Degeneration: The Case of Max Nordau', *Central European History*, 13.2 (1980), pp. 99-120 (p. 109), doi:10.1017/S0008938900009067.
[135] Nordau, *Degeneration,* p. 214.
[136] Patricia Duncker, 'On writing Neo-Victorian fiction', *English* (London), 63.243 (2014), 253-274 (253).
[137] Christian Gutleben, 'Renaissances, Resurrections and Rewritings: A Neo-Victorian Poetics of Exhumation', *Renaissances,* 62 (2022), n.p., doi:10.4000/ebc.11793.

to his ancestor. Martin's biographical project provides another diegetic mode of posthumous resurrection, and the novel is punctuated by supposed found fragments of Henry's notes and diaries, allowing the reader, alongside Martin, to act as interrogator and biographer. The reader is often invited to cast judgement on the biographical subject, for example where the narrator suggests, 'these hoarders are the biographer's friends, but only if what they haven't thrown away is worth keeping'.[138] As direct readers of Henry's writings, the reader partakes in Martin's process of literary resurrection, beginning their own form of communion with the dead subjects at the heart of the novel. Julian Wolfreys' assertion that, 'texts are neither dead nor alive, yet they hover at the very limits between living and dying. The text thus partakes in its own haunting', undertakes a new metafictional dimension within this context, as Martin's biography of his great-grandfather haunts Vine's novel.[139] Unsettlingly, the reader as biographer becomes complicit in this haunting, and elements of 'mysticism' thus extend into the reading of the text, as well as the text itself.

Nordau also looks at 'egomania' as one of the defining traits of the degenerate, a trait which will 'naturally manifest itself in ways varying according to the social class to which he belongs, as well as according to his personal idiosyncrasies'.[140] Nordau differentiates egomania from egoism, which he considers to be characterised by a 'lack of amiability, a defect in education, perhaps a fault of character, a proof of insufficiently developed morality'; the 'egomaniac' is more pathologized, as an 'invalid who does not see things as they are'.[141] Henry is certainly characterised as egotistical, if not egomaniacal, and the full extent of Henry's narcissistic desire for personal recognition is revealed towards the end of the novel, where Martin deduces that Henry deliberately married a carrier of haemophilia in order that he could further study the illness and its inheritable quality. Martin rejects Henry's interpretation of this act of supposed self-sacrifice, terming it instead, 'a monstrous pursuit in the name of science, more properly called self-glorification'.[142] This, alongside Martin's eventual abandonment of his biographical project, symbolises for Kohlke an opposition of 'Protestant-inspired 'valorisation of suffering', and a critique about the ways in which modern medical knowledge, including the tests which later diagnose Jude's repeated miscarriages in the novel, finds its origins in the potentially unethical practices of the past.[143]

Although Kohlke argues that Martin's refusal to complete his biography is also a refusal to engage with Henry's self-mythologisation, there are aspects of this cultivated legacy which seep into the reader's frame of textual reference. When Martin considers whether Henry would have hired a man

[138] Vine, *The Blood Doctor*, p. 100.
[139] Julian Wolfreys, *Victorian Hauntings: Spectrality, Gothic, the Uncanny and Literature* (Palgrave, 2002), p. xii.
[140] Nordau, *Degeneration*, p. 260.
[141] Nordau, *Degeneration,* p. 243.
[142] Vine, *The Blood Doctor*, p. 389.
[143] Marie-Luise Kohlke, 'The Neo-Victorian Doctor and Resurrected Gothic Masculinities' *Victoriographies,* 5.2 (2015), pp. 122-142 (p. 138), doi:10.3366/vic.2015.0189.

to kill his first wife, he continues to refer to him deferentially – 'Here is this respectable and distinguished gentleman, a knight and royal physician, forty-seven years old, probably wearing a tailcoat and high silk hat.'[144] Henry's embroilment in criminality, whilst privately citing the need for scientific discovery through any means possible, thus reflects another key attribute of the degenerate associated with egomania:

> He may find pleasure then, in crime and ugliness, and in the former rather than in the latter; for crimes are social injuries, while uglinesses are the visible form of forces unfavourable to the individual; but social instincts are feebler than the instincts of self-preservation.[145]

Certainly, Henry's activities speak to this desire for self-preservation, and a preservation of the kind of reputation expected of the professional nineteenth-century medical man, as well as of his legacy in perpetuity. Even as he considers Henry's potential criminality, discourse surrounding the Victorian professional gentleman appears too potent a mythology for Martin to resist, and it is this language which colours Henry's story for the reader. Martin's narratorship is once more exposed as being predicated upon biases which undermine his ability to faithfully relay Henry's story. It also highlights, in Kohlke's words, biography's tendency to justify the transformation of criminality into spectacle by focusing the reader's attention on the criminal rather than the crime – 'Criminals are re-humanised and in part exonerated by deflecting blame onto repressive familial, socioeconomic, and political conditions.'[146] The medical man's socioeconomic position might not here be offered as being to blame for his criminality, rather a key factor in the continued illusion of his innocence. This veneer of 'respectability' belies Henry's dubious ethical activities, a common, dualistic characterisation of the medical man to which I return in Chapter Two. In Henry's case, this doubleness reverberates through his notes and letters, his later biography, and is repeated to the reader of the biographer's account.

The ambiguous moral character of the medical man is inflected with supernatural significance in *The Essex Serpent* where Luke Garrett, a surgeon and friend of Cora's, is situated uncomfortably between the antiquated mythologies dominant in the village and the scientific Enlightenment he purports to embody. His friends call him 'the Imp', 'since he rarely came higher than the shoulders of other men, and has a loping insistent gait that made you feel he might without any warning take a leap onto a window ledge'.[147] Aligning him with a creature of folklore, allusions to his 'impishness' might also raise suspicions around his profession; Orna Alyagon Darr quotes a seventeenth-century source which argues that imps might take human form – 'the devil was 'sometimes ugly' and sometimes an

[144] Vine, *The Blood Doctor*, p. 284.
[145] Nordau, *Degeneration,* p. 284.
[146] Marie-Luise Kohlke, 'Neo-Victorian Biofiction and the Special/Spectral Case of Barbara Chase-Ribaud's Hottentot Venus', *Australasian Victorian Studies Journal*, 18.3 (2013), pp. 4-21 (p. 8).
[147] Perry, *The Essex Serpent,* p. 12.

'elegant gentleman' who appeared even 'in the likeness of a lawyer' or 'in the perfect shape of a Bishop'.[148] Implicit in this description, there is a sense that the professional man, particularly in a religious or institutional vocation, might be hiding an alternate identity. Given that there were similar widespread fears around the medical man's duality at this time and up to the nineteenth century, Dr Garrett's characterisation feeds into a longer history of public anxiety around the dubious, but often also supernatural, potential of medical professionals.

The close relationship between Imps and witches is also a point emphasised in Alyagon Darr's history of the creature, and this inflects Luke's relationship with Cora with a slightly more sinister, supernatural significance. Cora is often likened to a witch, particularly as village fears around the Serpent begin to grow and circulate; one of the village children, Naomi, guesses that 'The Essex Serpent was a familiar she'd brought with her', which would explain the prominence of the mythology shortly after Cora's arrival.[149] Cora, like Luke, thus comes to embody both scientific rationality and superstitious mythology. This idea that the creature was 'brought with her' deliberately feeds into the same malevolent characterisation as Luke's 'Imp' nickname, but it also denotes the literalisation of the transferability of the Serpent stories. Throughout the novel, there is an uneasy sense of the Essex Serpent narrative as a form of anxious contagion, and the spread of rumours is likened to an epidemiological phenomenon. In a letter to Luke, Cora describes the particular effects of the stories on the village children – 'Today something went through the children here as fast as fire – not sickness in the way it's usually meant, something in the mind, and down they all went like dominoes'.[150] Although Cora is keen here not to directly pathologize what the children experience, this description speaks to the way in which fear of the Serpent is literalised, firstly as a kind of familiar, and then as an infectious phenomenon. Cora is characterised variously as malevolent witch who has deliberately brought the Essex Serpent with her, and as the unwitting 'patient zero' whose presence has instigated circulating, contagious rumours. In this way, Cora's description further evidences the ways in which the Essex Serpent mythology is recast as a narrative of social, if not biological, infection, and belief in the stories is communicated through physical symptoms.

Whilst *The Blood Doctor* interrogates the notion of heredity underlying both the neo-Victorian project and Nordau's theory of degeneration, *The Essex Serpent* might be characterised as presenting degeneracy as anxious contagion, transmissible through the intertextuality foregrounded by three of the novel's primary characters: Cora, William, and Luke, who are concerned with naturalist writings, Biblical doctrine, and medical study respectively. All three, but particularly Luke and Cora, are also associated with the language of supernaturalism and folklore, a discourse seemingly at odds with their

[148] Orna Alyagon Darr, *Marks of an Absolute Witch: Evidentiary Dilemmas in Early Modern England* (Taylor & Francis Group, 2011), p. 117, quoting *The Tryall and Examination of Mrs Joan Peterson* (G. Horton, 1652), p. 5.
[149] Perry, *The Essex Serpent,* p. 192.
[150] Perry, *The Essex Serpent*, p. 196.

scientific convictions. It is this liminality which problematises the novel's depiction of modernity, presenting an ambivalence around apparent progressiveness shared by Vine's narrative. Both novels therefore raise questions around modernity and the *fin de siècle* which speak pertinently to Nordau's degeneration model, particularly highlighting examples of mysticism, ego-mania, and morality which are often imbued with a sense of pathological, if not always overly medical, significance. Anxieties about the socio-scientific portents of the new century are literalised within these narratives as inheritable illnesses and contagious mythologies, highlighting the duality of this discourse of degeneration.

The New Man and masculinity

Alongside the threat of degeneration, other social, scientific, and sexual anxieties defined the *fin de siècle*, and it is with one concept in particular, that of the 'New Man', that this chapter will continue to think about the medical man in neo-Victorian fiction. The New Man appears to emerge in the popular imagination almost concurrently with the more culturally-potent figure of the 'New Woman', providing a dual, and binary, exploration of the sexual norms threatened by the anticipated permissiveness of the new century. Numerous theorisations of the New Woman competed towards the end of the nineteenth century, but common traits which characterised the figure included revolutionary politics, sexual transgressiveness, and a rejection of heterosexual marriage.[151] Both the New Man and New Woman have been situated, both contemporaneously and in more recent criticism, within a wider trend of cultural, national and gendered instability. Ann Heilmann, for example, defines the New Woman as a 'vibrant metaphor of transition', whose 'political demands' and 'international resonance' conveyed as much about changing class categories and Britain's imperial demise as her sexual anarchism did about volatile gendered norms.[152] Heilmann's characterisation speaks to an enduring trend in New Woman critique to associate her with the *fin de siècle*'s inherent in-betweenness, suggesting that she is a 'metaphor' for other anxieties instigated by the 'epoch of endings and beginnings' represented by the aftermath of the nineteenth century, in Sally Ledger and Roger Luckhurst's terms.[153] Ambivalence around the depiction and function of the New Woman, in particular, is therefore symptomatic of this figuring of the *fin de siècle* as curiously between and within opposing values.

Depictions of the New Man continue this uncomfortable sense of in-betweenness, underscored by a perhaps even more sinister conversation about male sexuality and its social and political implications. The New Man is positioned as a 'partner' to the New Woman, and where she might be masculinised, he is notably feminised – 'He is gentle, supportive, appreciative […] and friendly to

[151] Sally Ledger, *The New Woman: Fiction and Feminism at the Fin de Siècle* (Manchester University Press, 1997), p. 6.
[152] Ann Heilmann, *New Woman Fiction: Women Writing First-Wave Feminism* (Springer, 2000), p. 1.
[153] Sally Ledger and Roger Luckhurst, 'Introduction', in *The Fin de Siècle: A Reader in Cultural History c. 1880-1900,* ed. by Sally Ledger and Roger Luckhurst (Oxford University Press, 2000), pp. xiii-xxiv (p. xiii).

women's interests and ambitions'.[154] Margaret Stetz notes that the New Man was predominantly a preoccupation of middle-class Victorian women writers, in much the same way that the New Woman was initially captured in fiction by men, again highlighting a gendered mirroring which furthers a binary of gendered expression even as it purports to dismantle it. The New Man appears in varying capacities in a number of novels and short stories of the period, including George Paston's *A Writer of Books* (1898) and Grant Allen's *The British Barbarians* (1895). In these fictive depictions of the New Man, however, the central figure is often either undermined by his eventual ineffectuality, or conspicuous by his absence, rendered as 'more often a wished-for presence than an actual one'.[155] Close attention to the New Man in *fin-de-siècle* feminist polemics, not as an exaggerated reality but rather an impossible ideal, served to highlight the ways in which women had 'evolved further and faster, achieving a higher degree of idealism, moral awareness, and self-development, while men had not kept pace; the latter were, to put it bluntly, not 'New' enough.'[156] Stetz's use of the language of evolution here continues the socio-scientific tone of late-Victorian writings on the subject of the New Man, where he was often characterised dually as a product of cultural change but also of a variety of biological factors. Stetz refers to Sarah Grand's 1894 essay, 'The Man of the Moment', where she describes the modern man as a 'common *creature* of no ideals, deficient in breadth and depth, and only of a boundless assurance'.[157] The late-nineteenth-century man was, for Grand, clearly failing to match the accomplishments of the New Woman, so much so that Grand reduces him to a 'creature'. More troublingly, in the same essay, Grand draws on jingoistic rhetoric to make a wider judgement on man's place in the new century – 'As a low tone about women is a sign of a degenerated gentleman, so is it also the sign of a decaying nation'.[158] Where the New Woman might have been condemned for her newness, the New Man was considered, at least in feminist critiques, to be an answer to Britain's social and imperial decline.

This rhetoric intersects with Nordau's degeneration principles in a number of ways. Nordau's description of the degenerate is specific in its classification of certain conditions, but there are similarities between his degenerate and the New Man ideal offered by contemporary feminist fictions. A duality of influences, both biological and sociological, is central to both figures, and their places within a wider period of social and political change are also emphasised. Both Nordau's degenerate and the New Man are symbolic products of, and catalysts for, the *fin de siècle* as a period of transition and transformation. However, whilst the New Man was widely considered to be an impossible ideal, Nordau's argument centres on the verifiable existence of degeneracy, most notably in several well-known cultural figures of the period. Where the New Man's changing outlook and attitudes were

[154] Margaret D. Stetz, 'The Late-Victorian 'New Man' and the Neo-Victorian 'Neo-Man', *Victoriographies,* 5.2 (2015), pp. 105–21 (p. 108), doi:10.3366/vic.2015.0188.
[155] Stetz, 'The Late-Victorian 'New Man'', p. 112.
[156] Stetz, 'The Late-Victorian 'New Man'', 107.
[157] Sarah Grand, 'The Man of the Moment', in *A New Woman Reader* ed. by Carolyn Christensen Nelson (Broadview, 2001), pp. 146–51 (p. 151), emphasis my own.
[158] Grand, 'The Man of the Moment', p. 148.

welcomed by feminist writers, Nordau considered degeneracy to be a 'poisoning of civilized peoples', a threat to established social and sexual order.[159]

Neo-Victorian masculinities are notably informed at once by these competing perceptions of the past and by the present moment. As Stetz goes on to assert, 'neo-Victorianism has offered male and female authors alike a mask through which to speak about millennial masculinity and to express dissatisfaction with it; a pseudo-historical space in which to create visions of alternative masculinities'.[160] The verifiable existence of the New Man in history is less important here than his role as a symbolic and explicative entity, one which simultaneously unravels hegemonic narratives about the nineteenth century and offers something new to current theorisations of the twenty-first. The final part of this chapter will explore the particular millennial anxieties which have pervaded neo-Victorian narratives and their depictions of the medical man and masculinity, but here I will look to the ways in which the late-Victorian New Man can illuminate this figure.

In *The Essex Serpent*, this sense of masculinity in flux is evident through the varying characterisations of the novel's central male characters. Although William's perspective is notably absent from the purview of the omniscient narrator, his emotional intelligence and perceptiveness are highlighted in his letters to Cora which bookend almost every chapter. His sensitivity is placed at odds with Luke's clinical detachment, where even his feelings for Cora are conveyed in the language of medicine – 'Luke diagnosed himself to be in love, and sought no cure for the disease'.[161] These two modes of masculinity are articulated through their romantic desires, their identities shaped in relation to a central, female figure. In this way, Cora's centrality in the novel might affirm her New Woman sensibilities; she is educated in natural sciences, independently wealthy, and, crucially, often rejects traditionally gendered signifiers. Considering the death of her husband, Cora notes that, 'the wonderful thing about being a widow is that, really, you're not obliged to be much of a woman anymore', tying her sense of womanhood to her sense of herself as a wife.[162] Her later suggestion that, 'sometimes I forget that I'm a woman – at least – I forget to THINK OF MYSELF AS A WOMAN', further highlights a distinction between Cora's outward presentation and her sense of herself as gendered entity, and this refusal or inability to consider herself in binary gendered terms is reflective of the kinds of ambiguities that studies of the New Woman, and New Man, attempted to represent.[163] Despite this, one of the most significant male presences of the novel is Michael Seaborne, whose death and funeral begin the narrative and act as a catalyst for Cora's move to Essex; even in his absence, Michael's influence shapes Cora's life. Beginning the narrative with this male death, Perry affirms the importance of female experience within the novel, and suggests that Cora's liberty to travel and study are predicated on her

[159] Nordau, *Degeneration*, p. 34.
[160] Stetz, 'The Late-Victorian 'New Man'', p. 113.
[161] Perry, *The Essex Serpent*, p. 15.
[162] Perry, *The Essex Serpent*, p. 55.
[163] Perry, *The Essex Serpent*, p. 70.

widowhood. However, positioning William and Luke as competing male suitors, and creating a sense of romantic 'resolution' with Cora's final letter to William, suggests that this feminine centrality is still inescapably tied to heteronormative marital ideals.

According to Tara Macdonald, the New Man also displays 'moral sensitivity and self-discipline', characteristics which are often linked implicitly to religiosity.[164] William's adherence to this ideal is therefore apparently consolidated, as the question of 'infection' surrounding the mythology of the Serpent, particularly among the village's children, is initially combatted in William's theological perspective. The creature's appearance is considered a spiritual phenomenon when Cora addresses William's investment in the rumours – 'But you are a man of God, who surely sent signs and wonders to His people: is it so strange, after all, to think He's choosing to do so again, to call us to repentance?' William's struggle to define and rationalise the creature is often affected by the village's need for religious reassurance, and the confirmation that the Serpent's appearance is not a punishment for their immorality. Cora's insistence on the creature's biological nature is often placed at odds with this form of moralising – 'And what if it is neither rumour nor a call to repentance, but merely a living thing, to be examined and catalogued and explained' – is apparently vindicated when the creature, nothing more than a 'decaying fish', washes up on the Aldwinter shore.[165] This might ultimately represent a victory for the amorality of scientific thinking exemplified by Cora and Luke, and the undermining of the pious New Man, were it not for the novel's final dramatic episode, in which William's wife, Stella, delirious and dying from tuberculosis, swims out to sea to die with the beast. The Serpent's significance suddenly becomes less of an issue of veracity than of symbolism, as it has been proven to be a biological phenomenon yet still retains an ability to provoke an extreme, and emotive, response; William's fears concerning the transmissibility of reactions to the beast come dangerously close to realisation.

Stella might then come to represent the limits of medical knowledge, just as the Serpent highlights the liminal space between biology and theology. Though she is constantly described as being somehow ethereal and other-worldly, in illness Cora and Luke appear to reduce her to a biological phenomenon – 'behind Stella Ransome's ribs, tubercles are forming. If Cora could've seen them, they'd have put her in mind of the toadstones she collects on her mantelpiece'.[166] When Luke attempts to recommend surgical treatment, William protests, '"She is not one of your cadavers: she's my wife – you talk as if she's offal in a butcher's window"', reasserting her humanity in the face of Luke's detached diagnostics, and rejecting medical treatment.[167] Stella's attempt to join the Serpent towards the end of the novel implicitly highlights their symbolic similarities as figures/creatures of

[164] Tara Macdonald, *The New Man, Masculinity and Marriage in the Victorian Novel* (Routledge, 2015), p. 29.
[165] Perry, *The Essex Serpent*, pp. 123, 326.
[166] Perry, *The Essex Serpent*, p. 309.
[167] Perry, *The Essex Serpent*, p. 265.

indefiniteness and in-betweenness, underlining the inadequacy of either entirely-spiritual or entirely-biological position in matters of medicine.

Luke's identity as 'medical man' is disturbed by this interrogation of the profession's humanistic deficiencies; as Heilmann and Llewellyn argue, 'Victorian masculinity is itself structured as a 'style' of being: manhood is manifested through professional performance, through intellectual labour and the process of thinking oneself into a masculine identity via self-discipline'.[168] Where women's comparative absence from historical record leave room for neo-historical reimagining, Victorian men, particularly of the professional classes, are more regularly-documented and so perhaps more difficult to subsume into reinterpretive fiction. In *The Blood Doctor*, the narrative potential of biography is emphasised, but so too are the limitations of creating a nuanced historical legacy using extensive, cultivated documentation by the biographical subject. The medical man, in particular, is a figure struggling for legitimacy in the nineteenth century, part of a range of new middle-class professions where masculinity was coded ambiguously and changeably. Heilmann and Llewellyn notably include medicine in a list of professions where masculinity was being reinterpreted during the period – 'The middle-class clerk, the professions of church, law, and medicine, and the challenges to normative patriarchal models encapsulated by the decadent and the dandy engendered a sense of a masculinity in fluidity'.[169] Throughout *The Blood Doctor*, this emphasis on a masculinity predicated upon emergent professional ideals is a key aspect of Henry's characterisation. Martin often reflects on the impersonal nature of Henry's diaries, and this extends into his domestic recollections:

> As to his own affairs, he describes Elizabeth as his wife's child, following the fashion at the time, as if there was something not quite manly, something of the milksop or the effeminate, in acknowledging the presence of a baby in the house. "My wife and her daughter are well."[170]

The inclusion of this detail in Henry's diaries, which are otherwise a 'repository of professional engagements', highlights a clear distinction between the masculine-coded medical profession, and the feminine domestic sphere.[171] Henry's masculinity is reiterated, and recreated, through his diaries, evidencing the kind of manifestation through self-discipline to which Heilmann and Llewellyn refer.

At the turn of the millennium, there are different expectations of Martin, whose familial life is integral to the narrative. Unlike Henry, Martin is involved in the lives of his children and knowledgeable about the details of Jude's fertility problems. There are, however, echoes of Henry's more detached sense of paternal responsibility in Martin's narration, particularly where Martin is critical of Jude's

[168] Ann Heilmann and Mark Llewellyn, 'Introduction: To a Lesser Extent? Neo-Victorian Masculinities', *Victoriographies,* 5.2 (2015), pp. 97–104 (pp. 101-2), doi:10.3366/vic.2015.0187.
[169] Heilmann and Llewellyn, 'Introduction: To a Lesser Extent?', p. 99.
[170] Vine, *The Blood Doctor*, p. 132.
[171] Vine, *The Blood Doctor,* p. 76.

desire for children. Considering the routine of fertility treatment and the limitations it places on his wife, Martin becomes frustrated – 'That makes me angry, though I don't think I show my anger. I see her spoiling her life for the sake of a dream child I don't believe she'll ever have'.[172] Their disagreement about whether to continue trying for a baby underpins the novel, with Martin constantly doubting whether he is ready to become a father again. Martin's son from a previous marriage acts for Jude as an 'ever present reminder to her that I don't need any more children. If I never have another it won't make me unhappy, it won't be the end of the title', with Martin believing himself to have fulfilled his hereditary requirements.[173] Jude's becoming pregnant with twins operates uneasily as a kind of narrative resolution to this subplot, although the novel ends before she gives birth, leaving room for some uncertainty. Martin considers these babies to be 'designer', with 'no defects, they're perfect, they live serenely inside there and when they come out they're – well, designer', affirming the couple's dependence on the latest scientific developments in order to continue their family.[174] For the reader, if not for Martin, this intervention of medical science into the issue of lineage is a reminder that the unethical practices of the past, such as Henry's experiments in inheritable illness, continue to inform modern medical progress.

Various anxieties around gendered roles at the *fin de siècle* inevitably inform these narratives. The New Man is just one of a number of key figures evolving at the end of the nineteenth century whose existence, or non-existence, was deemed to pose a challenge to sexual, and wider social, norms. The theorisation and fictionalisation of the New Man evidences a dual emphasis on cultural and biological influences, similar to Nordau's characterisation of degeneracy. Whilst the degenerate was considered to be a verifiable, and threatening, presence, the New Man was accepted as a fictional ideal, and one that would offer a preferable alternative to the kinds of dominating masculinities which feminist writers hoped that the new century would reject. In neo-Victorian narratives, the New Man is reinvented once more as a 'neo-Man', and this chapter will continue to consider the particular challenges to masculinity posed by the turn of the millennium, and how these have shaped these neo-historical medical men.

End-of-the-era medical men

This convergence of social, political, and sexual discourses defined the *fin de siècle* as a transformative period in the development of new understandings of masculinity and modernity. A sense of 'end-of-the-era' change imbued these transformations with a sense of wider cultural significance, and the New Man, alongside the New Woman, became a symbolic stand-in for other anxieties about a dwindling social order. Though the *fin de siècle* might be a particularly significant juncture in this regard, it is

[172] Vine, *The Blood Doctor,* p. 40.
[173] Vine, *The Blood Doctor,* p. 40.
[174] Vine, *The Blood Doctor*, p. 347.

notable that these neo-Victorian narratives, particularly *The Blood Doctor*, also inescapably reflect their authorial contexts at the turn of the millennium. This period offered a similar sense of revolutionary potential, coinciding with significant technological development, evolving social and political norms, and, pertinently for the purposes of this discussion, a turn towards the neo-Victorian form as a means by which to explore these contemporary issues. The rise of neo-Victorianism as a popular genre towards the end of the twentieth century has often been explored in recent criticism through the construction of a parallel between the two eras, both of which, as Elaine Showalter argues, represent periods of 'cultural insecurity'.[175] Showalter's systematic comparison between the 1890s and 1990s in *Sexual Anarchy* focuses on the gendered and sexual crises which recur in both eras, emphasising the revolutionary undertones of the *fin de siècle* which might act as a portent for the new millennium.

With this in mind, the final part of this chapter will look to the late-twentieth/early-twenty-first-century anxieties about masculinity and modernity which come to be represented within the neo-Victorian medical man. The medical man is almost uniquely positioned at the intersection of these discourses around sexual difference, scientific endeavour, and futurity, not only engaged with his own problems of masculinity, but also involved in the diagnosis and designation of others. At the beginning of the twenty-first century, similar anxieties about the potential reach of medical advancement were coming to the fore in public debate; the world's first successful mammal cloning experiment, the vast majority of the Human Genome Project, and the unveiling of the first in-vitro testing for genetic abnormalities in embryos, all occurred in the final decade of the twentieth century.[176] As this chapter goes on to explore, a number of these projects generated controversy, particularly in terms of the gathering and potential uses of sensitive genetic information, and the troubling implications of eliminating or selecting certain characteristics in embryos. Between the *fin de siècle* and the turn of the millennium, 'modernity' has been consistently associated with fearful change as well as progressiveness, often connected to developments in science, technology, and medicine.

Just as modernity was a concept coming under heightened scrutiny at the turn of the millennium, masculinity was also undergoing a difficult transition. As Matthew Sweet notes, 'At the beginning of the twenty-first century, heterosexual maleness looks decidedly shabby, besieged, discredited'.[177] Working alongside the wider cultural reinterrogation of gender categories towards the end of the twentieth century, if not initiated then certainly popularised by Judith Butler's *Gender*

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[175] Elaine Showalter, *Sexual Anarchy: Gender and Culture at the Fin de Siècle* (Viking, 1990), p. 3.

[176] Jeanette Edwards, 'Why Dolly matters: Kinship, culture and cloning', *Ethnos* 64.3-4 (1999), pp. 301-24, doi: 10.1080/00141844.1999.9981606.
'Human Genome Project Timeline', National Huma Genome Research Institute, 5 July 2022, https://www.genome.gov/human-genome-project/timeline [accessed 18 March 2024].
A.H. Handyside et al., 'Birth of a normal girl after in vitro fertilization and preimplantation diagnostic testing for cystic fibrosis', *New England Journal of Medicine* 24.327 (1992), pp. 905-9, doi:10.1056/NEJM199209243271301.i.

[177] Matthew Sweet, *Inventing the Victorians* (Faber and Faber, 2001), p. 173.

Trouble (1990), a redefinition of masculinity appeared somewhat overdue. The term 'metrosexual', for example, coined in 1994 by journalist Mark Simpson, identifies a new kind of urban masculine subject, particularly emphasising his aesthetic and commercial deviances from traditional gendered norms – 'The typical metrosexual is a young man with money to spend, living in or within easy reach of a metropolis—because that's where all the best shops, clubs, gyms and hairdressers are.'[178] As Jeremy Kaye argues, 'the 'man in touch with his feminine side' and the twenty-first-century cultural climate that fetishizes him allegorize a crisis in traditional masculine subjectivity', with the 'metrosexual' man, much like the late-Victorian New Man, seemingly fulfilling a new role in the social relations between men and women.[179]

There are certainly similarities between the periods in terms of the identification of alternative modes of masculinity. Just as women feminist writers constructed the idea of the New Man, neo-Victorianism's female-dominated authorship is similarly essential to the construction of the 'Neo-Man', a term coined by Margaret Stetz. For Stetz, 'fictional male protagonists become Neo-Men when they recognise the limits of their gendered social privilege and cede control – when, in effect, they become feminised', and this idea of ceding control, particularly in narrative terms, is an important consideration for neo-Victorian ideals of masculinity.[180] As highlighted earlier in this chapter, the ventriloquial implications of neo-Victorianism, historical figures speaking through narrative toward a modern readership, are important to consider here, and this gendered power imbalance between the masculine 'ventriloquist' and the feminized dummy/puppet is particularly relevant to the genre's depiction of masculinity.[181] Both *The Blood Doctor* and *The Essex Serpent* are female-authored texts, and Vine's novel, with its male protagonist, in particular evidences a form of cross-gendered 'talking back' which upends this normative idea of feminine passivity versus masculine authority. In this way, this neo-Victorian man might necessarily be a kind of neo-Man purely through this form of gendered narrativity, self-consciously inversing such a hegemonic ventriloquial model.

However, that Henry's narrative voice intervenes in this narrative complicates its subversive potential, largely due to his positioning as the text's initial voice of medical authority. His establishment credentials are summarised in the novel's early pages, wherein the facts of his life are recited through the various achievements of his career, often attached to selective, and exclusionary, institutions. Henry's voice is not one of the 'largely absent' to which Davies refers, rather, his social authority as medical man is replicated in the textual authority granted by Martin's biography.[182] The absent voices

[178] Mark Simpson, 'Meet the Metrosexual', *Salon,* 22 July 2002 http://www.salon.com/ent/feature/2002/07/22/metrosexual/I [accessed 26 February 2022].
[179] Jeremy Kaye, 'Twenty-First-Century Victorian Dandy: What Metrosexuality and the Heterosexual Matrix Reveal about Victorian Men', *Journal of Popular Culture*, 42.1 (2009), pp. 103-25 (p. 105), doi:10.1111/j.1540-5931.2009.00573.x.
[180] Stetz, 'The Late-Victorian 'New Man'', p. 117.
[181] Davies, *Gender and Ventriloquism,* p. 8.
[182] Davies, *Gender and Ventriloquism*, p. 2.

in Martin's research, and subsequently in the novel as a whole, are those of Henry's patients, perhaps with the exception of his royal patrons. That it is Henry's clinical perspective, rather than the lived experiences of haemophilia sufferers, which survive into his biography and the novel more widely, offers a troubling hierarchical relationship between medical man and patient. Henry's ruminations on haemophilia, privileged above the testimony of its sufferers, subsume the illness into the language of the clinician.

Notably, this circulation, particularly in Henry's case, does not stop at the relationship between individual clinician and patient; instead, the medical man's narrative authority is cemented by textual production which can be passed down to future generations – 'he wrote his first book, *Diseases of the Blood*. For many years it was regarded as the definitive authority on hemophilia and used by generations of medical students'.[183] In this way, Henry's medical discourse, which reinterprets and revoices his patients, is framed as an interpretive exercise which mirrors Davies's ventriloquial metaphor within neo-Victorian fiction. I return to this understanding of the patient/clinician narrative later in this thesis, but it is also a helpful framework through which to examine *The Blood Doctor*, particularly within the context of the novel's concurrent processes of diarising and biographizing. In Chapter Four, I draw particularly on Arthur Frank's *The Wounded Storyteller* (1995), which sets out a critical taxonomy for different types of patient narrative, and theorises on the ways in which illness memoirs might work to rebalance the implicit power dynamics of the clinic. As Frank argues, where lived experience is revoiced in the language of the clinician, seeking medical care becomes a form of 'narrative surrender', as the loss of narrative agency becomes implicit in the process of diagnosis.[184] The narrative perspective of the patient, through testimony and articulation of one's symptoms, is a necessary part of the 'circulation of stories' which generates diagnosis, but, as Frank notes, this circulation is not an equal exchange – 'the ideological work of medicine is to get the patient to accept this diagnostic identity as appropriate and moral. When the patient accepts this identity, he aligns himself as subordinate in a power relation'.[185] In Chapter Four, I highlight the particular dangers of this designation for apparent 'madwomen', and evaluate how neo-Victorian fiction often draws on tenets of the patient narrative to undermine the authority of the medical establishment. In Henry's case, this work of questioning and reinterrogating the medical man's version of events is done initially by Martin. The danger of repeating false, or manipulated, scripts, is one of the fundamental concerns of this narrative, most notably through Martin's ambivalence about his choice of biographical subject, and this thematic undercurrent inflects Henry's own literary project with a similar sense of unease.

The Essex Serpent also alludes to these narrative problems of medical care, particularly as William and Luke discuss Stella's worsening condition. As the men disagree about the best course of

[183] Vine, *The Blood Doctor,* p. 34.
[184] Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (University of Chicago Press, 1995), p. 6.
[185] Frank, *The Wounded Storyteller*, pp. 5, 66.

action, Stella remarks, '"What about me? […] Aren't you going to ask me? Will – isn't this body mine? Isn't it my disease?"', drawing attention to her absence from conversations about her body.[186] In both novels, medical men dominate the discourse of illness, supporting Frank's notion of the hierarchical process of diagnosis and description. In the case of Stella's illness, the ventriloquial significance of the doctor continues in the mode of treatment itself, as the administering of tuberculin via 'needles piercing Stella's fragile skin' echoes Davies's description of the 'powerful, penetrating' ventriloquist and the 'passive, penetrable' dummy.[187] Both literally and narratively, then, Stella is permeated by the signs of clinical expertise as medical men attempt to speak both around and through her. Her experience of degenerative illness, a narrative which runs alongside the novel's central quest to uncover the truth behind the Essex Serpent, is largely articulated through the observations of her husband and medical professionals, and both of these concurrent stories are characterised by their ambiguity, conflicting opinions of others, and the relative absence of their central subjects. If, as Frank reasons, 'a condition of perpetual narrative uncertainty is endemic to postmodern times', Stella's story, often obscured and revoiced by others, undertakes a kind of postmodern character.[188] The medical man, and the clinical language he espouses, are vital to this sense of 'narrative uncertainty' which tips the novel beyond modernity and towards the postmodern sensibilities often associated with neo-Victorianism.

The distinctly masculine revoicing Stella undergoes through medical treatment also raises questions about the parallels between the *fin de siècle* and the end of the twentieth century in the symbolic significances of gender. For Showalter, both 'fins de siècle' have been characterised by their narratives of social and cultural change, arguing that, 'from urban homelessness to imperial decline, from sexual revolution to sexual epidemics, the last decades of the twentieth century seem to be repeating the problems, themes and metaphors of the fin de siècle'.[189] Masculinity, in particular, becomes embroiled in these wider issues, male sexuality and sexual behaviour even more so. Showalter's primary nineteenth-century comparison, syphilis, and the emergent HIV/AIDS pandemic of the late-twentieth century, both saw the aligning of contagious illness with a 'threatening sexuality', a narrative which furthered existing prejudices along supposedly medical lines.[190] The continuation of metaphors of social 'contagion' around both diseases highlights the convergence of socio-medical discourses which occurred during these two periods; as Dennis Altman identifies, 'AIDS came along just when the old religious, moral, and cultural arguments against homosexuality seemed to be collapsing', and this replacement of religious reasoning with scientific rationale evidences the ways in which medical expertise might be invoked to give weight to such arguments.[191] Where infectious

[186] Perry, *The Essex Serpent,* p. 265.
[187] Perry, *The Essex Serpent,* p. 264.
Davies, *Gender and Ventriloquism*, p. 39.
[188] Frank, *The Wounded Storyteller*, p. 68.
[189] Showalter, *Sexual Anarchy,* p. 1.
[190] Showalter, *Sexual Anarchy,* p. 200.
[191] Dennis Altman, *AIDS and the New Puritanism* (Pluto Press, 1986), p. 13.

disease is framed in terms of social contagion, the problem of prevention becomes a wider issue of exclusion and inclusion. Referring to Nordau, Showalter draws attention to the ways in which the regulation of bodies deemed to be threatening has been used as a response to radical social change – 'where there are fears of regression and degeneration, the longing for strict border controls around the idea of gender, as well as race, class, and nationality, becomes especially intense.'[192] Metaphors of contagion thus feed into the same discourses around national, and specifically racial, decline as degeneration, and there is then a clear parallel between the *fin de siècle* and the turn of the millennium here in terms of the discursive links made between contagious illness and narratives of social crisis.

In *The Blood Doctor*, HIV/AIDS is referenced in passing as the result of a transfusion of infected blood given to a haemophiliac friend of Martin's son. This medical mistake does not inflect this particular patient with a moralising accusation of wrongdoing, turning responsibility instead to the medical establishment, and linking the pressing disease of Martin's present to the illness permeating the past through his ancestor. There are, however, other occasions in the novel where this discourse of moralistic contamination, reducing the sufferer to a diseased body, intrudes into the otherwise clinical language of modern medicine. When Martin and Jude discover that her repeated miscarriages are a result of a genetic abnormality, he emphasises the curious impacts such a diagnosis can have on one's sense of self – 'When something like this happens to you, you become only a body, hardly a thinking being, and that body diseased and flawed. It harbors an unseen but outrageous deformity'.[193] This idea of the disease lurking secretly and within an outwardly 'normal' self is often expanded upon in the case of contagious illnesses, most notably in recent decades as part of the prominent preventative messaging concerning HIV/AIDS. Although Martin and Jude's problems are hereditary, there is once again a clear connection made here between inheritance and infection.

Significantly, 'blood' once more undertakes a number of wider resonances, particularly as the inconspicuous carrier of illness between individuals, and this narrative of blood-borne contagion was conspicuously a concern of the *fin de siècle* as much as of the end of the twentieth century. Showalter highlights the particular similarities between HIV/AIDS and syphilis, as diseases 'that seem to be the result of sexual transgression and that have generated moral panic'.[194] Sexually-charged images of contagion, often linked particularly to a transgressive form of masculinity, permeated late-nineteenth-century Gothic narratives, most notably in Bram Stoker's *Dracula* (1897), which promulgated a picture of self-reproducing masculinity coded in the language of transmissibility. Showalter considers *Dracula* to be a prime example of the ways in which 'celibate male creative generation was valorized, and female powers of creation and reproduction were denigrated' in the male writing of the *fin de siècle*, as the Count bypasses the need for biological descent by creating others in his own image through the

[192] Showalter, *Sexual Anarchy,* pp. 3-4.
[193] Vine, *The Blood Doctor*, p. 260.
[194] Showalter, *Sexual Anarchy,* p. 188.

exchange of blood.[195] *The Blood Doctor* similarly ruminates on this intersection between blood, vitality, and inheritance as Henry's experimentations on his own family are preceded in his diaries by concerns about his 'weakening of vitality', which Martin interprets as Henry being 'afraid of becoming impotent'.[196] This desire for self-reproduction is mirrored in Martin's own fertility troubles, around which blood appears to be the defining image of Jude's unsuccessful attempts to carry a baby to full term. Once more, the masculine implications of such struggles for inheritance are foregrounded by Martin's assurance to the reader that his inheritable title is already protected by a son from his first marriage, regardless of the outcome of these pregnancies.

The couple's eventual use of an experimental form of embryonic screening somewhat inverts Stoker's *fin-de-siècle* invocation of blood transfusions to forestall Lucy's vampiric transformation, but narrative ambivalence about both forms of medical intervention highlight the novels' similar response to the interventions of medical men in problems of heredity. In *Dracula,* these 'ghastly operations', as Dr Seward observes, become less and less successful as the vampiric contagion takes hold, and on the fourth and final transfusion, 'plenty of blood went into her veins, her body did not respond to the treatment as well as on the other occasions.'[197] As Aspasia Stephanou points out, 'blood transfusions at the end of the nineteenth century remained experimental and very often resulted in casualties', and Seward's own recourse to more folkloric treatments, such as garlic, after the failure of this medical intervention further heightens this sense of the limitations of clinical expertise.[198] These transfusions also mirror the vampire bite in their penetrative, vital imagery, with Van Helsing highlighting the sexualised potential of the blood exchange – 'Said he not that the transfusion of his blood to her veins had made her truly his bride?'[199] If the vampire bite can be construed as a transmissible form of self-reproduction, Stoker's representation of transfusion makes this experimental medical treatment appear alarmingly similar.

A shared concern about the possibility of biological and cultural contagion at both the *fin de siècle* and turn of the millennium, should surely heighten the medical man's place as socio-scientific arbitrator of these dual discourses. However, the alignment between medicine, modernity, and masculinity might work to highlight the potential for the misuse of scientific and medical developments. In particular, issues of genetic manipulation or modification, sometimes figured as 'playing God' or otherwise acting as an unnatural form of disruption to the process of heredity, has become a key concern of socio-scientific discourse since the late-twentieth century.[200] As referenced earlier, the Human

[195] Showalter, *Sexual Anarchy,* p. 78.
[196] Vine, *The Blood Doctor*, p. 136.
[197] Bram Stoker, *Dracula* (Archibald Constable and Company, 1897; repr. Penguin, 1993), p. 160.
[198] Aspasia Stephanou, 'A 'Ghastly Operation': Transfusing Blood, Science and the Supernatural in Vampire Texts', *Gothic Studies,* 15.2 (2013), pp. 53-65 (p. 57), doi: 10.7227/GS.15.2.4.
[199] Stoker, *Dracula*, p. 187.
[200] Peter Dabrock, 'Playing God? Synthetic biology as a theological and ethical challenge', *Systems and Synthetic Biology,* 3.1-4 (2009), pp. 47-54 (p. 47), doi: 10.1007/s11693-009-9028-5.

Genome project, launched in 1990 and completed in its first phase in 2003, has become an international symbolic focus for new developments in studies into inheritable predispositions to illness, 'unravelling the thread of DNA present in every single cell of our bodies.'[201] There are numerous medical benefits of this ability to map the human genome, including the ability to predict mutations of certain illnesses, develop more targeted medication, and genotyping specific viruses.[202] However, the potential for misuse of such information, particularly the sharing of these sequences outside of the field of medicine, has been a cause for concern since the Project's inception. Ethical concerns about the use of genetic material in policing and surveillance, for example, have been a particularly prominent part of the public discussions surrounding the Human Genome Project and its potential as the 'ultimate law enforcement tool', highlighting once more the close association between medicine and judicial or legislative bodies and the role of medicine in 'policing' bodies deemed to pose a threat to wider society.[203]

The ability to identify and predict certain genetic features has also been a contentious social issue, with Daniel J. Kevles exploring the possibility that 'new genetic knowledge will be deployed for positive eugenics'.[204] Just as late-nineteenth-century degeneration theory acted as a precursor to the eugenicist theories which gained traction in the twentieth century, critics of genetic testing have argued that the process might set a dangerous precedent in terms of the elimination of certain illnesses or conditions. *The Blood Doctor* alludes to these issues of heredity, and constructs a parallel between genetic testing and the form of proto-eugenics with which Henry's familial experimentation engages, with the introduction of another of Henry's descendants, John Corrie, himself a haemophiliac who works in gene therapy. Martin considers John to be following in Henry's footsteps with his career in genetics, and their discussions around haemophilia, carriers, and inheritors, certainly highlights the overlap between Henry's experimental medical career and John's.[205] However, whilst Henry actively increases his chance of fathering a child with haemophilia, John has chosen not to reproduce, and refers to genetic testing for haemophilia as a medical means of ensuring that the disease is not inherited by subsequent generations.[206]

Prenatal testing for haemophilia, with the implication that such a pregnancy could be ended on these grounds, raises similar ethical questions to those considered by Kevles. This process of effectively eliminating certain characteristics in the population, even in terms of an illness such as haemophilia,

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[201] Francis S. Collins and Monique K. Mansoura, 'The human genome project: Revealing the shared inheritance of all humankind', *Cancer,* 91.1 (2001), pp. 221-225 (p. 222), doi:10.1002/1097-0142(20010101)91:1+<221::aid-cncr8>3.0.co;2-9.
[202] 'Human Genome Project Timeline'.
[203] George J. Annas, 'Rules for Gene Banks: Protecting Privacy in the Genetics Age', in *Justice and the Human Genome Project*ed ed. by Timothy F. Murphy and Marc A. Lappé (University of California Press, 1999), pp.75-90 (p. 80).
[204] Daniel J. Kevles, 'Eugenics and the Human Genome Project: Is the Past Prologue?', in *Justice and the Human Genome Project*ed ed. by Timothy F. Murphy and Marc A. Lappé, pp.15-29 (p. 18).
[205] Vine, *The Blood Doctor*, pp. 230-231.
[206] Vine, *The Blood Doctor*, p. 229.

fall into ethically dubious territory, as Eleanor Miligan argues when discussing the notion of prenatal screenings – 'Such choices, framed in socially entrenched prejudices governing which traits are desirable or undesirable in our offspring create a moral space in which the destruction or removal of such a life seems the technically and philosophically rational thing to do'.[207] Miligan goes on to describe the ways in which these 'choices' 'redefine our understanding of what a suitable body is', and inscribes a certain moral obligation towards preventing the assumed pain and suffering associated with certain illnesses or disabilities.[208] This form of medical intervention in the process of heredity does, then, raise much wider questions than this discourse of individual 'choice' would suggest; rather, genetic testing, much like the discussions of undesirable, inheritable qualities which came to the fore in the late-nineteenth century, becomes implicated in a number of larger social issues. Towards the end of *The Blood Doctor*, Martin admits that 'Jude and I are making a baby, now that's an accurate way of putting it, for no baby was ever more deliberately and calculatingly *manufactured*.'[209] The reader is once more reminded of the contentious involvement of medicine in the struggle to create the next generation, and with the issues raised by the Human Genome Project and other forms of genetic testing in mind, might view this ostensibly happy ending more ambiguously.

The end of the twentieth century saw a number of key social, scientific, and literary developments which have come to inform how neo-Victorian medical men are figured as central figures of multiple periods of era-ending change. Both 'modernity' and 'masculinity' were concepts coming under scrutiny at the turn of the millennium, with the potential for genetic manipulation and the rise of the 'metrosexual' mirroring the *fin de siècle*'s concerns about biological and social degeneration, alongside the literary invention of the New Man. In *The Blood Doctor* and *The Essex Serpent*, these parallels manifest as a heightened interest in the issues of masculine revoicings, particularly by the medical man himself, since the late-twentieth-century rise of patient-centred care, and narratives around blood-borne illness as social contagion which recurred during the HIV/AIDS epidemic. Perhaps most troublingly, the medical man's place as the arbitrator of these dual social and scientific discourses is undermined during both periods by his role in heralding the most dubious aspects of impending modernity, including the potential for medical surveillance and the misuse of genetic information.

Conclusion

In both *The Essex Serpent* and *The Blood Doctor*, facets of masculinity and modernity are problematised by the neo-Victorian medical man. This chapter has considered the various ways in which discourses

[207] Eleanor Miligan*, The Ethics of Consent and Choice in Prenatal Screening* (Cambridge University Press, 2011), p. 2.
[208] Miligan, *The Ethics of Consent and Choice*, p.2.
[209] Vine, *The Blood Doctor*, p. 333, emphasis my own.

around these two key themes of the *fin de siècle* converge within a socio-scientific context, highlighting the troubling place of medicine within and between the emergent cultural anxieties associated with the end of the nineteenth century. By drawing on Max Nordau's dualistic conception of degeneration, as well as the New Man character popularised in *fin-de-siècle* feminist polemics, this chapter has reasoned that the neo-Victorian medical man can be illuminated by close attention to these socio-medical contexts, and that parallels can be made between the end-of-the-era sensibilities of the diegetic settings of these novels, and their authorial perspectives in the early years of the twenty-first century.

In this way, these novels present a form of reciprocity between the *fin de siècle* and the turn of the millennium, evidencing the ways in which late-Victorian ideologies intrude on the present, but also how contemporary concerns are rewritten into our histories. This complicates any straightforward notion of lineage between the two eras, and the neo-Victorian form itself highlights these problems of inheritance at the heart of the mode. Rather than affirming a distinction between past and present, such narratives necessarily articulate a complex temporal relationship with the nineteenth century, premised upon the readerly understanding that their characters are not merely products of fiction, but instead our ancestors. *The Blood Doctor* draws attention to the intergenerational nature of neo-Victorian writing, self-consciously presenting itself as both constructed artifice and as an act of documentarism. The novel's central conceit emphasises the importance of biography as a literary form which actively shapes the legacies of its subject, a thematic focus which metafictionally calls into question Vine's own ability to faithfully recreate the past. Through its portrayal of haemophilia, a disease which predominantly affects men but which is passed down matrilineally, Vine also figures women as disruptive forces in heredity, highlighting the gendered anxieties which permeate both the novel's nineteenth-century narrative and its present-day story. The reader's understanding of the present day as somehow enlightened, or uniquely modern, is thus undermined, as the novel consistently reaffirms the continuities between Martin's age and Henry's. The novel's Gothic elements further highlight the similarities between Vine's fictive endeavour and Martin's biographical project, using blood as a central, medical, motif with which to consider violence, hereditary illness, and inherited titles.

This attention to problems of genre, as well as the novel's focus on inheritance and descent, can be considered with reference to degeneration theory. The corruptible potential of textual form is a key component of Nordau's theorisation of degeneracy, and large portions of *Degeneration* are devoted to identifying cultural figures and texts which might further these undesirable qualities. Nordau therefore presents degeneration as both social and individual, diagnosable in both patient and society at large. He also argues that degeneration is dually transmittable, both through reception of unhealthy culture, and through inheritance. *The Blood Doctor* and *The Essex Serpent* might be seen to offer both sides of this theory of dualism, with Vine's novel focusing primarily on the idea of heredity, and Perry presenting degeneracy as a form of contagion, transmissible through the same intertextuality to which Nordau refers.

Several kinds of textuality are foregrounded in *The Essex Serpent* through the primary characters of Cora, William and Luke. Cora and Luke, although associated with the language of scientific naturalism and medicine respectively, are also consistently compared to characters from folklore. The Essex Serpent itself is curiously positioned throughout the novel as treading this line between studiable creature and supernatural entity, projecting a kind of liminality which problematises the novel's depiction of modernity. The language of 'thresholds' pervades this novel, signalling both its literal setting at the end of the nineteenth century, but also, more troublingly, the in-betweenness that this era represents as an apparent gateway to modernity. In this way, Perry's narrative articulates a similar temporal disruption to *The Blood Doctor*, presenting an ambivalence about the progressiveness of our own times. Both novels also ruminate on Nordau's key characteristics of degeneracy, particularly mysticism, ego-mania, and morality, traits which are often pathologized in Nordau's writings. Such discourses inform and are literalised within these novels as inheritable illnesses and contagious mythologies, offering a dually sociological and scientific perspective on the apparent problems of modernity instigated by the new century.

This chapter has also interrogated the place of the New Man in these fictions, drawing together these key concepts from *fin-de-siècle* social commentary . Like the New Woman, the New Man's place in reality is contested, but his characterisation as a fictive ideal, a preferable alternative to hegemonic Victorian masculinities, suggests that he was not considered a threatening possibility. The dual cultural and biological influences upon the New Man position him within the same kind of socio-scientific discourses as Nordau's degenerate, demonstrating the ways in which medical or diagnostic language was merged with cultural or textual reference to articulate these gendered anxieties. In *The Essex Serpent*, William and Luke are positioned as Cora's competing suitors, and opposites in their adherence to New Man sensibilities. William's emotional intelligence is often placed at odds with Luke's clinical detachment, a characterisation which is suggestive of the wider conflict between the New Man and the medical man. This sense of the inherent problems of masculinity within the medical profession is continued in *The Blood Doctor*, where Henry's manhood is manifested through his professional performance and self-consciously constructed within the diaries through which he intends to be biographed.

The transformation of the New Man into the neo-Victorian 'neo-Man', as Stetz identifies him, offers a vital indication of the gendered issues underpinning the neo-Victorian form. The genre being female-dominated offers a key parallel with the kinds of writings from which the New Man initially emerged, but also forces the neo-Victorian novel to engage with issues of ventriloquism, mirrored in these texts by a thematic emphasis on the masculine revoicing of medical symptoms. Within this linguistic process of diagnosis, the wider social, sexual, and racial significances of such exclusionary designations are highlighted, providing a key point of comparison between the depiction of contagion within these novels, and the late-twentieth-century epidemics which have repeated these earlier scripts.

Blood-borne contagion, in particular, due in part to the wider resonances of blood in terms of heredity and community explored earlier in this chapter, becomes a contentious, and evocative, aspect of these exclusionary discourses.

When considering the role of blood in terms of these wider concerns, this chapter has turned to Martin's assertion in *The Blood Doctor* when describing modern issues which have historically related to blood – 'Genes we'd say now, but not in the nineteenth century'.[210] Developments in genetic testing and engineering in the decades around the turn of the millennium might offer the closest modern comparison with the nineteenth century's interest in issues of inheritance and descent, with large-scale public ventures like the Human Genome Project paving the way for a new approach to genetic material. Just like the apparent disturbance to heredity posed by degeneration, genetic manipulation has come under scrutiny for its potential ethical ambiguities, particularly around the policing of marginalised groups, and the elimination of certain biological features. Medical professionals, the faces of the real-life application of these scientific developments, have thus also become targets of renewed suspicion, with criticism levelled at doctors engaging with these novel treatments often echoing the critical rhetoric against Victorian experimental science.

'Masculinity' and 'modernity' are thus central concepts through which neo-Victorian medicine must be examined, with the intersection of these issues at both the *fin de siècle* and the turn of the millennium raising key questions about medicine's response to, and role within, periods of social upheaval. This chapter has re-evaluated the wider resonances of the term 'medical man', and explored the various ways in which the scientific and clinical developments at the heart of these neo-Victorian novels come to symbolise the wider social and political contexts of both their diegetic nineteenth-century settings, and their authorial contexts in the early years of the new millennium. The medical man's uneasy place as a figure of suspicion in issues of experimentation, surveillance, and bodily policing has also been introduced, and it is with this potential for medical misdemeanour in the neo-Victorian novel that my analysis continues in the following chapter.

[210] Vine, *The Blood Doctor*, p. 1.

Chapter Two

Anatomy and Abuse: A Legislative Analysis of Body Snatching

As I have highlighted thus far, turn-of-the-millennium neo-Victorianism was drawing on the particular contexts of the early twenty-first century, a period which saw a renewed interest in changing modes of masculinity, and important developments in genetic science. Evolving ideas around medical practice during the nineteenth century also held clear ramifications for the clinical and professional role of medicine. New and emerging predominant theories, particularly, as the previous chapter argued, around social and biological degeneration, both altered the treatment and theorisation of certain illnesses, and contributed to a new understanding of the social place of the newly professionalised doctor, as ideals of masculinity and modernity were challenged by this socio-scientific discourse. Whilst the development of the medical profession over the century could be considered symptomatic of 'the rise of the rise of the expert in Victorian society', and a story of increasing autonomy and status for medical professionals, residual suspicion stemming from the medical man's pre-Victorian origins can be identified late into the nineteenth century and beyond.[211]

This chapter builds on my previous analysis concerning the potential risks and costs of scientific advancement to investigate ideas around medical violence. Vine's Henry Nanther has highlighted the ways in which neo-Victorian fiction draws on nineteenth-century figures and practices to articulate the uncomfortable connections between the unethical practices of the past, and the capabilities of modern medicine. In this vein, this chapter focuses on anatomical procurement, a key interest of early-nineteenth-century legislature as medical training expanded and professionalised. I will explore how neo-Victorian texts use the subject of anatomy to introduce the potential for transgressive behaviours in neo-Victorian doctors, and what this may reveal about modern anxieties around clinicians. By focusing on legislative change and continuity between the *fin de siècle* and millennium, and press coverage of medical scandals between the two eras, this chapter addresses the issue of violence perpetuated by the medical man and the wider institution, exploring his place within the key ethical and moral questions arising from the professionalisation of medicine at the beginning of the nineteenth century. This chapter proposes a comparison between two pieces of British legislation which have influenced modern anatomical practice: the 1832 Anatomy Act and the 2004 Human Tissue Act. Almost two centuries apart, these Acts evidence a continuing need to centrally manage the medical establishment's use of anatomical material, responding to public fears around the potential for misdemeanour.

[211] M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (University of California Press, 1978), p. 286.

With this legislative framework in mind, texts set in Britain across the nineteenth century provide my primary comparative material. Sheri Holman's *The Dress Lodger* (2000), Faye L. Booth's *Trades of the Flesh* (2009) and E.S. Thomson's *Beloved Poison* (2016) all present a violent picture of the medical profession in the nineteenth century, engaging with ideas of body snatching, the exploitation of power, and the somatic parallels between prostitution and medicine. This analysis begins with an outline of body-snatching narratives of the early nineteenth century, including the real-life accounts which led to the Anatomy Act, in order to provide context to the chapter's central ideas of anatomy and abuse. Some context about the early-nineteenth century will be pertinent here, and I draw primarily on M. Jeanne Peterson's seminal *The Medical Profession in Mid-Victorian London* (1978) before turning to an analysis of *The Dress Lodger*, set before the Anatomy Act. Evaluating next the Act's social and political relationship with the Poor Laws, as well as its later repealing and replacements, this chapter then introduces an exploration of *Trades of the Flesh*, focusing particularly on the transgressive similarities between anatomy and prostitution constructed by the novel.

An analysis of more modern medical scandals will be pertinent at this juncture, focused on the turn of the millennium, particularly those which have seen media coverage draw on Victorian tropes. These enduring Victorian scripts, I argue, continue to inform our understandings of the medical profession. Like the Anatomy Act, the Human Tissue Act 2004 came about partly as a result of highly-publicised medical wrongdoing. I examine the Act here, and suggest that the focus of modern legislation is more patient-focused than its Victorian predecessor, commenting more on ideas of consent than the logistics of procurement. In this vein, *Beloved Poison*, set within a clinical environment, and commenting directly on the relationship between infirmaries, workhouses, and university hospitals, presents a key opportunity for discussion of the direct consequences of medical legislation for neo-Victorian depictions of hospitals. By considering neo-historical narratives of anatomy and abuse within this historical context, this chapter expands upon the reciprocal canon between the nineteenth and early-twenty-first centuries introduced in Chapter One, and argues that these narratives point to an underlying sense of unease about the threatening potential of the medical professional in the present day, which is informed by a cyclical repetition of Victorian scripts. In particular, I argue that the reimagination of the nineteenth century in such narratives speaks to an enduring anxiety around the medical profession and the post-mortem use of bodies in research or education, a concern which is displaced and re-articulated via the Victorian anatomist.

Early-nineteenth-century body snatching

From the early nineteenth century, narratives of body snatching and grave robbing have proved an enduring cultural myth.[212] In *The Diary of a Resurrectionist,* J.B. Bailey argues that 'great respect for the dead has characterised mankind in nearly all ages' and that '*post mortem* dissection was looked upon as a great indignity'.[213] Exhumation for the purposes of dissection then posed the ultimate fear, both an undermining of this assumed respect for the dead, and a threat to the bodily totality which was deemed a prerequisite for advancement into the afterlife. As D. Gareth Jones and Maja I. Whitaker point out, 'the intrinsic value of a cadaver means that the manner in which cadavers are treated is of moral significance', and ethical and religious norms around this 'intrinsic value' of the body made its use, particularly in within the secular realm of scientific endeavour, a subject of intense dispute.[214]

The link between body snatching and medicine is therefore also well-established, with Bailey's account of the work of so-called 'resurrectionists' beginning with the admission that 'the complaint as to the scarcity of bodies for dissection is as old as the history of anatomy itself'.[215] Addressing the paradox between increasingly formalised surgical education, wherein 'a knowledge of anatomy was insisted upon by the Corporation of Surgeons', and a public fixedly hostile to any suggestion of post-mortem mutilation, Bailey admits that 'when bodies were obtained for dissection it was generally by surreptitious means'.[216] This testimony thus places resurrectionism within a broader history of anatomy and its teaching, and it is here that this chapter will begin in order to evaluate the cultural significance of the practice and its reappearance in fiction throughout the nineteenth century and into works of neo-Victorianism.

In order to effectively consider the relationship between bodily acquisition and early anatomical education, it is necessary to trace the origins of the medical profession itself during this time. M. Jeanne Peterson argues that 'before the passage of the Medical Act of 1858, the organisational structure of the medical profession was in a state of near-chaos', as the disparate specialisms of physic, surgery and

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[212] I use these terms relatively interchangeably throughout this chapter to refer to the acquisition of bodies via exhumation, as set out by Norman M. Keith and Thomas E. Keys, 'The Anatomy Acts of 1831 and 1832: A Solution of a Medical Social Problem', *American Medical Association: Archives of Internal Medicine*, 99.5 (1957), pp. 678–94 (p. 681), doi: 10.1001/archinte.1957.00260050006002. Specifically, 'body snatching' refers specifically to removal of a body by disinterment, whilst 'grave robbing' denotes the practice of removing items from a burial site, not necessarily, but sometimes, including the body itself. Although in reality, anatomists would rarely themselves undertake acts of resurrectionism, in fiction the anatomist/body snatcher is often conflated into a single figure (Ruth Richardson, *Death, Dissection and the Destitute* (Taylor and Francis, 1987), p. 57).

[213] J.B. Bailey, *The Diary of a Resurrectionist, 1811-1812, To Which Are Added An Account of the Resurrection Men in London and a Short History of the Passing of the Anatomy Act* (Swan Sonnenschein and Co., 1896), p. 13.

[214] D. Gareth Jones and Maja I. Whitaker, 'Anatomy's Use of Unclaimed Bodies: Reasons Against Continued Dependence on an Ethically Dubious Practice', *Clinical Anatomy*, 25.2 (2012), pp. 246–54 (p. 246), doi: 10.1002/ca.21223.

[215] Bailey, *The Diary of a Resurrectionist,* p. 13.

[216] Bailey, *The Diary of a Resurrectionist,* pp. 14, 15.

apothecary were loosely, and not qualitatively, defined.[217] The origins of 'the medical profession' as a singular, if varied, entity, can be identified in these unintegrated components, each underscored different assumptions about the class, skill, and learning of the practitioner. Zachary Cope, referring to 'the craft of surgery', highlights its ideological place, not as university-learned science, but as skilled manual labour, and similarly, the apothecaries' occupation of retailing treatments designated their specialism a form of trade.[218] These conceptual distinctions were addressed by the Medical Act, and the later Amendment Act; by defining a 'qualified medical practitioner' and introducing the General Council of Medical Education to oversee this qualification, a new standard of clinical training was clearly outlined, and the integration of specialisms under the equal provision of this training was formalised.[219]

This trend in professionalisation which was aided by the Medical Act finds its origins earlier in the nineteenth century. Increased demand for medical care correlates with population growth and a transition to industrialised labour, priming the pre- and early-Victorian era for an expansion of the medical institution, albeit in its disparate forms. The field of surgery, in particular, grew rapidly; according to F. G. Parsons, 'there were 200 regular students of anatomy in London in 1773, but, in 1823, there were about 1000.'[220] Though, as Bailey mentions, anatomical knowledge had been a precondition for surgical practice before the nineteenth century, this process of professionalisation and expansion exponentially increased demand for cadavers upon which to practise dissection. Additionally, new methods of medical training, specifically the rise of the generalised medical school, altered the methods by which this knowledge was achieved. Quantitative testing fundamentally changed the hierarchies of the medical profession, with apprentices no longer answerable only their individual tutor, but now beholden also to 'the judges of the examination papers and the leaders of the hospital', often anonymous authorities with no personal relationship with students.[221] In this context, previously acceptable teaching modes – large-scale observations particularly – became more difficult to test, and hands-on dissection became the preferred model of learning.

University income and status depended on being able to provide for a complete anatomical education for a growing professional elite, the centralised demands upon whom meant that mere observation of dissection was no longer sufficient. However, these schools varied in the ways in which they taught anatomy, owing to body procurement issues and staff shortages; Hurren's examination of Oxford University's medical school attests to this variability even into the late-nineteenth century, noting that an Oxford degree in anatomy usually succeeded practical training elsewhere, as issues with

[217] Peterson, *The Medical Profession,* p. 5.
[218] Zachary Cope, *The Royal College of Surgeons in England: A History* (Anthony Blond, 1959). pp. 1-26.
[219] Peterson, *The Medical Profession,* p. 35.
[220] F. G. Parsons, *Modern Human Anatomy (Anthropotomy),* 11th edn., vol. 1 (The Encyclopaedia Britannica Company, 1910, p. 937.
[221] Peterson, *The Medical Profession,* p. 84.

local supply of cadavers arose.[222] This generated, as Hurren describes, 'a complex process of professionalisation' wherein the desire to complete anatomical training and gain professional recognition resulted in an entrepreneurial market for dissection opportunities.[223] Bodies in this context become commodities, and valuable to those procuring and selling them to a growing medical establishment. Until the Anatomy Act, only the bodies of executed criminals could be legally used for dissection purposes, and, as this number remained steady despite rising demand, illegal exhumation was practised to fill this gap.[224] John Knott argues that, 'doctors and students had initially gone out on grave-robbing expeditions themselves, but as the scale of activities and the risks of detection increased, they offered money to others to undertake the work.'[225] Thus, the work of resurrectionists became saleable, and their professional links to the medical establishment reinforced in the public imagination.

Accusations of body snatching followed the medical man as this disparity between the expectation of first-hand anatomical study and the reality of body shortages became more apparent. Ruth Richardson estimates that by the turn of the nineteenth century, several thousand corpses were disinterred every year, a significant proportion of which were sold on to anatomy schools.[226] Bailey's 1896 *Diary* is adapted from the records of resurrectionist Joseph Naples in 1811-1812, with the social and legal repercussions of admitting to this offence preventing the text from having been published in his lifetime.[227] Fictionalised accounts, more often referring to the victims and families of the trade, appear much earlier in the century, and include Thomas Hood's poem, 'Mary's Ghost' (1826). Written from Mary's narrative perspective, the poem features a grisly taxonomy of the various destinations of her body parts, her legs, for example, 'gone to walk/The hospital at Guy's'.[228] Roy Porter argues that there is a sense of the 'sensational and ironic complicity between respectable doctors and criminals' which was widely exploited by poets and satiric cartoonists.[229] This juxtaposition between supposedly disparate ends of the social spectrum is capitalised upon in popular fiction by a predominant focus on young, often female, victims, such as the symbolically-charged Mary. In this way, narratives of body snatching emerge unevenly during the early-nineteenth century, fuelling the perception that medical men preyed disproportionately on the vulnerable to support their professional ambitions.

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[222] Elizabeth Hurren, 'Whose Body Is It Anyway? Trading the Dead Poor, Coroner's Disputes, and the Business of Anatomy at Oxford University, 1885-1929', *Bulletin of the History of Medicine*, 82.4 (2008), pp. 775–819 (p. 782), doi: 10.1353/bhm.0.0151.

[223] Hurren, 'Whose Body is it Anyway?', p. 778.

[224] Keith and Keys, 'The Anatomy Acts', p. 679.

[225] John Knott, 'Popular Attitudes to Death and Dissection in Early Nineteenth Century Britain', *Labour History,* 49 (1985) pp. 1–18 (p. 2), doi: 10.3828/27508747.

[226] Richardson, *Death, Dissection and the Destitute*, p. 87.

[227] J. Frances, 'Review of *The Diary of a Resurrectionist, 1811-1812'*, *Athenaeum*, 3634 (1897), pp. 812-813 (p. 812).

[228] Thomas Hood, 'Mary's Ghost – A Pathetic Ballad', in *The Works of Thomas Hood: Comic and Serious in Prose and Verse with All the Original Illustration Part Four* (E. Moxon and Co., 2004), pp. 173-5 (p. 174).

[229] Roy Porter, *Bodies Politic: Disease, Death, and Doctors in Britain, 1650-1900* (Cornell University Press, 2001), p. 221.

It is therefore unsurprising that works of neo-Victorianism also engage with these social and gendered narratives. Sheri Holman's *The Dress Lodger* can be considered as part of this early chronology, set the year before the Anatomy Act was introduced and reflecting several of the key issues which underpinned its formulation. Holman's doctor figure, Dr Henry Chiver, is revealed as having left Edinburgh after 'his mentor Dr. Knox's implication in the Burke and Hare murders', continuing to procure bodies by 'surreptitious means' in Sunderland under a quarantine order during the 1831 cholera epidemic.[230] Distrust of the medical profession underpins Chiver's relationship with the local public, and the novel starts with an epitaph from Ambrose Bierce's *The Devil's Dictionary* which reads, 'Grave: A place where the dead are laid to await the coming of the medical student'.[231] The city's isolation can be seen to permit the doctor's subversive anatomical practices, as surveillance apparatus turns to the permeable borders of the Quarantine rather than monitoring the increasingly overcrowded graveyards. Distrust of the medical establishment reinforces epidemic conspiracy theories, and fear that, instead of supposedly treating the disease, doctors might be using it as a guise under which to continue their body snatching – 'there in that dark and lonely place, at the mercy of their saws and scalpels, he too might 'develop' cholera and need to be taken apart limb by limb.'[232]

Dr. Chiver is variously referred to as a 'bloody burker', 'bloody sawbones', and as attempting to persuade 'the people of Sunderland to line up for a carving'.[233] As Norman M. Keith and Thomas E. Keys point out, the Burke and Hare case, from which the term 'burker' derives, presents a perfect storm of anatomical controversy, as an example not only of disinterment but of murder in order to sell corpses, and as a notable instance in which an individual doctor was implicated.[234] Knox, invoked by Holman as Henry's mentor and teacher, reported the murders to the crown, but his involvement in the enterprise of body snatching has undermined his historical legacy as the first medical man to 'teach anatomy from descriptive, histologic, and comparative perspectives'.[235] The corruptibility of the medical profession is a key thematic concern here, particularly in the transactionary symbolism of Henry's account of his own part in the Burke and Hare crimes – 'How did one so young and healthy come to die? He demanded of Burke, even as he handed over the money.'[236] His feeble protestations are ultimately overcome by this act of monetary exchange, one which proves particularly resonant within a wider consideration of the novel's attitudes towards masculinity, as the body Henry purchases is that of a young woman.

[230] Sheri Holman, *The Dress Lodger* (Grove Press, 2000), p. 17.
[231] Holman, *The Dress Lodger,* p. 1.
[232] Holman, *The Dress Lodger,* p. 111.
[233] Holman, *The Dress Lodger,* pp. 120, 131, 163.
[234] Keith and Keys, 'The Anatomy Acts', 681. The Burke and Hare murders were committed over the course of around ten months in 1828 by William Burke and William Hare, who then sold the bodies of their victims to Robert Knox, a prominent anatomist.
[235] F. H. Garrison, *An Introduction to the History of Medicine,* 4th edn. (W. B. Saunders Company, 1929), pp. 447-448.
[236] Holman, *The Dress Lodger,* p. 128.

Throughout, women are the primary victims of the body-snatching 'trade', highlighting the gendered division between active 'men of science' and their passive, studiable, female subjects.

This depiction of masculine dominance in scientific advancement finds a parallel in the novel's repeated allusions to matrimony. Henry notes that he has 'been wed to the graveyard since I first laid eyes on Dr. Knox', again affirming a connection between grave robbing and the medical profession by referring to Knox's title, and invoking grotesque marital symbolism as his own relationship, having been engaged to a woman named Audrey from before the novel's opening, becomes increasingly untenable.[237] The institutions of marriage and medicine converge unsettlingly here, particularly in terms of the language of trade/exchange. Not only does Henry's admission of being 'wed to the graveyard' imply an almost necrophilic interaction with his anatomical subjects which highlights his potential for violation, it also consolidates the implicit connections in the novel between body snatching, marriage, and prostitution as practices which are connected with masculine violence.

This masculinity thus underpins medical practice within the novel in several troubling ways, and Holman draws attention to the entitlement Henry and his colleagues feel to the provisions of scientific advancement, an entitlement which is both intensely gendered and class-inflected. Progressive rhetoric is employed to persuade the people of Sunderland to donate their bodies to medical science:

> I come before you, my friends and neighbours, to ask your help in stomping out a medieval superstition that pervades our otherwise modern and sophisticated town. In these days of reform and progress, should we still labour in darkness where afflictions of the human body are concerned?[238]

However, the bureaucratic signifiers of institutional development are exploited by Henry as he behaves outside of the scope of their influence – 'We can take her while she is sleeping […] And if we get caught, I will say I am operating under the authority of the Board of Health'.[239] As Peterson notes, the centralisation of medicine was intended to instil public confidence but also educate students to the 'mores, values, and loyalties of a potentially self-regulating and autonomous profession'.[240] Henry's invocation of the authority of the Board of Health thus plays on a public desire for the regulation of the medical profession, and problematises the assumption of a shared set of ethical values among medical men. In the hopes of obtaining medical knowledge, Henry's treatment of cholera victims is likened to that of the preserved creatures exhibited in his laboratory, 'all the dumb, vivisected beasts who have given their lives for the betterment of Science', and his indiscriminate desire for dissection material

[237] Holman, *The Dress Lodger,* p. 228.
[238] Holman, *The Dress Lodger,* p. 226.
[239] Holman, *The Dress Lodger,* p. 134.
[240] Peterson, *The Medical Profession,* p. 89.

demonstrates a desensitisation to death and the 'intrinsic value of the cadaver' which was feared in medical men.[241]

This intense corporeality is made explicit throughout the novel, both by graphic detail of dissection, but also by the narrative's 'surgeon's eye' on otherwise innocuous scenes. Henry recalls with visceral detail the casualness of the medical school encounter with cadavers:

> How many evenings, as he ripped into his drumstick, would he imagine the ropy tendons of the body's dissected hand left pinned in place with the point of a compass, so that two hundred students might shove past and make a quick sketch before heading off to their own dinners?[242]

As Henry asserts, 'It is so easy to intellectualise the body when you are able to take it for granted', but this philosophy becomes troublesome when he is faced with bodies in other contexts.[243] The anonymity of the dissected body is disturbed by Henry's immersion in this community, his trade problematised by his relations with those around him. Kohlke points to the novel's climax, wherein Dr. Chiver is forced by vengeful mob to publicly dissect the body of his fiancée, who has died from cholera, as a key moment of uncomfortable realisation.[244] Henry 'sob[s] like a man condemned', as the 'knife plunging' into Audrey's chest becomes a deliberately murderous trope.[245] This unsettling intrusion of the personal implications of the anatomy trade begins more subtly earlier in the novel, when Audrey, so that 'Men of Science should not be put in a position of begging for bodies', signs a collective petition to offer her body for post-mortem dissection.[246] Henry's resistance to this proposal – 'What's to stop a randy medical student from fondling those parts of hers that – from climbing up and – from doing whatever he desired with no resistance whatsoever!' – supports Audrey's own earlier reservations about his procurement of a female cholera victim – 'You didn't have to steal her in the middle of the night. You didn't have to make her naked body an object of curiosity for young men'.[247] For Kohlke, it is also revelatory of Chiver's 'split personality, his distinct halves and competing impulses vying for control'.[248] His violent rape of Gustine, a young prostitute he has employed to assist with the procurement of bodies, 'appropriately committed in his laboratory and rendered in disturbing necrophilic terms', is the ultimate display of the medical man's transgressive potential, precipitated by

[241] Holman, *The Dress Lodger,* p. 127.
[242] Holman, *The Dress Lodger,* p. 19.
[243] Holman, *The Dress Lodger,* pp. 19-20.
[244] Marie-Luise Kohlke, 'The Neo-Victorian Doctor and Resurrected Gothic Masculinities', *Victoriographies,* 5.2 (2015), pp. 122-42 (p. 127), doi:10.3366/vic.2015.0189.
[245] Holman, *The Dress Lodger,* p. 394.
[246] Holman, *The Dress Lodger,* p. 99.
[247] Holman, *The Dress Lodger,* pp. 163, 157.
[248] Kohlke, 'The Neo-Victorian Doctor', 128.

his earlier bodily violations in the form of grave-robbing, and revealing his later public dissection of Audrey as a 'public demonstration of his hitherto hidden, monstrous, Hyde-like Otherness'.[249]

Holman's dualistic depiction of Chiver, initially positioned as the victim of his mentor's unethical scientific endeavour, but gradually revealed to exhibit the same violent tropes, draws on a key fear about the doctor figure, that eminent respectability might work to conceal his inherent monstrosity. In this way, the neo-Victorian doctor is a profoundly Gothic figure, exemplifying what Kohlke and Christian Gutleben consider 'the depiction of lurking threats beneath the surface of civilised order, of the breaking out of repressed vileness that is both constituent and product of the infected monstrous social body'.[250] This sense of threat 'beneath the surface' is encountered with alarming literalness in Holman's novel, most notably where the narrative voice turns accusatorily towards the reader and reveals its disturbing identity:

> Have you now guessed in whose hands you rest? Why, even here in our own backyard, we must make obvious introductions. We are the citizens of the Trinity pit, dear reader: the murderers and drunkards, the prostitutes and the unbaptised babies of Sunderland; we are those you would not consecrate, those you buried at midnight, those you have forgotten. We are those who have been stolen as long as doctors have been questioning, and we have had enough.[251]

In true Gothic fashion, the narrative is upended by this revelation, the 'monstrous social body' now inclusive of the reader who has shared in the sensational, visceral story without prior consideration of its victims. Holman's invocation of the voices of 'snatched bodies' demonstrates that this neo-Victorian imperative to re-investigate 'unrecorded traumas of the socially disempowered and marginalised' is undermined by its necessarily voyeuristic tendencies.[252] Just as the medical profession is criticised for using bodies as 'object[s] of curiosity', the reader is here derided for partaking in their literary exhibition. This section therefore also blurs what Holman initially constructs as 'the most inevitable of all divisions', 'the Quarantine that separates the living from the dead'.[253] By granting the dead an authorial voice, Holman performs an act of narrative resurrection, engaging with the thematic concerns of the narrative whilst self-consciously addressing the process of '(re)discovery and (re)vision concerning the Victorians' which defines the neo-Victorian Gothic.[254]

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[249] Kohlke, 'The Neo-Victorian Doctor', 128.
[250] Marie-Luise Kohlke and Christian Gutleben, 'The (Mis)Shapes of Neo-Victorian Gothic: Continuations, Adaptations, Transformations', in *Neo-Victorian Gothic: Horror, Violence and Degeneration in the Re-Imagined Nineteenth Century,* ed. by Marie-Luise Kohlke and Christian Gutleben (Rodopi, 2012), pp. 1-48 (p. 6).
[251] Holman, *The Dress Lodger,* p. 256.
[252] Marie-Luise Kohlke, 'Neo-Victorian Female Gothic: Fantasies of Self-Abjection', in *Neo-Victorian Gothic*, ed. by Marie-Luise Kohlke and Christian Gutleben, pp. 221-250 (p. 222).
[253] Holman, *The Dress Lodger,* p. 255.
[254] Ann Heilmann and Mark Llewellyn, *Neo-Victorianism: The Victorians in the Twenty-First Century 1999-2009* (Palgrave Macmillan, 2010), pp. 4-5.

Revived through neo-Victorian depictions, sensationalist media and literary responses to the issue of body snatching form an integral part of the historical development of the medical man. In response to heightening public fear of the practice, the Anatomy Act of 1832 aimed to address the violent potential of the procurement enterprise by defining, and widening, the justification for bodies to be claimed for medical purposes. As Bietler, one of Henry Chiver's students, tells him, 'Warburton has reintroduced the Anatomy Act. Soon we'll have all the bodies we need, and we won't have to wait for you to procure us one.'[255] This sentiment was reflected in the legislators' discourse during the development of the Act, and Lord Thomas Macaulay is recorded as having argued for the Act in the House of Commons on the basis that the bill would address both resurrectionist activities and the threat of 'bad surgery', with greater access to cadavers leading to a marked improvement in the standard of medical care.[256] The Act in its initial form authorised the use of unclaimed bodies, or as Fiona Hutton corrects, 'so-called unclaimed bodies from public institutions, notably workhouses' for anatomy teaching in the hopes of increasing supply.[257] However, this extension generated renewed concern over the rights and responsibilities of the medical institution, and failed to address wide-spread concerns over the ethics of anatomical dissection; instead, heightened suspicion of medical men was reignited.

Anatomy and abuse in the late-nineteenth century

In theory, the 1832 Anatomy Act would represent a major break in previous practices of bodily acquisition, introducing a new system of anatomical procurement which was designed to increase supply for a growing educational establishment and soothe relations between the public and medical men. In practice, however, the Act was deeply flawed, providing legal access to the bodies of those who died in workhouses or prisons 'making poverty the sole criterion for dissection in Britain'.[258] As Keith and Keys note, the Act, brought before Parliament in numerous different forms from 1828, established several crucial new terms to the discourse of anatomical education.[259] Most notably, one amendment 'replaced the words "lawful custodian" by the expression, "any executor or other party having lawful possession" of an unclaimed body', further commodifying the bodies of the dead.[260] 'Unclaimed' is also a troubling term here, and Richardson notes that corpses were often assumed unclaimed because the process of claiming bodies from certain institutional settings was not transparent, often highly

[255] Holman, *The Dress Lodger,* p. 21.
[256] 'A Speech, Delivered in the House of Commons on February 27, 1832, by Thomas B. Macaulay on Mr. Warburton's Anatomy Bill', in *The Miscellaneous Works of Lord Macaulay,* vol. 9, ed. by Lady Trevelyan (Knickerbocker Press, 1860) pp. 98-100.
[257] Fiona Hutton, 'The Working of the 1832 Anatomy Act in Oxford and Manchester', *Family and Community History,* 9.2 (2006), pp. 125-39 (p. 125), doi:10.1179/175138106x146142.
[258] Jones and Whitaker, 'Anatomy's Use', 247.
[259] Keith and Keys, 'The Anatomy Acts', 686.
[260] 'Amended Anatomical Bill', *London Medical Gazette,* 9 (1832), pp. 643-647.

bureaucratic, and underpinned by a philosophy of 'class reprisal', that paupers' families should repay their welfare debt to society.[261]

Amounting to a discursive and legislative degradation of the bodies of the poor, the Act was immediately unpopular and can be linked to widespread rioting.[262] Sambudha Sen has argued that the Anatomy Act, alongside the New Poor Law of 1834, worked on both a practical and ideological level to destabilise pauper identity:

> the social embarrassment attendant on the loss of personal belongings, especially clothes; the humiliation enforced on workhouse inmates by the New Poor Law diet; and the foreboding that postmortem dissection, followed by anonymous burial, would eject a person from the domain of the social.[263]

The Poor Law, which sought to rationalise the existing system of poor relief, resulted in several key changes to the workhouse system, designed to deter all but the destitute from seeking relief there. The workhouse uniform, for example, stripped paupers of their individualising markers, and prevented modes of identification, such as ribbons tied to the wrists of infants.[264] This policy of enforced anonymity was compounded by the new threat of postmortem dissection, wherein bodies could now be legally 'possessed' by schools of anatomy, and used without express permission.

As well as being widely criticised, the Anatomy Act did not immediately succeed in its chief intention to secure more cadavers for dissection. Notably, there were several key challenges presented in terms of enforcement and regulation; Richardson argues that the decade following the Act's introduction was characterised by the same problems which brought it into existence, 'opposition, riot, shortage, maldistribution, speculation, disinterment and non-interment of corpses, misconduct, collusion, corruption.'[265] For example, Hurren points to the increased logistical and financial obligations of local authorities and medical schools under the Act, now responsible for the financial transactions involved in 'acquiring bodies, transporting them discreetly, and staging dissection demonstrations', meaning increased bureaucracy and increased costs associated with the working of the Act.[266] Most pertinently to the purposes of this discussion, the Act did lead to a decline in the practice of illegal resurrectionism, as institutions which housed the poor became the leading source of bodies for dissection in anatomy schools.[267] Troublingly, however, this close association between the Anatomy

[261] Richardson, *Death, Dissection and the Destitute,* p. 266.
[262] Elizabeth Hurren, *Dying for Victorian Medicine: English Anatomy and its Trade in the Dead Poor, c. 1834–1929* (Palgrave, 2012), pp. 6, 133, 193.
[263] Sambudha Sen, 'From Dispossession to Dissection: The Bare Life of the English Pauper in the Age of the Anatomy Act and the New Poor Law', *Victorian Studies*, 59.2 (2017), pp. 235–59 (p. 236), doi:10.2979/victorianstudies.59.2.02.
[264] Sen, 'From Dispossession to Dissection', p. 238.
[265] Richardson, *Death, Dissection and the Destitute,* p. 252.
[266] Hurren, 'Whose Body is it Anyway?', p. 778.
[267] Richardson, *Death, Dissection and the Destitute,* p. 271.

Act and the New Poor Law does not appear to have reduced public fear of the possibility of postmortem dissection; rather, the focus of this fear merely shifts, from resurrectionists themselves to the wider legislature, now appearing conclusively to work in favour of the medical institution. Popular fiction of the mid-nineteenth century reflects these concerns around institutionalised medical violence. Anna Gasperini has explored the ways in which popular fiction at this time worked through contemporary anxieties surrounding the medical establishment, and the controversial legislative debates within which it was embroiled.[268] In particular, Gasperini looks to the relationship between the 1832 Anatomy Act and penny bloods, a mass-produced genre popular with the Victorian poor, identifying the ways in which the content and form of such narratives worked to process issues of social power, ethics, and bodily agency in the medical and political climate of the early-nineteenth century.

This new, institution-level perspective on the beneficiaries of the anatomy trade continued late into the nineteenth century and is reflected in *fin-de-siècle* neo-Victorianism. Faye L. Booth's *Trades of the Flesh*, set in 1888 long after the passing of the Anatomy Act, features a similar narrative to that of *The Dress Lodger*, of body snatching committed or enabled by prostitutes for medical men, but further emphasises its wider social and legislative context. Booth's narrative being set around the time of the Whitechapel murders, famously attributed in the press to someone with surgical expertise, allows the novel to draw on an even more established history of medical mistrust, and places the narrative within this slightly different cultural dialogue around medical misdemeanour at the end of the nineteenth century. Like *The Dress Lodger*, Booth considers the implicit criminality of the anatomical trade, conflating the medical man with the resurrectionist/burker in the figure of Henry Shadwell, a young surgeon who resorts to body snatching to provide informal anatomical teaching. Aided by Lydia, a prostitute who provides the novel's primary narrative perspective, Henry carries out one incident of grave robbing and, unlike Dr Chiver, considers the practice to be an outdated and unfortunate necessity in exceptional circumstances, rather than essential to progressive scientific endeavour.

References to the effects of the New Poor Law, as well as the Anatomy Act, are frequent in Booth's narrative, and indeed set the novel's events in motion. Opening with the death of Lydia's mother, her daughters are warned about the perils of destitution – '"If you're here when they find my body – or worse, if you're cloth-headed enough to fetch them from the parish to come and collect it – they'll take the both of you into the workhouse"'.[269] Lydia and her sister Anna instead move into a brothel, with Anna soon leaving to attend school, and Lydia undertaking work as a prostitute. The eventual fate of their mother is never confirmed, although when Henry later asks, '"Your mother was

[268] Anna Gasperini, *Nineteenth Century Popular Fiction, Medicine and Anatomy: The Victorian Penny Blood and the 1832 Anatomy Act* (Palgrave Macmillan, 2019), p. 1.
[269] Faye L. Booth, *Trades of the Flesh* (Macmillan New Writing, 2009), p. 2.

given to the surgeons?"', Lydia replies, '"That's what I'm s'posing."'[270] This assumption is not unfounded, particularly following the revelation of the source of Henry's dissection material:

> 'So you go to Lancaster then? For them that get hanged?' She knew the bodies of hanged criminals were given over to the surgeons. She knew that others were used, too, but she held her breath and waited for Henry to tell her that the only bodies hacked up on this table were those whose hopes of a heaven had been snuffed out along with their earthly existence. 'Some of them,' Henry replied. 'The workhouse provides a fair few, and I'm entitled to the remains of anyone who cannot afford a burial.'[271]

Affirming the economic link between the populace and dissection, Henry's admission here almost directly invokes the language of the Anatomy Act. This concept of 'entitlement' to human remains is not dissimilar in its commodification of the body from the controversial notion of 'lawful possession', both phrases exhibiting what Richardson calls legislation '[turning] its back on the old paternalism, and [antagonising] the poor'.[272] The language of ownership supersedes the old signifiers of state support, such as terms like 'lawful custodian', and Henry is shown to benefit professionally from precisely this shift towards depersonalisation of the poor.

However, Henry appears disparaging of the very legislation which permits his anatomical practices – 'they were poor, that's all. It doesn't seem right that not having a pot to piss in leads you to the same place as if you'd strangled someone.'[273] This sentiment is reflected in a major argument which emerged against the introduction of the Anatomy Act, that subjecting 'unclaimed' paupers to the same postmortem fate as murderers would conflate the two distinct groups, equivocating violent crime with the 'crime' of poverty. Indeed, various petitions to Parliament are recorded on this subject, and Richardson quotes one such petitioner protesting that they cannot 'quietly and conscientiously acquiesce in subjecting the honest and persecuted poor to that last species of degradation, which has hitherto only been legally enforced, by way of stigma, on the bodies of murderers.'[274] When Henry notes that the Anatomy Act 'granted us the bodies of the paupers and the criminals', it appears that he does precisely this, aligning both groups with the postmortem identity of dissection material.[275] Lydia's later observation of the workhouse ward or 'sickhouse' demonstrates how this slippage between identities is deliberately achieved by this clinical environment, working within the depersonalising legislative agenda of the New Poor Law:

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[270] Booth, *Trades of the Flesh,* p. 144.
[271] Booth, *Trades of the Flesh*, pp. 124-5.
[272] Richardson, *Death, Dissection, and the Destitute*, p. 266.
[273] Booth, *Trades of the Flesh,* p. 206.
[274] Richardson, *Death, Dissection and the Destitute,* p. 179.
[275] Booth, *Trades of the Flesh*, p. 127.

> The leap from a talking, moving, eating, fucking person and the lifeless meat in Henry's dissection room didn't seem too strange when you looked at the sick and dying workhouse inmates: gasping, out their lives, ignored, reduced to bodies whose only efforts were expended in the futile struggle to hold onto life.[276]

In this way, the workhouse is shown to anticipate and aid the ideological mission of the anatomical trade and vice versa, supporting Richardson's claim that 'the Anatomy Act was in reality an advance clause to the New Poor Law'.[277]

The identity of the medical man, and his role in this legislative arrangement, is thus also called into question. Henry justifies his endeavours with a veneer of progressive respectability, arguing that his involvement in anatomical teaching is altruistic and charitable, aiming to diversify the medical establishment – 'All I do is impart a little anatomical knowledge to men who wouldn't know what they were doing otherwise'.[278] This sense of exceptionalism is highlighted in the novel's epigraph from Edward Young's *The Complaint* (1743), that 'All men think all men mortal, but themselves', and this intertextual reference introduces what Gutleben refers to as an 'ironic parallel between past and present' notable in works of neo-Victorianism, explicitly quoting a relevant pre-nineteenth-century text and invoking the Victorian convention of epigraphs.[279] In this case, Young's extended poem is particularly relevant to *Trades of the Flesh* as an example of 'graveyard poetry', a genre noted for its 'heightened emotional register with themes of death and mourning so as to offer scripts for commemorating the dead and contemplating the afterlife'.[280] The epigraph's consideration of mortality and masculine exceptionalism, and the poem's place within a canon of poems which meditated 'upon the transience of life' from a Christian tradition, points to the novel's thematic focus in the 'graveyard', and to Henry's place within it.[281] Where he distances himself from the violent implications of his profession, this epigraph operates as a reminder that his sense of philanthropy might be misguided, and that ultimately, his activities serve only to further the transgressive potential of anatomical education.

Crucially, Shadwell is also involved in supplying a trade in pornographic images to the brothel at which Lydia works, and it is here that Booth's consideration of the somatic parallels between anatomy, photography, and prostitution can be most clearly examined, highlighting an uncomfortable convergence between the apparently respectable profession of surgery, and the surreptitious trades

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[276] Booth, *Trades of the Flesh*, pp. 204, 205.
[277] Richardson, *Death, Dissection and the Destitute*, p. 266.
[278] Booth, *Trades of the Flesh*, p. 97.
[279] Christian Gutleben, *Nostalgic Postmodernism: The Victorian Tradition and the Contemporary British Novel* (Rodopi, 2001), p. 113.
[280] Katarina Stenke, 'Dissenting from Edward Young's Night Thoughts: Christian Time and Poetic Metre in Anne Steele's Graveyard Poems', *Journal for Eighteenth-Century Studies,* 41.2 (2018), pp. 273–88 (p. 279), doi:10.1111/1754-0208.12534.
[281] Eric Parisot, *Graveyard Poetry: Religion, Aesthetics and the Mid-Eighteenth-Century Poetic Condition* (Ashgate, 2013), p.1.

which might support it. When Henry takes Lydia's picture he makes a direct comparison between her profession and photography – '"It's like it is with your own trade: a neat, clean model is a good investment. Men pay more for a better class of picture"' – arguing that visual appeal is vital to both.[282] Simon Popple's consideration of the cultural place of Victorian photographic pornography points to the 'growing sense of moral panic and societal dilemma directly linked to the challenges offered by the photographic image', most notably the ease with which images could be shared, purchased and obtained.[283] The physicality of the photograph renders it an ownable commodity, capturing a likeness of a person which can then be traded as saleable. Thus, similarities with the anatomy trade become clear, and speak to the same concerns about the possibility of violation of the body which were so entwined with the issue of dissection. Henry's photography itself mirrors aspects of the anatomy trade, often capturing his subjects as if dead, and Lydia notes that one picture in particular is almost skeletal in its rendering of a young prostitute, 'the faint shadows under her ribs were streaked with a delicate grey'.[284] The positioning of this model appears deliberately evocative of his anatomical subjects, 'facing forward, completely nude, with her arms stretched out above her and her chin turned up, contemplating the ceiling as Lydia had seen stone angels contemplate the sky above them in graveyards'.[285] Photography then works within the narrative to highlight this corporeal link between prostitution and anatomy, mirroring the two practices in its commodification of the body.

Later, this mirroring effect is enacted literally, as Lydia first scopes out the graveyard from which Henry has planned a body snatching excursion. As she passes the graves, 'the only eyes she met were the blank white orbs of a marble angel – rather showy, Lydia thought, as she stared back at it.'[286] This returned gaze between Lydia and the tombstone statue recalls her earlier encounter in Henry's laboratory – 'Her gaze flitted upwards, and she jumped as she caught sight of a pair of eyes glaring down at her from a high shelf' – and once more underlines the convergence between supposedly disparate elements of Henry's professional endeavours.[287] Lydia's perception is that she is both watched and watching, although clearly, both in the case of the angel statue and the detached eyes in the laboratory, these are eyes which cannot see. Lydia's continual unreturned gaze points to her own anonymisation, acting as an aid to Henry's activities but never deemed rightfully part of his professional world; the unseeing eye operates throughout the narrative as a means of segregating Lydia from the humanising possibilities of mutuality with Henry and his colleagues. Where Lydia's gaze is returned

[282] Booth, *Trades of the Flesh*, p. 58.
[283] Simon Popple, 'Photography, vice and the moral dilemma in Victorian Britain', *Early Popular Visual Culture*, 3.2 (2005), pp. 113-33 (pp. 113-4), doi:10.1080/17460650500197479.
[284] Booth, *Trades of the Flesh*, p. 69.
[285] Booth, *Trades of the Flesh,* p. 69-70.
[286] Booth, *Trades of the Flesh*, p. 146.
[287] Booth, *Trades of the Flesh*, p. 121.

by Henry, it is one of scientific detachment, as he 'regarded Lydia with an expression of cool interest that made her feel like one of his specimens floating in a bottle'.[288]

Though Henry ostensibly invites Lydia to engage with scientific discovery and explore the possibility of life beyond the brothel, his actions belie his true sentiments towards her. As Kohlke argues, 'Dr Shadwell is another version of bifurcated Gothic masculinity, a Jekyll-and-Hyde figure, his humanitarian ideals juxtaposed with his relentless pursuit of self-gratification, professional and sexual', and it is this doubleness which ensures that he remains a figure of fear despite his supposed liberal ideals.[289] Indeed, Henry's office is split by a physical divide, symbolic of this duplicitous identity, separating his photography studio from his anatomical laboratory. Lydia is initially granted only slight sensory glimpses at the latter:

> From behind the curtain, a strange smell drifted; sickly and sticky like the opium but without the drug's hypnotic sweetness. Something about it repelled her, and a rush of fear tossed her heart up into her throat and let it fall back down again.[290]

The curtain is a thin, crossable divide between Henry's public and private personas, underscoring the ease with which he might transgress these boundaries, but also the troubling possibility of revealment. Without realising that the smell she senses is – almost certainly – that of fluid used to preserve organic tissue, Lydia is aware of its repulsive quality. The visceral nature of Booth's language here, that Lydia's heart is 'tossed […] up into her throat' evokes the same anatomical treatment to which Henry subjects his cadavers, organs out of place, physically altered by proximity to the veiled portion of the doctor's laboratory.

It is this doubleness which most clearly articulates the anatomical concerns of the *fin de siècle*, responding to an emerging literary tradition of narratives featuring the monster in disguise as civilised gentleman. In its dualistic portrayal of Henry, *Trades of the Flesh* can be effectively compared with Robert Louis Stevenson's *Strange Case of Dr Jekyll and Mr Hyde* (1886), in which tensions between competing personalities manifest in acts of violence. Dr Jekyll's nominally elusive alternative persona, Edward Hyde, is described in abhumanistic terms, frequently called a 'creature', or otherwise a fictive, mythical signifier of monstrous otherness – 'the man seems hardly human! Something troglodytic, shall we say? Or can it be the old story of Dr Fell? Or is it the mere radiance of the foul soul that thus transpires through, and transfigures, its clay continent?'[291] Jekyll's precise profession is never specified, but his title, and references to his laboratory and interests in chemistry, might suggest that he is a doctor of medicine, or at least of science. His place within respectable society serves to mask his activities as

[288] Booth, *Trades of the Flesh*, p. 148.
[289] Kohlke, 'The Neo-Victorian Doctor', p. 127.
[290] Booth, *Trades of the Flesh,* pp. 63-64.
[291] Robert Louis Stevenson, *Strange Case of Dr Jekyll and Mr Hyde* (Longmans, Green, and Company, 1886), p. 25.

Hyde, evidencing what Martin Danahay terms the 'conflict between competing versions of manliness', one regulated and controlled, the other hedonistic and irrepressible.[292]

Stevenson's narrative also ties in with another aspect of *Trades of the Flesh*'s diegetic context. The revelation of a murderous identity lurking beneath a veneer of respectable professionalism was exploited by the British press not long after the publication of *Strange Case of Dr Jekyll and Mr Hyde*, as the infamous Whitechapel murders of 1888 coincided with the opening of its stage adaptation in London. The murderer's potential medical origins were often noted in reporting, with *The Times* notably arguing that the killer demonstrated 'some anatomical knowledge' in the precision of the victims' injuries.[293] This sensationalist idea that the killer could be hiding in plain sight under the guise of a respectable profession no doubt captivated readers, as did the convenient connections subsequently made between the identity of the 'Ripper' and Stevenson's eponymous character. This connection was almost instant, with the *Globe* newspaper arguing as early as the day after the first murder that, 'one can almost imagine that Whitechapel is haunted by a demon of the type of Hyde, who goes about killing for the mere sake of slaughter.'[294] Sarah A. Winter argues that the novella's central mystery, the 'melodrama's portrayal of a dark nature concealed' allowed for its appropriation by media coverage of the Ripper murders, wherein the continuing anonymity of the killer ensured that suspicion was focused on various, ostensibly unlikely, characters.[295]

In this context, the historical landscape of *Trades of the Flesh* is even more significant, with media coverage providing the novel's primary perspective on the Ripper murders, events filtered from London to Preston via the word of the press. An early scene in the novel sees the young women in the brothel discussing a recent newspaper headline – '*The Fiend Kills Again*. She grimaced at her companions and nodded in the direction of the man with the paper. "What?" Daisy asked. "The Ripper again?"'[296] Andrew Smith notes of the Ripper case that, complexly, 'Media speculation effectively demonised two kinds of masculinity, that of the urban working classes (Jack), and that of the bourgeois professional (a demonic doctor)', identifying this strange doubleness at the heart of media coverage of the Whitechapel murders.[297] As I have outlined in this chapter and Chapter One, the medical man is himself an inherently dualistic figure, both within and outside of the community in which he serves; in

[292] Martin Danahay, 'Dr. Jekyll's Two Bodies', *Nineteenth-Century Contexts*, 35.1 (2013), pp. 23-40 (p. 23), doi:10.1080/08905495.2013.770616.
[293] '*The Times,* 14th September 1888, p. 4', in *The Ultimate Jack the Ripper Sourcebook: An Illustrated Encyclopedia,* ed. by Stewart P. Evans and Keith Skinner (Constable, 2001), p. 98.
[294] '*Globe*, 1st September 1888', in *Jack the Ripper and the London Press*, ed. by Lewis Perry Curtis, Jr (Yale University Press, 2001), pp. 118–9.
[295] Sarah A. Winter, ''Two and the Same': Jack the Ripper and The Melodramatic Stage Adaptation of Strange Case of Dr Jekyll and Mr Hyde', *Nineteenth Century Theatre and Film*, 42.2 (2015), pp. 174-94 (p. 180), doi:10.1177/1748372716645114.
[296] Booth, *Trades of the Flesh*, p. 19.
[297] Andrew Smith, *Victorian Demons: Medicine, Masculinity and the Gothic at the Fin-de-Siecle* (Manchester University Press, 2004), p. 72.

Chapter Three, I will look to the ways in which this may aid or impede epidemic response, which often takes place outside of institutional settings. For Perry's Luke Garrett, this liminality is rendered through his almost other-worldliness, whereas for Vine's Henry Nanther, his self-construction as establishment figure is set against the shadowy, undocumented secrets of his life. Both Chiver and Shadwell are outsiders to the community in which they serve, and in *Trades of the Flesh* this liminal socio-economic place can be seen to have contributed to this prevarication about the identity of the primary suspect of the Whitechapel murders. Where Lydia flippantly discusses the potential similarities between Henry and 'Jack' – 'All this fuss about the Ripper and I start knocking about with a southerner with a collection of dead things in jars' – she points to his background outside of their community, and to his interest in pathology or anatomy.[298]

The Jekyll and Hyde dichotomy might be most clearly culturally and contextually relevant to Booth's dualistic medical man, but other late-Victorian texts followed in this tradition, aligning the emergent professions, particularly medicine and law, with an inherent potential for violence and violation, evading the attention of the authorities through reputation and connection. Oscar Wilde's *The Picture of Dorian Gray* (1890), for example, speaks to the same anxieties about the dualism of high-society men, and monstrous otherness concealed beneath a respectable exterior. H.G. Wells's *The Island of Dr Moreau* (1896) draws more acutely on the figure of the 'mad scientist' to depict the novel's titular vivisectionist, and engages with this idea of duplicity in describing the doctor's origins; once an eminent physiologist, Dr Moreau's experiments were uncovered in London forcing him to flee to the island. Various professions, medicine among the most notable, thus garnered heightened public suspicion across the latter half of the nineteenth century, and this is reflected in many late-nineteenth-century fictional sources. The role of 'the institution' of medicine, both literal and metaphorical, echoes through neo-Victorian reimaginings, and the corrupt connections between institutions – particularly, after the New Poor Law, the anatomical teaching hospital, the workhouse, and the legislature – figure more prominently in works set during this later period.

Abuse and the Institution

This sense of collusion between various institutions manifests in writing across the nineteenth century, emerging after the Anatomy Act and continuing through the introduction of several key pieces of legislation in the following decades. Having considered the interactions between the Anatomy Act and the New Poor Law, it is clear that the sequential relationship between workhouse, hospital, and dissecting room, was perceived to be a calculated, legislatively-enshrined one, designed to keep a high number of cadavers available for anatomy schools. A *Lancet* editorial from 1832 highlights this

[298] Booth, *Trades of the Flesh,* p. 129.

consumeristic interaction, referring to the potential for malpractice among medical men determined to procure bodies – 'The hospitals are their *warehouses*, and the sufferings of the patients and the rights of the pupils […] are the *commodities* in which they deal.'[299] This sense of a transactional partnership between treatment and teaching hospital, alongside the workhouse, asylum and prison, only intensified in the aftermath of these two key pieces of legislation.

These connections form a key concern of neo-Victorian fiction, particularly against the context of an increasing interest in the structures and institutional practices which result in medical scandals. The turn of the new millennium saw an increase in widely-publicised incidents of malpractice, neglect, and medical misdemeanour within the National Health Service in Britain, and a renewed interest among the public in the responsibilities and rights of the medical establishment. A culture of increasing medical liability, substantiated by a rise in litigation cases against clinical institutions and individuals, was complexly characterised as a response to archaic medical practices, and the residual ideologies of the nineteenth century. This part of the chapter therefore moves this analysis more firmly into the trans-historical nature of these narratives, and looks at the shared interests of the Victorian era and our own through the lens of neo-Victorianism.

This emphasis on the subversive practices, not only of individual medical men, but of entire institutions, can be identified in the final neo-Victorian text I will consider here, E.S Thomson's *Beloved Poison*. Set in St Saviour's Infirmary, Thomson's is the only novel covered in this chapter which has an institutional setting, and the novel's invocation of various other establishments (references to workhouses, the asylum, and prison), as well as a focus on the intra-hospital relationship between treatment wards and lecture theatres, ensures that 'abuse and the institution' remains a key point of concern throughout the novel. Narrative focus on the graveyard also continues here, with the novel beginning with the redevelopment of the hospital's grounds and the arrival of Will Quartermain, 'tasked with organising the emptying of St Saviour's graveyard, as the Company cannot knowingly build on the bones of the dead.'[300] This act of sanctioned resurrectionism coincides with the unearthing of four small dolls, buried in the walls of the hospital, and the revelation of various secrets kept by the Infirmary's medical men. The narrative perspective here is Jem Flockhart, one of the apothecaries, who, presenting herself as a man in order to keep her medical post, also vacillates throughout the novel between states of concealment and exposure.

Beloved Poison's consideration of the socio-medical institution manifests as attention to the interactions between various establishments which house the poor. The Infirmary is at the centre of this narrative, but others, including Angel's Asylum and Newgate Prison, also feature in its exploration of the links between poverty, institutionalisation and dissection. The geography of the hospital attests to

[299] Anonymous, 'Editorial', *Lancet*, 4.5 (1833), pp. 183-5, emphasis my own.
[300] E.S. Thomson, *Beloved Poison* (Constable, 2016), p. 6.

this relationship, with an opening sequence describing 'The dark sluggish watercourse that flowed beneath out-patients or the underground passage that led from the dissecting rooms to the churchyard'.[301] This flowing watercourse might be seen to represent the movement of patients between community, hospital and anatomist's table, but it also, as Mary Burgan puts it, focuses a 'clinical gaze upon the masses in the city', affirming a link between the trappings of poverty, a potentially disease-carrying watercourse which flows beneath out-patients, and the institution of the hospital.[302] This 'clinical gaze' might represent a degree of detachment between anatomist and subject, what Richardson terms 'the effective suspension of many normal physical and emotional responses to the wilful mutilation of the body of another human being', and Thomson's narrative suggests that, where the trajectory between poverty and dissection is so clear, this suspension of emotional response begins earlier in the institutional model.[303]

Jem's critical view of the emotional capacity of the medical institution – '"The governors don't like the patients to expire on the wards," I said. "It affects the subscriptions"' – reveals the Infirmary's bureaucratic hierarchies, and suggests that the clinical gaze here is not only medical but also administrative.[304] It is involved both in healing and in classification, and in this way becomes reminiscent of the Foucauldian clinical gaze, one which 'simply has to exercise its right of origin over truth'.[305] Foucault's clinical gaze is reciprocal but ultimately hierarchical, '[manifesting] what is originally spoken' on the basis of the clinician's knowledge of diagnostic terminology, and undertaking an active role in healing which mirrors the patient's assumed passivity – 'We '*observe*' him in the same way that we observe the stars or a laboratory experiment'.[306] The depersonalisation of the Infirmary's patients by its governors attests to this enforced passivity, and subsequent anonymisation, as well as highlighting the involvement of non-clinical entities in the clinical model. However, also affirming Richardson's suspicion that the Anatomy Act represented, 'an invitation to self-interest rather than to charity', the apparent financial prerogative of this gaze undermines the unobtrusiveness of Foucault's theorisation which 'refrains from intervening'; rather, the clinic here becomes involved in a wider social project, one of designation which begins in the community and is continued in the hospital.[307]

This is clearest where, reminiscent of *Trades of the Flesh*'s assertion that 'the leap from a talking, moving, eating, fucking person and the lifeless meat in Henry's dissection room didn't seem

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[301] Thomson, *Beloved Poison*, p. 3.
[302] Mary Burgan, 'Contagion and Culture: A View from Victorian Studies', *American Literary History,* 14.4 (2002), pp. 837-44 (p. 839), doi:10.1093/alh/14.4.837.
[303] Richardson, *Death, Dissection and the Destitute*, p. 30.
[304] Thomson, *Beloved Poison*, p. 58.
[305] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* trans. by A.M. Sheridan (Routledge, 2003), p. 2.
[306] Foucault, *The Birth of the Clinic*, pp. 132, xvi, emphasis my own.
[307] Richardson, *Death, Dissection and the Destitute*, p. 266.
Foucault, *The Birth of the Clinic,* p. 131.

too strange when you looked at the sick and dying workhouse inmates', Jem considers the slippage between hospital patient and graveyard dead as she looks out across the ward:

> But even the moonlight could not impart glamour to the scene, and the place resembled an overcrowded church yard: the beds the mounded graves, severed stumps projecting the bony remains sometimes visible in the workhouse burial ground – a place where a good many of them would end up.[308]

The distinctions between the sick and dead are broken down in this revelation, once more affirming the near-certainty of the hospital/dissection table trajectory. There is an objective corporeality here too, in the focus on 'severed stumps' as 'bony remains', once more demonstrating a depersonalisation of the patient as a whole, and a focus instead on the curability, or otherwise, of individual body parts. By comparing these amputees with disparate 'remains' in the churchyard, Jem emphasises a perceived lack of wholeness in these patients, as well as the bodily dispersion that anatomical dissection instigates, the removal and study of body *parts* often as opposed to, or following on from, study of the corpse in its entirety. In Foucauldian terms, the 'localisation of the illness' implicit in modern classificatory medicine contributes to this sense of anonymity perpetuated by the clinical model, no longer treating the patient holistically but assuming mechanistic 'fixability' of parts of the whole.[309]

There are, however, institutions where this ideology of fixability fails, most notably, the asylum and the prison. Accused of the murder of one of the Infirmary's medical men, Jem is sent to Newgate Prison, where 'the name is enough to strike terror into the strongest heart'.[310] As with public perception around the New Poor Law, this is a legislature which is assumed to be corrupt, patriarchal, and unsympathetic, particularly where Jem finds herself the victim of a wrongful accusation:

> Should I put my faith in the ability of the law to discover the truth? But the law was a stupid and arrogant beast, and I had no confidence in it, nor in the dolts that purported to practise it.[311]

Meanwhile, the asylum is both a curative and punitive space, ostensibly serving to treat and protect those with complex mental illnesses, but ultimately described in penal terms – 'Angel Meadow was a dark fortress of a building. More like a prison than a hospital, at least from the outside, it was built of the same dark stone that had been used in the construction of Newgate'.[312] This direct correlation between Angel Meadow and Newgate is used within the novel to affirm the asylum's deplorable conditions, but also speaks to the historical demonisation of insanity, which I cover in more detail in

[308] Booth, *Trades of the Flesh*, p. 205.
Thomson, *Beloved Poison*, p. 69.
[309] Foucault, *The Birth of the Clinic*, p. 2.
[310] Thomson, *Beloved Poison*, p. 281.
[311] Thomson, *Beloved Poison*, pp. 288-289.
[312] Thomson, *Beloved Poison*, p. 212.

Chapter Four. As Van Leavenworth argues, 'The diagnosis of madness was thus regarded as significant for the safe development of civilisation', suggesting that the pathologisation of mental illness, and its 'treatment' in spaces which were deliberately, often punishingly, separate from wider society, serves to categorise a stable norm in contrast to this 'insane' Other.[313] The construction of this distinction between sane and insane attests to a myth of national progress central to the mid-nineteenth-century imperial project, situating the narrative not only within a chronology of British medical history, but also as symptomatic of other key Victorian concerns. These institutions then, and the anticipated movement of the poor and insane between them, place *Beloved Poison* at the centre of a complex diegetic moment in the development of modern medicine, affirming its institutional and legislative context and the importance of the medical profession in perpetuating a variety of social hegemonies.

Though the novel is set in the mid-nineteenth century and after the height of body snatching, Thomson alludes to the long history of anatomical medical practice and the lingering shadows cast by the resurrectionism. The Infirmary is frequently referred to as a kind of relic from a previous era, particularly where there are allusions to progressive reform of the medical establishment:

> Time brought change, and St Saviour's had lurched along in the wake of progress like an old woman trying to pursue a wayward child. Her wards were filthy and overcrowded, out-patients packed to bursting, the mortuary, dissecting rooms, lecture theatre, all too small and cramped for the requirements of the time.[314]

This focus on the transitional nature of medicine at this time presents a curious temporal liminality which destabilises the narrative, and presents St Saviour's Infirmary as somehow asynchronous with wider society. As in *The Dress Lodger*, this sense of a wider chronology of the medical profession constructs a lineal connection between narrative and twenty-first-century reader. Mirroring Jem's own concerns about lineages – 'There had been an apothecary named Flockhart at St Saviour's Infirmary for over one hundred years and I was set to inherit my father's kingdom amongst the potions' – this neo-Victorian narrative is embedded in this self-conscious rendering of history and the changing historical role of the institution.[315]

An emphasis on spectrality and haunting throughout the novel also ensures that this historical perspective is an enduring presence. Like the other novels considered in this chapter, Thomson frequently refers to the resurrection and dissection of the cadaver in terms of a corporeal afterlife, the body living on in medical endeavour, revived for a post-mortem purpose. The death of one of the Infirmary's medical men in mysterious circumstances is a precursor to his continuing medical role –

[313] Van Leavenworth, 'Epistemological Rupture and the Gothic Sublime in Slouching Towards Bedlam', in *Neo-Victorian* Gothic, ed. by Marie-Luise Kohlke and Christian Gutleben, pp. 253-278 (p. 261).
[314] Thomson, *Beloved Poison*, p. 30.
[315] Thomson, *Beloved Poison*, p. 4.

'and so it was that two days after Will Quartermain and I had found Dr Bain on the hearth rug in his laboratory-parlour, his body was anatomised' – and the separation between body and self deemed a pre-requisite for dissection is disturbed by the affirmation of this link between personhood and commodification of the corpse.[316] Most significantly, the discovery of 'six crudely shaped dolls' in the walls of the hospital, later found out to represent the unborn children of women procured for anatomical study, affirms the spectral, tangible presence of this medical history, literally within the structure of the institution.[317] This aspect of the novel's investigation into haunting and ghostliness can be considered through the lens of 'cryptonymy', coined by Nicholas Abraham and Maria Torok and linked by Rosario Arias to Jacques Derrida's theory around the 'spectral presence of history' in fiction.[318] Cryptonymy attempts to reinscribe the crypt as a topographical part of the unconscious 'where concealed secrets and wounds in the divided self are stored.'[319] The combination of the crypt, the phantom, and the secret, operate for Arias as suggestive of the ghostly nature of personal histories, representing Derrida's notion of the '"false unconscious" […] a graft in the heart of an organ, within the divided self.'[320] Considering the buried dolls through this framework, the walls of the hospital operating as a crypt which symbolises repressed self-histories, it becomes clear that the institution intrudes into the personal in its haunting, and amplifies the troubling behaviours of the individual. This is not an issue confined to the novel; rather, considering the 'medical man' more widely as a distinctly cryptonymic figure, a dualistic character of competing and repressed identities, reveals the ways in which nineteenth-century medical concerns subsist within, and give shape to, twenty-first-century contexts.

In its focus on the problematic culture of the wider institution, *Beloved Poison* adheres to a particularly modern perspective on medical misdemeanour. Where *The Dress Lodger* and *Trades of the Flesh* emphasised the aberrant behaviours of maverick individuals, Thomson's novel instead analyses the links between various institutions which sanction forms of medical violence, suggesting that there is a wider, corrupting culture to blame for the medical man's indiscretions. Published only three years after the final report of the Stafford Hospital Inquiry, Thomson's authorial context reflects the contemporaneous investigation into one of the most significant medical scandals in British history, part of an increasing trend of medical malpractice issues in Britain since the turn of the millennium. In the early years of the twenty-first century, several widely-publicised cases of malpractice, negligence, and misconduct in the NHS came to public attention, resulting in what Kay Wheat terms a 'crisis of

[316] Thomson, *Beloved Poison*, p. 139.
[317] Thomson, *Beloved Poison*, p. 90.
[318] Rosario Arias, 'Haunted Places, Haunted Spaces: The Spectral Return of Victorian London in Neo-Victorian Fiction', in *Haunting and Spectrality in Neo-Victorian Fiction: Possessing the Past*, ed. by Rosario Arias and Patricia Pulham (Palgrave Macmillan, 2009), pp. 132-156 (p. 134).
[319] Arias, 'Haunted Places, Haunted Spaces', p. 135.
[320] Jacques Derrida, 'Foreword: *Fors*: The Anglish Words of Nicolas Abraham and Maria Torok', trans. by B. Johnson, in N. Abraham and M. Torok, *The Wolf Man's Magic Wand: A Cryptonymy*, trans. by N. Rand (University of Minnesota Press, 1986), pp. xi-xlviii (p. xiii), original emphasis.

confidence in the NHS which might fairly be characterized as a kind of malpractice crisis'.[321] By the publication of the Francis report in 2013, the final inquiry into institutional failures at the Mid-Staffordshire Foundation Trust which argued that patients 'were failed by a *system* which ignored the warning signs', there was a clear precedent of medical scandals within the NHS.[322] Wheat notes that the first decade of the twenty-first century also saw a 'substantial increase in medical litigation', raising questions of the evolving relationship between medical institutions and their patients, with more autonomy granted to the recipients of care, and more accountability enacted on caregivers.

This convergence of the more modern focus on institutional failings and the traditional nineteenth-century narrative concerning the 'maverick' doctor stereotype characterises turn-of-the-millennium reporting on medical misdemeanour. Perhaps the clearest example of this dual perspective on the medical man in recent memory is the trial of Harold Shipman, the only doctor in British history to be convicted of murdering his patients. Shipman was found guilty in the first month of the new millennium of murdering fifteen patients, although the true number of victims is generally accepted as being in the hundreds.[323] Shipman's reputation as, variously, 'Doctor Death' and 'The Angel of Death' places him within the 'maverick individual' tradition of nineteenth-century reporting, and commentators like Herbert G. Kinnell have made overt comparisons between Shipman and other lone, murderous figures from history, including, most notably, Jack the Ripper.[324] In Shipman's case, this individualist narrative has proliferated precisely because of its apparent historical precedent, but there is clear evidence of institutional, and legislative, failings which allowed his crimes to take place. The foreword of the third 'Shipman Inquiry' highlights this interrelation between Shipman's actions and the failed preventative role of the institution – 'It was clear that the current arrangements for death registration, cremation certification and coronial investigation in England and Wales had failed both to deter Shipman from killing his patients and to detect his crimes after they had been committed'.[325] Additionally, an initial inquiry into Shipman's activities was closed by Greater Manchester Police five months before he was arrested again, in which time he killed three more patients.[326] The cultural narrative of Shipman's crimes, one which often draws on Victorian tropes and the symbolically-charged

[321] Kay Wheat, 'Is There a Medical Malpractice Crisis in the UK?', *The Journal of Law, Medicine & Ethics,* 33.3 (2005), pp. 444–55 (p. 451), doi:10.1111/j.1748-720X.2005.tb00511.x.
[322] 'Chairman's Statement: The Mid Staffordshire NHS Foundation Trust Public Inquiry', The National Archives, https://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report. [accessed 15 March 2021], emphasis my own.
[323] Helen Carter, 'Patient feared GP 'angel of death'', *Guardian,* 10 July 2002, https://www.theguardian.com/uk/2001/jul/10/shipman.health [accessed 19 March 2024].
[324] Herbert G. Kinnell, 'Serial homicide by doctors: Shipman in context', *BMJ,* 321.7276 (2000), pp. 1594-1597 (p. 1594).
[325] Janet Smith, 'Foreword', *The Shipman Inquiry Third Report* (Cabinet Office, 2003), p. v.
[326] David Ward, 'Police errors let Shipman go on killing', *Guardian,* 15 July 2003, https://www.theguardian.com/society/2003/jul/15/NHS.shipman2 [accessed 31 January 2024].

figure of the murderous medical man, is therefore also a narrative about institutional violence and oversight.

Incidents of institutional malpractice have contributed to legislative change in the twenty-first century in much the same way that the proliferation of body snatching necessitated the Anatomy Act. Of these well-publicised medical scandals, among the most shocking and impactful was the revelation of events which had transpired at the Alder Hey Hospital Trust between 1988 and 1995, explored in an initial report from 2001. The report identified a long-running practice at the Trust of the unauthorised removal and retention of human tissue after death, primarily tissue belonging to children.[327] Public outcry and overwhelming concern around the post-mortem use of human tissues later resulted in the introduction of legislation 'making informed autopsy consent a legal requirement', a bill which eventually became the Human Tissue Act of 2004.[328] The 2001 report emphasised the role of pathologist Professor Dick van Velzen – its timeline of events is split into 'pre van Velzen era' and 'the van Velzen years' – returning to a nineteenth-century narrative of individualised medical violence. In many ways, the report presents a reciprocal relationship between modern medical scandals and Victorian narratives around aberrant clinical practice, drawing on nineteenth-century cultural tropes to convey the severity of the incident, as well as the culpability of individual medical practitioners. S. Dewar and P. Boddington identify in their analysis of the Alder Hey report evidence of two 'powerful myths' which evoke the spirit of the macabre: 'The first myth is based on the image of the mad and bad scientist and the second on a fantasy of residual feeling or human sentience in the dead, or parts of the dead.'[329] These Gothic narratives were evoked by the parents of the victims – 'It feels like body-snatching' – and subsequently repeated back into the report, demonstrating the enduring, circulating nature of these mythologies, as well as the potentially sensational tendencies of such inquiries.[330] Dewar and Boddington note that the report includes images of the hospital on Myrtle Street in Liverpool where organs were retained, a late-Victorian building which 'contrasts sharply with the modern Institute of Child Health' which appears on the next page.[331]

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[327] 'Royal Liverpool Children's Inquiry', *Report/The Royal Liverpool Children's Inquiry* (London: The Stationery Office, 2001), p.9

[328] Anonymous, 'Alder Hey children's organ scandal provokes changes in the law', *British Journal of Nursing*, 10.3 (2001), p. 140. Alder Hey therefore also provides an appropriate comparison with *Beloved Poison* in a shared interest in the welfare and autopsy requirements of children. Whilst Shipman's victims were largely elderly, the child-centred narrative at the heart of Alder Hey can be more readily analysed within the Gothic tradition, a mode particularly concerned with the uncanniness of childhood. For more on this trope, see Sue Walsh, 'Gothic Children', in *The Routledge Companion to the Gothic,* ed. by Catherine Spooner and Emma McEvoy (Routledge, 2007), pp. 183-191.

[329] S. Dewar and P. Boddington, 'Returning to the Alder Hey report and its reporting: addressing confusions and improving inquiries', *Journal of Medical Ethics*, 30.5 (2004), pp. 463–9 (p. 464), doi:10.1136/jme.2002.002774.

[330] 'Royal Liverpool Children's Inquiry', p. 19.

[331] Dewar and Boddington, 'Returning to the Alder Hey report', p. 464.

The implicit comparison here between the antiquated, nineteenth-century site of medical misdemeanour, and the Institute as bastion of medical modernity, plays on a further myth of inevitable progressiveness, one to which Jem alludes in *Beloved Poison*, arguing that, 'we cannot obstruct progress – so called – or we shall be crushed'.[332] Jem's ambivalence about 'so called' progress here critiques the idea that incidents of medical violation and violence can truthfully be consigned to the past. The novel's diegetic focus on resurfacing evidence of malpractice, as well as the imperative towards 're-investigating unrecorded traumas' implicit in its neo-historical form, ensures that this line between past and present, archaism and modernity, remains blurred.[333] In drawing on nineteenth-century mythologies, the Alder Hey report historicises its findings in much the same way, and creates a direct lineage between twenty-first-century doctors and their Victorian predecessors. This apparent intrusion of the nineteenth century into the scandals of the twenty-first makes real the tropes of Gothic fiction, and affirms the endurance of mythologies which arose during these formative decades of the history of medicine.

Body snatching and the Human Tissue Act

If the Anatomy Act represented, as Richardson puts it, 'the first centrally financed and administered national inspectorate of the nineteenth-century 'revolution in government', the 2004 Human Tissue Act appears to offer a clear continuation of this regulated treatment of the medical establishment.[334] The Human Tissue Act created the Human Tissue Authority, the UK body which regulates the storage, use and disposal of human bodies, organs and tissue.[335] The legislation also sets out increased guidance for the use and storage of dissection material, allows for anonymous organ donation, bans the sale of human body parts, and requires licences for those intending to display human remains publicly. It specifies that in cases of organ donation after death the wishes of the deceased take precedence over the wishes of relatives, introducing a new layer of post-mortem consent to the clinical landscape in the UK. Following the public outrage incited by the Alder Hey scandal, the Human Tissue Act offers a clear attempt by medical and legislative authorities to re-instil trust in the processes of medical research and autopsy.

Neither the Anatomy Act nor the Human Tissue Act was universally popular, either within or outside of the medical establishment. As mentioned previously, the introduction of the Anatomy Act, colloquially labelled the 'Dead Body Bill', coincided with widespread cholera riots and the New Poor Law less than two years later, fuelling the perception that medical men were preying on the bodies of

[332] Thomson, *Beloved Poison*, p. 5.
[333] Marie-Luise Kohlke, 'Neo-Victorian Female Gothic', p. 222.
[334] Richardson, *Death, Dissection and the Destitute*, p. 108.
[335] *Human Tissue Act 2004,* https://www.legislation.gov.uk/ukpga/2004/30/contents [accessed 29 August 2023].

paupers and victims of the epidemic to practise dissection.[336] Medical men, meanwhile, were divided on the Act which, in its initial form at least, had been devised without the input and expertise of the surgical community.[337] Several major changes to the Act during its development can be directly attributed to the surgeons' dissent, most notably the substitution between versions of the bill of 'lawful custodian' of a body with 'any executor or other party having lawful possession' of an 'unclaimed body'.[338] A desire for greater autonomy within the medical establishment, linked ideologically to the process of professionalisation covered earlier in this chapter, manifests in this appeal for 'possession' rather than mere custodianship. Although the various bureaucracies of the new Act remained unpopular, this legislative assertion of the medical man's *right* to cadavers ensured that the Royal College of Surgeons would support its passing.

The Human Tissue Act had a similarly troubled introduction within clinical circles, and Mark Hunter articulates the fears of medical professionals in the wake of Alder Hey that 'a combination of public distrust and government overreaction could severely restrict the supply of human tissue'.[339] Medical uncertainty about the ethics and legality of common methods of acquiring and storing human tissue contributed to the pressure which encouraged the legislature to introduce the Human Tissue Act. Fearing that previously-accepted practices would now no longer be, or had never been, acceptable, directors of several major research programmes expressed concerns about the expectations concerning medical consent that the Alder Hey Scandal had raised, including Professor Gordon McVie, at that time director general of the Cancer Research Campaign. Responding to interim recommendations from the chief medical officer Liam Donaldson in 2001, McVie explained the difficulties of presenting patients with exhaustive consent agreements for the use of human tissue in research – 'It's impossible to predict everything you are going to do. There are 3000 genes linked to breast cancer. Are you going to list them all on a consent form?'[340] McVie's concerns highlight an apparent disconnect between the ideals of clinical theory and the realities of research practice, demonstrating a key barrier against legislating the activities of the clinic, that its specialised nature might be more suited to a form of self-regulation which better comprehends the complex interrelation between scientific innovation and practical limitations.

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[336] Sean Burrell and Geoffrey Gill, 'The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection – Medical Mistrust and Civil Unrest', *Journal of the History of Medicine and Allied Sciences,* 60.4 (2005), pp. 478-98 (p. 492), doi:10.1093/jhmas/jri061. As Burrell and Gill explore, periods of civil unrest and rioting occurred in a number of British cities in 1832 following the first cases of Asiatic cholera – 'the object of the crowd's anger was the local medical fraternity. The public perception was that cholera victims were being removed to the hospital to be killed by doctors in order to use them for anatomical dissection' (p. 478). Rioters followed patients to hospitals, attacking staff and damaging buildings. In Liverpool in particular, crowds were recorded as crying, 'Bring out the Burkers', a direct reference to the Burke and Hare murders (p. 486).

[337] Keith and Keys, 'The Anatomy Acts', p. 686.

[338] 'Amended Anatomical Bill', p. 643.

[339] Mark Hunter, 'Medical Research Under Threat After Alder Hey Scandal', *British Medical Journal*, 322.7284 (2001), p. 448, doi:10.1136/bmj.322.7284.448/a.

[340] Hunter, 'Medical Research Under Threat', p. 492.

In the same issue of the *British Medical Journal*, on the same page as Hunter's exploration of the effects of Alder Hey on clinical procedures, is an article which describes a fifty percent rise in complaints against doctors to the General Medical Council. Zosia Kmietowicz's report quotes a GMC spokesperson who explains the increase as reflective of 'increased awareness of the GMC, after recent high profile cases, and a tendency in society to become more quality conscious'.[341] Both a cultural and circumstantial change then, the effects of Alder Hey resonated through the public and clinical consciousness in the years immediately following its investigation. The implications of such critical public scrutiny can also be seen in practical terms in medical schools themselves, where, between 2001 and 2005, there was a 10% reduction in the number of bodies accepted for anatomical studies.[342] John C. McLachlan and Debra Patten link this to a number of key factors, including: a change to health and safety directives which would no longer permit donors diagnosed with mild dementia; rising student numbers and the establishment of several new major medical schools driving demand; and, perhaps most interestingly for the purposes of this discussion, a 'tarnished' public perception of anatomy resulting from scandals such as Alder Hey.[343]

The influence of these events on the medical establishment's literary depiction, particularly in popular fiction and in such a widely-read genre as neo-Victorianism, is therefore also of key interest, and the remainder of this chapter will be devoted to resituating the three key texts of this analysis within their contemporary contexts. The reciprocal conversation framed here between the nineteenth and twentieth/twenty-first centuries is multi-faceted, encompassing both the haunting of Victorian mythologies in the present day, and the transposition of modern ideologies, theory, fears, and anxieties onto re-imaginations of the past. It is the latter of these interactions which will be explored in this section, examining the ways in which fears relating to the violent potential of the modern medical man have generated a renewed interest in that of his Victorian predecessors.

The gendered assumptions of this comparison with medical *men* line up imperfectly in a twenty-first century context – as of 2020, female doctors made up just under 48% of all licensed doctors – but align with a heightened awareness of gendered power dynamics in various institutions.[344] *Beloved Poison* presents the clearest consideration of the interaction between these emergent discourses of the twenty-first century, ruminating throughout on gendered expectations, and the relative inscrutability afforded to the medical *man*. Jem's unique position, permitted the freedoms of her male alias but experientially aware of the comparative restrictiveness suffered by women, presents a critical narrative voice, often engaging self-consciously with problems of masculinity. Dr Bain, one of the infirmary's anatomists, is described as being 'unrestricted by the expectations of a wife or the demands of

[341] Zosia Kmietowicz, 'Complaints against UK doctors rise 50%', *BMJ,* 322.7284 (2001), p. 448.
[342] John C. McLachlan and Debra Patten, 'Anatomy teaching: ghosts of the past, present and future', *Medical Education History*, 40 (2006) pp. 243-253 (p. 247), doi:10.1111/j.1365-2929.2006.02401.x.
[343] McLachlan and Patten, 'Anatomy teaching', p. 248.
[344] *The state of medical education and practice in the UK (2020 Report)* (General Medical Council, 2020), p. 96.

propriety', with Jem as narrator simultaneously condemning and desiring these unequal responsibilities.[345] That medical men are evidently not bound by 'demands of propriety' is significant in the context of a narrative concerning overt medical misdemeanour; Jem suggests here that Bain's ability to conduct subversive activities is linked to his gender, and that this applies both within and outside of the institution. Jem's own liminal place within this classification presents a re-investigation of normative gender binaries, and draws on the neo-Victorian tradition of reconceptualization of gender as an 'opportunity to challenge the answers which nineteenth-century society produced in response to the 'woman question''.[346] Refuting these 'answers' is then a common neo-Victorian narrative practice, but, having established the connections between unrestricted masculinity and medical violence, Jem's characterisation undertakes new meaning, suggesting that perpetuating misdemeanour is not due to opportunity or even profession necessarily, but is instead something inherent.

An emphasis on the 'paternalistic' nature of the medical culture at Alder Hey, as well as an enduring focus in media and academic attention on Professor van Velzen as 'arch-villain', supports this gendered inscription of malpractice.[347] As Kohlke argues, however, this 'quasi-mythification' of van Velzen and its 'remediation of the Gothic doctor trope' diverts attention from the broader institutional and cultural contexts which played a key role in the scandal.[348] What was, in David Hall's words, 'clearly a systems failure', has been re-narrativized in line with the cultural expectations of the lone, male scientist engaging with dubious ethical practices, as this Gothicised figure is revitalised through current events as well as fiction.[349] Kohlke explores this trans-historical relationship as 'the Victorian conceptual frames through which the twentieth-century doctors' transgressions are premediated in both the inquiry report and media coverage, which in turn remediate these schemata and reinforce their tenacious cultural afterlife'.[350] The distinctly post-Victorian notion of the 'inquiry report' as an intermediary between public and clinic is still then inevitably informed by Victorian convention, and furthered by neo-Victorian narratives such as *Beloved Poison*.

As well as the notable gendered dimension in the reporting of the Alder Hey scandal, several other Gothic narratives recur in its telling. Hurren has noted the 'Promethean' undertones to the Alder Hey story, the conflict between a shortage of dissection material and a desire to become 'world leaders in their field of pathology'.[351] The classical figure of the scientist overreaching for scientific endeavour at the expense of ethical or moral convention recurs throughout post-Renaissance literature, most

[345] Thomson, *Beloved Poison*, p. 93.
[346] Jeannette King, *The Victorian Woman Question in Contemporary Feminist Fiction* (Palgrave Macmillan, 2005), p. 6
[347] Kohlke, 'The Neo-Victorian Doctor', 130.
[348] Kohlke, 'The Neo-Victorian Doctor', 130.
[349] David Hall, 'Reflecting on Redfern: What can we learn from the Alder Hey story?', *Archives of Disease in Childhood* 84 (2001), pp. 455–6 (p. 455), doi:10.1136/adc.84.6.455.
[350] Kohlke, 'The Neo-Victorian Doctor', 131.
[351] Elizabeth Hurren, 'Patients' rights: from Alder Hey to the Nuremberg Code', *History and Policy,* (2002), n.p.

notably in Mary Shelley's *Frankenstein*, subtitled *or, the Modern Prometheus* (1818). The Gothic connotations of the story of the Promethean figure, isolated and ostracised in his struggle for recognition, are amplified in the context of anatomical practice, as a consideration of the scientist's use and abuse of other human lives is foregrounded. In *Beloved Poison*, this individualistic narrative is superseded by an emphasis on the wider institution, but there are still occasions where the Promethean desires of medical men are explored, not as divergences from the work of the infirmary, but as necessary to maintaining its reputation and recognition. One of the Infirmary's surgeons, Dr Magorian, is described by Jem as 'very highly regarded' but '[caring] for little but lopping off limbs as fast as he can'.[352] Will ruminates on this accusation – 'Ah, reputation. Often a man's most prized possession' – alluding both to the gendered dimension of the medical man's endeavours, and to the importance of maintaining status within the scientific community at this time.

This is even more overt in *The Dress Lodger*, where Dr Henry Chiver operates a secretive system of bodily procurement, hoping that regaining professional standing will help shed his dubious past in Edinburgh's burking scandals. Gustine depersonalises the corpse when discussing its role in the personal achievements of medical men, reminding Chiver that, 'You said it was impossible to become a doctor without the study of the human body and that every body you examined made you a far better doctor'.[353] This refiguring of human bodies as anonymous material useful solely in the field of medical progress speaks to this ethical challenge around the body at the heart of the Gothic mode, blurring distinctions and disrupting binaries between living and dead. Kelly Hurley notes the particular Gothicism of this curious deconstruction of distinctions regarding human bodies, considering resurrected corpses to represent a kind of bodily abjection which speaks to Freud's notion of 'the uncanny', the 'familiar defamiliarized'.[354] For Julia Kristeva, this uncanniness is derived from the corpse's symbolic nature as demonstrating 'death infecting life', the human subject now devoid of familiar aspects of humanity.[355] Referring back to the archetypal Prometheus, Victor Frankenstein asserts that 'To examine the causes of life, we must first have recourse to death', but his Creature is still abjected as a 'monster', undermining the corpse's role as a utile equal to the living body.[356] Chiver's use of the corpse, with all the symbolic and theoretical problems it entails, places this blurred distinction into even greater relief, as death necessarily intrudes into supposedly life-saving practices. Kristeva's invocation of the 'infectious' nature of the corpse is particularly relevant to Chiver's cholera dead, but also offers a viral narrative which justifies the exclusion of affected bodies.

[352] Thomson, *Beloved Poison*, p. 52.
[353] Holman, *The Dress Lodger*, p. 39.
[354] Kelly Hurley, 'Abject and Grotesque', in *The Routledge Companion to the Gothic,* ed. by Catherine Spooner and Emma McEvoy (Routledge, 2007), pp. 137-146 (p. 141).
[355] Julia Kristeva, *Powers of Horror: An Essay on Abjection,* trans. by L. Roudiez (Columbia University Press, 1982), p. 4.
[356] Mary Shelley, *Frankenstein or The Modern Prometheus* (Oxford University Press, 2008), p. 33.

The use of the corpse is thus validated, and the anatomist morally vindicated. Though there are altruistic undertones to his actions, Chiver ponders the benefits to science offered by anatomy in egotistic terms, reflecting after a failed attempt to procure dissection material, 'What a coup to have made the first dissection of a cholera patient in England'.[357] The medical man here echoes the concerns of the clinicians cited in Mark Hunter's piece in the *BMJ*, articulating the threat to valuable research from lack of dissection material or human tissue. Pathologists in the post-Alder Hey dissection crisis almost invariably, in public forums at least, discussed the wide-ranging implications *for patients* of these changes to human tissue provisions. In an article titled 'Alder Hey scandal has hampered child cancer research, says charity', oncologist Kathy Pritchard Jones is quoted as blaming the scandal for a 'considerable amount of confusion and fear' from patients asked to consent to the extraction of children's tissue samples, leading to a shortage of material available for studies involving children's cancers.[358] This impediment to research is often constructed as a historiographic one, with neuropathologist James Lowe stressing that, where there is difficulty in diagnosing fatal conditions postmortem, 'we are going back to the days when the cause of death was determined on first sight rather than by checking down the microscope.'[359] In both this discourse and Holman's novel, the scientific opportunities granted by access to anatomical material offer a call to modernity which implicitly designates other modes of research outdated. By appealing to a hegemonic desire for consistent development in the field of medicine, anatomists succeed in constructing the debate between dissection and restrictions thereof as one between progress and stasis.

In a neo-Victorian context, this discussion is revealed as a false dichotomy, as invocation of the language of recent medical scandals suggests that there are enduring problems with anatomical education which have not been resolved by greater access to dissection material. Though Holman's novel appeared before the revelation of the Alder Hey scandal, and before its subsequent investigation, other instances of ethically-dubious scientific 'progress' had defined the end of the twentieth century just as they had pervaded the beginning of the nineteenth. The 1832 Anatomy Act was eventually repealed in full in England by the Anatomy Act 1984, which made the issue of anatomical procurement instead one of *bequeathing* a body for use in medical science.[360] Ideologically, this legislation emphasised a transfer of authority from medical institution to patient, placing patient consent at the forefront of discussions around the postmortem use of bodily tissue. This inversion of the Victorian hierarchies of anatomical procurement is symptomatic of a far greater culture of concern around patient consent after the middle of the twentieth-century, a shift explored by Ruth Faden and Tom Beauchamp

[357] Holman, *The Dress Lodger*, p. 126.
[358] Sarah Bosely, 'Alder Hey scandal has hampered child cancer research, says charity', *Guardian*, 17 December 2002, https://www.theguardian.com/society/2002/dec/17/alderhey.cancercare [accessed 12 May 2021].
[359] Hunter, 'Medical research under threat', p. 448.
[360] *Anatomy Act 1984,* https://www.legislation.gov.uk/ukpga/1984/14 [accessed 29 August 2023].

as one from a dominant medical model of 'beneficence' to one of 'autonomy'.[361] According to the 'beneficence model', the 'physician's primary obligation is to handle information so as to maximize the patient's medical benefits', and responsibilities of disclosure and consent-seeking are established according to this primary principle.[362] Although informed consent has long been considered an important aspect of clinical practice, this slight ideological distinction as to the purpose of acquiring patient consent is a significant development in recent theory, affirming the importance of the principle of respect for autonomy above objective medical benefit.

The issue of consent is therefore vital to understanding the medical man's evolution between the nineteenth and late-twentieth/early-twenty-first centuries.[363] The Human Tissue Act notably began as a bill intending to make 'informed autopsy consent a legal requirement', bearing wide-reaching, practical and ideological implications for doctor/patient relations pre- and post-mortem. By improving the apparatus of acquiring patient consent, the Act grants the patient far greater autonomy in choosing the nature of their care and the treatment of their bodies after death, and simultaneously reduces clinical authority. In a change from the 1984 Act which evidences an increasing awareness of the subtleties of informed consent theory at the turn-of-the-millennium, the provisions of the Human Tissue Act explicitly state that the patient must be aware of exactly what uses their body will be put to after their death, even more overtly raising the autonomous role of the patient in scientific enquiry.[364]

It is therefore unsurprising that, given the frequent conversations about consent within medical and legislative fields at this time and the issue's increasing status in public discourse, patient consent, or lack thereof, appears frequently in fiction. Consent to autopsy is, in *The Dress Lodger*, depicted as a non-possibility, particularly by Margaret Scurr, a corpse displayer, who will not leave bodies unattended in her shop lest they be requisitioned by medical men – '"Doctors are always waiting for you to turn your back or step out for a moment; looking always for a chance to disappear with a poor man's remains and make their infamous experiments upon it"'.[365] *Trades of the Flesh* similarly opens with the impending threat of non-consensual dissection and institutionalisation. This precarity is anticipated and accepted, and bears little resemblance to any understanding of informed autopsy consent.

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[361] Ruth Faden and Tom Beauchamp, *A History and Theory of Informed Consent* (Oxford University Press, 1986), p. 59.
[362] Faden and Beauchamp, *A History and Theory,* p. 59.
[363] Whilst there is no English statute which sets out the principles of medical consent, in terms of 'consent to autopsy', this chapter has drawn on guidance from NHS England and the Human Tissue Act 2004. 'Consent' here can be considered as permission to medical treatment or intervention, which is voluntary, informed, and given by a person with the capacity to give consent ('Consent to treatment', NHS, n.d. https://www.nhs.uk/conditions/consent-to-treatment [accessed 6 March 2023]). Consent can be obtained verbally, but also, in certain cases of post-mortem consent, in writing, or by the consent of a person in a qualifying relationship with the deceased (*Human Tissue Act 2004*).
[364] *Human Tissue Act 2004.*
[365] Holman, *The Dress Lodger*, p. 41.

The novel's engagement with the trade of prostitution further complicates its depiction of medical consent, implicitly likening the use of the female body in a sexual, or aesthetic, sense with its potential use in autopsy and medical research. When Kathleen, who runs the brothel, offers Shadwell access to Lydia for his photography, she makes this comparison – '"Perhaps we could arrange a trade, Mr Shadwell. In exchange for the use of Lydia, you could offer our Annabel here some instruction in anatomy."'[366] Shadwell's prospective 'use' of Lydia is likened linguistically and pragmatically to a sexual arrangement, offered on the same financial terms as if he 'hired Lydia for the usual purpose'.[367] That Lydia's body is offered in exchange for the divulgence of Shadwell's anatomical knowledge highlights the similarities between the trades, and affirms that Shadwell's medical career is, in several interweaving ways, underpinned by the exploitation of female bodies. Lydia has little say in her role in this exchange and her position in Shadwell's activities remains one of financial obligation, and passive observation.[368] This is furthered by Shadwell's refusal of Kathleen's offer, as he reasons that he does not 'wish to bring a young girl into the life of a medical practitioner' and that '"If young Annabel were worldly enough to understand, she would thank me for refusing your request"'; Annabel is denied an active role in anatomical learning, and Dr Shadwell's interactions with these women continues to be defined by transaction rather than choice.

All three novels thus engage with issues which gained prominence around the introduction of the Human Tissue Act, or were resolved by its passing. Some of these, including the gendered concerns of anatomical misdemeanour and apparently 'Promethean' ambitions within medical institutions, are highlighted as continuations from the early-nineteenth century. Others, particularly issues around informed consent, might be more accurately characterised as modern anxieties, but which still find their origins in the aftermath of the Anatomy Act, and manifest in these texts in both sexual and medical contexts. By recasting these issues within neo-historical narratives, these writers draw attention to the ways in which turn-of-the-millennium concerns around clinicians and clinical practice become engaged in a trans-historical mythology around violent medical men. The Human Tissue Act, in its formulation, provision and subsequent media coverage, continues this characterisation of the medical profession and, like the Anatomy Act, presents a call to progressiveness in its ambitions to resolve issues around anatomical procurement. However, by drawing attention to the similarities between the two eras, these neo-Victorian perspectives undermine any sense of twenty-first-century advancement; instead, such fictions examine the ways in which fears relating to the violent potential of the modern medical man have generated a renewed interest in that of his Victorian predecessors.

[366] Booth, *Trades of the Flesh*, p. 38.
[367] Booth, *Trades of the Flesh*, p. 37.
[368] Booth, *Trades of the Flesh,* p. 37.

Conclusion

This chapter has demonstrated the ways in which the potential of the medical men, and institutions, to perpetrate violence has reverberated reciprocally through the nineteenth, twentieth and twenty-first centuries. By placing a legislative framework at the centre of this discussion, comparing the connections between and around the 1832 Anatomy Act and the 2004 Human Tissue Act, this analysis has illuminated the vast theoretical, contextual, and practical similarities and distinctions between them, highlighting these through their representations in fiction. By focusing on the neo-Victorian literary mode, these interweaving, trans-historical relationships become clearer, illuminating not only their diegetic contexts in the Victorian era, but also their authors' contextual backgrounds in the present day. The latterly reimagination of the nineteenth century around the turn of the millennium, a juncture which saw the beginning of a continuing trend of medical litigation and the unearthing of scandals dating back into the twentieth century, speaks to an enduring unease around the medical profession which is articulated via the Victorian 'mad scientist', unethical anatomist, or otherwise violent figure operating under a guise of professional civility.

The figure of the aberrant, individual medical man is most overtly figured in *The Dress Lodger* and *Trades of the Flesh*. In both novels, the Anatomy Act of 1832, impending during *The Dress Lodger*'s narrative and long-passed in *Trades of the Flesh*, casts a considerable shadow over the actions of their central anatomists. In Chiver's case, the contextual background of the cholera epidemic in Sunderland in 1831 serves to highlight the enduring connection in the public imagination between dissection, medical research, and surreptitious procurement practices, as well as exploring the realities of resurrectionism. The language of progressiveness invoked by Chiver offers a clear dichotomy between medical ethics and scientific discovery, placing the narrative uneasily at a transformative juncture for the medical establishment in Britain, wherein increasing professionalisation was intended to instil public confidence and create a set of shared values in clinicians, but might actually have allowed violent medical men to operate more extensively without detection.

This behaviour is certainly gendered; both Holman and Booth's novels implicate vulnerable young women, and particularly prostitutes, in the actions of medical men, and the victims of the anatomy trade are overwhelmingly depicted as female. The division between active 'men of science' and passive, studiable female corpses culminates in *The Dress Lodger* with Chiver's rape of Gustine, which is described in necrophilic terms, and precipitated by his earlier bodily violations in resurrectionism. Shadwell's relationship with Lydia is more reciprocal, but still premised on the utilisation of her body, as symbolised by his pornographic photography, which renders the human form a commodity, able to be bought and sold. The photography studio is partitioned by a curtain from Shadwell's anatomical laboratory, offering a physical manifestation of the duality of his modes of masculinity, a doubleness which operates between altruistic scientific endeavour and sexualised self-

gratification. In situating this narrative against the context of the 1888 Whitechapel murders, this doubleness is cast in an even more sinister light, as the emergent professions of the nineteenth century came under suspicion for evading the attention of the law.

E. S. Thomson's *Beloved Poison* bridges what this chapter has considered to be one of the most significant distinctions between Victorian and present-day incidents of malpractice, highlighting the role of the institution rather than placing emphasis on the actions of individuals. In underlining the ideological connections between various social and medical institutions, and exposing the pauper's anticipated trajectory through them, Thomson alludes to the lasting effects of both the Anatomy Act and the New Poor Law, continuing a critique of the collusion between medicine and legislature present in all three of these texts. The novel's interest in ideas of heredity and haunting, epitomised by the discovery of the symbolic dolls literally embedded within the walls of the institution, allows for a cryptonymic reading of this imagery, recasting the 'crypt' of the hospital as a topographical manifestation of the unconscious and its concealment of the divided self. If this space operates as a symbol of repressed pasts and double identities, it becomes the ultimate representation of the Victorian medical man, who negotiates preconceived ideas about anatomical practice, participates in dubious modes of procurement, and exists in the liminal, emerging social position between figure of fear and figure of veneration. Cryptonomy, and its implications for the troubled relationship between past and present, thus forms an essential aspect of the reading of all three texts, revealing the ways in which nineteenth-century medical concerns recur in the medical scandals which underpin these narratives in the twenty-first century.

By considering the themes of all three novels in relation to the objectives and impacts of the contemporaneous Human Tissue Act 2004, it becomes clear that these narratives reflect as much of the concerns of the early-millennium as they do the early-nineteenth century. Some of these issues – paternalistic medical practice, scientific 'progress' at the expense of ethical considerations – are highlighted as examples of continuation between the Victorian era and our own, and affirm the relevance of the neo-Victorian form to explore these trans-historical connections. Others, particularly the difficulties of postmortem consent, speak more pertinently to the theoretical developments of the late-twentieth century, and demonstrate the ways in which historical fiction becomes necessarily implicated in the interests of its modern readership.

The 2004 Human Tissue Act, and the events leading up to its establishment, appear to have had a significant effect on neo-Victorian fiction at this time, evoking a proliferation of narratives about nineteenth-century medicine in an already growing neo-historical genre. The Gothic elements of these texts – bodily abjection, ghostly presences, monstrous masculinity – aids their sense of Victorian historicity, but also highlights the enduring relevance of the Gothic mode in telling modern stories about the violent potential of the medical establishment. This chapter has therefore considered a number of

broader issues in medicine's neo-Victorian story, and repositioned narratives of nineteenth-century medical misdemeanour within a period of hyper-visible public scandal and litigation against clinicians at the beginning of the new millennium. Whilst the first half of this thesis has considered aspects of relationality in medicine, the following chapters look to further this, moving from an investigation into the medical man to a more reciprocal analysis of patient experience and clinical space in the neo-Victorian novel.

Chapter Three

Private and Public: A Phenomenological Reading of the Epidemic

The neo-Victorian medical man is characterised by his complex, troubling adherence to the social and scientific norms of the nineteenth century. Both a reminder of archaic practices and a symbol of a new era of empirical medicine, both newly-professionalised and capable of alarming acts of violence, his depiction fluctuates in the neo-Victorian novel between inherent trustworthiness and deep suspicion. Modern conceptions of clinicians, particularly in terms of recent medical scandals, have been informed by these fictive reimaginations; as the previous two chapters have contended, the figure is deeply embedded in both his diegetic historical moment, and the present-day context within which he is read, reflecting the concerns of a modern readership as much as those of his 'Victorian' patients. The medical man thus takes on a profoundly interpersonal role, working with and for others by the very nature of his profession, and this relationality is heightened in the neo-Victorian doctor's cross-historical resonances.

With this in mind, the following chapter will shift this analysis more clearly into medicine's relationships with patients and clinical practice, considering the ways in which twenty-first-century ideals around phenomenological medicine manifest in reimaginations of Victorian clinical environments. This chapter focuses primarily on works of neo-Victorianism which exhibit influences of phenomenology, namely Anne Roiphe's *An Imperfect Lens* (2006) and Deborah Hopkinson's *The Great Trouble: A Mystery of London, the Blue Death, and a Boy Called Eel* (2013). Both novels are set during cholera epidemics, Roiphe's narrative in 1880s Alexandria, Hopkinson's in mid-nineteenth-century London. Hopkinson draws on the figure of John Snow, situating her medical man within an investigative narrative and at the centre of conflicting scientific theories. Roiphe similarly places emphasis on the process of scientific discovery and focuses on a mission laboratory searching for the source of cholera spread. Both narratives consider the tension between private and public in terms of the experience of illness, focusing on the stories of individuals whilst situating them in profoundly interpersonal circumstances. In this sense, both are concerned with 'being-in-the-world', and this chapter employs a phenomenological perspective to consider the ways in which neo-Victorianism unites historical narratives of public health, and personal accounts of the experience of illness.

Whilst situating my analysis within a phenomenological framework, I also draw on scholarship around public health discourse and legislation across the nineteenth century. Contextually, cholera outbreaks in Britain saw governmental response and intervention in public health on an unprecedented scale, as well as public backlash connected with the contemporaneous introduction of the Anatomy Act, as outlined in the previous chapter. Cholera riots, widespread in British cities between 1831-1832, centred on the suspicion that the medical establishment were using the pandemic as a guise under which

to conduct a large-scale body-snatching scheme.[369] Connections between cholera epidemics and systems of anatomical procurement are often outlined in neo-Victorian fiction, particularly in texts set earlier in the nineteenth century. As I highlighted in Chapter Two, this is also a spatial concern, with a sequential movement between medical and judicial institutions defined and regulated by anatomical demand. In the epidemic, as this chapter elaborates, medical and scientific expertise moves beyond the boundaries of the institution, widening the scope of medicine's influence. I also look to the complex ways in which Western medical ideals are transposed onto imperial contexts in these narratives, and how neo-Victorianism might problematise this geographical relationship. *An Imperfect Lens*, set in Alexandria in 1883, raises questions about the role of medicine and medical research in the solidification of the British Empire, with the novel's events following and referencing the previous year's invasion and occupation of Egypt by joint French and British forces, which began with a bombardment of Alexandria.[370] The role of the novel's central non-Egyptian medical man in interpreting, and indeed diagnosing, this city raises questions about the intersections of scientific research and imperial governance, as well as highlighting the uncomfortable characterisation of this 'fluid and exotic' city as particularly susceptible to contagious illness.[371]

It will therefore be necessary first to consider the Victorian context to these novels in terms of their depictions of public health events. The first part of this chapter highlights the key medical and legislative developments of the nineteenth century in response to contagious illness, focusing particularly on cholera as the concern of my two primary texts. This section explores the role of the medical man as public health advisor, as well as referring back to the legislative implications of government intervention in public health events at this time. In this context, much like under the Anatomy Act, medical knowledge becomes an arm of state, and medical men are forced to engage with social issues around infection, containment, and quarantine, as well as the diagnostic implications for the individual patient.

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[369] Sean Burrell and Geoffrey Gill, 'The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection – Medical Mistrust and Civil Unrest', *Journal of the History of Medicine and Allied Sciences,* 60.4 (2005), pp. 478-98 (p. 492).

[370] William Mulligan, 'Decisions for Empire: Revisiting the 1882 Occupation of Egypt', *The English Historical Review,* 135.572 (2020), pp. 94-126 (p. 94), doi:10.1093/ehr/ceaa003. As Mulligan argues, up until June of 1882, Prime Minister William Gladstone was opposed to an occupation of Egypt, and the issue of military involvement had been a source of conflict between members of his government. Dan Halvorson further highlights the mixed reception that potential military action in Egypt received in the press in 1882, complicating Parliament's justification of the invasion on the grounds of 'public opinion' (Dan Halvorson, 'Prestige, Prudence, and Public Opinion in the 1882 British Occupation of Egypt', *Australian Journal of Politics and History,* 56.3 (2010), pp. 423–40, doi:10.1111/j.1467-8497.2010.01563.x.) Military intervention as answer to the 'Egyptian Question', as it was then known, was and remains one of the more contentious issues in late-nineteenth-century imperial policy.

[371] Joanna Shawn Brigid O'Leary, 'Germ Theory Temporalities and Generic Innovation in Neo-Victorian Fiction'. *Neo-Victorian Studies,* 6.1 (2013), pp. 75-104 (p. 93).

This is followed by a more detailed examination of the fundamental theories involved in phenomenological medicine, tracing the development of phenomenology from its inception at the beginning of the twentieth century to its present critical position. I evaluate the range of theoretical influences upon neo-Victorianism's depictions of the epidemic, particularly focusing on how the relationality implicit in new understandings of germ theory in the nineteenth century can be re-interpreted through phenomenological discourse. Looking at how phenomenology is both a reflection of *fin-de-siècle* philosophical concerns, and a particularly twenty-first-century means of examining the experience of illness, I argue here that it provides a particularly appropriate framework for neo-Victorian medical narratives, bridging a transhistorical gap between the public health narratives of the nineteenth century and the monadic medicine of the early-twenty first.

Finally, this chapter considers the resonances of these novels in the twenty-first century, particularly around the readerly experience of contemporary epidemics. The role of the clinician during public health crises remains a particularly visible one, and I conclude this chapter by evaluating the implications of these texts in our present historical moment. Published shortly after the 2002-2004 SARS outbreak, *An Imperfect Lens* offered a timely perspective on the contagion narrative for its initial readership, particularly during an epidemic which was characterised by a resurgence of racist rhetoric not dissimilar from the novel's depiction of the imperial response to cholera in Alexandria. For readers of both of these novels in a post-Covid pandemic landscape, the personal and interpersonal resonances of the neo-Victorian contagion narrative are clear, and the possible future of the genre and its depiction of medical professionals, is also an important consideration in this analysis.

Public health and the Victorian medical man

The nineteenth century notably saw a number of developments in the social and medical treatment of issues around public health. Increased government interventionism in health, part of the 'revolution in government' instigated by legislation like the Anatomy Act, set out a new interrelation between legislative bodies and the medical establishment, with the involvement of the state in the lives of individuals premised upon, and validated by, the expertise of medicine. As Pamela K. Gilbert notes, the treatment and containment of contagious illness in the nineteenth century reveals the medical profession as one which 'as certain health issues became public issues, for the first time had a significant role to play in social governance.'[372] This interrelation thus works dually, both to legitimise social action through the discourse of medicine, but also to reinforce what was initially a novel social hierarchy, promoting the newly-professionalised early-nineteenth-century doctor to a position of legally-sanctioned responsibility. As the previous chapter highlighted, this new status afforded medical men a

[372] Pamela K. Gilbert, *Mapping the Victorian Social Body* (State University of New York Press, 2004), p. 28.

veneer of respectability but also the potential, at least in the public imagination and in fiction of the time, to perpetrate acts of violence which could be more easily concealed. In Chapter Two, I highlighted the particular impacts of medicine's new alignment with the legislature in the context of anatomical procurement, and how institutions became connected by a shared involvement in the process of medical training. In *Beloved Poison,* for example, I outlined the ways in which the community, prison, and teaching hospital were narratively constructed along a linear watercourse, symbolic of a legislatively-enshrined journey for the bodies of the urban poor. On a practical level, the expansion of medical education necessitated increasing governmental involvement to regulate and facilitate it, but ideologically, this shift towards professionalisation also validated medicine's place within the legislature. Mary Burgan's identification of the ways in which the 'professionalisation of doctors as scientists' allowed them to 'assume in their word the accreditation of scientific research and the authority of a mystified expertise' points to this aspect of the medical man's troubling characterisation in the popular imagination over the nineteenth century.[373] In particular, the additional legitimacy of this transformation of 'doctors as *scientists*' is a pertinent part of the medical man's place in public health discourses.

The social contexts of the nineteenth-century epidemic are therefore crucial to this discussion. Alongside these trends of medical professionalisation and increased state interventionism, public health reform was accelerating in Britain. By the middle of the nineteenth century, medical expertise was broadly agreed that the answer to the rising mortality rates associated with industrialisation was the 'sanitary idea', a Sanitarian paradigm which required large-scale adaptation to the problems of sewerage and water supply, among others. The cause of spread of contagious illness was not yet universally agreed but, as Jane Jenson reasons, 'whether propounded from a miasmic theory or a theory of water-borne contagion, there was agreement that better sanitation was the solution.'[374] Sanitation became a crucial issue for the government, and in 1848, the Public Health Act outlined a number of sanitary provisions for local authorities, extending beyond the normal reach of public health care and treatment, and looking instead to preventative measures. As Christopher Hamlin and Pat Sidley argue, the Act represented 'the beginning of a proactive, rather than a reactive, public health', and legislated for a number of key developments in the organisation and responsibilities of public health authorities.[375] Among these provisions, the establishment of the General Board of Health, empowered to create local boards of health, was one of the most influential; local boards would have authority to deal with 'water supplies, sewerage, control of offensive trades, quality of foods, paving of streets, removal of garbage,

[373] Mary Burgan, 'Contagion and Culture: A View from Victorian Studies', *American Literary History,* 14.4 (2002), pp. 837-44 (p. 838), doi:10.1093/alh/14.4.837.
[374] Jane Jenson, 'Getting to Sewers and Sanitation: Doing Public Health within Nineteenth-Century Britain's Citizenship Regimes', *Politics & Society,* 36.4 (2008), pp. 532-56 (p. 538), doi:10.1177/0032329208324712.
[375] Christopher Hamlin and Pat Sidley, 'Revolutions in public health: 1848, and 1998?', *British Medical Journal,* 317.7158 (1998), pp. 587-591 (p. 587), doi:10.1136/bmj.i3769.

and other sanitary matters.'[376] These wide-ranging spheres of influence, now involved in both the infrastructure of health and the actions of individuals, also worked to further unite the work of medicine and legislature. Local boards could appoint an 'Officer of Health', who had to be 'a fit and proper person, being a legally qualified Medical Practitioner or a Member of the Medical Profession'.[377] Practitioners in this role were appointed and, crucially, paid, by the Local Board or Boards of Health, meaning that they were accountable to a locally-elected organisation, rather than to a centralised body. It is also important to note here that only those who were property owners or ratepayers were eligible to vote for board members, an issue which highlights the complexities of inclusive and democratic public health reform at this time.[378]

Governmental interventionism on this scale necessitated a re-examination of the notions of 'public' and 'private', and it is pertinent here to consider the term 'public health' as it was redefined across the nineteenth century. Gilbert notes that 'public health' can be identified as 'medicine practised in the service of the public, often state-supported, if not state-implemented', but that this definition in turn requires a certain understanding of the term 'public'; Gilbert turns to Jürgen Habermas's idea that 'public' is a relational term to describe the 'citizens in whose service the state labors and to whom it is accountable'.[379] Across the nineteenth century, however, this notion of a 'public' was in flux, redetermined concurrently with the extension of the franchise and the changing urban/rural demographics associated with urbanisation. The new local Boards of Health, though elected bodies, were still subject to the same limitations upon voting powers witnessed elsewhere in the electoral system. Gilbert emphasises particularly the distinction between the public *for whom* sanitary medicine was practiced early in the century – 'elite and bourgeois, and later, a public of largely bourgeois and bourgeois-aspirant citizens' – versus the public *upon whom* restrictive public health measures were enforced.[380] The 'public' was clearly not a consistently-defined entity, and thus the idea of an all-encompassing system of 'public health' is equally problematic. Similarly, this trend of intervention in areas of life from which the legislature had previously been absent forces a reinterrogation of the scope of the 'private' sphere, another term which was under contention towards the middle of the century as it came to represent both domesticity and matters of capital interest. As Elizabeth Langland argues, middle-class respectability in particular relied on a deceptively-public form of domestic privacy, the idea that having nothing to hide would mean that even the 'most intimate spaces could be penetrated

[376] Elizabeth Fee and Theodore M. Brown, 'The Public Health Act of 1848', *Bulletin of the World Health Organization*, 83.11 (2005), pp. 866-867 (p. 866).
[377] *Public Health Act 1848* https://www.legislation.gov.uk/ukpga/Vict/11-12/63/enacted [accessed 25 March 2022].
[378] *Public Health Act 1848.*
[379] Pamela K. Gilbert, *The Citizen's Body: Desire, Health, and the Social in Victorian England* (Ohio State University Press, 2007), p. 65.
[380] Gilbert, *The Citizen's Body*, p. 66.

with impunity'.[381] For Langland, the domain of the 'social' thus mediates between the private and public, and in matters of public health, this increased awareness of the relationality between private citizens can be used to justify limitations on the social in the service of the public.

In *The Dress Lodger*, set during the 1831 cholera outbreak in Sunderland, this context is highlighted as the socio-medical impacts of governmentally-enforced quarantines forms a crucial context to the novel's depiction of body snatching. As Chapter Two explored, the government's imposed Quarantine order is met with hostility, particularly from the poor, but also opportunism; the city's relative isolation can be seen to permit Chiver's subversive anatomical practices as the apparatus of policing is needed along the permeable borders of the Quarantine rather than the overcrowded graveyards. The issue of surveillance, enacted by legislators but with the guidance and support of the medical establishment, undertakes both a literal and symbolic role in the novel in the fight against choleric infection. The 'Quarantine searchlight' on Sunderland's sea borders ostensibly scans for contaminated arrivals, but once the city has succumbed to the disease, the measure becomes a means of keeping contagion from escaping and infecting those outside of the city's boundaries – 'I remember the first mate asking him exactly who it was this Quarantine was meant to protect: us from them or them from us?'[382] This complex relationality between Sunderland and its local, regional, and, indeed global, context is heightened by the threat of infection, a tension which is problematised by the evidently permeable borders of the quarantine and the need for its monitoring.

The connection between this form of epidemic policing and the practices of the medical establishment more widely are also highlighted by Holman. As Chrissy Reiger notes, the narrative's overarching interest in issues surrounding anatomical dissection 'imagine[s] illness as a site of voyeurism and spectacle', exposing the ill body to interference even before the added complication of its epidemical setting.[383] Reiger considers this parallel between the voyeurism of dissection and the literal 'searchlight' confining the city to its borders through the role of Gustine, looking to the symbolic relevance of the figure of The Eye, an old woman employed by Gustine's pimp to ensure that the young prostitute does not pawn her expensive dress. The Eye's theoretical context as a tool of surveillance is highlighted where the narrator exclaims, 'How Happy Jeremy Bentham would be to discover a living, breathing Panopticon moving through Sunderland's East End […] its formidable sight turned upon a single prisoner only— that pretty girl laced inside her bright blue dress', and this mirroring between the scrutiny applied to Gustine and the city's searchlight surveillance offers a dual rendering of the

[381] Elizabeth Langland, 'Enclosure Acts: Framing Women's Bodies in Braddon's *Lady Audley's Secret'*, in *Beyond Sensation: Mary Elizabeth Braddon in Context* ed. by Marlene Tromp, Pamela Gilbert, and Aeron Haynie (SUNY Press, 2000) pp. 3–16 (p. 8).
[382] Sheri Holman, *The Dress Lodger* (Grove Press, 2000), pp. 234, 238.
[383] Chrissy Reiger, 'The Legacy of Medical Sensationalism in *The Crimson Petal and the White* and *The Dress Lodger*', in *Neo-Victorian Literature and Culture: Immersions and Revisitations*, ed. by Nadine Boehm-Schnitker and Susanne Gruss (Routledge, 2014), pp. 153-64 (p. 154).

Foucauldian panoptical 'gaze' which highlights the potential for misuse of epidemic policing.[384] Holman, Reiger explains, 'does not so much locate power in the gaze of the wise physician as in the person or group that stages the diseased body', which extends this observing gaze beyond the medical institution.[385] The city itself is here 'staged' like a diseased body, and Reiger's reading raises questions about the structures which support such medical surveillance, both on an individual and city-wide level. This metaphor is furthered when Henry ruminates on both the body's topography and the city's corporeality – 'A city is like a body, my boys, thinks Henry. It circulates, it shares, it absorbs'.[386] Henry's understanding of the spread of cholera situates it as a kind of 'circulation', significantly one wherein cholera can 'prick our pathetic Quarantine' and enter the city with little possible remediation.[387]

Alongside the social contexts at play in this epidemic narrative, there are also clearly scientific developments which influence how cholera is treated in the individual and the wider community. Cholera was first identified in Britain in 1831, claiming over 120,000 lives in four distinct outbreaks over the course of the nineteenth century: 1831-32, 1848-49, 1853-54, and 1866-67.[388] The novelty of the illness, the initial mystery surrounding its spread, the rapidity with which its victims died, and the class-spanning social impacts of cholera, all acted as contributing factors in its characterisation as a 'modern plague', becoming, if not the most deadly of nineteenth-century diseases, one of the most socially and culturally impactful.[389] Various hypotheses about the source and spread of the disease were popularised across the period, and at least until the middle of the century, miasma theories were among the most widely-accepted. In 1844, Dr Neil Arnott, who two years previously had collaborated with the Poor Law Commission to generate a report on urban sanitary conditions, informed a Parliamentary committee that 'the poison of atmospheric impurity' was to blame for premature deaths among the British working classes.[390] Arnott's assertion that these impurities arose both from 'the decomposing remnants of the substances used for their food and in their arts, and from the impurities given out by their own bodies', paints a troubling picture of a medical establishment invested in theories of contagious illness which condemned the poor, without acknowledging the sanitary reality of poverty.[391]

The identification of and response to cholera was certainly not linear across the nineteenth century, and it is important to consider that the disease was received differently internationally. The focus of this chapter will be on the mirrored epidemic response between London in the mid-nineteenth

[384] Holman, *The Dress Lodger,* p. 10.
[385] Reiger, 'The Legacy of Medical Sensationalism', p. 159.
[386] Holman, *The Dress Lodger,* p. 20.
[387] Holman, *The Dress Lodger,* p. 20.
[388] Mary Wilson Carpenter, *Health, Medicine, and Society in Victorian England* (Praeger, 2009), p. 35.
[389] Wietske Smeele, 'Grounding Miasma, or Anticipating the Germ Theory of Disease in Victorian Cholera Satire', *The Journal of the Midwest Modern Language Association,* 49.2 (2016), pp. 15-27 (p. 16), doi:10.1353/mml.2016.0046.
[390] *Parliamentary Papers*, vol. 17 (1844), p. 50.
[391] *Parliamentary Papers*, vol. 17 (1844), p. 50.

century, and Alexandria in the 1880s, but as *The Dress Lodger* attests, choleric infection was initially identified as an epidemic in Bengal in 1817. Lasting until 1824, this first cholera epidemic largely affected India, Southeast Asia, China, Japan, the Middle East and Southern Russia, and as John Aberth notes, 'it was not until the second cholera pandemic of 1827 to 1835 that the disease directly impinged itself upon the consciousness of Europe and the United States, particularly in the crucial year of 1832.'[392] Historical accounts concerning the effects of cholera tend to adopt this Eurocentric narrative emphasis; Thomas Shapter's *The History of the Cholera in Exeter in 1832*, for example, devotes successive sections to 'Cholera in Russia', 'Cholera at Hamburgh', and 'Cholera in London', mirroring the geographical approach of the pandemic through this structure, but its pre-Russian origins are covered in a single sentence:

> The Asiatic or pestilential cholera, which showed itself in 1817 in the Delta of the Ganges, confined its ravages almost exclusively to the territories of the East Indies, until 1830, when, bursting forth in Russia, it evinced something like a regular progress in a westerly direction.[393]

This sense of cholera as an imported threat, travelling from the East towards the West, informs the characterisation of the disease as mysterious, exotic, and politically, as well as biologically, dangerous. As Rohan Deb Roy argues, the imperialist undertones to these forms of expansionist disease narratives work to perpetuate 'enduring impressions of lands, landscapes and people', particularly when personified, almost militarised, as a 'progress' between nations.[394]

Between 1845 and 1856, over 700 works attempting to identify the pathology and cause of cholera were published in London alone, evidencing significant disagreement within the medical community.[395] Physician John Snow is often attributed with the first theory which suggested that cholera was waterborne, but until Robert Koch's identification of the cholera bacillus in 1884, the disease still represented an invisible, and somewhat mysterious, threat rather than a treatable bacterial entity. As Stephen Halliday argues, 'In the absence of any clearly defined germ theory of the propagation of disease it must have been very tempting to conclude that epidemics were spread exclusively by the foul-smelling air which was so evident rather than by water', identifying the ways in which the technological limitations of early and mid-nineteenth-century science might have constrained progress in cholera research.[396] Indeed, Snow's evidence that cholera was water-borne was not acted upon during his lifetime, and, Aberth suggests, sewage renovation in London which is often attributed to Snow's

[392] John Aberth, *Plagues in World History* (Rowman and Littlefield, 2010), p. 102.
[393] Thomas Shapter, *The History of the Cholera in Exeter in 1832* (John Churchill, 1849), pp. 15, 28.
[394] Rohan Deb Roy, *Malarial Subjects: Empire, Medicine and Nonhumans in British India 1820-1909* (Cambridge University Press, 2017), p. 120.
[395] Margaret Pelling, *Cholera, Fever, and English Medicine 1825– 1865* (Oxford University Press, 1978), p. 60.
[396] Stephen Halliday, *The Great Stink of London: Sir Joseph Bazalgette and the Cleansing of the Victorian Metropolis* (The History Press, 2001), p. 206.

discovery may have had as much to do with the 1858 'Great Stink', where private toilets overflowed into the watercourse, as with the threat of cholera.[397] Snow's mapping of the cholera outbreak from Broad Street succeeded once the Parish's Board of Governors had been persuaded to remove access to the local water pump, but his theories were not widely adopted until later in the century.[398]

Nonetheless, the episode has remained a prominent moment in the history of epidemiology, sparking numerous fictive reinterpretations. Deborah Hopkinson's *The Great Trouble: A Mystery of London, the Blue Death, and a Boy Called Eel* follows young orphan and 'mudlark', Eel, as he works alongside Dr John Snow to determine the cause and source of the Broad Street cholera outbreak. Aimed at younger readers, this neo-Victorian children's narrative inevitably streamlines and simplifies this epidemiological challenge, transforming Snow's struggle to secure support for his new theory into a suspenseful medical mystery which arrives neatly at its resolution with the removal of the Broad Street pump handle. Eel's fictive role in this real-life story is to gather evidence from his own neighbourhood, utilising his knowledge of the local area to map infections around Broad Street, and this partnership between Eel and Dr Snow unites practical and theoretical understandings of health and illness to resolve the novel's central challenge. Eel considers the duality of their roles in resolving the problem of cholera in Broad Street, reasoning that, '[Dr Snow] was also a grown-up and a physician. He didn't know the families the way I did either.'[399] There is an impersonality to Hopkinson's depiction of Snow, a distancing between the privileged community in which he lives – '"Your doctor has this *whole* house to himself?"' – and the deprived community in which he serves as medical authority.[400] Dr Snow's influence and perceived capability is premised upon his work in middle and upper-class areas of the city, but in the close, interpersonal circumstances of cholera spread, his expertise is supplemented by Eel's practical experience.

Despite this apparent gap in Dr Snow's understanding, the medical man is heavily mythologised, particularly in the early part of the narrative. John Snow himself does not appear until around a third of the way through the novel, but his legacy is widely referenced by Eel and others. Recommending the doctor's services to a neighbour, Eel introduces him as 'a real scientist. Does all sorts of experiments', and furthers this call to authority by mentioning that he 'even eased the queen's pain when she gave birth to Prince Leopold'.[401] The emphasis here and throughout the novel on Snow's

[397] Aberth, *Plagues in World History,* p. 108.
[398] Although the germ theory of disease was still under contention during the 1880s, and the term 'germ theory' was not yet in common parlance, late-nineteenth-century literature was already, perhaps unconsciously, engaging with such ideas. Martin Willis's reading of *Dracula,* for instance, highlights the ways in which Stoker articulates 'contradictory ideologies of disease', albeit from a non-specialist perspective (Martin Willis, ''The Invisible Giant', *Dracula* and Disease', *Studies in the Novel,* 39.3 (2007), pp. 301-325 (p. 322)).
[399] Deborah Hopkinson, *The Great Trouble: A Mystery of London, the Blue Death, and a Boy Called Eel* (Yearling, 2013), p. 157.
[400] Hopkinson, *The Great Trouble,* p. 44.
[401] Hopkinson, *The Great Trouble*, p. 14.

credentials as a 'real scientist' marks his experimental approach with a sense of legitimacy. Hopkinson's neo-historical perspective also works to highlight Snow's work in water-borne contagion, a theory which has been widely accepted since at least the turn of the twentieth century, but was still considered largely unproven within his lifetime. Hopkinson's explanatory 'reader's guide' at the back of the book draws attention simultaneously to the author's intervention and construction of this narrative, but also to the history upon which it is based, and highlights that, 'not everyone in the field of public health agreed with Dr Snow's theory on cholera.'[402] Snow is thus framed complexly within the novel as both establishment elite and intellectual outsider, a respected figure within the medical profession but also acting against hegemonic scientific opinion.

Often, this need for Snow to convince others, particularly local governmental officials, of his findings is associated with the language of law enforcement. Explaining his position to Eel, Snow suggests that, 'although I have gathered a lot of *evidence*, I need a study that will convince people that my way of thinking is right. In other words, I need more *proof*.'[403] This narrative is thus transformed into a kind of medical mystery, and Snow himself into a detective figure. As explored previously, this slippage in depictions of the neo-Victorian medical man between clinical and the investigative roles mirrors the characterisation of the doctor in the nineteenth century's own fictions. In Chapter One, I looked to Arthur Conan Doyle's Sherlock Holmes stories, which featured the investigative pairing of Holmes and Watson, detective and medical doctor. Andrew Smith focuses particularly on *The Hound of the Baskervilles* (1905) as a detective story in which clues and symptoms converge; Watson notes of the titular fierce hound, 'It was not a pure bloodhound and it was not a pure mastiff; but it appeared to be a combination of the two', highlighting the role of biological study in the text.[404] In *The Blood Doctor*, Henry's diaristic reflections often undertake an investigatory tone – 'These diseases are carried by the blood. Of that we must be certain. But what is it in the blood that affects some people with haemophilia and others with purpura?' – setting out the known and the unknown, and raising questions which must be answered by modern medicine.[405]

Medicine itself also becomes framed as an investigative enterprise; with the increasing accuracy of diagnostic tools and methods across the century, 'physical signs became as telling as the patient's story', and diagnosis becomes a process of gathering and interpreting oral and physical evidence.[406] Writing in the late-twentieth century, Katherine Montgomery Hunter draws attention to this definition of clinical medicine as the unification of learned theory and practical observation – 'The practice of

[402] Hopkinson, *The Great Trouble,* p. 234.
[403] Hopkinson, *The Great Trouble,* p. 108, emphasis my own.
[404] Andrew Smith, 'Reading the Gothic and Gothic Readers', in *Interventions: Rethinking the Nineteenth Century,* ed. by Andrew Smith and Anna Barton (Manchester University Press, 2017), pp. 72-88 (p. 80), quoting Arthur Conan Doyle, *The Hound of the Baskervilles* (Penguin, 1996), p. 157.
[405] Barbara Vine, *The Blood Doctor* (Vintage Books, 2003), p. 41.
[406] Janis McLarren Caldwell, *Literature and Medicine in Nineteenth-Century Britain: From Mary Shelley to George Eliot* (Cambridge University Press, 2004), p. 143.

medicine is an interpretive activity. It is the art of adjusting scientific abstractions to the individual case' – and this framing of patients as 'cases', terminology which has become commonplace in modern clinical medicine, further emphasises the investigative connotations of the medical examination.[407] In *The Great Trouble*, Part Three of the novel is named 'The Investigation', which ends with a section subtitled 'The Unexpected Case'.[408] This legalistic language continues into the final part, 'The Last Death and the First Case', which begins with the section, 'In Which the Mystery is Solved', neatly drawing together the 'case' of Broad Street's cholera outbreak in a narrative format which self-consciously echoes the tropes of detective fiction. The medical man's role is then not only interpretive but apparently salvatory, and this unification of the language of the medical and legal 'case' serves to implicitly align him with a sense of righteous authority which further cements his new role in public health discourses. In Foucauldian terms, this language works to redefine the symbolic role of the patient in the doctor/patient relationship – 'The examination, surrounded by all its documentary techniques, makes each individual a 'case': a case which at one and the same time constitutes an object for a branch of knowledge and a hold for a branch of power.'[409] In the epidemic, the medical 'case' thus undertakes new meaning as the medical man strives for legitimacy in advising on, and administering, interventionist measures.

The novel's reinvention of John Snow's infamous intervention into the nineteenth century's story of cholera highlights the various ways in which such figures of public health have come to be mythologised in neo-Victorian writing. Particularly for its younger target readership, the novel refigures its public health narrative into a 'race-against-the-clock medical mystery' which situates the medical man as one of its primary, investigative characters.[410] The centrality of the medical-man-turned-detective figure is a prominent aspect of the epidemic narratives circulating across the nineteenth century. As Chung-jen Chen notes, the real-life John Snow was also figured in the press as a detective seeking out the 'murdering villain' that was cholera, with depictions of the doctor drawing on the established tropes of one of the nineteenth century's most popular literary forms.[411] As highlighted in Chapter Two, the role of the press in solidifying dominant mythologies around the medical profession is significant; journalistic depictions of doctors shape popular perceptions, and are often re-inscribed into contemporaneous fictions. Significantly, medical practitioners were more visible in the public sphere during epidemics of the period, as they began to undertake a governmentally-ratified role in the

[407] Katherine Montgomery Hunter, *Doctors' Stories: The Narrative Structure of Medical Knowledge* (Princeton University Press, 1991), p. xvii.
[408] Hopkinson, *The Great Trouble,* pp. 129, 163.
[409] Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (Penguin, 1991), p. 191.
[410] Anonymous, 'Review: *The Great Trouble: A Mystery of London, the Blue Death, and a Boy Called Eel*', *Publishers Weekly,* n.d., https://www.publishersweekly.com/9780375848186 [accessed 25 March 2022].
[411] Chung-jen Chen, *Victorian Contagion: Risk and Social Control in the Victorian Literary Imagination* (Taylor and Francis, 2019), p. 189, quoting Marjorie Hope Nicolson, *The Microscope and English Imagination* (The Department of Modern Languages of Smith College, [1935]), p. 3.

prevention, as well as the treatment, of public health crises, with this intervention extending beyond the realms of the clinic and into the homes and businesses of individuals. Even before widespread acceptance of germ theory, good sanitation was established as a primary preventative measure against the spread of contagious illness, with legislation particularly targeting cholera, which was deemed an almost uniquely threatening illness due to its rapidity in patients and high mortality rate. This acknowledgement of the relationality implicit in the epidemic causes the medical man, particularly in his potential capacity as an Officer of Health, to undertake a new role as arbitrator between the evolving public and private spheres.

Phenomenology, illness, and neo-Victorianism

Over the twentieth century, issues of human relationality and interdependence would come under new scrutiny with the intervention of critical phenomenology. Phenomenology emphasises the importance of lived experience when determining the nature of phenomena, originating with Edmund Husserl's fundamental ambition to draw 'philosophy back from abstract metaphysical speculation wrapped up in pseudo-problems, in order to come into contact with the matters themselves, with concrete living experience.'[412] Beginning with Husserl's announcement of this radical, philosophical practice between 1900 and 1901, phenomenology has been revised and redetermined by a series of theorists, with notable developments in the field including Martin Heidegger's identification of '*Dasein*', and Maurice Merleau-Ponty's phenomenology of perception. More recently, phenomenological approaches to medicine have framed clinical encounters in terms of patient experience and the 'non-empirical' study of cognition and perception, using phenomenology to, in Havi Carel's words, 'study illness without viewing it exclusively as a subject of scientific investigation'.[413] Across all of these applications of phenomenological discourse, the importance of phenomenology as embedded *practice* rather than detached theory has been emphasised; as Dermot Moran explains, 'phenomenology, for Heidegger, leads to a new way of seeing rather than to a set of philosophical propositions'.[414]

With this in mind, this chapter now looks to interrogate the use of phenomenological practices within neo-Victorian writing, exploring how an emphasis on 'lived experience' operates in fiction which is based in historical fact. Phenomenology provides a unique theoretical standpoint for neo-Victorian writing, being a school of thought originating at the *fin de siècle*, but one which underwent significant transformation in the later-twentieth and twenty-first centuries. This cross-historical perspective has allowed phenomenology to become embedded in recent historical fiction, not necessarily merely as evidence of its contemporary narrative perspective, but rather as an indication of

[412] Dermot Moran, *Introduction to Phenomenology* (Routledge: 2000), p. xiii.
[413] Havi Carel, *Phenomenology of Illness* (Oxford University Press, 2016), pp. 21, 1.
[414] Moran, *Introduction to Phenomenology,* p. 228.

the broad theoretical influences at play in such narratives, which look to both their diegetic and authorial contexts in their revoicings of history. Neo-Victorian stories around medicine and medical figures might therefore utilise narrative tropes consistent with phenomenological practice, but these tropes are not easily temporally-located.

It is necessary first, then, to trace this philosophical practice from its inception to its present critical position, in order to examine the various aspects of phenomenology which are invoked in narratives written across the twentieth century. Beginning with its *fin-de-siècle* origins, Husserl's notion of phenomenology introduces the practice as 'descriptive psychology', a term which emphasises phenomenology's relation to existing conceptual frameworks.[415] For Moran, Husserl's differentiation between phenomenology and psychology is that the former is concerned with 'concrete *acts of meaning,* meaning-intendings, not as empirically occurring facts in the world or in terms of the ideal meanings they articulate'; in other words, phenomenology operates for Husserl as an exploration of the processes of 'knowing or cognising'.[416] Removing this study of 'meaning-making' from the realms of 'traditional philosophical theories or positions', Husserlian phenomenology attempts to describe the role of consciousness in the acquisition of knowledge.[417] Husserl's assertion that phenomenology was a new and radical way of thinking about experience, and his deliberate differentiation of the practice from other philosophical schools, marks phenomenology as a decidedly *fin-de-siècle* movement, a transformative intervention which attempted to reshape existing philosophical theories about the nature of experience.

Heidegger's later development of phenomenology continued this concern with meaning-making and the centrality of lived experience, but added a number of key facets to Husserl's principal arguments. For Moran, one fundamental difference is that, 'Heidegger […] adopted the central claim that phenomenology must be attentive to historicity, or the facticity of human living; to temporality, or the concrete living in time'.[418] This is a particularly pertinent difference when considering the role of phenomenological discourse in neo-Victorianism, where historicity is self-consciously manipulated and concrete temporalities are necessarily undermined. Historicity, simply put, refers to the idea that things have historical origins which have developed and changed through time, a rejection of the belief that values are natural or essential. Heidegger's connection between phenomenology, historicity and temporality thus highlights the ways in which his phenomenological discourse focuses on the dynamic interactions between humanity, things, and theories, relationships which change over time as the values of these things and theories are redetermined.

[415] Edmund Husserl, *Logical Investigations,* 2nd edn, trans. by J. N. Findlay (Humanities Press, 1970), p. 262.
[416] Moran, *Introduction to Phenomenology,* pp. 93, 92, original emphasis.
[417] Moran, *Introduction to Phenomenology,* p. 92.
[418] Moran, *Introduction to Phenomenology,* p. 20.

Crucially for the purposes of this chapter on relationality and the epidemic, Heidegger also introduces the notion of '*Dasein*' in *Being and Time* (1927), connected to this idea of historicity and experience. *Dasein*, literally meaning 'being there', is introduced by Heidegger as 'this entity which each of us is himself and which includes inquiring as one of the possibilities of its Being.'[419] In later criticism, *Dasein* was also framed as 'being-in-the-world', a fundamental principle of phenomenology which explores the ways in which experience is premised upon the relationships between consciousness and environment. Considering phenomenology as 'a new way of seeing' is particularly relevant here, as being-in-the-world attempts to move the articulation of experience from abstract philosophical principles towards a concrete emphasis on perception. Later, Merleau-Ponty proposed being-in-the-world as a 'corrective to the distortive accounts of experience found, on the one hand, in rationalism, idealism, and what he calls 'intellectualism', and, on the other hand, in empiricism, behaviourism, and experimental science'.[420] For Merleau-Ponty, being-in-the-world fundamentally involves '[returning] to that world which precedes knowledge', clearly presenting phenomenology as a break in traditional philosophical discipline.[421] Across the early to mid-twentieth century, phenomenological ideas are continually reinterrogated and supplemented, in line with phenomenology's central principle that it should be a mode of working through experience, not a static theory.

Phenomenology also intervenes in late-twentieth-century theoretical discourse with the rise of phenomenological medicine. If phenomenology, across all of its theoretical permutations, can be summarised as an emphasis on lived experience, and the conceptualisation of experience, phenomenological medicine examines this notion through clinical preconceptions around illness and health. Carel's *Phenomenology of Illness* explores the ways in which phenomenology might work to place the articulation of illness back into the control of the ill person, allowing for a 'non-empirical' theorisation of illness which focuses more closely on individual perception.[422] Carel considers that 'Illness is primarily a bodily experience that gains meaning from social and cultural context, but is first and foremost lived as a bodily experience of suffering and limitation', complicating Heidegger's central ideas around historicity and 'perceptual experience as embedded in a particular culture.'[423] Rather, recent phenomenological understandings of illness have emphasised the individuality of experience, and the inadequacy of modern diagnostic medicine in treating the subjectivities of illness, breaking down the ill body into areas of specialism which have been developed through the diagnosis and treatment of other ill bodies. For Carel, phenomenology moves beyond this detached, scientific perspective:

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[419] Martin Heidegger, *Being and Time,* trans. by John Macquarrie and Edward Robinson (Blackwell, 2001), p. 27.
[420] Moran, *Introduction to Phenomenology,* p. 391.
[421] Maurice Merleau-Ponty, *Phenomenology of Perception,* trans. by C. Smith (Routledge and Kegan Paul, 1962), p. ix.
[422] Carel, *The Phenomenology of Illness,* p. 21.
[423] Carel, *The Phenomenology of Illness,* pp. 37, 20.

> The objective body is the physical body, the object of medicine […] it is the body as viewed by others, not as experienced by me […] The body as lived is the first-person experience of this objective body, the body as experienced by the person whose body it is. And it is on this level that illness, as opposed to disease, appears.[424]

This differentiation between medicalised 'disease' and individualised 'illness' highlights the dual perspective at play in the clinical encounter, and this is a linguistic distinction which I observe throughout this thesis.

Such a distinction also calls the doctor's supremacy of knowledge about illness into question. As S.K. Toombs notes, in the clinic, knowledge and experience are often misguidedly linked – 'While there may be a wide superficial recognition that physicians' conceptualizations differ from their patients' experience of illness, this is often assumed to be simply a matter of different levels of knowledge' – and Toombs argues that the primacy of phenomenological accounts of illness might work to amend this hierarchical dynamic.[425] Phenomenological medicine therefore intervenes not only to highlight the importance of first-hand experience in medicine, but also to explore how such a dynamic shift can reimagine the clinical encounter. Once more, the idea of phenomenology as practice rather than abstract theory becomes of vital importance to its application in medicine. Carel's 'Phenomenology as a Resource for Patients', for example, explores the ways in which phenomenological theory can be used in clinical settings, and plans workshops which could be offered to patients to expand their understandings of phenomenology and illness. As Carel notes, such efforts to apply phenomenological principles in real-life settings inevitably become implicated in questions of authority – 'would the workshops be run by patients, philosophers, or health care professionals?'[426] In these crossovers between philosophy and medicine, new layers of expertise are added which may obscure the patient perspective.

A phenomenological reading thus raises issues around authority, as well as relationality and an emphasis on lived experience. As highlighted previously, applying phenomenology also complicates notions of historicity within the neo-Victorian medical story, already a genre in which the temporality of narrative perspective is displaced. These three phenomenological elements then – relationality, authority, and historicity – manifest in the neo-Victorian medical novel in a number of ways, particularly when referring to the complex hierarchies of the epidemic, and in narratives which use biofictional elements to depict real historical figures, these issues also open out to encompass readerly preconceptions.

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[424] Carel, *The Phenomenology of Illness,* p. 46.
[425] S.K. Toombs, 'The meaning of illness: a phenomenological approach to the patient-physician relationship', *The Journal of Medicine and Philosophy,* 12 (1987), pp. 219-40 (p. 220), doi:10.1093/jmp/12.3.219.
[426] Havi Carel, 'Phenomenology as a Resource for Patients', *The Journal of Medicine and Philosophy,* 37.2 (2012), pp. 96–113 (p. 110).

Firstly, ordinary means of relationality between doctor and patient are altered in the epidemic narrative, as the medical man often acts as both dispenser of clinical treatments, and researcher investigating the cause of the outbreak. The usual clinical dyad between patient and doctor is expanded to encompass whole communities, as the medical man seeks to identify the mode of transmission, becoming, as this chapter has earlier indicated, a kind of medical detective. As Hopkinson's narrative attests, the boundary between medical research and treatment becomes blurred in the epidemic, leaving a clinical vacuum in the treatment of the individual patient which must often be filled by others in the community. In *The Great Trouble*'s almost claustrophobic rendition of mid-nineteenth-century Soho, the close relationality between cholera victims as they step in to help each other and subsequently become infected is part of what makes the advance of the disease so acutely threatening. Eel's involvement in local epidemic efforts – caring for sick neighbours, passing messages, carrying coffins – is necessitated by a distinct lack of more institutional intervention, and individuals, such as the Reverend Whitehead, step into fill a void of governmental support. Even with Snow's involvement, the anticipated relationship between doctor and patient goes unfulfilled, as Eel describes when they go to meet a cholera sufferer:

> I hadn't seen Dr Snow put any medicine in his bag. I did wonder what those glass vials were for. Maybe he would draw blood from Bernie or ask him to spit into one. But as we got closer to Broad Street, Dr Snow didn't seem interested in Bernie. Instead he wanted to discuss details about the epidemic itself.[427]

Often in the novel, an emphasis on Snow's identity as a 'real scientist' marks him as a different form of medical man to those involved in the treatment of cholera. The privileging of his research over his interactions with patients as a mark of his 'genius' offers an insight into the epistemic shift occurring over the nineteenth century with regard to the legitimacy and professionalisation of medical men. A decreasing reliance on the patient testimony, alongside the increasing availability of more 'objective', scientific means of identifying and treating disease, marks the emergence of a new kind of medical practice over the century, a 'clinical' realm which '[unites] the hospital domain and the teaching domain'.[428]

Made possible by, among other factors, rapid technological developments which allowed for the advancement of microbiology, this turn towards clinical medicine bears inevitable consequences for issues of relationality. As Caldwell explains, the term 'clinical' itself grapples with the troubling implications of such reduced focus on subjective, patient experience – 'clinical' in one register implies the detachment we have been critiquing. In another register it refers to daily practice, the hands-on work

[427] Hopkinson, *The Great Trouble,* p. 106.
[428] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* trans. by A.M. Sheridan (Routledge, 2003), p. 134.

of the doctor/patient consultations carried on in an outpatient 'clinic' rather than a teaching hospital'.[429] Foucault considers the wider resonances of this new emphasis on 'clinical experience', arguing that, for this method to be recognised as a legitimate form of observation, 'a reorganization of the hospital field, a new definition of the status of the patient in society, and the establishment of a certain relationship between public assistance and medical experience, between help and knowledge, became necessary'.[430] It is this relationship between help and knowledge which informs the new, clinical interactions between medical research and practice across the nineteenth century, but the balance between patient-centred care and observable symptomology was, and continues to be, contentious. In the epidemic, a public health event which often requires more research to identify modes of transmission, new treatments and cures if it is a novel disease, and, particularly if contagious, physical distance between sufferer and clinician, this troubling new relationality is further distorted.

For this reason, the authority of the medical man becomes displaced in these novels, as he gains scientific legitimacy whilst simultaneously becoming more detached from the experiences of patients. As Toombs has noted of modern medical encounters, this expectation of enhanced clinical knowledge necessarily enforces a hierarchy between doctor and patient, as scientific theory and expertise is privileged over the lived experience of illness. Perhaps even more so than *The Great Trouble*, Roiphe's novel, *An Imperfect Lens*, focuses primarily on biological research around cholera, initially considering the infection as disease, rather than the experience of the illness itself. The novel is set during the 1883 cholera outbreak in Alexandria, and centres on the real-life endeavours of Louis Thuillier, a biologist working under Louis Pasteur, to identify the cholera microbe and the source of the outbreak. A French mission laboratory is established in Alexandria to rival that of Dr Robert Koch – 'the cholera microbe would be found. The glory should belong to France. It should belong to France's premier scientist and his lab' – and this competitiveness between the men of science runs as a narrative undercurrent across the novel.[431] Like *The Great Trouble*'s 'medical mystery' elements, this treatment of medical break-throughs as knowledge to be won presents a troubling image of the means by which the medical profession is legitimised in the public imagination. The close relationship between scientific enterprise and nationalism within the novel can also be identified here, a thematic consideration which becomes complicated by the anti-Semitism provoked during Thuillier's later relationship with Este, the Jewish daughter of a local physician, Dr Malina. In both novels, direct interactions between the central medical men and their patients are limited, with intermediary characters, like Eel and Dr Malina, instead undertaking caring responsibilities.

Finally, both novels are also concerned with the ideas of historicity at the heart of phenomenological discourse, with both authors using their neo-Victorian narrative perspective to

[429] Caldwell, *Literature and Medicine in Nineteenth-Century Britain,* p. 170.
[430] Foucault, *The Birth of the Clinic,* p. 242.
[431] Anne Roiphe, *An Imperfect Lens: A Novel* (Three Rivers Press, 2006), p. 9.

investigate the changing values which determine clinical encounters over time. This manifests within both *The Great Trouble* and *An Imperfect Lens* as an attention to futurity, and a consideration of how the actions of their central medical figures will be viewed by future generations. In Hopkinson's novel, this is evidenced most clearly in the author's note, which details the real-life stories behind the narrative, and illustrates the ways in which history has been reinterpreted and reshaped in the novel, for example by using real names from census data, but creating imagined lives around them.[432] This section of the book also refers self-consciously to Hopkinson's own imagined dialogue, particularly in the section 'Cholera – Yesterday and Today'. Here, Hopkinson reflects on Dr Snow's conversation with Eel after they find the source of the cholera outbreak – 'You and I may not live to see the day, and my name will be forgotten when it comes, but the time will arrive when great outbreaks of cholera will be things of the past.'[433] As the author's note attests, Snow's predictions are true to some extent in Hopkinson's authorial present, but cholera is still a deadly, and prevalent, disease in certain parts of the world, with Hopkinson referring to Haiti's post-2010 outbreak which, at the time of the novel's publication, had led to half a million cases. Norbert Schaffeld argues that historical science novels do not merely use the past to relate to topical scientific discussions, but instead offer 'a thematic transfer into the present', using self-conscious narrative techniques to affirm the enduring relevance of such issues.[434] The novel's diegetic attention to futurity, as well as its extra-narrative presentist perspective, act as part of this thematic transfer, drawing attention to the social, political, and medical continuities between the nineteenth and twenty-first centuries.

Roiphe's consideration of the future responses to the novel's real-life medical men is more ambivalent, opening a critique of historical epidemiological practices from the perspective of the twenty-first century. As Dr Koch struggles to identify the microbial source of Alexandria's cholera outbreak, he supposes that, 'Other generations of scientists might wonder why it took him so long. They would admire his hard work, but speak of him and his accomplishments condescendingly. After all, it was right in front of his Germanic nose all the time.'[435] As in *The Great Trouble*, the novel's central medical men ruminate frequently on the longevity of their discoveries and, indeed, their own legacies, making assumptions about the scientific progress enjoyed by future generations which is informed by Roiphe's neo-Victorian perspective. As Charlotte Boyce contends, neo-Victorian biofiction, like all neo-historical writing, is inevitably 'distorted by the lens of the present', and doubly so where the narrative's central characters are already recognisable figures for whom readers have preconceived

[432] Hopkinson, *The Great Trouble,* p. 232.
[433] Hopkinson, *The Great Trouble,* p. 206.
[434] Norbert Schaffeld, 'The Historical Science Novel and the Narrative of an Emergent Scientific Discourse', *Zeitschrift Für Anglistik Und Amerikanistik,* 64.2 (2016), pp. 169–87 (p. 170), doi:10.1515/zaa-2016-0017.
[435] Roiphe, *An Imperfect Lens,* p. 173.

expectations.[436] I return more prominently to biofiction, fiction recounting or based on the lives of real historical figures, in Chapter Four; in the case of Margaret Atwood's *Alias Grace*, challenging readerly preconceptions is a key objective, with the novel refusing to definitively settle historic questions about the guilt or innocence of the titular 'murderess', Grace Marks. As I will explore, neo-Victorianism often invokes biofictional elements; in negotiating narrative through and within historical record, writers of neo-Victorian fiction are able to reflect self-consciously on the relationship between fact and fiction, and re-examine historical hegemonies.

Koch's self-conscious consideration of this biofictional problem evidences what Kohlke and Gutleben consider to be a defining trope of the mode, that these biofictions often 'inscribe failed quests for knowledge, attesting to the irreducible complexity of individual subjectivity and experience.'[437] Unlike *The Great Trouble, An Imperfect Lens* ends before the resolution of its central medical mystery, with Louis's death from cholera, the last in Alexandria's epidemic, concluding the medical man's failed attempt to identify the microbial source of the disease. Roiphe's epilogue, like Hopkinson's author's note, draws the events of the novel back into real-life significance, rejecting a symbolic reading of Louis's death by affirming the value of his lived experience:

> Louis Thuillier was a fallen hero. He was not a king or a general or a prime minister, nor a man of wealth. He found no new path to God. He was not a saint. He was a scientist working in the trenches, and he died there at age twenty-seven.[438]

Roiphe's revitalisation of this lesser-known scientist thus engages with problems of historical fiction, ending with a stark reaffirmation of the reality, rather than mythology, of the novel's central figure. Such a recentring of Louis's lived experience over later representations of that experience, can be read as a highly-phenomenological element of the novel, evidencing an attempt to '[return] to things themselves'.[439] Nonetheless, neo-Victorianism's wider self-consciousness around historicity and authenticity highlights the difficulties of truly representing historical subjects 'as they were', and indeed even Roiphe's definitive, factual final statement here, drawing on the 'fallen hero' and 'trench' imagery readers are likely to associate with the early-twentieth century, continues to blur the narrative lines between reality and mythology.

There are clear phenomenological aspects of both of these novels, which consider issues of relationality, authority, and historicity in both content and form. Their attention to these concerns,

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[436] Charlotte Boyce, '"Who in the world am I?": Truth, Identity and Desire in Biofictional Representations of Lewis Caroll and Alice Liddell', in *Neo-Victorian Biofiction: Reimagining Nineteenth-Century Historical Subjects,* ed. by Marie-Luise Kohlke and Christian Gutleben (Rodopi, 2020), p. 57-78 (p. 60).
[437] Marie Luise Kohlke and Christian Gutleben, 'Taking Biofictional Liberties: Tactical Games and Gambits with Nineteenth-Century Lives', in *Neo-Victorian Biofiction,* ed. by Marie-Luise Kohlke and Christian Gutleben, pp. 1-53 (p. 34).
[438] Roiphe, *An Imperfect Lens,* p. 293.
[439] Moran, *Introduction to Phenomenology,* p. 402.

particularly the problem of authority between doctor and patient, can be read as a critique of the nineteenth-century epidemic's generalised approach to disease, instead articulating a need for the development of individualised phenomenological medical practices. In both novels, this feeds into wider ideas around the complex relationalities of the epidemic, as the traditional clinical dyad is disturbed. As this chapter has identified, the medical man's new social, and political, role in the nineteenth-century epidemic has profound impacts on his professional standing and influence in the key legislative issues arising from public health concerns. Building on the phenomenological principle of being-in-the-world, this chapter continues to consider the ways in which such issues speak specifically to the neo-Victorian epidemic narrative, as well as looking at the complex interrelations between our renditions of, and responses to, historical epidemics, and our modern experiences of contagious illness.

Being-in-the-world of the nineteenth-century epidemic

Neo-Victorian narratives, particularly around contagious illness, thus reflect a number of phenomenological concerns which are pertinent to this chapter's interests in public and private health. Attention to these phenomenological principles in *The Great Trouble* and *An Imperfect Lens* aligns with their place as neo-Victorian narratives in several ways; most notably, an interest in historicity in these novels highlights the changing social and cultural values which intervene between the nineteenth and twentieth centuries, and shape these transhistorical narratives. The nineteenth-century epidemic, with its interest in enduring issues around isolation, government interventionism, and interpersonal responsibility, allows readers to consider some of the most pertinent social and political issues of the present day, whilst maintaining a level of historical distance necessary to engage with the horrors of death and disease such public health events entail. As this chapter has considered, the social, as well as scientific, developments of the early-nineteenth century around public health legislation, many of which have been retained in current responses to epidemic illness, mark the century as a particularly pertinent comparison with our own times. Bridging this temporal gap between past and present, a phenomenological reading of epidemic narratives set during this transformative century exposes the ways in which emergent ideas around public health and social responsibility are melded with later, individualist rhetoric.

As mentioned earlier in this chapter, phenomenology has undergone several permutations in its theoretical and practical evolution over the last century. One key element which has remained central to many interpretations of phenomenology, however, is Heidegger's idea of being-in-the-world, which is concerned with addressing the nature of experience through one's interactions with their surroundings. For Carel, being-in-the-world encompasses 'the world as lived', which in the phenomenology of illness involves the clinical use of the ill person's 'prior concrete experiential

totality'.[440] The subjectivity of experience is crucial here; one of the most central aspects of phenomenological medicine is the acknowledgement that there are limitations to the diagnostic tools ordinarily associated with modern clinical practice, and that the experience of *illness*, rather than disease, must be evaluated through the patient's own experience over purely quantitative methods. Phenomenological theorisations of illness tend to emphasise its ability to alienate the ill person both from themselves – Frederik Svenaeus suggests, as 'the otherness of illness has been depicted precisely as an otherness of one's own body' – and from the world around them, as Toombs lists 'loss of the familiar world' as one of the five key characteristics of illness.[441] This simultaneous alienation from both self and surroundings results in what Svenaeus terms '*das unheimliche'*, often translated to refer to the 'uncanny' in the Freudian sense, but carrying new connotations within the context of illness.[442] Literally meaning 'unhomelikeness', for Svenaeus, *das unheimliche* responds to the interconnections between sense of oneself and relationality with one's wider surroundings, highlighting that both senses are impacted by illness and that both form components of effective being-in-the-world. A phenomenological approach to illness, with an emphasis on being-in-the-world at its centre, thus operates not only as a way of theorising experience, but also as a means of remedying this dual alienation. By acknowledging and affirming this interrelationality, Svenaeus argues that 'the role of medicine is to overcome the unhomelikeness of illness, or help the ill person find their way back home, back to a homelike being-in-the-world'.[443]

Focusing on the unique and subjective experiences of the individual, whilst highlighting the necessary interconnections between self and surroundings in illness, looking at the epidemic through the phenomenological framework of being-in-the-world furthers its interpersonal significance. Like many epidemic narratives, *An Imperfect Lens* is concerned with this relationship between individual and social experience; focusing on a number of narrative perspectives, the novel interweaves many accounts of cholera suffering, some extended, and some only in brief vignettes. Some of the most troubling descriptions of the illness take the form of these short, isolated sequences, which often depict seemingly innocuous scenes made sinister by the underlying threat of infection, for example, where a man 'vomited near a palm tree, and a blind man walked barefoot in the bile, leaving footsteps in the dust'.[444] In highlighting such fleeting, unknowing interactions, Roiphe articulates the necessary interconnectedness of the city, and the potential for contagion this involves. This visceral emphasis on

[440] Carel, *Phenomenology of Illness,* p. 6.
[441] Fredrik Svenaeus, 'Illness as unhomelike being-in-the-world: Heidegger and the phenomenology of medicine', *Medicine, Health Care and Philosophy,* 14 (2011), pp. 333-343 (p. 335), doi:10.1007/s11019-010-9301-0.
S.K. Toombs, 'The meaning of illness', p. 229.
[442] Fredrik Svenaeus, 'Das Unheimliche – towards a phenomenology of illness', *Medicine, Health Care and Philosophy,* 3.1 (2000), pp. 3-16 (p. 3), doi:10.1023/A:1009943524301.
[443] Svenaeus, 'Das Unheimliche', pp. 10-11.
[444] Roiphe, *An Imperfect Lens,* p. 53.

the mode of transmission, through bodily fluids, continues the novel's earlier introduction to the disease, where cholera is described as being 'bred in water, dirty water, water with feces, water with urine, water with sweat, water with tears, water with blood and mucus floating in it', and this convergence of the human and the microbial emphasises the 'unhomelike' relationality between self and other in the epidemic.[445] Here, cholera becomes a part of the body, but bodies themselves also become choleric, potentially infected, implicitly dangerous; crucially, once inside the body, cholera rends its sufferer both *infected and infectious*, making its host complicit in its spread.

Roiphe's depiction of the epidemic, then, as disturbing one's relationship with others, presents unique challenges for being-in-the-world. This positioning of the body as a complicit, contagious carrier of disease also undertakes a Gothic significance which can be read through the lens of the 'monstrous'. Kelly Hurley's reading of abhumanism, based in Kristeva's notion of abjection, identifies Gothic's emphasis on 'monstrous becoming', as 'the human body collapses and is reshapen across an astonishing range of morphic possibilities'.[446] Infected, and thus newly threatening to other individuals as well as the wider social body, the cholera sufferer in Roiphe's narrative, might be characterised within this idea of the abhuman, a corporeality which teeters at the very edge of humanity. Shown to be unwillingly and unknowingly spreading contagious illness, the everyday lives of Roiphe's often anonymous characters overlap in an increasingly foreboding series of fleeting interactions, becoming monstrous as the reader gains awareness of the impending horror of infection. They become mere contagious bodies, and this alienation is evident from the novel's earliest descriptions of cholera, in which human beings are presented as 'more water than flesh, afloat in their own bodies, and yet, out of water, necessary water, welcome water, can come death'.[447] In the context of this water-borne disease, the idea of humans 'afloat in their own bodies' becomes an uncanny, monstrous image which informs the novel's subsequent depiction of the epidemic. As Elana Gomel notes, the Gothic has long been concerned with ideas of monstrosity, the self evolving or revealing a latent, threatening alterity, but Gothic ideas around contagion have particularly emphasised the monstrous horror of 'multiplicity, uncertainty and non-linear expansion'.[448] It is the body's interactivity, and unpredictability, which characterises it as monstrous, once more highlighting the problems of finding 'homelike being-in-the-world' of the epidemic.

If being-in-the-world attempts to resolve the interconnections between self and surroundings, it is worth exploring here how the epidemic narrative also negotiates individual, as well as collective,

[445] Roiphe, *An Imperfect Lens,* p. 8.
[446] Kelly Hurley, *The Gothic Body: Sexuality, Materialism and Degeneration at the Fin de Siècle* (Cambridge University Press, 1996), p. 4.
[447] Roiphe, *An Imperfect Lens,* p. 5.
[448] Elana Gomel, 'The Epidemic of History: Contagion of the Past in the Era of the Never-Ending Present', in *Embodying Contagion: The Viropolitics of Horror and Desire in Contemporary Discourse,* ed. by Sandra Becker, Megen de Bruin-Molé and Sara Polak (University of Wales Press, 2021), pp. 219-234 (p. 222).

experience. As this chapter has identified, changing theorisations of 'public' and 'private' were in operation across the nineteenth century, leading to a changing discourse around public health which marks the century as a transformative one for sanitation reform, government interventionism, and the shifting authority of medical professionals. Such negotiation of the boundaries between state and individual continues into the twentieth century, and here I wish to discuss another of the key theoretical frameworks, alongside being-in-the-world, which has informed my reading of this chapter's primary texts. In Chapter One, I referred to Arthur Frank's *The Wounded Storyteller* which identifies a number of key types of illness narrative. I highlighted Frank's understanding of the power imbalances perpetuated by naturalised clinical hierarchies, and how patient stories can work to redefine illness in the terms of the ill person, drawing out a sense of narrative autonomy. This is a key concern of Chapter Four, for which patient narratives provide my overarching theoretical framework; I also discuss the modern rise of narrative medicine, wherein these narratives not only describe, but are a part of, clinical treatment. In this vein, another key component of Frank's analysis concerns the types of body such narratives might describe, or indeed create. I have considered the monstrous/contagious body to which Roiphe's depiction of cholera refers, but for Frank, such awareness of the interrelationality between bodies and their surroundings is a postmodern phenomenon. Describing the 'modern experience of illness', which 'begins when popular experience is overtaken by medical expertise', Frank introduces the 'monadic body', 'understanding itself as existentially separate and alone'.[449] Frank goes on to argue that modern medicine encourages a monadic understanding of the body, highlighting the geography of hospital wards which limit meaningful contact between patients, as well as the clinical dyad where patients relate individually to medical staff, rather than collectively among themselves. Frank also grapples with another aspect of monadic medicine, the assumption of a disease model which 'reinforces this conception of each patient 'having' a disease, and this disease model articulates well with modernist emphases on the individual as autonomous entity'.[450] As explored earlier, in the epidemic, the individual suffering with a disease is no longer fully autonomous, becoming instead a 'contagious body' which operates as an unwilling, but active, participant in the spread of illness. This would suggest that monadic medicine, which encourages an individualist understanding of the body in illness, is insufficient to contend with epidemic events, and yet, as Frank argues, represented a dominant strand of medical theory across the early-twentieth century.

If the monadic body understands itself as fundamentally alone, and new public health discourses emphasised the body's interdependence, there would appear to be a conflict between modern, monadic medicine and the interpersonal realities of the nineteenth-century epidemic. However, in considering epidemic experience through the theoretical framework of being-in-the-world, it

[449] Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (University of Chicago Press, 1995), pp. 5, 36.
[450] Frank, *The Wounded Storyteller,* p. 85.

becomes clear that an emphasis on interrelationality and the examination of individual perception are not mutually exclusive. In the narrative treatment of medical men in *An Imperfect Lens*, the interdependencies of medical and scientific communities are stressed, but often with reference to the individual medical and scientific minds at their centre(s). Louis's death from cholera is marked by a consideration of the benefits his individual perspective would have brought to the wider scientific community, with Dr Malina reflecting that, '"It's a setback for science […] to lose such a dedicated and talented young man"'.[451] Here, the legacy of the individual is subsumed by responsibility to the collective, and having followed Louis's narrative perspective for the majority of the novel, the reader becomes aware of the centrality of his scientific knowledge in the wider experiences of epidemic illness to which we have been privy.

The medical man himself thus evidences this convergence between monadic medicine and being-in-the-world, but so too does the novel's characterisation of cholera and cholera sufferers. As in *The Dress Lodger*, cholera is often described in *An Imperfect Lens* as a kind of aggressive invader, 'like an army', justifying a similarly combative medical response.[452] This metaphor is extended, and historicised, as Roiphe describes the infection in a young woman in a series of militarily-charged images:

> The illness took over her body like the army of a colonial power, spread out, killed whatever was in its way, and settled itself in groups, in clumps, in prime territory and began rapaciously to mine the area, to claim the reward for its troubles.[453]

Specifically likening choleric infection to the army of a 'colonial power', Roiphe highlights the multiplicity of invasive forces at work within an outside of the body of this young, Alexandrian woman, pointing to both the gruesome violence of the illness, and the embodied horror of the city's recent imperial history. With cholera acting as invasive aggressor, the body is staged like conquered territory; as Susan Sontag identifies, normative discussion of diseases which spread is inevitably shaped by the language of topography. For Sontag, the 'language of warfare' frames contagious illness as infection which both literally travels between nations or people, but also overwhelms the body, which becomes its own metaphoric landscape.[454] In Roiphe's depiction of the epidemic, the body thus undertakes the character of the surrounding landscape, succumbing to choleric infection and echoing the city's suffering under imperial invasion. According to Frank, it is modernist medicine which 'claimed the body of the patient as its territory, at least for the duration of the treatment', but understood through the lens of being-in-the-world, I consider that this likening between self and surroundings operates differently in the novel, articulating the interconnections between the individual experience of

[451] Roiphe, *An Imperfect Lens,* p. 288.
[452] Roiphe, *An Imperfect Lens,* p. 193.
[453] Roiphe, *An Imperfect Lens,* p. 69.
[454] Susan Sontag, *Illness as Metaphor* (Random House, 1979), p. 64.

phenomena, such as illness, and wider social or cultural experiences.[455] Using the language of imperial expansion, Roiphe depicts cholera through comparison with 'the world as lived', creating a narrative reference which is relevant to the novel's historical moment, but also one which, having proliferated in clinical discourse across the twentieth century, continues to endure as a modern means of narrativising illness. This framing of cholera as an invading army thus operates as a form of temporal bridging between the emergent metaphors of the nineteenth century and current, naturalised discussions around health and illness, as well as alluding to the ways in which the interpersonal implications of contagious illness can be understood medically, but also socially and politically.

A phenomenological reading of the novel thus highlights the ways in which a monadic understanding of the body can converge with public health discourses in the epidemic narrative, particularly in the neo-Victorian mode. This critical framework therefore also draws attention to the appropriateness of neo-Victorianism in depicting epidemic experience; a genre which often draws on the tropes of literary postmodernism, neo-Victorianism shares a number of narrative similarities with Frank's 'postmodern experience of illness'. As Frank explores, an increased emphasis on the body as chaotic, unpredictable, and relational operates in contrast to 'modernist projects' which 'imagine their endings before they are begun'.[456] Postmodern narratives instead defy completion, a narrative mode which, for Frank, speaks more pertinently to the condition of serious, or chronic, illness. Neo-Victorianism, in its resuscitation of the nineteenth century, similarly refuses to accept any one definitive historical narrative, instead becoming engaged in a continuous *'act of (re)interpretation, (re)discovery and (re)vision concerning the Victorians'.*[457] In this way, the neo-Victorian mode creates an uncanny return to the nineteenth century, a self-consciously altered representation of history which focuses on the continuities and discrepencies between past and present. The genre therefore presents an effective framework for considering the unpredictability and historicity of epidemic experience.

As noted previously, Roiphe's depiction of the epidemic relies heavily on an affirmation of the precarious connections between individuals, highlighting the interweaving narratives of lives impacted by contagious illness. The novel also, however, considers these individuals as part of wider social structures, an assertion of interrelationality which goes beyond pure human connection, and instead looks to the relationships between self and surroundings which are so central to the idea of being-in-the-world. In one of the novel's earliest descriptions of cholera, the threat to the wider social body is foregrounded – 'Cholera did not simply attack the intestines of is victim, it ravaged the pocketbooks of the entire town, spreading hunger and despair and sending thousands to pray and thousands of others to shutter themselves up in their rooms'.[458] This moving emphasis, from the visceral, bodily impacts of

[455] Frank, *The Wounded Storyteller,* p. 10.
[456] Frank, *The Wounded Storyteller,* p. 164.
[457] Ann Heilmann and Mark Llewellyn, *Neo-Victorianism: The Victorians in the Twenty-First Century, 1999-2009* (Palgrave Macmillan, 2010), p. 4, original emphasis.
[458] Roiphe, *An Imperfect Lens*, p. 21.

the diseases, to cholera's wider social and economic effects, works to widen the scope of the narrative from stories of individual suffering to a regional, and indeed, national perspective.

Though this chapter has largely considered the realms of 'public' and 'private' health, it is important here to address 'the social' as a further aspect of emergent nineteenth-century discourse around the role and responsibility of the individual. As Gilbert argues:

> In allowing 'matters of the household' – of the body and the realm of necessity – into public discourse about the social body, the realm of the social provided a way to connect the management of individual bodies to citizenship, while still allowing 'private matters' to remain outside the boundaries of politics per se.[459]

The 'social body' thus operates as a 'third way' of speaking about health and society, offering a corporeal way of imagining the populace, and thus implicitly connecting the health of the nation with an ideal corporeal, individual, body.[460] As Gilbert identifies, the citizen's body becomes symptomatic of the wider health – physical, moral, political – of the state, and the realm of the social is crucial to bridging this ideological divide between individual and wider public.[461] The health of the individual is intimately connected to a number of wider concerns, and these wider concerns are reflected back through the health of the individual citizen. In *An Imperfect Lens*, this greater significance attached to the individual is highlighted in the novel's interweaving stories of personal experience, generating readerly identification for the wider social body through the examples of individual stories. However, as the narrator notes, this emphasis on the symbolic resonance of the individual body bears ramifications for our ability to visualise larger scales of human suffering, particularly in the epidemic. Where the impacts of illness become measured in 'statistics, graphs [and] numbers of the dead', rather than by the emotive language of symptomology or individual prognosis, the symbolic relationship between citizen and social body collapses, unfolding to encompass a broader range of human experiences rather than using the individual body as a representation of wider social concerns.[462] As Roiphe describes, at the end of a poignant section in which the 'necklaces and moles, haircuts and earlobes' of individual victims become forgotten in the face of large-scale death, 'we are capable of mourning only one by one'.[463]

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[459] Gilbert, *The Citizen's Body,* p. 2.

[460] For more on the wider history of the phrase 'social body' upon which this definition is premised, see the introduction to Gilbert's *The Citizen's Body*, particularly pp. 5-8. Gilbert also refers to Foucault's explorations of the 'social body' in the essay, 'Governmentality' in *The Foucault Effect: Studies in Governmentality,* ed. by Graham Burchell, Colin Gordon, and Peter Miller (University of Chicago Press, 1991), pp. 87–104. I have also found Foucault's 'The politics of health in the eighteenth century', in *Power/Knowledge: Selected Interviews and Other Writings, 1972– 1977* (Harvester, 1980) to be helpful in thinking through the 'social body' in relation to earlier, historical understandings of public health.

[461] Gilbert, *The Citizen's Body,* p. 6.

[462] Roiphe, *An Imperfect Lens,* p. 110.

[463] Roiphe, *An Imperfect Lens,* p. 110.

Viewing the nineteenth-century epidemic through the critical lens of being-in-the-world thus raises a number of key concerns in a phenomenological reading of *An Imperfect Lens*. Contagious illness necessitates a re-evaluation of the relationships between self and surroundings, as interactions between bodies are marked by a newly dangerous potential for infection. Crucially, such illnesses render the sufferer both infected and infectious, creating a troubling duality to epidemic illness which contributes to the sense of 'unhomelikeness' in one's body to which Svenaeus refers. Emphasising both interrelationality and individual, subjective experience, being-in-the-world offers a point of connection between the emergent public health discourses of the nineteenth century and the monadic medicine of the early-twenty first. This gap might also be addressed in part by attention to the 'social', an emergent concept of nineteenth-century public health discourse, but one which continues to influence the ways in which contagious illnesses are considered in modern medicine. There are, however, limitations to the 'social body' visualisations which emerged in nineteenth-century discourse, most notably the difficulties of comprehending complex, differentiated experience when considering the health of the social body through the symbolic body of the individual citizen. As this chapter continues, such enduring ideals of Victorian public health recur in latterly reimaginations of the nineteenth century, but neo-Victorian fiction is also inevitably engaged with the impacts of more recent epidemic events, particularly in the early years of the new millennium.

The narrative influence of present-day epidemics

In 2003, the threat of contagious illness was enlivened in the public imagination by a new pandemic which would, as Priscilla Wald explores, inspire the first major 'outbreak narrative' of the new millennium.[464] On 12th March, the World Health Organisation announced a global alert concerning the novel coronavirus, later known as SARS, which had been identified in China the previous November. Over the course of the next eight months, SARS spread into 28 more countries, infecting around 8000 people, and killing 774.[465] Written only a few years after the SARS outbreak, *An Imperfect Lens* in particular might be seen as part of a growing genre of outbreak narratives which had by the late-twentieth century begun to dramatize the 'coming plague', a 'species-threatening event which had been forecast by scientists and journalists'.[466] Whilst a number of these narratives situated their existential threats in the present or near future, neo-Victorian narratives notably displace these anxieties to a previous century through which humanity has clearly survived, inflecting their 'species-threatening

[464] Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Duke University Press, 2007), p. 2.
[465] James Pasley, 'How SARS terrified the world in 2003, infecting more than 8,000 people and killing 774', *Business Insider,* 20 February 2020, https://www.businessinsider.com/deadly-sars-virus-history-2003-in-photos-2020-2?r=US&IR=T [accessed 27 October 2022].
[466] Wald, *Contagious*, p. 1.

events' with a different, perhaps more palatable, sense of unease.[467] For readers of epidemic fiction in the post-Covid landscape, the depiction of historical, comparable public health events undertakes a further personal and interpersonal resonance. This chapter will thus conclude by considering the wider contexts of these neo-Victorian novels in the twenty-first century, particularly around the readerly experience of contemporary epidemics. As outlined at the beginning of this chapter, the role of the clinician in times of public health crisis remains a particularly visible one, and I will conclude here by evaluating the readerly implications of these texts in our present historical moment, particularly for public understanding of the role and responsibility of the doctor during the epidemic.

Wald's identification of the 'outbreak narrative' highlights the genre's most central, and most alarming contention: 'The interactions that make us sick also constitute us as a community. Disease emergence dramatizes the dilemma that inspires the most basic of human narratives: the necessity and danger of human contact.'[468] Alongside this central anxiety around relationality, often focused on the increased connectedness of the modern world, the outbreak narrative is also identifiable by its socio-geographical structure:

> an account of an outbreak – in its most archetypal and apocalyptic incarnation – that begins in the forests of the global South and travels into the metropoles of the global North, where it threatens humanity with extinction before heroic epidemiologists and other medical professionals in the global North draw on their expertise and the technologies of scientific medicine to save the species.[469]

For Wald, the outbreak narrative is not confined to fiction; rather, these concerns and narrative tropes 'proliferate in mainstream media and popular culture', are adopted by government and legislative bodies, and '[shore] up faith in scientific medicine'.[470] Such narratives thus serve to solidify the connections between the state, scientific community, and the individual during epidemic events, but they also notably reinforce the imperial distinctions between the countries in which disease originates, and the countries which are then considered 'threatened' by the outbreak once it reaches the global North.

In the nineteenth century, as this chapter has demonstrated, cholera was the infectious disease which most acutely fulfilled these tropes, emerging in Asia during the first pandemic and travelling

[467] Wald refers to a number of notable examples of the 'coming plague' genre in film and fiction, including novels such as Patrick Lynch's *Carriers* (1995) and Robin Cook's *Contagion* (1995). Wald also mentions the film *Outbreak* (1995), which features a pandemic of the fictional 'ebolavirus' and was released during a real-life outbreak of Ebola in Zaire. *Outbreak* saw a resurgence in popularity during the Covid-19 pandemic, becoming the fourth most streamed film on Netflix on 13th March 2020.
[468] Wald, *Contagious,* p. 2.
[469] Priscilla Wald, 'Preface', *Embodying Contagion*, ed. by Sandra Becker, Megen de Bruin-Molé and Sara Polak, pp. xiiv-xviii (p. xv).
[470] Wald, 'Preface', p. xv.

towards Western Europe. Following the geographical path set out by the outbreak narrative, cholera thus presents a key example of the ways in which contagious illness was aligned in the public imagination with imperial anxieties. A precursor to the contemporary outbreak narrative, 'invasion fiction' of the late-nineteenth and early-twentieth centuries often highlighted this connection between imperial politics and contagious disease, with the period seeing the publication of a number of popular narratives problematising the ethics of colonisation through a discourse of contagion.[471] H.G. Wells's *The War of the Worlds* (1898), for example, a foundational work of invasion fiction, depicts a near-future imperial Britain itself invaded by the superior and technologically-advanced Martians, before they eventually succumb to an earthly pathogenic infection. As Bed Paudyal explores, the Martians' attempts at colonisation are figured by Wells as a form of 'retributive 'justice'', with an early passage from the novel highlighting the violence of British imperial endeavours:

> before we judge [the Martians] too harshly we must remember what ruthless and utter destruction our own species has wrought […] The Tasmanians, in spite of their human likeness, were entirely swept out of existence in a war of extermination waged by European immigrants.[472]

Such direct parallels between the Martians and British colonisers mark the novel's end and the elimination of the Martians as a troubling 'victory' for humanity. The implication that the Martians are ill-equipped for the biomedical climate of Earth can be read in this context as a warning for imperial nations expanding into new territories, with contagion providing a central point of focus for the novel's wider critiques of the imperial project.

Though Wells explicitly condemns the violence of European colonialism, the novel's invocation of a politically and biologically dangerous pathogen remains focused on the perilous atmosphere of the colonised nation. Like *The War of the Worlds*, *An Imperfect Lens* highlights the dangers posed by contagious illness to colonisers, but the novel also looks to the biological threats brought by colonisers to nations more vulnerable to certain kinds of disease. In Roiphe's novel, a parallel between the invasive spread of disease and the contemporaneous British and French occupation of Egypt is also constructed through continued references to the militaristic resonances of the virus, at one point described as a kind of 'colonial power'.[473] In likening choleric infection to a specifically

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[471] Ailise Bulfin, 'To Arms!': Invasion Narratives and Late-Victorian Literature', *Literature Compass,* 12.9 (2015), pp. 482-496 (p. 485), doi:10.1111/lic3.12253. Invasion fiction, at its height between 1870 and 1914, responded to growing cultural and political fears about the possible invasion of Britain by hostile foreign forces. As Bulfin explores, invasion fiction warned Britain of its own vulnerability, and was politically exploited by military figures to 'agitate for increased defence spending' (p. 482).

[472] Bed Paudyal, 'Trauma, sublime, and the ambivalence of imperialist imagination in H. G Wells's *The War of the Worlds'*, *Extrapolation,* 50.1 (2009), pp. 102-119 (p. 102).
H.G. Wells, *The War of the Worlds,* in *H.G. Wells: The Science Fiction*, vol. 1 (Phoenix, 1995), pp. 179-320 (p. 186).

[473] Roiphe, *An Imperfect Lens,* p. 69.

'colonial' invasion, Roiphe's characterisation of the virus undertakes new meaning; here, cholera is figured as travelling from Europe towards north Africa, highlighting an inversion in the typical outbreak narrative, in which it is often the far-flung parts of the British Empire from which disease is assumed to have originated. This interest in problematising imperial narratives through the motif of infectious disease thus finds its origins in nineteenth-century literary traditions, but by inflecting them in new ways, Roiphe's novel highlights a distinctively neo-Victorian imperative to '[illustrate]conflict and difference through [the] very act of undermining the stability of a presumed hegemonic historical narrative'.[474] Neo-Victorianism simultaneously represents then an acknowledgement of the centrality of empire in the cultural consciousness of the nineteenth century, and a concerted effort to interrogate such hegemonies. As Heilmann and Llewellyn explore, 'the Victorian novel had a central investment in sustaining the imperial project even as it marginalized the colonial worlds to which it dispatched its protagonists'; the neo-Victorian novel by contrast has no such investment, and can thus more readily critique these hegemonies.[475]

There are also allusions in the novel to the ways in which the imperial project intersects with scientific research, in such a way that implicates the medical man himself in a troubling reinforcement of expansionist ideologies. Roiphe explores how imperial ideology impinges on epidemic response, beginning with the admission by one doctor that, 'We don't count the dead, unless they are Europeans.'[476] This prioritisation of the dead openly places a hierarchy between European imperial forces and Alexandrian citizens at the centre of the struggle against cholera, a distinction made in a combative context which is then also applied in a clinical one. It is also important to note here that the novel's primary protagonists are European, bringing this uncomfortable question concerning the surviving perspectives on the neo-historical epidemic, particularly those set in parts of the British Empire, directly to the reader. Various intertextual references are made to accounts of cholera from previous epidemics, but largely these are confined to a British context, with direct invocation of the *Sunderland Herald* from 1831, for example, and papers written by John Snow, highlighting the ways in which such discursive hegemonies are repeated with the recurrence of contagious illness.[477] Narratively, then, the role of the novel's central non-Egyptian medical men in interpreting and diagnosing the city raises questions about the intersections of scientific research and imperial governance, furthering and replicating a paternalistic model of aid which originates in the imperial project.

Clinically, this imposition of Western medical ideals foregrounds the ways in which epidemic response became a central mode of enforced assimilation, to the detriment of public health

[474] Mark Llewellyn, 'What is Neo-Victorian Studies?', *Neo-Victorian Studies,* 1.1 (2008), pp. 164-185 (p. 165).
[475] Heilmann and Llewellyn, *Neo-Victorianism,* p. 67.
[476] Roiphe, *An Imperfect Lens,* p. 29.
[477] Roiphe, *An Imperfect Lens,* pp. 7, 137.

advancement. As Laverne Kuhnke explores, across the nineteenth century, 'the introduction of Western medical technology made Egypt a battleground in a perennial conflict […] while the health of the Egyptian people was at risk from recurring epidemic invasions.'[478] Kuhnke also notes the ways in which Egypt's particular susceptibility to water-borne illness at this time, a result of the country's reliance on a single source of water, necessitated an international response to the ocean trade and travel which threatened cities like Alexandria, but that such efforts were stifled by the particular political pressures experienced by nations of Empire:

> the Quarantine Board in Alexandria was a premature experiment in international cooperation doomed to failure in the hypernationalistic climate of the nineteenth century. The principle of cooperation could not survive the intense economic and political rivalry exemplified in the drive for colonial empires at that time.[479]

In focusing on the European teams of scientific researchers racing to identify cholera bacterium in Alexandria, the novel then also calls into question some of the broader discourses around competitive scientific endeavour to which these scientists subscribe. Louis considers that the discovery would have brought him 'honor', a term more often associated with success in combat than medicine.[480] Communication between the research teams, 'rivals, yes, but […] also colleagues', only brings the epidemic response so far, as Dr Malina reflects, 'If only all this scientific exchange would have resulted in finding the cause and the cure. Perhaps there were limits to what man could do'.[481] This culture of knowledge exchange, rather than collaboration, is highlighted within the novel as a key problem in Alexandria's response to the epidemic, with a clear connection drawn between scientific and imperial competition.

An Imperfect Lens offered a timely perspective on the contagion narrative for its initial readership in the wake of the SARS outbreak, particularly during an epidemic which was characterised by a resurgence of racist rhetoric not dissimilar from the novel's depiction of the imperial response to cholera in Alexandria. First identified in Guangdong province, most SARS cases and fatalities occurred in China, particularly Hong Kong, and the association between the disease and East Asia became central to its early characterisation. As Justin Schram outlined in the *BMJ* just a month after the WHO issued its global alert, 'the media saturate us with images of east Asians wearing masks', driving a 'stigmatic buzz' around East Asian communities.[482] In Canada, the first country with a majority white population to experience a deadly SARS outbreak, Chinese communities were targeted by exclusionary and

[478] LaVerne Kuhnke, *Lives at Risk: Public Health in Nineteenth-century Egypt* (University of California Press, 1990), p. 3.
[479] Kuhnke, *Lives at Risk,* p. 92.
[480] Roiphe, *An Imperfect Lens,* p. 272.
[481] Roiphe, *An Imperfect Lens,* pp. 92, 137.
[482] Justin Schram, 'How Popular Perceptions Of Risk From SARS Are Fermenting Discrimination', *BMJ*, 326.7395 (2003), p. 939, doi:10.1136/bmj.326.7395.939.

discriminatory practices, ostensibly serving as 'illness-averting behaviours', as well as overtly racist rhetoric.[483] In the British press, SARS was simultaneously positioned as a dangerous and exotic virus, and as a threat which was 'contained through the mechanism of 'othering'', the reassurance that Britain was immune from the particular vulnerabilities of China which were allowing the disease to spread there.[484] Peter Washer's study of the coverage of SARS in the British media during the spring of 2003 highlights a number of key themes emerging and recirculating in discussions of the virus, including generalising references to unsanitary conditions in parts of China, accusations of local and national corruption impeding epidemic response, and comparisons with historical deadly outbreaks in other parts of Asia.[485] Here, as Washer highlights, (Western) biomedicine is positioned as the only solution to the problem of (Eastern) contagion.

These othering narratives continue a nineteenth-century trope of writing about tropical illnesses and outbreaks in far-flung parts of the British Empire, in which racialised stereotypes work simultaneously to incite fear of the foreign 'other' and to reassure the British public that the threats posed by contagious illness could not be experienced in Britain. This rhetoric became inevitably associated with a kind of Orientalist language which, as Darryl Jones argues, operates as a 'subhumanising method' in order to establish colonising supremacy.[486] Aligning racist discourse surrounding Covid-19 with a longer history of 'Yellow Peril' imperial taxonomy, Jones points to an enduring spatial concern around the origins and spread of infectious disease, a prevailing 'East versus West' narrative which Jones situates in a particularly Gothic, *fin-de-siècle* tradition. For Jones, a number of key, Gothicised concerns characterise the Yellow Peril trope – 'unclean eating […] pollution, rotten blood, infection, invasion, the rupturing of the protective membrane of the skin, the sheer vulnerability of the metropolis, the dangers of cosmopolitanism.'[487] Many of these concerns re-emerged in coverage of the SARS pandemic, and several, particularly around the fragile barrier between self and surroundings, can be identified in Roiphe's post-SARS contagion fiction. However, in *An Imperfect Lens*, this narrative is complicated by a critique of imperial hegemonies, and a focus on the limitations of competitive, Western biomedicine. Xenophobic and racial othering during the SARS pandemic can therefore be seen as part of a longer history of imperial discourse surrounding the spread of contagious disease, reinterrogated and reshaped in Roiphe's neo-Victorian novel.

Though SARS represented one of the most culturally significant contagious threats of the early-twenty-first century, a number of other major public health events had defined the end of the

[483] Schram, 'How Popular Perceptions', p. 939.
[484] Peter Washer, 'Representations of SARS in the British newspapers', *Social Science and Medicine,* 59.12 (2004), pp. 2561-71 (p. 2561), doi:10.1016/j.socscimed.2004.03.038.
[485] Washer, 'Representations of SARS', p. 2565.
[486] Darryl Jones, ''The China Virus': Invasion, Contagion, and the 'Yellow Peril'', *The Critical Quarterly,* 62.4 (2020), pp. 41–8 (p. 44), doi:10.1111/criq.12580.
[487] Jones, ''The China Virus'', 44.

millennium, highlighting the evolution of an 'increasingly global, interdependent and shrinking world'.[488] Among these, the HIV/AIDS pandemic was, as Wald notes, 'the most widely known virus to shatter the complacency' with which the scientific community of the global North had treated the serious threat of communicable disease since the eradication of naturally-occurring smallpox.[489] Early contagion narratives surrounding HIV/AIDS were inflected with a particular kind of social othering; as considered in Chapter One, AIDS was figured as a disease which indicated the declining social and moral health of the nation as well as the individual. On a social and cultural level, I have explored how HIV/AIDS was figured towards the end of the twentieth century in similar terms to Nordau's conception of degeneracy, as both an individual and national threat. In Vine's *The Blood Doctor,* subtle references to the HIV/AIDS pandemic create a parallel between the nineteenth century's prominent blood-borne illness and those of the present day; haemophilia as a predominantly 'royal illness' makes this connection with the health of the nation most apparent. On an individual level, HIV/AIDS was also constructed as a disease which, literally and metaphorically, marked the individual, with Astrid Haas noting that, in such discourses, 'AIDS only inscribes the 'monstrosity' of homosexuality visibly on the gay male body'.[490] The language of 'risk management' has also formed a cornerstone of public communication around AIDS, working both to reassure communities who were, by their identities or assumed behaviours, considered to be at less risk of communicable disease, but also to demonise those who contracted HIV/AIDS. Mica Hilson points out that the language of 'risk' in epidemiological terms presents a 'gamified world, in which rules can be learned and mastered', reinforcing in the case of HIV/AIDS the 'popular stereotype of gay men as 'monstrous' creatures who recruit boys to their 'lifestyle' and whose contagious bodies, resulting from their careless sexual risk-taking, expose others to HIV infection'.[491] Reframing the question of susceptibility to encompass seemingly-avoidable risk, public health messaging around the pandemic has at times intensified the stigmatisation of homosexuality, validating itself on both medical and moral grounds.

This convergence of medical and social narratives of exclusion highlights the ways in which discourses around risk management operate as a form of social othering in the epidemic. Though concerned with the moral implications of poverty rather than sexuality, *The Great Trouble* looks to problematise similar questions around risk management in its depiction of social othering through contagious illness. There is an acute awareness throughout the novel of the ways in which social class and environment plays a role in susceptibility to infection. Often, risk factors are presented through

[488] Wald, 'Preface', p. xiv.
[489] Wald, 'Preface', p. xiii.
[490] Astrid Haas, ''This Long Disease, My Life': AIDS Activism and Contagious Bodies in Larry Kramer's *The Normal Heart* and *The Destiny of Me'*, in *Embodying Contagion,* ed. by Sandra Becker, Megen de Bruin-Molé and Sara Polak, pp. 199-217 (p. 208).
[491] Mica Hilson, 'Networks, Desire and Risk Management in Gay Contagion Fiction', in *Embodying Contagion,* ed. by Sandra Becker, Megen de Bruin-Molé and Sara Polak, pp. 181-198 (p. 184).
Haas, 'This Long Disease, My Life', p. 212.

unavoidable behaviours – the use of the water pump, the keeping of livestock next to dwellings – associated with poverty, making a clear connection between the likelihood of contracting cholera and the inescapable consequences of entrenched inequality. Rejecting a nineteenth-century view that the urban poor were 'human agents responsible for spreading the contagion', Hopkinson's neo-historical perspective draws on more a sympathetic understanding of the vulnerability of specific communities.[492]

As I have argued elsewhere, such self-conscious resuscitations of the nineteenth century work alongside the transposition of twenty-first-century values and perspectives into our fictions, highlighting a dual exchange between past and present. Particularly in Chapter Two, I highlighted the dominant Victorian narratives which have returned in the cultural imaginary, most notably the revitalisation of the 'maverick doctor' trope to characterise individuals involved in instances of medical violence or malpractice. I have also noted, in this chapter and earlier in Chapter One, the ways in which language associated with degeneration, a prominent strand of socio-scientific thought at the *fin de siècle*, has informed the ways in which certain illnesses are figured as related to the overall health of the nation or culture. However, particularly in the case of epidemic fiction, it is important to recognise the third, readerly perspective which might view these narratives again through a new lens. The depiction of quarantine in *An Imperfect Lens*, or the race to understand more about an emergent disease in *The Great Trouble*, generate new understandings of contagion narratives for a post-Covid readership. Covid-19, like SARS, is a strain of airborne coronavirus, but one which led to a pandemic which has killed millions, fulfilling early-millennial fears around the 'coming plague'.[493] The pandemic necessitated the mobilisation of a global medical and scientific community, with quarantines, testing systems, and emergency hospitals implemented in almost all affected countries, and an international research effort resulting in the first Covid-19 vaccinations becoming available in 2020.[494]

This pandemic, whilst not the subject of this chapter, is, I argue, relevant to my analysis of these neo-Victorian texts. In many ways, the Covid-19 pandemic has itself been interpreted in neo-historical ways; comparisons with previous epidemics, particularly the Influenza pandemic of 1918, or 'Spanish Flu' pandemic, were common in early media analyses, easily-conceptualised as two parallel events just over a century apart.[495] The invocation of the past in analyses of the present complexly marks Covid-19 as both part of an expected cycle of contagions, but also an ahistorical break in our own time, an

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[492] Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830* (Routledge, 2000), p. 59.
[493] 'COVID-19 Dashboard', Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)', https://gisanddata.maps.arcgis.com/apps/dashboards/bda7594740fd40299423467b48e9ecf6 [accessed 19 September 2023].
Wald, *Contagious,* p. 1.
[494] Kara Rogers, 'COVID-19 vaccine', *Encyclopædia Britannica*, 10 March 2024 https://www.britannica.com/science/COVID-19-vaccine [accessed 19 March 2024].
[495] Kaspar Staub and Joël Floris, 'Down Memory Lane: Unprecedented Strong Public and Scientific Interest in the "Spanish Flu" 1918/1919 During the COVID-19 Pandemic', *Influenza and Other Respiratory Viruses,* 15.2, (2021), pp. 318–19 (p. 318), doi:10.1111/irv.12806.

'unprecedented' challenge outside of living memory. The re-situation of the pandemic within a long history of similar outbreaks might serve as a contextualising reminder of the ultimate inevitability of this cycle of disease, but also reminds us of our own historicity. In this sense, epidemical time is innately neo-historical, undermining a prevailing myth of our comparative modernity, and highlighting our 'own awareness of belatedness'.[496] In the conclusion to this thesis, I return to the enduring relevance of the pandemic in relation to historical fiction, and look to the ways in which neo-Victorianism of the future might reflect or problematise the dominant scientific and cultural discourses of these years.

Though both novels were published prior to the Covid-19 pandemic, the self-consciously ahistorical nature of neo-Victorianism, which utilises contemporary, authorial knowledge as well as allowing for readerly interpretation, leaves room for this kind of presentist investigation. Both novels directly consider readerly responses as part of an emphasis on futurity, looking towards a moment in history where the particular epidemics at the centre of their stories are concerns of the past. In *The Great Trouble,* Snow hopes that, 'the time will arrive when great outbreaks of cholera will be things of the past', and in *An Imperfect Lens,* this hope is realised:

> Soon after Robert Koch discovered the cholera microbe on the heels of his discovery of the invisible cause of tuberculosis, all the civilized world believed in germs, and the night air was no longer thought of as suspect in the murder of men, but was returned to its condition of mere air.[497]

Although, as Hopkinson's author's note suggests, such optimism around the future of cholera is justified only as far as it applies to most Western nations, there is still a sense of resolution offered at the end of both novels. For a post-Covid readership, however, the fragility of this sense of immunity from contagious illness is a significant contextual experience to bring to the reading of these narratives.

Neo-Victorian contagion narratives then, like other neo-historical forms, inevitably speak to the contexts of their authorial present as well as to their diegetic histories, reinterpreting and reshaping historical hegemonies for a present-day audience. Particularly in *An Imperfect Lens,* imperial taxonomies around the exotic origins of contagious illness, and the demonisation of the contagious, foreign 'other', are refigured to operate as a critique of Western imposition in Alexandria, drawing a direct comparison between the imperial project and scientific research. In *The Great Trouble,* social othering is combatted by the fluidity of Eel's narrative voice, which traverses communities in order to highlight a shared susceptibility to contagious illness, but also the particular, structural disadvantages which operate in specific parts of the city. In situating my analyses of these texts within their authorial contexts at the beginning of the twenty-first century, I have considered how these narratives draw on

[496] Heilmann and Llewellyn, *Neo-Victorianism,* p. 3.
[497] Hopkinson, *The Great Trouble,* p. 206
Roiphe, *An Imperfect Lens,* p. 292.

established discourses around contemporaneous epidemic events, particularly HIV/AIDS and SARS. For a post-Covid readership, these texts undertake a further layer of meaning, offering a newly-significant rendering of medical/scientific practice during the epidemic, and highlighting a third, readerly perspective in the transference of these histories.

Conclusion

These epidemic narratives shed light on a number of important contexts surrounding neo-Victorian medicine. Across this thesis I have outlined how neo-Victorianism highlights a transhistorical perspective on the social and scientific implications of medical practice, resulting in fictions which speak as much to the concerns of their contemporary readership as to those of their characters. In Chapters One and Two, I looked to the ways in which parallels between past and present can be read in these texts through the metafictionality of the neo-Victorian form; in *The Dress Lodger*, for example, a direct address to the reader draws attention to the self-conscious futurity of the narrative. In this chapter, I have focused particularly on contagious illness and epidemic narratives, where historical connections have been made explicitly by the authors of *The Great Trouble* and *An Imperfect Lens*, but might also be drawn out by a significant readerly perspective, particularly in a post-Covid landscape. Both texts can be seen to reflect as much about their present-day authorial contexts as the nineteenth-century epidemics with which they are concerned, and in reading these texts through a phenomenological lens, this chapter has considered the ways in which the emergent public-health imperatives of the nineteenth century are rendered newly relevant to the interests of the twenty-first.

As this chapter has discussed, the nineteenth century proves fertile ground for narratives around public health and epidemic experience in part because of the new ways in which contagious illness was managed in the public sphere. Increasing medical influence on government policy, exemplified in the United Kingdom by the creation of the role of Officer of Health, aided the ongoing transformation of 'doctors as scientists', further legitimising the essential, authoritative role of the newly-professionalised medical man.[498] Particularly in a British and European context, legislative responses to successive cholera epidemics across the nineteenth century exemplifies the ways in which scientific knowledge, and competing understandings of contagious disease, came to influence public policy. The rapid characterisation of cholera as a 'modern plague', a consequence of its high contagiousness and mortality rate, is partly responsible for this novel socio-scientific response, another factor being the existing spirit of interventionism which had marked the early-nineteenth century's 'revolution in government'.[499]

[498] Burgan, 'Contagion and Culture', p. 838.
[499] Ruth Richardson, *Death, Dissection and the Destitute* (Taylor and Francis, 1987), p. 108.

The role of the medical profession in identifying, treating, and managing the spread of contagious illness necessarily moves the involvement of the doctor beyond the limits of the institution, and into the homes and businesses of private individuals. In this way, a new understanding of the tensions between public and private spheres of influence emerges, and Gilbert's exploration of the public *for whom* sanitary medicine was practiced versus the public *upon whom* these measures were enacted has informed this chapter's analysis of this tension. It is clear that as the definition of a 'public' fluctuated across the nineteenth century, so too did ideals of an encompassing 'public health'. The domain of the 'social' offers one way of mediating between the private and the public spheres, emphasising relationality between private citizens as part of a wider public. As Gilbert explores, the idea of the 'social body' emerges as a means of articulating this relationship between individual and community, with the body of the individual citizen becoming intimately connected with the physical, moral, and political health of the state in public discourse.

A phenomenological reading of the epidemic narrative can aid in identifying the specific continuities and divergences between emergent, relational understandings of public health in the nineteenth century, and later, monadic medicine. Specifically, an attention to issues of historicity and authority, as well as relationality, highlights the ways in which phenomenological principles work alongside the formal properties of neo-Victorian fiction in these texts. In both *The Great Trouble* and *An Imperfect Lens*, I have identified a number of these phenomenological aspects. In terms of relationality, Hopkinson's 'medical mystery' undermines the efficacy of the 'doctor as scientist', highlighting the ways in which the interconnectedness between the citizens of Soho can only be understood through Eel's familial lens and practical experience of poverty. In this way, both novels critique a detachment between doctor and patient which is necessitated by the scale of epidemic events, but also encouraged by the epistemic shift involved in medical legitimacy being gained by proximity to scientific discovery, rather than by practical experience. *An Imperfect Lens*, which focuses primarily on men of science working alongside medical men, highlights the ways in which scientific knowledge is privileged over lived experience in the clinical encounter, enforcing an uncomfortable hierarchy of knowledge between doctor and patient. In both novels, an attention to historicity manifests as an interest in futurity, which aspects of medical knowledge and practice will be passed on to future generations, and the ways in which such transferences of knowledge will be received. As both novels look to the lives and legacies of real-life Victorian figures, reflection on the longevity of their respective discoveries becomes self-conscious, with Hopkinson particularly including a post-script which further valorises the long-term impacts of the novel's central medical man. Roiphe's articulation of these historical legacies is far more ambivalent, adhering more closely to Kohlke and Gutleben's definition of neo-Victorian biofiction which often 'inscribe[s] failed quests for knowledge'.[500]

[500] Kohlke and Gutleben, 'Taking Biofictional Liberties', p. 34.

As this chapter has argued, phenomenology thus presents an appropriate framework for considering the neo-Victorian epidemic narrative, being an embedded theoretical practice which found its origins at the *fin de siècle,* but which has gained further reception in clinical circles towards the end of the twentieth century. For a post-Covid readership, these narratives highlight the third, readerly perspective implicit in the neo-Victorian project, particularly around depictions of epidemics, complicating a straightforward identification of the dual exchange between past and present in these novels. The medical man emerges through these texts as a highly relational figure, both necessarily within the context of the epidemic, but also through the cross-temporal resonances of the neo-Victorian mode. Building on this attention to the interrelational significance of medicine, the following chapter turns more firmly towards exploring patient experience, addressing another key (neo)Victorian character – the madwoman.

Chapter Four

Diagnosis and Description: 'Madness' in Autopathographical Writing

Despite the genre's central aim of disturbing a 'traditional master discourse of history', medical men are often centred in neo-Victorian fiction, either as protagonists or as voices of hegemonic authority.[501] As Chapter Three considered, the place of medicine as a highly relational field, but one premised upon the superior epistemic knowledge of the clinician, marks this narrative privileging of the medical man as a troubling parallel with his role in the clinical encounter. In the epidemic, however, and particularly when viewed through a phenomenological lens, understanding the experience of illness becomes key to predicting and containing the spread of contagious illness. Turning towards the experience of the patient highlights the interrelational responsibilities of the medical man as he shifts between the realms of research and treatment, and narratively the doctor is rendered dually through his descriptions of patients, but also his patients' perceptions of him. This chapter looks to further this focus on the patient experience of illness and the ways in which medical practice is rendered via patient testimony in the neo-Victorian novel. In particular, this chapter is concerned with the depiction of 'madness', a broad clinical and cultural label which, for various reasons, is represented in these novels through conflicting accounts between doctor and patient of the effectiveness of diagnosis and treatment.

As this chapter explores, patient narratives, fictional and non-fictional, proved fertile ground during the nineteenth century for teasing out a developing understanding of madness in its clinical, but also social and political, contexts. This ability to explore a number of wider contexts through the depiction of madness has led to its continual recurrence in the neo-Victorian medical narrative. Margaret Atwood's *Alias Grace* (1996) and Michel Faber's *The Crimson Petal and the White* (2002) are among the most notable neo-Victorian texts to involve apparent madness, and both feature an account of patient experience. Atwood's novel, based on real-life events, explores the psychiatric evaluation of a convicted murderer from her narrative perspective, drawing on the language of moral insanity to highlight the convergence of diagnostic and investigative, even punitive, discourse. Faber's narrative by comparison deals less overtly with clinical encounters and pathologisation, but the figure of Agnes, who suffers from hallucinations and is eventually threatened with institutionalisation, draws on tenets of autopathography as she keeps a diary documenting her symptoms.

As in previous chapters, this chapter approaches this analysis with a broadly chronological structure and it will therefore first be necessary to introduce some historical context to situate these texts in their nineteenth-century settings. Presenting an overview of the ways in which madness was

[501] Helen Davies, *Gender and Ventriloquism in Victorian and Neo-Victorian Fiction: Passionate Puppets* (Palgrave Macmillan, 2012), p. 2.

pathologized over the century, as well as the perceived connections between insanity and immorality which persisted in clinical practice at the *fin de siècle,* this chapter introduces some practical aspects of nineteenth-century psychiatric care, including a brief look at the asylum as clinical space, and alienism as an emerging clinical specialism. Following on from this, the chapter explores the ways in which the authority of medicine is premised upon hierarchies of knowledge, and a differentiation between institutional medicine and alternative healing practices. I explore the ways in which these novels appear to centre the perspective of the medical professional in interactions with the madwoman, but simultaneously undermine his diagnoses and modes of treatment. Significantly, Atwood and Faber introduce their respective madwomen as active participants in the clinical dyad, who resist classification and attempt to regain control of their narratives.

With this in mind, I will then read these texts through an autopathographical framework. I will look briefly to nineteenth-century autopathographies, including *Perceval's Tale* (1838-1840) and Harriet Martineau's *Life in the Sickroom* (1844) to draw out key features of the genre. Both *Alias Grace* and *The Crimson Petal and the White* are explored as texts which are interested in, if not fully adopting, autopathographical convention, attempting to counter clinical hegemonies by recentring patient experience. In terms of this chapter's theoretical context, I refer here to scholarship around autopathography from the 'first-wave' of the critical medical humanities: I have referred to Arthur Frank's *The Wounded Storyteller* (1995) in previous chapters, but I here draw on Frank's theorisation of the problems of authority raised by the patient narrative. I also refer to Jeffrey K. Aronson's definition of autopathography, and Julia Neuberger and Raymond Tallis on the implications of the term 'patient'. Here, I explore interactions between the patient narrative and the neo-Victorian, with particular attention to problems of narrative ownership.

Finally, this chapter turns to the contemporary contexts within which these neo-Victorian narratives have been written and received. Looking to the patient narrative as a genre which was first identified and popularised during the nineteenth century, but which has experienced a resurgence since the late-twentieth century, this chapter looks to an enduring popular fascination with testimonies of illness, as well as tracing the continuities and developments of the genre over its history. The end of the twentieth century saw a re-emergence of the patient narrative as popular genre, newly inflected with the prescient concerns of the turn of the millennium. In notable examples, *Prozac Nation* (1995) and *Girl, Interrupted* (1993), these include gendered experiences of involuntary confinement and ruminations on the role of medicative interventions in mental healthcare. I conclude this chapter by arguing that these neo-Victorian novels evidence both the cultural significance of autopathography during the 1990s-2000s and speak to contemporaneous anxieties around the treatment of mental illness. In foregrounding the experience of the patient in this final chapter, I evaluate the ways in which the autopathographical tradition has informed the writing of these neo-Victorian 'madwomen' and the medical establishment which treats them.

'Madness' in the nineteenth century

It is necessary first to address the preferred terminology of this chapter, namely the use of the word 'madness', and its appropriateness to this analysis of neo-Victorian texts. The term 'madness' has been used in English since at least the fourteenth century to refer to 'a variety of deviant and anomalous behaviours and […] objects or situations considered to be extraordinary, eccentric or ridiculous'.[502] As Petteri Pietikäinen explores, popular terms used to denote mental illness until the twentieth century included 'madness', lunacy', 'insanity', and 'demoniac possession', exemplifying the variation with which mental distress was identified across cultures and institutions: ''possession' was clearly religious in tone, while 'lunacy' originally referred to the belief that intermittent phases of mental derangement were causally related to phases of the moon […] 'Madness' in turn suggested manic restlessness, wildness and loss of self-control.'[503] During the nineteenth century, a turn in clinical discourse towards the term 'insanity', as a contrast to 'sanity', furthered this idea of madness as a deviation from normative experience and behaviour. In the twenty-first century, meanwhile, the term 'mental illness' is preferred in common and diagnostic discourse, encompassing a broad range of diagnoses, but also highlighting the categorisation of such phenomena as 'illness', pathologized in much the same way as somatic illness. As Brenda Ayres and Sarah E. Maier note, the source of the term 'mental illness' is not clinical but literary, originating in Emily Brontë's *Wuthering Heights* (1847) with a reference to 'a favorable crisis in Catherine's mental illness'.[504] As this chapter considers, the role of narrative in shaping discourses of health is of particular significance in the history of madness.

Rarely applied as formal diagnosis, the classification of madness across the nineteenth century nonetheless remained an evocative way to describe atypical behaviours, both within and outside of a medical context. Alongside more precise attempts at diagnostic classification, medical, but particularly literary and cultural, discourses, continued to refer to a more generalised model of madness, in relation to which discussions around criminality, sexuality, and morality could be more readily accessed.[505]

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[502] German E. Berrios and Ivana S. Markovà, 'The Epistemology and Classification of 'Madness' since the Eighteenth Century', in *The Routledge History of Madness and Mental Health,* ed. by Greg Eghigian (Taylor & Francis Group, 2017), pp. 115-134 (p. 115).

[503] Petteri Pietikäinen, *Madness: A History* (Taylor & Francis Group, 2015), p. 7.

[504] Emily Brontë, *Wuthering Heights* (Harper and Brothers, 1858), p. 135, quoted in Brenda Ayres and Sarah E. Maier, 'Introduction: Neo-Victorian Maladies of the Mind', in *Neo-Victorian Madness: Rediagnosing Nineteenth-Century Mental Illness in Literature and Other Media*, ed. by Sarah E. Maier and Brenda Ayres (Springer, 2020), pp. 1-25 (p. 8).

[505] Peter McCandless highlights the prevalence of the diagnosis of 'moral insanity', for example, identifiable through 'feelings, temper, or habits', which found widespread acceptance among nineteenth-century alienists from its introduction in the 1830s. This model of 'insanity' explicitly connected apparent madness with a number of other contexts, including criminality, ethical norms, and gendered and sexual politics; the theorisation of the asylum as a space for moral reformation, as much as medical treatment, also began at this time. Permitting the exploration of these broader social and political ideas, it is this more generalisable formation of madness with which writers of fiction have tended to be concerned and, as McCandless argues,

Crucially for the interests of this chapter, madness was literalised and weaponised in the figure of the literary 'madwoman', who experienced plentiful discursive exploration over the century, and whose re-evaluation has been of central concern within neo-Victorian writing. 'Narratives of women's various unmentionable madnesses' remained popular across the nineteenth century, and inspired countless neo-Victorian retellings and 'correctives', most notably in Jean Rhys's *Wide Sargasso Sea* (1966), which reimagines the origin story of Charlotte Brontë's Bertha Mason, the madwoman after whom Sandra Gilbert and Susan Gubar's feminist study of nineteenth-century fiction is named.[506] With reference to this established character trope and to acknowledge the historical use of the term, 'madness' will be used most frequently in this analysis to refer to experiences of mental illness. Owing to the social and political, rather than explicitly clinical, model of madness with which this chapter's primary texts are concerned, this analysis also refers to madness within this context.

These linguistic developments point to the wider, changing context within which the study and treatment of psychiatric phenomena was happening at this time. The pathologisation and categorisation of madness had begun long before the nineteenth century, but experienced a particularly notable evolution in both clinical and public discourse during the period. German E. Berrios and Ivana S. Markovà link a shift in the definition of madness to wider epistemological changes brought about by the 'Scientific Revolution' and secularization of eighteenth-century society, arguing that a number of key aspects of the Victorian concept of 'madness' were established during this period: that madness 'a) was a natural kind, b) was sited in a specific region of space (i.e. a specific organ such as stomach or brain); c) was a temporalized process (i.e. it could have a beginning and an end)'.[507] More broadly across medical specialisms, a distinction between disease and symptom, signifier and signified, was widely accepted by the turn of the nineteenth century, allowing for the classification of overarching conditions of which more minor complaints were components.[508] Particularly in terms of psychiatric discourse, the development of the 'mental disease' as a cluster of mental symptoms necessitated new diagnostic methods, as such illnesses presented fewer physiological signifiers than other forms of

tales of wrongful confinement in particular, implicated in commentary around class, gender, and the authority of the medical establishment, became popular subject matter for nineteenth-century melodramas (Peter McCandless, 'Liberty and Lunacy: The Victorians and Wrongful Confinement', *Journal of Social History,* 11.3 (1978), pp. 366-386 (pp. 379, 366), doi:10.1353/jsh/11.3.366).

[506] Gilbert and Gubar's *The Madwoman in the Attic: The Woman Writer and the Nineteenth-century Literary Imagination* (Yale University Press, 1979) is a landmark text of feminist literary criticism which re-examines canonical nineteenth-century texts. The book situates female-authored narratives within 'explicit social structures and implicit psychological demands of the patriarchal order', making the trope of the 'madwoman' a particularly appropriate and evocative central figure of their analysis (Annette R. Frederico, '"Bursting all the doors": *The Madwoman in the Attic* after Thirty Years', in *Gilbert and Gubar's the Madwoman in the Attic after Thirty Years*, ed. by Annette R. Federico (University of Missouri Press, 2009), pp. 1-33 (p. 3).

[507] Berrios and Markovà, 'The Epistemology and Classification of 'Madness'', p. 117.

[508] Berrios and Markovà, 'The Epistemology and Classification of 'Madness'', p. 118.

illness. Thus the evolution of 'alienism', the precursor to modern psychiatry, as a distinct discipline can be traced in part to this shifting mode of categorisation.

Within this context of the rising public profile of medicine, and an evolving clinical language from within which to assert epistemic authority, the alienist emerges as a newly influential figure in the evolution of nineteenth-century psychiatry. Treating 'mental alienation', alienists were initially associated with the practical administering of mental health provision, most notably in the asylum. Edward Shorter notes the distinctions between the alienist and other related medical specialists – 'a "psychiatrist" or alienist was someone who had spent a good deal of time in asylums, a "neurologist"—the original term meant a specialist in the anatomy of the nerves —someone who had trained in general pathology and internal medicine.'[509] From the French, meaning one who heals the 'insane', alienists were fully professionalised in Britain by the middle of the nineteenth century, as heralded by the introduction of discipline-specific societies, research journals, and training procedures.[510] Sarah York considers the ways in which this development of a psychiatric research *culture* complicates a distinction between 'alienists, the leading published thinkers on lunacy, and the medical superintendents in charge of asylums' over the course of the century, but there is clearly an overlap between these 'published 'elite'' and practicing medical men.[511] Crucially, alienism emerges as a distinctly practice-based scientific approach to madness, drawing on direct interactions between doctors and patients.

These interactions might take place in the asylum, one of the most evocative of nineteenth-century clinical spaces, and one which has received significant treatment in neo-Victorian fiction. This 'physical, social, and legal space' originated in the eighteenth-century 'madhouse', and the increasing centrality of the asylum in nineteenth-century English society can be measured empirically by the rise in patient numbers, from 3000 in 1800, to over 100,000 by the end of the century.[512] Such an increase may be partly explained by looking at the evolving clinical status of madness, but the history of the asylum in Britain is also related to the wider trend towards interventionist governance which saw the expansion of a number of medical systems and institutions. Ostensibly introducing the hospitalisation, rather than imprisonment, of those who were deemed mentally ill, asylums were intended to follow 'both a medical and humanitarian agenda' rather than the 'utilitarian and economic agenda' associated with the workhouse.[513] However, the asylum has also since its inception been a space threatening

[509] Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (John Wiley & Sons Inc., 1997), p. 136.
[510] Ayres and Maier, 'Introduction', p.8.
Berrios and Markovà, 'The Epistemology and Classification of 'Madness'', p. 122.
[511] Sarah York, 'Alienists, attendants and the containment of suicide in public lunatic asylums, 1845-1890', *Social History of Medicine: the Journal of the Society for the Social History of Medicine,* 25.2 (2012), pp. 324–342 (pp. 327-8), doi:10.1093/shm/hkr139.
[512] Berrios and Markovà, 'The Epistemology and Classification of 'Madness'', p. 122.
Andrew Scull, 'The Hospital, Asylum, and Clinic', in *The Routledge History of Madness and Mental Health*, ed. by Greg Eghigian (Taylor & Francis, 2017), pp. 101-114 (p. 104).
[513] Pietikäinen, *Madness: A History*, p. 89.

exclusion from wider society, sparking fears around involuntary confinement and the mistreatment of vulnerable populations.

Concerns surrounding the improper confinement of people in asylums had begun in Britain before the nineteenth century. As Thomas Szasz considers, this problem had always been implicit in the founding of madhouses and the wider history of psychiatry – 'Medicine began with sick persons seeking relief from their suffering. Psychiatry began with the relatives of troublesome persons seeking relief from the suffering the (mis)behaviour of their kin caused them'.[514] In 1763, a select committee was created to investigate admissions to private madhouses, after growing anxieties that they were being improperly used to house individuals for legal or social benefit. Eleven years later the Madhouses Act 1774 was passed in an attempt to regulate the sector.[515] The Act created a Lunacy Commission elected by the Royal College of Physicians, bringing the administration of madhouses within the remit of the medical establishment for the first time, as well as formalising licenses and inspections for institutions.[516] In an attempt to reduce unnecessary confinements, the Act also required that a medical professional was involved in the process of referral, and thus 'the written order of a medical man became a prerequisite for detention.'[517] Despite these measures, Peter McCandless argues that the Act 'left great room for abuse' and did little to resolve the issues which had instigated widespread public anxieties around the asylum.[518] For example, by 1815, the Parliamentary Committee on Madhouses in England found that obtaining a license to operate an asylum presented little more than a formality, and indeed there is little evidence that a license was ever denied under the Act.[519] Crucially, the increased involvement of medical professionals in decisions concerning admissions to asylums did little to assuage the fears of the wider public; as Chapter Two introduced, the motivations of newly-professionalised medical men were often treated with suspicion, particularly when operating within the madhouse system, an institution already widely associated with exploitation and mistreatment. McCandless notes that the 'Victorian era was marked by periodic outbursts of rage against 'mad doctors' and the commitment laws', resulting in successive 'lunacy panics' which were met with further legislative efforts over the century.[520] In 1845, the County Asylums Act and the Lunacy Act were introduced by Parliament, which stipulated that every county must establish an asylum from locally

[514] Thomas Szasz, 'The Origin of Psychiatry', *History of Psychiatry,* 6.21(1995), pp. 1–19 (p. 1), doi:10.1177/0957154X9500602101.
[515] McCandless, 'Liberty and Lunacy', p. 366.
[516] Clive Unsworth, 'Mental Disorder and the Tutelary Relationship: From Pre- to Post-Carceral Legal Order', *Journal of Law and Society,* 18.2 (1991), pp. 254-278 (p. 259), doi:10.2307/1410140.
[517] Unsworth, 'Mental Disorder', p. 260.
[518] McCandless, 'Liberty and Lunacy', p. 366.
[519] 'First report from the Committee on the State of Madhouses (1815): Committee Appointed to Consider of Provision Being Made for the Better Regulation of Madhouses in England', Wellcome Collection, https://wellcomecollection.org/works/yp45ekc6 [accessed 19 January 2023].
[520] McCandless, 'Liberty and Lunacy', 366.

raised funds, as well as hire a medical officer to administer the treatment of those within the asylum.[521] Representing what Pietikäinen names 'The Age of the Asylum', this legislative accreditation of the asylum evidences the ways in which the methods and institutions associated with early psychiatry gained legitimacy in clinical discourse over the first half of the nineteenth century.

Nonetheless, more widely, fear of the asylum persisted. As explored in Chapter Two, the connections between various clinical, punitive, and social institutions in the early-Victorian period were legislatively enshrined, particularly through various Poor Laws. In the context of anatomical procurement, such connections served to fuel the existing fear that the medical establishment preyed on the bodies of the poor to further their Promethean ambitions. The Poor Law Amendment Act, though primarily focused on the expansion of the workhouse system, also laid bare an ideological association through a number of other institutions. In relation to *Beloved Poison*, I noted that the prison and teaching hospital were connected in this way, but Peter Bartlett has examined the 'productive alliance' between asylums and these pieces of legislation, arguing that by the mid-nineteenth century, the county asylum was fundamentally a 'Poor Law institution, in which the role of specialist medical professionals has been overplayed'.[522] Highlighting the fact that county asylums offered virtually no provision for privately paying patients, and the titles of Acts relating to the asylums refer specifically to paupers until at least 1863, Bartlett argues that the poor were directed to such institutions in a manner not dissimilar from the contemporaneous workhouse.[523] By 1890, 98% of those in the county asylum system were identified as paupers.[524] The titles of the various asylum acts further illuminate a connection between paupers and those perceived to be suffering from insanity, explicitly referring to 'lunatics, being paupers or criminals'; significantly for the purposes of this chapter, a direct connection is therefore also made between insanity and criminality in these acts.[525] As Bartlett explores, the Poor Laws sought to address a 'culture of poverty, perceived in terms of immorality, intemperance, and promiscuity', and within this context, viewing the asylum as another arm of the Poor Law system highlights the ways in which madness, pauperism, and accusations of immorality, became intertwined in the first decades of the nineteenth century.[526]

The asylum is thus figured as an institution with a number of key concerns: clinical, social, and punitive. McCandless examines the ways in which insanity and immorality, particularly sexual, were aligned during the period, and the distinctive threat this presented for wider society:

[521] Pietikäinen, *Madness: A History*, p. 88.
[522] Peter Bartlett, 'The Asylum and the Poor Law: the productive alliance', in *Insanity, Institutions, and Society, 1800-1914: A Social History of Madness in Comparative Perspective* ed. by Joseph Melling and Bill Forsythe (Routledge, 1999), pp. 48-67 (p. 49).
[523] Bartlett, 'The Asylum and the Poor Law', p. 50.
[524] Bartlett, 'The Asylum and the Poor Law', p. 50.
[525] Bartlett, 'The Asylum and the Poor Law', p. 54.
[526] Bartlett, 'The Asylum and the Poor Law', p. 53.

> The tendency to diagnose insanity from antisocial behavior was most marked in relation to immorality, particularly sexual. This is not surprising. To the Victorians, as Walter Houghton has observed, sexual licence was 'the blackest of sins,' for it threatened the most sacred of 19th century institutions, the family.[527]

McCandless thus highlights the ways in which a generalised model of madness, constructed as a form of aberrant behaviour rather than a specific clinical disorder, might allow it to seep into wider social and ethical concerns in the public imagination. This connection between insanity and immorality was emphasised most insidiously in the confinement of women, whose 'various unmentionable madnesses' had long been discussed in terms of sexual impropriety.[528] Women were also uniquely threatened by the asylum system; as early as 1728, Daniel Defoe argued for reform of these institutions on the grounds that private madhouses were often used by men to dispose of unwanted wives.[529] The threat of institutionalisation by a husband or father features heavily in fiction across the Victorian era, illustrating how pervasive such anxieties remained over a century later, particularly where female madness was treated so synonymously with sexual transgression. The asylum is therefore also imagined, particularly in fiction authored by women, as a space of gendered violence, representative of the wider power dynamics between men and women in nineteenth-century society. Rachel M. Friars and Brenda Ayres note, for example, that Mary Wollstonecraft is 'the first to conceptualise the asylum as a metaphor for the confinement of women in a world run by patriarchs that drives women literally insane'.[530] This close attention to the confinement of women by men, literal or metaphorical, has continued in neo-Victorian fiction, nowhere more clearly than in the neo-Victorian madwoman narrative. Here, a generalised model of madness lays it open to political reassessment; 'mad' characters in these texts often escape specific diagnosis, allowing for consideration of the broader contexts at play in processes of categorisation and pathologisation.

In Margaret Atwood's *Alias Grace*, an apparent connection between insanity and criminality is foregrounded and problematised. The novel, based on real-life events and often invoking real historic sources, explores the psychiatric evaluation of Grace Marks, a convicted 'murderess'.[531] The novel oscillates between Grace's own narration of the events leading up to the murders of her employer, Thomas Kinnear and his housekeeper, Nancy Montgomery, and the narration of the alienist, Dr Simon Jordan, employed to research her case. Although Grace was a real figure, and the murders of which she was accused took place, Atwood's fictionalisation of the case is signalled most clearly by Dr Jordan, an

[527] McCandless, 'Liberty and Lunacy', p. 377.
[528] Brenda Ayres and Sarah E. Maier, 'The Unmentionable Madness of Being a Woman and *Ripper Street*', in *Neo-Victorian Madness,* ed. by Sarah E. Maier, and Brenda Ayres, pp. 167-202 (p. 168).
[529] Daniel Defoe, 'Demand for Public Control of Madhouses (1728)', in *Three Hundred Years of Psychiatry, 1535-1860*, ed. by R. Hunt Macalpine (Oxford University Press: 1983), pp. 266-267.
[530] Rachel M. Friars and Brenda Ayres, ''We Should Go Mad': The Madwoman and Her Nurse', in *Neo-Victorian Madness,* ed. by Sarah E. Maier and Brenda Ayres, pp. 49-72 (pp. 49-50).
[531] Margaret Atwood, *Alias Grace* (Anchor Books, 1997), p. 22.

invented character who embodies the problems of narrative 'truth' implicit in the biofictional genre, but who is also charged with determining the veracity of Grace's account. In this way, the novel reflects self-consciously on the difficulties of retelling, as well as the binaries between fact and fiction, sane and insane, which the medical and punitive institutions surrounding Grace initially attempt to construct.

Set in Canada, the novel's depiction of the punitive/asylum system is slightly different to the British context outlined above, but largely governed by the same social and legislative principles. David Wright et al. have highlighted the similarities between asylum facilities in the 'British world': the requirement of medical and legal documents prior to admission; medical casebooks created for the duration of stay; detailed descriptions on death, discharge, or transfer; and regular inspections to ensure that this paperwork was completed.[532] The province of Ontario, like much of the Western world during the nineteenth century, experienced a rapid increase in asylum expansion. Between 1841 and 1876, mental hospitals were established in Toronto, Kingston, London, and Hamilton, with patient numbers rising from several hundred in each location to over a thousand by the turn of the twentieth century.[533] As Janet Miron explores, this expansion of the asylum system was also accompanied by a popularisation of 'institutional tourism', particularly within this North American context; 'rather than existing in isolation where inmates and patients were hidden from the outside world, nineteenth-century prisons and asylums were in some ways porous and permeable institutions characterised by complex and multi-layered social interactions.'[534] Originating in the British 'Bedlam' asylum during the seventeenth century, public visiting of these institutions continued across Europe and emerged in North America in the Victorian period, where it remained popular until the turn of the twentieth century. Miron argues that the practice was driven, not only by a public fascination with mental illness and crime, but also by a desire to see inside the institutions which ostensibly represented 'optimism, scientific 'progress', and a solution to many of the social problems which seemed to accompany industrialisation.'[535]

Public interest in the case of Grace Marks informs Atwood's novel, which begins each chapter with fragments of historical artefact, including medical records, but also newspaper reports, songs about the case, and reminiscences by public writers who visited her in the asylum and penitentiary. Atwood's own interest in the story was derived from an earlier project centred on the writings of Susanna Moodie, quoted in *Alias Grace*, who visited Marks in both Kingston Penitentiary and the Provincial Lunatic Asylum in Toronto. As Atwood outlines, Moodie's account offers a damning picture of Marks as a 'scowling, sullen teenage temptress', and ends hoping that 'the poor girl was deranged all along, which

[532] David Wright, Laurie Jacklin and Tom Themeles, 'Dying to Get Out of the Asylum', *Bulletin of the History of Medicine*, 87.4 (2013), pp. 591–621 (p. 595), doi:10.1353/bhm.2013.0079.
[533] Wright, Jacklin, and Themeles, 'Dying to Get Out', p. 593.
[534] Janet Miron, *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century* (University of Toronto Press, 2011), p. 5.
[535] Miron, *Prisons, Asylums, and the Public,* p. 4.

would explain her shocking behavior and also afford her forgiveness in the Afterlife.'[536] Seeking to reinterrogate Moodie's account, Atwood looks to a variety of perspectives on the case, and the contexts in which each version of the Marks story has been told:

> For each story, there was a teller, but-as is true of all stories-there was also an audience; both were influenced by received climates of opinion, about politics, and also about criminality and its proper treatment, about the nature of women – their weakness and seductive qualities, for instance – and about insanity.[537]

This issue of criminality and 'its proper treatment' highlights the complexity of the case, which sees Grace moved between institutions in line with evolving perceptions of her crime, mental state, and capacity for remorse. Though back in the Penitentiary by the time of the novel's opening, it is revealed that Grace 'has spent time in the Lunatic Asylum in Toronto, seven or eight years ago it was, and although she appears to be perfectly recovered you never know when they may get carried away again'.[538] Denying her role in the murders, Grace is initially assumed to be insane but is later moved when she presents as continuously lucid; the threat of re-institutionalisation does, however, follow her through the judicial system. In an initial meeting between Grace and Dr Jordan, he reassures her that, '"there is no reason for you to go back to the Asylum, is there?" to which she responds, "They don't listen to reason there, Sir."'[539] The novel's interrogation of objective truth, and alignment with the neo-Victorian mode, centres on this ambiguity of perspective, the different ways in which people encounter and respond to the supposed madwoman. The asylum here, far from representing the humanitarian possibilities of mental healthcare, is instead shown to be a far more threatening space, operating outside of the expectations of the clinic wherein recovery ordinarily ensures release from the institution.

Alias Grace effectively introduces a number of key concerns of this chapter: the relationships – clinical, social, and economic – between the asylum system and the criminal judiciary; problems of fact and fiction in the generalised madness narrative; and tensions between the Victorian madwoman and her neo-Victorian counterpart. Most pressingly, the novel also explores the various spatial and ideological crossovers between the asylum and the penitentiary, the routes between which are predicated on a shared understanding of the fluidity of the category of madness; attention to these broader social narratives are enabled by Atwood's refusal to conclusively diagnose a specific psychological ailment in Grace. As the remainder of this chapter argues, this close attention to madness as both clinical and moral pervades the (neo)Victorian madwoman narrative, and necessarily calls into question the role and responsibilities of an emergent psychiatric field. Emphasising the dyadic

[536] Margaret Atwood, 'In Search of Alias Grace: On Writing Canadian Historical Fiction', *The American Historical Review*, 103.5 (1998), pp. 1503-1516 (pp. 1512-1513), doi:10.1086/ahr/103.5.1503.
[537] Atwood, 'In Search of Alias Grace', 1515.
[538] Atwood, *Alias Grace*, p. 24.
[539] Atwood, *Alias Grace*, p. 41.

relationship between Grace and Dr Jordan, *Alias Grace* also highlights the central role of divulgence and retelling in the neo-Victorian madness novel, setting up the relationship between doctors' and patients' stories of madness with which this chapter is primarily concerned.

Clinical authority and ventriloquism

The place of alienism as practical discipline heightens the significance of the dyadic relationship between doctor and patient, contributing to a wider culture of early-psychiatric research premised on the experiential authority of its professional membership. Particularly where physiological testing proved insufficient to determine the cause of psychiatric symptoms, the role of the alienist became as much narratorial as medical, reinscribing anecdotal evidence as the language of symptomology, so that symptoms could be contained within a recognisable pathological framework. In this way, the variable experiences of madness was transmuted into clinical discourses and further into categorisations.

In the nineteenth and early-twentieth centuries, clinician-authored pathologies would often make this process of narrative transformation overt, including – but also altering or reinterpreting – direct accounts of patient experience; the use of the patient perspective in Sigmund Freud's psychoanalytical writing, for example, demonstrates a desire to employ narrative strategies in order to make a precise clinical assessment, re-creating the patient as protagonist, and the clinician as author.[540] In Frederick Treves's *The Elephant Man and Other Reminiscences* (1923), a chapter entitled 'A Cure for Nerves' begins with the self-conscious replacement of Treves's own narrative voice – 'In the account of the case which follows it is better that I allow the patient to speak for herself' – with a first-person account of mental illness – 'I am a neurotic woman.'[541] Treves invokes the direct experiences of his patient through an act of narrative ventriloquism, drawing attention to a distinction between patient and clinician. As Andrew Smith notes, the account of this patient, who remains nameless, focuses on 'the lack of support she receives from the medical profession', emphasising the ways in which her symptoms are dismissed and highlighting that the 'masculine discourse of medicine functions as one

[540] Anat Tzur Mahalel, *Reading Freud's Patients: Memoir, Narrative and the Analysand* (Routledge, 2020), n.p. Despite these narrative approaches, Freud notably avoids the generalisable model of madness with which fiction has tended to be concerned. Freud's work across experimental neurology and psychiatry evidences a growing ambition within clinical circles to diagnose and classify psychological conditions more precisely (Julien Bogousslavsky, 'Sigmund Freud's evolution from neurology to psychiatry', *Neurology,* 77.14 (2011), pp. 1391-1394 (p. 1391), doi:10.1212/WNL.0b013e31823152a1. The widespread usage of new diagnostic categories – like neurasthenia, for example, the clinical identification of which drew both on physiological symptomology and 'character evaluation' – points to the ways in which such conditions were being differentiated using a range of diagnostic methods, laying the ground for the later development of other medical specialisms, including modern neurology (Amy Milne-Smith, *Out of His Mind: Masculinity and Mental Illness in Victorian Britain* (Manchester University Press, 2022), n.p.).

[541] Frederick Treves, *The Elephant Man and Other Reminiscences* (London: Cassell and Company, 1923), p. 69..

aspect of patriarchy'.[542] Treves's direct invocation of the patient's perspective might therefore be read as a corrective narrative, an attempt to represent a marginalised voice otherwise 'rendered silent by […] medical discourse'.[543] Treves's narrative decision to replicate, rather than stand outside of, the subjectivity of his patient, highlights the centrality of the autopathographical account in his approach, and in his articulation of issues around the failings of medicine, Treves's narrative shares the socio-political motivations underlying many autopathographical texts.

Inescapably, however, this remains a constructed account of female patienthood authored by a male clinician. In Chapter One, I highlighted the ways in which Vine's *The Blood Doctor* depicts a male doctor speaking for and through his patients, reading Henry Nanther's diaries as a form of 'ventriloquism'. Drawing on Helen Davies work on gender and ventriloquism in neo-Victorian fiction, I examined how this diegetic framing of Henry's writing mirrors a process of re-voicing occurring in the neo-Victorian form. Reading 'A Cure for Nerves' as a ventriloquial text, Treves's revoicing of his patient communicates a 'power dichotomy between 'voicing' and 'silencing'', with the 'neurotic woman' not truly allowed to represent herself, but fundamentally remaining under the narrative control of the same medical establishment which had silenced her.[544] As Davies argues, ventriloquising as a narrative strategy is often enacted along gendered lines, displaying a 'gendered power imbalance between the masculine 'ventriloquist' and the feminized dummy/puppet'.[545] Identifying the distinction between feminised dummy and masculinised ventriloquist, Davies draws on language which might just as readily be applied to the feminised patient versus masculinised doctor.[546] A ventriloquial narrative relationship, then, between Treves and his patient furthers this power imbalance, drawing dually on the dichotomy between the assumed passivity of the patient/dummy and naturalised active role of the ventriloquist/doctor.

In *Alias Grace,* this naturalised role of the doctor, premised upon clinical expertise, is introduced and then destabilised. References to alienism as an emergent area, and Dr Jordan as an 'up-and-coming' man looking at novel ways of treating madness, might be read as pointing to the precarious position of the discipline, outside of more established medical fields and working in an evolving, expanding clinical space: the asylum.[547] Jordan's expertise is introduced through his academic, as well as practical, experience, having 'published two or three little papers', as well as having trained and practised as a medical doctor.[548] He invokes the language of clinical hierarchy in his interactions with others, most notably when his landlady, Mrs Humphrey, has a fall and Jordan carries her to his bedroom.

[542] Andrew Smith, *Victorian Demons: Medicine, Masculinity and the Gothic at the Fin-de-Siecle* (Manchester University Press, 2004), p. 53.
[543] Smith, *Victorian Demons,* p. 60.
[544] Davies, *Gender and Ventriloquism,* p. 3.
[545] Davies, *Gender and Ventriloquism,* p. 8.
[546] Davies, *Gender and Ventriloquism,* p. 39.
[547] Atwood, *Alias Grace,* p. 78.
[548] Atwood, *Alias Grace,* p. 78.

Alarmed by the intimacy of this situation, Mrs Humphrey attempts to leave, only for Jordan to soothe her with assurance of his professional, rather than personal, interest – '"I beg you to remember that I am a doctor, and, for the time being, you are my patient."'[549]

Alongside a call to professional respectability, Dr Jordan derives his own sense of clinical authority by defining the emergent discipline of alienism in opposition to other established practices of the early-nineteenth century, notably mesmerism and spiritualism. Invited to a spiritual party hosted by the Governor's wife, Simon refuses but notes that he is, 'Not a sceptic […] only a medical doctor'.[550] Towards the end of the novel, another apparently medical figure, Dr Jerome DuPont, offers to hypnotise Grace, supposedly in order to fully explore her recollections of the murders, and he makes this separation between disciplines clear in his address to the medical professionals in the room – '"This is a fully scientific procedure […] Please banish all thoughts of Mesmerism, and other fraudulent procedures."'[551] As Pietikäinen argues, demand for medical hypnosis during the mid-nineteenth century was informed by the 'strongly developing therapy market', used in the treatment of nervous illnesses and hysteria in particular.[552] By the end of the century, however, the use and popularity of the treatment had declined, with hypnotism increasingly associated with spiritualism, a connotation which, Pietikäinen argues, 'damaged the medical and scientific reputation of hypnotism'.[553] DuPont's resistance to this association thus highlights the troubling relationship between medical and spiritual practices in the treatment of mental illness during the period, as he attempts to affirm the legitimacy of hypnotism and alienism more widely. However, later revealed as Jeremiah, a friend of Grace's working under an alias, DuPont's reference to 'fraudulent procedures' also here reads as further evidence of the novel's ambivalent approach to factuality. That he chooses the guise of a medical professional under which to gain access to Grace speaks to the level of implicit respectability afforded to medical men, but this revelation also raises the possibility of Grace's active role within the deception.

Atwood's decision to voice Dr Jordan through a third-person narrator, and Grace in the first-person, grants the illusion of direct access to Grace's experiences, with Grace the 'agent' rather than the 'witness' of her story.[554] Grace's narrative is, however, mediated in a number of ways; most directly, her portions of the novel are presented to the reader as parts of the diegetic conversation she is having with Jordan, and she reflects often on the ways she consciously adapts her narrative to fulfil the expectations of the clinic. Jordan describes their interactions in clear ventriloquial metaphors, assuming the role of the penetrative ventriloquist when comparing her mind to 'a locked box, to which I must

[549] Atwood, *Alias Grace,* p. 143.
[550] Atwood, *Alias Grace,* p. 84.
[551] Atwood, *Alias Grace,* p. 396.
[552] Pietikäinen, *Madness: A History,* p. 214.
[553] Pietikäinen, *Madness: A History,* p. 214.
[554] Rita Charon and Eric R. Marcus, 'A Narrative Transformation of Health and Healthcare', in *The Principles and Practice of Narrative Medicine*, ed. by Rita Charon, Sayantani DasGupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel, pp. 271-291 (p. 273).

find the right key'.[555] As Davies notes, however, though Grace often recognises that she is 'positioned in the role of doll or dummy', particularly when she remembers her criminal trial, with Jordan she maintains a sense of agency, this ability to choose between appropriate voices and registers.[556] Notably, Grace's refusal to undertake the role of passive patient works both for and against her. In her own narration, Grace reflects often on the expectations placed upon the madwoman, the performative, active role she is expected to play in her interactions within both medical and criminal institutions – 'Shed tears of remorse. Confess, confess. Let me forgive and pity.'[557] With Dr Jordan, however, Grace draws attention to the ways in which she may control or fulfil his expectations of her as medical subject, particularly as an alienist working in an emergent field – 'As long as I say something, anything at all, Dr Jordan smiles and writes it down, and tells me I am doing well'.[558] Grace becomes both watcher and watched, undermining this idea of the patient, particularly within the kind of research Jordan is undertaking, as the passive 'subject' of scientific investigation. The ordinary hierarchies of the clinical dyad are upended during their meetings, as Grace appears to be 'contemplating the subject of some unexplained experiment; as if it were he, and not she, who was under scrutiny.'[559] Barbara Braid reads this inversion of authority and observation as a form of queering in the novel, with Grace 'performing the role of the destabilising, queer element' of clinical interactions.[560] In this way, Braid argues that Grace manages to 'escape the position of being an object of the male gaze – either by disappearing from it, or by manipulating it, or, most often, by becoming a mad/queer 'thing-inbecoming', to adopt a Foucauldian phrase.[561] This queering offers an attempt by Atwood to resituate both clinical and narrative authority, with Grace deviating from the implicit passivity of patient but also from the passivity of narrative object.

In mediating the performance of this queerness, withholding and altering the telling of her recollections, Grace succeeds in highlighting the tenuous position of Dr Jordan's epistemic authority, reliant on the patient's divulgence. Faber's *The Crimson Petal and the White* similarly offers an ambivalent view of the doctor's authority in cases of apparent madness, most notably through its narrative voice. The novel centres on William Rackham, a wealthy perfumier, and his relationships with two women – his wife, Agnes, and a prostitute, Sugar. Agnes's naivety around sex and menstruation initially make her an attractive marital prospect for William, but by the time of the novel's opening, Agnes is being treated for madness, becoming unpredictable and confused, refusing to acknowledge

[555] Atwood, *Alias Grace,* p. 132.
[556] Davies, *Gender and Ventriloquism,* p. 78.
[557] Atwood, *Alias Grace,* p. 35.
[558] Atwood, *Alias Grace*, p. 69.
[559] Atwood, *Alias Grace,* p. 60.
[560] Barbara Braid, 'Queering the Madwoman: A Mad/Queer Narrative in Margaret Atwood's *Alias Grace* and Its Adaptation', in *Neo-Victorian Madness,* ed. by Sarah E. Maiers and Brenda Ayres, pp. 203-228 (p. 214).
[561] Braid, 'Queering the Madwoman', p. 218

her young daughter, and spiralling into hallucinations. In a distinctly neo-Victorian turn, the omniscient narrator points out to the reader the material cause of Agnes's condition:

> In Agnes's head, inside her skull, an inch or two behind her left eye, nestles a tumor the size of a quail's egg. She has no inkling it's there. It nestles innocently; her hospitable head makes room for it without demur, as if such a diminutive guest could not possibly cause any trouble. It sleeps, soft and perfectly oval. No one will ever find it […] Doctor Curlew, whatever parts of Agnes Rackham he may examine, is not about to go digging in her eye-socket with a scalpel. Only you and I know this tumour's existence. It is our little secret.[562]

The narrator makes explicit reference to the limits of medical knowledge, addressing the twenty-first-century reader directly here to draw attention to offer a diagnostic insight which could only have been granted with later medical developments. As Marshall Needleman Armintor argues, 'knowing the true material cause of Agnes' hallucinations, nausea and weight loss, we are left to contemplate her victimisation at the hands of masculinised medical discourse, the violation and decay of her body and therapeutic incarceration'.[563] However, the narrator follows this investigatory passage by referring to another 'secret disease' of Agnes's – loneliness – which 'makes her a great deal sicker than anything he claims to have found'.[564] The reader is confronted with competing diagnoses for Agnes, one from the diegetic, and instinctively Victorian, Dr Curlew, and one from an apparently twenty-first-century narrator, yet both appear to overlook the somatic causes of her symptoms. Introducing, and then destabilising, the supposedly progressive voice of modern scientific advancement, the narrator problematises any invocation of objective clinical knowledge within the novel, highlighting the ways in which such knowledge is temporally-dependent, and can be disregarded in narratorial interventions.

Though the narrator also offers some diagnostic interpretation, it is primarily Dr Curlew who is responsible for identifying and treating Agnes's condition, and in doing so becomes a locus in the text for the articulation of anxieties relating to medical power and control. Introducing Curlew, Faber's narrator emphasises his institutional recognition, but underscores these markers of respectability with imagery of surgical violence:

> He's also highly skilled, with a long list of initials after his name. To give but one example, he can dissect a pregnant rabbit for the purposes of anatomical study in ten minutes and can, if required, pretty well sew it back together again.[565]

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[562] Michael Faber, *The Crimson Petal and the White* (Canongate, 2003), pp. 218-219.
[563] Marshall Needleman Armintor, ''Dear Holy Sister': Narrating Madness, Bodily Horror and Religious Ecstasy in Michel Faber's *The Crimson Petal and the White*' in *Neo-Victorian Madness,* ed. by Sarah E. Maier and Brenda Ayres, pp. 145-166 (p. 148).
[564] Faber, *The Crimson Petal and the White,* p. 219.
[565] Faber, *The Crimson Petal and the White,* p. 80.

Particularly as the novel progresses, Curlew is constructed dually through his direct appearances in the text, and through Agnes's anxieties, his name often invoked as she makes decisions about her own health, or as the behaviours she hides from him are revealed to the reader. The power Curlew wields over Agnes's precarious situation is represented by this omnipresence, but also directly through his threats to her liberty; at one point, Agnes attempts to refuse treatment, to which Curlew replies, '"You can't mean that; only a madwoman would willingly let her health decline"'.[566] As Armintor notes, from here it is clear that Agnes's 'resistance is more proof of her madness', and that to relinquish her control in the clinical dyad is the only way to retain other elements of her physical agency.[567]

Undermining his authority for the twenty-first-century reader, Curlew's diagnoses are vague and various, attributing Agnes's fluctuating condition with causes as diverse as 'the time of the month', 'corpuscles', and 'the use of cosmetics'.[568] His preferred mode of 'treatment' for her takes the form of invasive genital examinations which, as Marie-Luise Kohlke notes, are intimated to relate to an overall diagnosis of hysteria.[569] As Mark Micale notes, 'it would be difficult to think of another medical category that has proven so elastic over such a span of time', with hysteria being variously defined as emotional excessiveness, subsumed within a broader understanding of melancholia, and during the nineteenth century, overlapping with emergent neurological diagnoses, like neurasthenia.[570] Although Agnes is never formally diagnosed, the use of treatments relating to hysteria highlight the ways in which Curlew's medicine is temporally-situated, scientifically-contentious, and implicated in the gendered perspectives on mental illness which dominated during the nineteenth century. For Agnes, this relates particularly to an accepted relationship between female madness and sexuality, and Curlew's examinations repeatedly bear connotations of rape as he '[makes] himself at home with – and in – Agnes's body'; Agnes first considers, then dismisses, the unsettling idea that Curlew might be 'taking liberties no physician should'.[571] The most graphic of these procedures is presented as a series of vignettes, interspersed between sections of William's negotiations over Sugar's services. For Kohlke, the interweaving of these scenes highlights the ways in which the fates of both women are 'decreed by and for the benefit of men', with sexual violence making both family home and brothel sites of 'inhospitable non-belonging for women'.[572] During the scene, Dr Curlew's

[566] Faber, *The Crimson Petal and the White,* p. 161.
[567] Armintor, ''Dear Holy Sister'', p. 150.
[568] Faber, *The Crimson Petal and the White,* pp. 80, 204, 160.
[569] Marie-Luise Kohlke, 'Neo-Victorianism's inhospitable hospitality: a case study of Michel Faber's *The Crimson Petal and the White*', *European Journal of English Studies*, 24.3 (2020), pp. 208–28 (p. 221), doi:10.1080/13825577.2020.1876608.
[570] Mark Micale, 'Hysteria and its Historiography: the Future Perspective', *History of Psychiatry,* 1 (1990), pp. 33-124 (p. 41), doi:10.1177/007327538902700401.
[571] Kohlke, 'Neo-Victorianism's inhospitable hospitality', p. 221.
Faber, *The Crimson Petal and the White,* p. 161.
[572] Kohlke, 'Neo-Victorianism's inhospitable hospitality', p. 222.

> finger slides down towards the motte of blonde hair at which Agnes had glanced perhaps twenty times in her whole life, each time with shame. This time, however, there is no shame to feel, for the doctor's finger is sliding (as she perceives it in her dream) not on her body, but on a surface somewhere beyond it.[573]

Curlew's physical examination of Agnes is a literal penetration by the medical man of the female patient, during which he simultaneously offers a diagnosis – '"I'm afraid all is not as it should be".'[574] Physically and discursively, then, Curlew is positioned as the active ventriloquist speaking for Agnes, with a clear connection made between the physician's diagnostic 'narrative', and the invasive, physical examination. Agnes's existing unhomelike discomfort in her own body, particularly around menstruation and reproduction, is intensified by the interventions of clinical authority, and contributes to the enforced passivity and disengagement which consequently marks her as a 'madwoman'.

As this chapter has thus far argued, clinical hierarchies between doctor and patient are instigated and reinforced in the madwoman narrative. Specifically, in these novels, the medical man assumes a position of authority by asserting his place within established hierarchies of scientific expertise, highlighting the connection between medical practice and research, and encouraging patient passivity. Building on nineteenth-century precedent, the medical men of these texts engage in a process of narrative transformation regarding the madwoman's testimony; Jordan draws on Grace's account to reinterpret it through clinical discourse, whilst Curlew's physical examinations of Agnes are aligned with his diagnostic declarations. Both are rendered through ventriloquial imagery, indicating that the work of institutional medicine in this context is to speak *for* and *through* their respective patients. However, it is also important to note the ways in which the central madwomen of these novels work to resist such hierarchies and regain control in the clinical dyad. Undermining the ultimate epistemic authority of the medical profession, Atwood and Faber highlight the problems of experiential versus academic knowledge of illness, particularly in the gendered interactions between medical man and madwoman.

Autopathography in the (neo)-nineteenth century

As this chapter has argued, the medical man instigates and reinforces clinical hierarchies through a reassertion of epistemic authority, derived in part from his use of diagnostic language. In these neo-Victorian novels, Atwood and Faber demonstrate the ways in which such hierarchies can be countered by patients, either by the kind of queering enacted by Grace, or the disengagement exhibited by Agnes. Both novels also consider the narrative modes by which such re-engagement with the direct experience

[573] Faber, *The Crimson Petal and the White,* p. 170.
[574] Faber, *The Crimson Petal and the White,* p. 169.

of illness can be achieved, and utilise aspects of the patient narrative, with both Grace and Agnes offering their own interpretations of their recollections and symptomologies, as formal components. Turning away from the medical man's narrative perspective, the remainder of this chapter will address my critical framework in autopathography, tracing an overview of the patient narrative from the nineteenth century onwards, and highlighting the ways in which neo-Victorian fiction draws on the mode to re-examine clinical hegemonies and explore the experiences of marginalised characters.

Autopathography can be most simply defined as the telling of one's own illness. The genre is broadly synonymous with a number of other terms, including patient narrative, patient testimony, and patient tales, but this chapter most frequently refers to autopathography and patient narrative as dominant critical terminology. Autopathographies commonly, as Jeffrey K. Aronson explores, focus on severe and/or chronic illness; identifying the genre at the turn of the millennium, Aronson estimated that psychiatric diagnoses made up around a quarter of book-length autobiographical medical narratives.[575] Aronson also looks to the purposes of such narratives – 'They write out of a desire to help other patients to come to terms with their own illnesses, to obtain catharsis, to educate and criticise carers, and to make money' – and suggests that reading autopathographies might aid medical professionals in learning more about treating specific illnesses.[576] This chapter refers to Arthur Frank's *The Wounded Storyteller*, an autopathographical text which is both autobiographical and critical as Frank reflects on a personal experience of illness, draws on the works of others, and proposes a critical framework for the study of the patient narrative, namely the categorisation of autopathographies by their narrative structures. In the book's preface, Frank explains, that 'writing *The Wounded Storyteller* was as much a work of self-healing as of scholarship', highlighting the transformative potential of the autopathographical mode.[577] Arguing that autopathography might not only represent an act of personal catharsis, Frank also looks to the ways in which the genre might impact perceptions of illness and ill persons for readers:

> This book presents ill people as wounded storytellers. I hope to shift the dominant cultural conception of illness away from passivity – the ill person as 'victim of' disease and then recipient of care – towards activity. The ill person who turns illness into story transforms fate into experience; the disease that sets the body apart from others becomes, in the story, the common bond of suffering that joins bodies in their shared vulnerability.[578]

[575] Jeffrey K. Aronson, 'Autopathography: The Patient's Tale', *British Medical Journal,* 321 (2000), pp. 1599–602 (p. 1599).
[576] Aronson, 'Autopathography', p. 1599.
[577] Arthur Frank, *The Wounded Storyteller: Body, Illness, Ethics* (University of Chicago Press, 1995), p. xi.
[578] Frank, *The Wounded Storyteller,* p. xix.

As Lawrence Rothfield argues, the clinical authority of the medical practitioner enacts 'protocols of interpretation that enable one to take signs as symptoms and thereby to impose a particular order on reality.'[579] Frank's understanding that autopathography 'transforms fate into experience' offers a similarly interpretive process but, significantly, one in which the ill person retains ultimate narrative control, moving from passivity towards activity.

The question of the 'patient' in the patient narrative is therefore also worth some critical exploration here. Deriving from the Latin 'patiens' from 'patior', to suffer or bear, 'patient' is a term which etymologically denotes passivity.[580] Julia Neuberger considers that the term 'patient' introduces three key problems for medical practice; firstly, that the 'idea of active participation sits poorly within it', indicating immediately an unequal power relationship between the active healer and the patient whose primary role in the dyad is to be healed/instructed.[581] Secondly, that modern encounters between healthcare professionals and the public are not restricted to the treatment of urgent or severe illness, but often revolve around discussion of lifestyle choices, optional services, or advice around future health considerations. Finally, and most significantly for the purposes of this chapter, Neuberger argues that the term 'patient' 'fits poorly with our modern view that we can have rapid 'fixes' and that we can, ourselves, take action.'[582] A desire to maintain autonomy both narratively and practically, then, is a key influential factor in the designation of 'patient'; though the patient narrative attempts to restore this autonomy, this linguistic tension of the genre remains. Additionally, the patient is often positioned primarily as a recipient of care, specifically that performed by medical professionals. This definition, however, risks excluding ill people who are not involved in clinical interactions, those whose illnesses are experienced but who go undiagnosed, are unable, or choose, not to involve medical professionals. In keeping with critical and social convention, as well as the preferred terminology of the neo-Victorian texts with which this analysis is concerned, this chapter, and this thesis more broadly, uses the term 'patient' to denote an ill person, and draw attention to the vulnerabilities created by illness. Particularly when considering the purpose and implications of the patient narrative, however, it is important to consider that the term is not a neutral signifier, and that evolving understandings of 'patienthood' across the history of the genre have impacted the writing and reception of these narratives.

Historically, autopathography fits into a wider literary trend surrounding the popularisation of (auto)biographies during the nineteenth century, as explored in Chapter One. There, I highlighted the role of such texts in solidifying personal and professional legacies, with popular collective biographies used to construct a hegemonic lineage of 'great men'. I also noted that doctors' memoirs arose as I

[579] Lawrence Rothfield, *Vital Signs: Medical Realism in Nineteenth-Century Fiction* (Princeton University Press, 1992), p. 175.
[580] Julia Neuberger and Raymond Tallis, 'Do we need a new word for patients?', *BMJ,* 318.7200 (1999), pp. 1756-7 (p. 1756).
[581] Neuberger and Tallis, 'Do we need a new word for patients?', p. 1756.
[582] Neuberger and Tallis, 'Do we need a new word for patients?', p. 1756.

means of communicating the particular expertise and experience of the medical professional, at a time when their increasing visibility and rising social position required justification. Significantly, Victorian biographers were interested, not only in recording or constructing mythologies around prominent public figures, but also in revealing or reinterpreting 'hidden lives, […] the lives of humble men and women'.[583] As Juliette Atkinson attests, this follows a rise in autobiographical writing across the socio-economic spectrum, as 'the rise of radicalism and the increase of literacy are two of the factors that led working-class men (and, in smaller numbers, women) to recount their lives.'[584] (Auto)biographies no longer needed to focus on the extraordinary experiences of prominent figures.

An increasing interest in narratives around illness also pervaded nineteenth-century culture, with Miriam Bailin arguing that it is perhaps unsurprising that the cult of the invalid developed shortly after the onset of the Industrial Revolution, alongside the 'coexistent imperatives of self-discipline, will-power and industriousness'.[585] The sickroom narrative appeared frequently in fiction, with Bailin referring primarily to the works of canonical authors, Charlotte Brontë, Charles Dickens, and George Eliot, and often took on a 'conventional pattern of ordeal and recovery' which Bailin associates with a Victorian emphasis on 'restored order'.[586] Outside of fiction, autopathographies varied between more philosophical or more pathological permutations, often similarly utilising this restorative narrative structure to different effects. Martineau's *Life in the Sickroom: Essays by an Invalid,* for example, was just one of a large number of patient narratives published around the middle of the century, but Martineau's account is notable for the ways in which it focuses almost exclusively on convalescence and the restorative potential of time in the sickroom, rather than the difficulties of being ill. Framing the sickroom as 'a sanctuary of confidence', a 'natural confessional', Martineau looks to the transformative narrative possibilities of illness, where the process of physical recovery might also necessarily involve moral and spiritual renewal.[587]

Physical health concerns have historically formed the basis of the majority of autopathographies, but a number of patient narratives focused on mental illness have been published since at least the early-nineteenth century, a notable example being *Perceval's Narrative.* John Thomas Perceval was the son of British Prime Minister Spencer Perceval, and spent three years between 1831 and 1834 confined in private asylums in Bristol and Sussex.[588] His memoir detailing his experiences of the asylum was initially published in two volumes in 1838 and 1840 under the title, *A Narrative of the*

[583] Juliette Atkinson, *Victorian Biography Reconsidered: A Study of Nineteenth-Century 'Hidden' Lives* (Oxford University Press, 2010), p. 3.
[584] Atkinson, *Victorian Biography Reconsidered,* p. 75.
[585] Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge University Press, 1994), p. 12.
[586] Bailin, *The Sickroom in Victorian Fiction,* p. 6.
[587] Harriet Martineau, *Life in the Sickroom* (Bradbury and Evans, 1844), p. 239.
[588] Femi Oyebode, 'From Perceval's Narrative', *Advances in Psychiatric Treatment: the Royal College of Psychiatrists' Journal of Continuing Professional Development*, 16.1 (2010), p. 22, doi:10.1192/apt.16.1.22.

Treatment Experienced by a Gentleman, during a state of Mental Derangement designed to explain the causes and nature of insanity, and to expose the injudicious conduct pursued towards many unfortunate sufferers under that calamity, and was later republished in 1962 under its better known title, *Perceval's Narrative.* The memoir is part-medical recollection, detailing Perceval's own experiences of hallucinations and developing symptomology, and part-socio-political essay, ruminating on the nature of insanity and exposing the deplorable conditions of private asylums. Perceval's experiences of asylum treatment were instrumental in his later work in mental health advocacy, founding the Alleged Lunatics' Friend Society which lobbied for asylum reform and took up the cases of at least seventy patients to obtain their release.[589] Belonging to an upper-class circle of reformists, Perceval's ability to re-enter society after his confinement and widely circulate his 'narrative of protest' would not have been afforded to the vast majority of asylum inmates; as this chapter has noted, by the end of the century, most of those living in county asylums were paupers with limited access to means of publication.[590] Nonetheless, *Perceval's Narrative* remains notable as an early example of an autopathography centred on the experience of mental illness, and one which highlights the ability of the genre to operate as critique as well as memoir.

A tension between competing accounts of illness, one institutional, one personal, is of central concern to *The Crimson Petal and the White,* with Agnes keeping a series of diaries from childhood into adult life, tracing her increasing religious fervour and the acceleration of her symptoms of psychosis. Discovered buried in the Rackhams' garden, the diaries are then retrieved from the store-room and read by Sugar, and offer a new insight into Agnes's condition, beyond the troubling clinical designations presented by Doctor Curlew. In an early extract from the diaries, a young Agnes points to the editorial freedoms permitted by this form of writing in contrast to her letters, which are screened before posting – '*I can speak freely to you, dear Diary, for it is only the letters I send by the Post that I must give up unsealed to Miss Barr'.*[591] Positioning the diary as a uniquely authentic account of her experience, Agnes therefore also invokes tenets of autopathographical writing, with the diaries acting as explanatory, if not explicitly corrective, narrative of her developing illness. Her diaries give voice not only to her symptoms, but also to her treatment by the medical establishment and particularly Doctor Curlew, who appears in Agnes's writing as 'Satan's lackey, the Demon Inquisitor and the Leech Master'.[592] As Nadine Muller notes, the diaries complicate even the narrator's apparently straightforward diagnosis of Agnes's condition, highlighting implicitly that her symptoms point not

[589] Nicholas Hervey, 'Advocacy or folly: the Alleged Lunatics' Friend Society, 1845-63', *Medical History,* 30.3 (1986), pp. 245–275 (p. 262), doi:10.1017/S0025727300045701.
[590] Anne Hudson Jones, 'Literature and medicine: narratives of mental illness', *The Lancet,* 350.9074 (1997), pp. 359–361 (p. 359), doi:10.1016/S0140-6736(97)07123-7.
[591] Faber, *The Crimson Petal and the White,* p. 537.
[592] Faber, *The Crimson Petal and the White,* p. 652.

only to her brain tumour, but also to her experience of oppressive gender constructions and trauma.[593] Extra-diegetically, it is therefore significant that, though the diary extracts are reproduced within the text to be examined by the reader, they are also interpreted by their diegetic reader, Sugar, who brings to this reading her own experiences of male violence and patriarchal oppression. Indeed, Sugar's familiarity with the dynamic between Agnes and William is emphasised earlier in the novel – 'All her working life, men have been telling her their wives are mad' – placing Agnes's fate within a wider social context around male authority and female confinement.[594]

Faber's inclusion of Agnes's autopathographies thus points to a distinctly neo-Victorian perspective on these dominant cultural scripts, offering a literal, material rewriting of the traditional madwoman narrative. The subversiveness of such a narrative is clear even to Agnes, who buries the diaries in an effort to abandon the endeavour of writing. William imagines the scene vividly – 'the servant in her mourning dress, huffing and puffing with a spade; the hole; the wet black earth closing over the cloth-bound journals' – as an act of concealment.[595] As outlined in Chapter Two, burial and resurrection appear frequently in neo-Victorian fiction as a thematic parallel to the narrative act of revival with regards to the nineteenth century, with the rediscovery of textual objects a key element of this cross-historical dialogue. With reference to *Beloved Poison,* I highlighted the significance of scenes of burial and exhumation in neo-Victorianism, with the dolls hidden in the walls of St Saviour's Infirmary pointing to the mode's wider interest in 'concealed secrets and wounds in the divided self.'[596] As I argued, this interest in (un)burial can be connected with Nicholas Abraham and Maria Torok's understanding of cryptonymy, the medical man emerging as a cryptonymic figure whose repressed dualism is exposed through his resurrection in neo-Victorianism.[597] Turning towards the patient here, it is clear that Agnes's diaries are also distinctly cryptonymic, a written self-history buried within the topographic boundaries of the family home, representing part of 'the divided self' which is concealed, first metaphorically and then literally.[598] For Kym Brindle, this concealment is also bodily, as 'Faber merges the diary text metaphorically with the female body to illustrate a metaphorically buried life recorded in literally buried diaries', pointing to the centrality of somatic medical symptomology in the diaries.[599] Although the significance of the diaries is clear, their burial and eventual destruction render them uneasy symbols of social and medical resistance in the novel. If Agnes's autopathographies

[593] Nadine Muller, 'Hysteriagraphic Metafiction: The Victorian Madwoman and Women's Mental Health in 21st-Century British Fiction', *Gender Forum,* 25 (2009), n.p.
[594] Faber, *The Crimson Petal and the White,* p. 295.
[595] Faber, *The Crimson Petal and the White,* p. 509.
[596] Rosario Arias, 'Haunted Places, Haunted Spaces: The Spectral Return of Victorian London in Neo-Victorian Fiction', in *Haunting and Spectrality in Neo-Victorian Fiction: Possessing the Past*, ed. by Patricia Pulham and Rosario Arias (Palgrave Macmillan, 2009) pp. 133-156 (p. 135).
[597] Arias, 'Haunted Places, Haunted Spaces', p. 135.
[598] Arias, 'Haunted Places, Haunted Spaces', p. 135.
[599] Kym Brindle, *Epistolary Encounters in Neo-Victorian Fiction: Diaries and Letters* (Palgrave Macmillan, 2013), p. 18.

represent a phenomenological corrective to institutional discourses, Sugar's eventual decision to burn the manuscripts reads as a further act of silencing and narrative violence perpetuated against Agnes.

In this way, Agnes's diaries evidence a key tension of the clinical dyad, but also the neo-Victorian form. Throughout this thesis, I have explored the ways in which neo-Victorianism risks 'overwriting' the experiences of nineteenth-century subjects, and this is considered overtly in both *Alias Grace* and *The Crimson Petal and the White.* Nadine Muller argues that Faber's novel 'seeks to demonstrate the ways in which women and their stories […] were interpreted and rewritten by doctors and therapists as medical narratives', with doctors positioned as 'authors rather than scientists and their reports fictions rather than scientific observations.'[600] Particularly in cases of madness, a desire by the clinic to make sense of a range of symptoms can result in a process of retelling which presents a narrative conflict between patient and clinician. As Brendan Stone argues, the experience of mental illness is notable for the ways in which it defies narrativization, as strands of the unconscious self become incoherent in madness, and the self displays 'fragmentation, amorphousness, entropy, chaos, silence, senselessness'.[601] In Faber's novel, this incoherence in Agnes's experience is rendered structurally through the use of diary excerpts, short extracts from her written accounts which are interspersed across the novel; in this way, the deterioration of her mental state is not presented to the reader linearly. Sugar becomes the intermediary between Agnes and reader, presenting sections of the diaries and a commentary on the text, and highlighting the ways in which Agnes's writing not only describes but shapes her lived reality. After Agnes's disappearance, Sugar anticipates the arrival of Dr Curlew,

> whom she knows only from Agnes's diaries […] She imagines him gliding along the street, supernaturally fast, his eyes glowing like candles, his taloned hands disguised in gloves, his black bag teaming with maggots. Robbed of Mrs Rackham, his intended prey, he'll make do with torturing Sugar instead.[602]

Responding to the re-narrativization of her experiences through medical discourse, Agnes's diaries are positioned as a similarly fictive enterprise, with her depiction of Curlew invoking the tropes of a Gothicised villain. Within the context of the novel's consideration of the relationship between writing, reading, and madness, it is significant that the diaries are found by Sugar; both women write about their experiences, with Sugar semi-fictionalising her life as graphic autofiction, which indulges her fantasies about harming her abusive clients in the style of revenge erotica. As Armintor argues, 'the book Sugar is writing participates in its own sort of madness […] with the heroine dying at the end, unredeemed'.[603]

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[600] Muller, 'Hysteriagraphic Metafiction', n.p.
[601] Brendan Stone, 'Towards a Writing Without Power: Notes on the Narration of Madness', *Auto/Biography,* 12 (2004), pp. 16-33 (p. 18), doi:10.1191/0967550704ab002oa.
[602] Faber, *The Crimson Petal and the White,* p. 749.
[603] Armintor, ''Dear Holy Sister'', p. 155.

As with Agnes, Sugar's writing offers an opportunity to counter their troubling characterisations by patriarchal discourse, medical or otherwise. Like the diaries, however, this novelistic project is also chaotic, senseless, and without conclusive ending, suggesting that, for both women, this ambition to create and immortalise an alternative narrative of female experience might remain unfulfilled.

Alias Grace similarly ruminates on the similar narrative problems which arise between neo-Victorianism and autopathography. Grace's active engagement with the shaping of her story, a key component of the novel's invocation of autopathographical tropes, is rendered structurally by Atwood, with Grace's narration, comprising around half of the novel, in the first-person, and the other half, focusing primarily on Dr Jordan, is in the third-person. Grace is therefore the only character to whose thoughts readers are allowed direct access, and in this way, the novel fulfils a key autopathographical imperative regarding the restoration of narrative control. Grace's perspective is often positioned as a corrective to those espoused by the doctors and legal authorities with whom she interacts. When Dr Jordan reads aloud from her confession, Grace reminds him that, 'just because a thing has been written down, Sir, does not mean it is God's truth', highlighting the flattening of experience which occurs within the formal, institutional narrative.[604] The novel also, however, draws attention to the limitations of the 'patient's narrative', particularly a fictional one. Echoing Stone's perception of the 'chaos' of the fractured self in illness, Grace considers the ways in which her retelling of events can never fully recover her experience, and must always engage with an editorial process:

> When you are in the middle of a story it isn't a story at all, but only a confusion; a dark roaring, a blindness, a wreckage of shattered glass and splintered wood; like a house in a whirlwind, or else a boat crushed by the icebergs or swept over the rapids, and all aboard powerless to stop it. It's only afterwards that it becomes anything like a story at all. When you are telling it, to yourself or to someone else.[605]

Grace here looks to the dyadic nature and editorial capabilities of storytelling as key to overcoming a sense of her own 'powerlessness'. Atwood herself has identified Grace as 'a storyteller', and the novel as exploring the strategies she adopts when storytelling is 'the only power left to her'.[606] In a metafictional turn, Grace's ruminations on the narrative process raises key considerations around the nature of storytelling to encompass the diverse experiences of madness, particularly within a neo-Victorian context. Involving this discussion in issues of discursive power, the benefits and limitations of hindsight, and the receptive role of the listener/reader, Grace here highlights the shared concerns of the patient narrative and neo-Victorian fiction.

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[604] Atwood, *Alias Grace,* p. 257.
[605] Atwood, *Alias Grace,* p. 298.
[606] Atwood, 'In Search of *Alias Grace*', p. 1515.

Atwood, like Treves, assumes a first-person narrative perspective to explore an apparent symptomology. However, through its neo-Victorian intertextuality, and close thematic attention to questions of voice and autonomy, the novel does not represent the relationship between historical subject and modern writer as straightforwardly ventriloquial. Atwood's intertextual and self-conscious narratorship does not purport to present a singular historical truth, and in her later essay, 'In Search of *Alias Grace'*, Atwood draws attention to the confluence of genre and form which have impacted the novel's representation of Grace's narrative – 'In a Victorian novel, Grace would say, 'Now it all comes back to me'; but as *Alias Grace* is not a Victorian novel, she does not say that, and, if she did, would we – any longer – believe her?'[607] As Fiona Tolan argues, Atwood 'challenges, not just the assumption that there is a stable subject to be recovered from the historical record, but also the systems of power and desire that can be unwittingly exposed in the attempted construction of another person's identity.'[608] In problematising the balances of power between doctor and patient on questions of narrative ownership, Atwood similarly highlights the tenuous position of the neo-Victorian writer, particularly when writing about real-life historical figures.

Reading these texts through an autopathographical lens thus offers a complex insight into their respective doctor/patient dynamics. Formally, Grace and Agnes are certainly involved in the reclaiming of their narratives through both novels' invocations of the autopathographical form, recording their symptoms and retelling their experiences of medical treatment. As in *Perceval's Narrative,* both texts interrogate naturalised clinical hierarchies and critique neglectful or violent medical practices. An autopathographical framework, whilst helpful within this analysis of the cross-generic influences on these texts, does, however, draw attention to the problems of narrative ownership shared by the patient narrative and neo-Victorianism – whose stories are these, and who controls their telling? In both novels, self-conscious consideration of the process of storytelling, and the conflicts which arise between the narrative of the madwoman and that of the medical man, highlights shared imperatives between autopathography and neo-Victorian fiction. Both forms are often positioned as corrective, responding to institutional or historical narratives which flatten or conceal marginalised experiences. However, both forms are also thus subject to the troubling implications of retelling and 're-voicing' which arise in the ventriloquial exchanges between doctor and patient, writer and character. As *Alias Grace* and *The Crimson Petal and the White* exemplify, neo-Victorian and autopathographical texts are often involved in negotiations of discursive power, and reflect on the transformative potential of narrative. Within the context of the post-millennial rise of narrative medicine, close critical attention to the shared investments of these neo-Victorian autopathographical novels therefore illuminates the ways in which such fictions respond to clinical, as well as fictive and historical, hegemonies.

[607] Atwood, 'In Search of *Alias Grace'*, p. 1515.
[608] Fiona Tolan, *Margaret Atwood: Feminism and Fiction* (Rodopi, 2007), pp. 222-223.

Narrative medicine and the rise of the patient memoir

Alias Grace and *The Crimson Petal and the White* utilise and interrogate the possibilities of the autopathographical form. In both novels, established balances of power between the medical man and the apparent madwoman are called into question, either by this foregrounding of the patient narrative, or by the intervention of a neo-Victorian omniscient narrator who highlights the limits of medical knowledge. As explored in Chapter Two of this thesis, this issue of power is a particularly pressing aspect of medicine's representation in fiction, as it speaks to an enduring concern around the permissions and responsibilities of medical professionals, as well as the role of the patient in clinical encounters. As I outlined, in body-snatching narratives, this issue of power is also distinctly gendered, with men of science often positioned as the active pursuers of medical knowledge at the expense of their passive, female subjects. In Chapter Three, I looked more closely at how scientific endeavour is connected in these texts with broader social and political dialogues, and the ways in which existing prejudices might be justified through pathologisation. The neo-Victorian madwoman narrative sees the convergence of a number of discourses addressed across this thesis: gendered medical violence, modernity and progress, informed consent, and the role of the institution. Reading these texts as autopathographical in nature, it is possible to evaluate the ways in which these thematic concerns are addressed through form, and particularly through a form which has been integral to more recent critical developments within the medical humanities and into medical practice more broadly.

In critical terms, autopathography offers a rebalancing of normative power structures between clinician and patient, reframing illness outside of potentially alienating diagnostic discourse, and re-establishing narrative ownership of phenomenological experience for the ill person. In terms of the practical usage of patient testimony in clinical encounters, this rebalancing has been a more recent development. Rita Charon dates the inception of 'narrative medicine' to the turn of the millennium, drawing on decades of established research in related areas, 'literature and medicine, narrative ethics, medical humanities, healthcare communication, and primary care medicine.'[609] Narrative medicine more broadly involves consideration of 'the discovery nature of writing, the relational substrate of reading, the affective processes of narrating, the ethical complexities of the accounts of self, and how they all influence the wide, wide ground of health'; within this context, the patient narrative becomes a direct part of, rather than an influence upon, clinical care.[610] In the practice of narrative medicine, the clinician too may employ narrative techniques, and Charon gives an example which involves the doctor beginning the clinical encounter by giving the patient an open-ended invitation to disclose 'what you

[609] Rita Charon, 'Introduction', in *The Principles and Practice of Narrative Medicine,* ed. by Rita Charon, Sayantani DasGupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel (Oxford University Press, 2017), pp. 1-12 (p. 2).
[610] Charon, 'Introduction', p. 3.

think I should know about your situation' rather than asking closed questions relating to specific symptoms.[611] This linguistic practice opens the conversation to the possibility of the wider issues affecting the patient, 'body, health, and life', rather than tailoring a patient narrative to a particular, perceived clinical interest.[612] As Frank argues, however, in a culture which naturalises a distinction of knowledge between doctor and patient, these expectations of narrative are difficult to avoid:

> The shape of the telling is molded by all the rhetorical expectations that the storyteller has been internalising ever since he first heard some relative describe an illness, or she saw her first television commercial for a non-prescription remedy, or he was instructed to 'tell the doctor what hurts' and had to figure out *what* counted as the story that the doctor wanted to hear.[613]

Narrative medicine is, then, unavoidably implicated in established discourses surrounding a normative doctor/patient relationship. Frank points out the cultural influences upon the clinical encounter, but there are also obvious practical considerations when evaluating the ways in which patients divulge to clinicians, particularly around time-limited consultations, or the availability of certain forms of treatment.

Narrative medicine also notably involves attention to the narrativity of the clinician's perspective, and Charon also reproduces a 'clinical story' from her experience as a medical practitioner interacting with a diabetic patient. In this narrative, Charon writes as an omniscient third-person narrator, embodying the patient to represent their experience of diagnosis – 'Now, as she sits across the desk from this doctor who knew her as a young mother, she sees herself not in freshness but in demise.'[614] As Charon notes, writing in this way, rather than in the first-person, highlights the connectedness between patient and clinician, shifting the narrative perspective 'from that of an agent to that of a witness'.[615] More troublingly, however, such strategies can be read as removing narrative agency from the patient as well as the clinician, reinterpreting experiences of illness and treatment through an inescapably clinical lens. Charon acknowledges that this perspective is only her own, and invites her patient to offer a parallel account of their consultation, but her objective to represent the doctor and patient in 'separate but equal light' offers a way into thinking about the ability of the clinician to narrativise patient experience, an ambition which becomes particularly troubling in the diagnosis and treatment of apparent madness.[616]

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[611] Rita Charon, 'Clinical Contributions of Narrative Medicine', in *The Principles and Practice of Narrative Medicine,* ed. by Rita Charon, Sayantani DasGupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel, pp. 292-309 (p. 293).
[612] Charon, 'Clinical Contributions', p. 293.
[613] Frank, *The Wounded Storyteller,* p. 3.
[614] Charon and Marcus, 'A Narrative Transformation', p. 272.
[615] Charon and Marcus, 'A Narrative Transformation', p. 273.
[616] Charon and Marcus, 'A Narrative Transformation', p. 274.

Brian Hurwitz and Victoria Bates break down the ways in which a narrative approach to medicine differs from the literary study of autopathography:

> In narrative-based practice the drive is to make sense of the events in question, whether (and how) they may be connected, and which elements may be paramount. The approach is quite a long way from reading texts, literary or otherwise, its consideration being conversational and ethnographic in stance and psychological in feel.[617]

Sense-making and interpretation are paramount here, not only by the patient themselves but by the clinician 'reading' these narratives. However, as Angela Woods explains, 'mental illness and distress present a particular set of complications for medical humanities work on illness narrative'.[618] Referring particularly to schizophrenia, Woods explores the idea that certain illnesses might be predominantly considered 'anti-narrative' in a number of disciplines: psychiatry, wherein schizophrenia is often associated with dementia, degeneration, and deterioration; neuropsychology and studies in narrative capacity; philosophy of psychopathology and ideas around the breakdown of narrative identity; the 'aesthetic realm', 'where the 'mad narratives' […] have been celebrated for their failure to conform to […] humanist conventions'; and in a socio-political context, due to stigma and discrimination.[619] This understanding of madness which evades narrative encapsulation is evident in, for example, Stone's idea around the 'fragmentation' of self, which I have identified in *Alias Grace.* It also underpins Frank's delineation of certain types of illness narrative, where chronic or persistent illness creates the conditions for 'chaos narratives' which '[imagine] life never getting better'.[620] Frank points to the 'absence of narrative' order in the chaos narrative compared with the narrative linearity of ultimate recovery, and applies the label to some accounts of recurrent or chronic illness.[621]

Despite a critical sense that such narratives are difficult to capture, mental illness does constitute a core thematic interest for popular autopathographies. Woods refers to Elyn Saks's *The Centre Cannot Hold: My Journey Through Madness* (2007) which covers Saks's experiences of schizophrenia and recounts her experience of psychoanalysis. One particularly stark strand of the memoir concerns the ways in which negative experiences of psychotherapy have undermined Saks's ongoing recovery, and the book is notable for the ways in which it problematises a binary between 'the fragmented self-arising from schizophrenia, including the feelings of oppression, paralysis, and anxiety, and the more integrated

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[617] Brian Hurwitz and Victoria Bates, 'The Roots and Ramifications of Narrative in Modern Medicine' in *The Edinburgh Companion to the Critical Medical Humanities* ed. Anne Whitehead, Angela Woods, Sarah Atkinson, Jane Macnaughton, and Jennifer Richards (Edinburgh University Press, 2022), pp. 559-576 (p. 567).
[618] Angela Woods, 'Rethinking "Patient Testimony" in the Medical Humanities: The Case of *Schizophrenia Bulletin*'s First Person Accounts', *Journal of Literature and Science* 6.1 (2013), pp. 38-54 (p. 38), doi: 10.12929/jls.06.1.03.
[619] Woods, 'Rethinking "Patient Testimony"', 38-9.
[620] Frank, *The Wounded Storyteller*, p 97.
[621] Frank, *The Wounded Storyteller,* p. 97.

self associated with ongoing recovery'.[622] As *The Centre Cannot Hold* explores, these selves fluctuate and regress; clinical treatment may exacerbate symptoms, or delay recovery. As Jeffrey Berman notes, narratives of mental illness often do not trace the causes or onset of illness, focusing predominantly instead on its effects and 'the psychiatric treatments that did or did not work'.[623] As this chapter has argued, such narratives are notable for the ways in which they centre interactions with clinicians and clinical spaces, despite an ostensibly introspective focus.

The Centre Cannot Hold is part of a growing trend of popular patient memoirs which explore and critique the role and responsibilities of clinical medicine in the treatment of mental illness. In Chapter Two, I pointed to the ways in which evolving ideas around patient consent influenced medical practice towards the end of the twentieth century, highlighting the role of the patient in making informed choices around their own treatment. I looked to Ruth Faden and Tom Beauchamp's understanding of the 'autonomy' model of consent, moving away from the 'beneficence model' in which the physician undertakes primary responsibility for the handling of information; this ideological shift influenced the introduction of legislation including the 2004 Human Tissue Act, but it also shaped medical practice more broadly.[624] As Zosia Kmietowicz highlights, a 'tendency in society to become more quality conscious' was also part of a wider shift in understanding which began to mark medical treatment as a 'service', within which patients would be able to enact greater autonomy.[625] Much has been written about the ways in which healthcare systems across the world began to reflect the language of consumerism from the late 1970s and 1980s, placing more emphasis on the individual, rather than structural, decisions which shape medical practice.[626] Jonathan Tritter, Meri Koivusalo, Eeva Ollila, and Paul Dorfman explore the connection between consumerism and patient autonomy in the trend of healthcare marketisation, arguing that the language of 'choice' unites these distinct discourses:

> a process of healthcare reform promoting competition and the commercialisation of services on the one hand and a focus on citizen and patient rights and their involvement in the evaluation and development of health services on the other. Both discourses are drawn on to support patient choice as a further mechanism for health reform.[627]

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[622] Jeffrey Berman, *Mad Muse: The Mental Illness Memoir in a Writer's Life and Work* (Emerald Publishing Limited, 2019), p. 318.
[623] Berman, *Mad Muse*, p. 3.
[624] Ruth Faden and Tom Beauchamp, *A History and Theory of Informed Consent* (Oxford University Press, 1986), p. 59.
[625] Zosia Kmietowicz, 'Complaints against UK doctors rise 50%', *BMJ* 322.7284 (2001), p. 448.
[626] For more on the twentieth-century marketisation of healthcare, particularly in a UK and European context, see Therese Feiler, Joshua Hordern, and Andrew Papanikitas (eds) *Marketisation, Ethics and Healthcare Policy, Practice and Moral Formation* (Routledge, 2018); Jonathan Tritter, Meri Koivusalo, Eeva Ollila, and Paul Dorfman (eds), *Globalisation, Markets and Healthcare Policy: Redrawing the Patient As Consumer* (Taylor & Francis, 2009).
[627] Tritter et al., *Globalization, Markets, and Healthcare Policy,* p. 1.

In keeping with this chapter's interest in clinical language and classification, it is pertinent here to note the ways in which this process of marketisation has impacted the terminology associated with patienthood, particularly in the context of disability and chronic or recurrent illness. Peter Beresford, among others, has noted the increasing use of 'service user', 'consumer', and 'customer' for those receiving long-term health and social care services, a shift which emphasises 'consumer rights' and patient choice, but which overlooks the reluctant, even involuntary, use of health services, particularly in the context of mental illness.[628]

This tension between market mechanisms and the realities of psychiatric healthcare became a common theme for medical memoirs towards the end of the millennium. Elizabeth Wurtzel's *Prozac Nation* (1995) looks to the limitations of medical expertise in depression, situated in a North American context and highlighting the intersections of the clinical and the commercial. The book describes Wurtzel's experience of atypical depression, and the introduction of a comparatively new treatment, a 'panacea available for the asking': Prozac.[629] Wurtzel is one of the earliest recipients of Prozac, which is prescribed once she has exhausted a number of other psychotherapeutic treatment options – 'If for no other reason than that she wants her private life back, Dr Sterling is willing to try a chemical cure'.[630] In the memoir's epilogue, Wurtzel steps outside of the narrative to examine the omnipresence of Prozac in the years after her own experiences; in five years, the pill had become the second most commonly prescribed drug in the US, with one million orders filled by pharmacists each month and $1.3 billion spent on prescriptions for Prozac in 1994.[631] Wurtzel's ambivalence about the drug are evident across the memoir and particularly in the epilogue, where she both acknowledges the positive impact that successful treatment has had on her life, but also looks to the possibilities for exploitation of this 'chemical cure', quoting a 1993 study which found that more than half of physicians surveyed prescribed for depression after appointments lasting less than three minutes.[632] Like *Perceval's Tale, Prozac Nation* offers both personal reflection and activist sentiment, as Wurtzel draws attention to the limitations of current approaches to mental healthcare, and places her experiences within a wider socio-political, and economic, landscape.

Whilst the particularly millennial context of Prozac use marks the contemporary prescience of Wurtzel's narrative, other concerns within the memoir speak more clearly to enduring anxieties around the treatment of mental illness. Wurtzel experiences psychosis, and recounts a series of intrusive fantasies which revolve primarily around the threat of institutionalisation; she considers the perilous consequences of non-compliance with authoritative instruction – 'I think that if I don't comply, maybe

[628] Peter Beresford, ''Service user': regressive or liberatory terminology?', *Disability &* Society 20.4 (2005), 469–477, doi: 10.1080/09687590500086666.
[629] Elizabeth Wurtzel, *Prozac Nation* (Quartet, 1995), p. 300.
[630] Wurtzel, *Prozac Nation,* p. 204.
[631] Wurtzel, *Prozac Nation,* p. 296.
[632] Wurtzel, *Prozac Nation,* p. 300.

the men in white coats will come with a straitjacket and take me away' – but also more broadly figures herself as confined and constricted – 'the walls were closing in on me'.[633] The 'straitjacket' imagery here operates both literally and metaphorically, as Wurtzel imagines being physically restrained but also the removal of her ability to *choose* to comply. As Beresford highlighted, the nature of psychiatric care often complicates a consumerist model of medical intervention, where patients might be denied 'choice' for a number of reasons. There is a continuity here between the nineteenth-century models of institutionalisation upon which Atwood and Faber draw and those referenced by Wurtzel, in that these narratives, fictional or otherwise, point to a loss of control as a central anxiety of being designated as 'mad'. A fear of confinement continues to characterise Wurtzel's ruminations on mental illness, even with her access to new forms of clinical treatment.

In contemporary autopathographies, as in the nineteenth-century cultural imaginary, institutionalisation is also particularly gendered. Susanna Kaysen's *Girl, Interrupted* (1993) details her stay in a psychiatric hospital at the age of eighteen, and features a non-chronological format, arranged as a series of disparate scenes rather than a sequential narrative. One of the first scenes of the memoir recounts a short conversation with a doctor, after which she is admitted to hospital:

> 'You've been picking at yourself,' the doctor said.
> I nodded. He was going to keep talking about it until I agree with him, so I nodded.
> 'Have a boyfriend?' he asked.
> I nodded to this too.
> 'Trouble with boyfriend?' It wasn't a question, actually, he was already nodding for me.

Kaysen's deteriorating mental state is connected immediately in the text and by the doctor with her appearance, and with her relationships with men. In this scene, Kaysen's non-verbal acceptance of the doctor's assumptions, interspersed with asides to the reader, typifies a familiar dichotomy between the active psychiatrist and passive analysand; the doctor shapes, rather than records the narrative, becoming, in Charon's terms, agent rather than witness in the clinical encounter. Once inside the hospital, Susanna notes that, 'the doctors were men; the nurses and aides were women', highlighting a gendered division of labour even within the medical staff, with men in clinical roles and largely absent from the everyday experiences of patients.[634]

Kaysen's narrative is also notable for the way it depicts the depersonalising effects, not only of severe mental illness, but also of psychiatric treatment. An episode in which she considers her corporeality presents a shift in the narrative – 'I began scratching at the back of my hand. My plan was

[633] Wurtzel, *Prozac Nation,* pp. 10, 108.
[634] Susanna Kaysen, Susanna, *Girl Interrupted* (Penguin, 1993), p. 84

to get hold of a flap of skin and peel it away, just to have a look'.[635] A desire to look within her own body, to 'get to the bottom of this', as she explains, literalises the investigative imperatives of the clinic, wherein talk therapies are deployed to find a 'precipitating event' or root cause.[636] Katrina Longhurst considers this to be a moment of 'suddenly vulnerable embodiment' which 'sits at odds with the narrative control the text has practised so far'.[637] The actuality of mental illness here becomes intensely personal, and reveals the 'controlled, cynical narrative voice to which the reader has become accustomed' as a product of fiction.[638] Kaysen's detachment from her own body here echoes Agnes's episodes of depersonalisation during her clinical encounters with Dr Curlew, as she feels the 'doctor's finger is sliding (as she perceives it in her dream) not on her body, but on a surface somewhere beyond it.'[639] In both narratives, a paradox is constructed between the intended outcomes of treatment – a subdued, integrated self – and the fragmentation or depersonalisation often experienced during clinical interactions. As Kaysen explores, these multiplicities of self are undesirable – ''You need a fairly well integrated personality to be in analysis.' I went back to the ward flushed with the idea of my fairly well integrated personality' – and as obstructions to the process of clinical treatment.[640] This paradoxical relation, wherein clinical treatment is both necessitated by, and withheld for, the most serious cases of depersonalisation, highlights the strict hierarchies of the institution, and suggests that, in order to be served most effectively by the clinic, one must obey its rules.

In this way, both *Girl, Interrupted* and *Prozac Nation* speak to a number of enduring concerns which have permeated narratives of female madness since at least the nineteenth century. The denial of choice, a loss of physical and emotional autonomy, is presented as a key anxiety underpinning the threat of institutionalisation, exacerbated particularly in Kaysen's narrative by the gendered implications of non-normative behaviours and attitudes. Both texts highlight the potential harms caused by interactions with medical professionals and institutions, a key thematic interest of this chapter's neo-Victorian analysis. Kaysen and Wurtzel's memoirs do, however, point to some more contemporary interests of the 'madness' memoir, namely the influence of marketisation on healthcare, particularly in terms the reduced capacity of medical professionals and a resulting reliance on pharmaceutical interventions. Whilst the turn of the millennium is notable for the introduction of narrative medicine, and wider attempts to rebalance power differentials in the clinical encounter, autopathographies towards the end of the twentieth century retained an interest in the depersonalising and destabilising effects of modern psychiatric treatment, particularly for women.

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[635] Kaysen, *Girl, Interrupted,* p. 102.
[636] Kaysen, *Girl, Interrupted,* pp. 103, 104.
[637] Katrina Longhurst, 'Counterdiagnosis and the critical medical humanities: reading Susanna Kaysen's *Girl, Interrupted* and Lauren Slater's *Lying: A Metaphorical Memoir'*, *Medical Humanities* (2019), 1-9 (5).
[638] Longhurst, 'Counterdiagnosis and the critical medical humanities', 5.
[639] Faber, *The Crimson Petal and the White,* p. 170.
[640] Kaysen, *Girl, Interrupted,* p. 118.

Conclusion

Turning more firmly towards the experience of the patient in the clinical encounters at the heart of these fictions, this chapter has evaluated the ways in which the autopathographical tradition has influenced two neo-Victorian 'madwoman' narratives. As in the case of the phenomenological theoretical framework employed in Chapter Three, this chapter has argued that autopathography as a bio-literary form gained popularity across a broad readership during the nineteenth century, but became more central in clinical theory and practice towards the turn of the millennium. Developing concurrently in this way alongside neo-Victorian fiction, I have considered the ways in which the two literary forms share concerns relating to authorship, ventriloquism, and the historical evolution of language and meaning. Particularly in the case of the madwoman narrative, gendered literary and diagnostic hegemonies heighten an existing tension between patient and institutional medicine, which is highlighted in these texts through the foregrounding of the patient's perspective. Reading these texts through an autopathographical lens, it becomes clear that Atwood and Faber approach these cross-temporal issues thematically and formally, highlighting the shared concerns of neo-Victorianism and autopathography.

The nineteenth-century contexts behind these novels are central to this analysis. In particular, the development of diagnostic terms, the delineation of 'alienism' as a specialist precursor to modern psychiatry, and the physical and ideological construction of the asylum as medical space, are of significance when evaluating the landscape of medical treatment for madness at this time. The gendered implications of the 'Age of the Asylum' solidified a social and cultural fear of female confinement at the hands of a patriarchal medical establishment, particularly where female madness was treated synonymously with sexual transgression.[641] Featuring heavily in Victorian fiction, it is perhaps unsurprising that the threat of institutionalisation for women by male relatives has also been interrogated within the neo-Victorian canon, with the neo-historical form working to unpick historical hegemonies and present new perspectives on established narratives. In *Alias Grace*, in particular, an authorial desire to revisit supposed historical 'truths' is central to the novel's representation of the madwoman as an ambiguous figure, who is constructed through a series of competing institutional discourses, as highlighted by Atwood's frequent intertextual allusions.

Such institutional discourses echo clinician-authored pathographies during the nineteenth century. I have referred to Treves's 'A Cure for Nerves', in which Treves undertakes the narrative perspective of the 'neurotic woman' to author an unusually autopathographical clinician's narrative. Such an attempt to collapse the distinctions between doctor and patient here ultimately, however, places

[641] Pietikäinen, *Madness: A History*, p. 89.

Treves's anonymous patient further under his narrative control; read as a ventriloquial text, Treves's revoicing highlights a 'power dichotomy between 'voicing' and 'silencing'' which replicates naturalised clinical hierarchies.[642] A ventriloquial relation is therefore established, and both Faber and Atwood ostensibly, or initially, render the experiences of their respective madwomen through this interpretative imagery. However, for Atwood, Grace's refusal to undertake a passive role in these encounters highlights the ways in which the neo-Victorian mode can be utilised to upend both clinical and narrative hierarchies. In *The Crimson Petal and the White,* Faber similarly introduces the limitations of nineteenth-century medicine in the case of apparent madness, employing an omniscient, and distinctly neo-Victorian, narrative voice to undermine the authority of Dr Curlew.

Institutional hegemonies are countered in both novels by the direct narrative interventions of Grace and Agnes, the former through portions of first-person narration, the latter through found diary excerpts reproduced in the text. Both novels therefore highlight a distinction between an institutional, or clinical, perspective on the madwoman narrative, and the experiential perspective of mental illness, and in this way both novels can be read through the critical lens of autopathographical writing. Drawing on definitions from Aronson and Frank, as well as historical patient narratives, I have argued that the narratives of Grace and Agnes can be read as autopathographical, particularly in the ways they record symptomologies, critique medical care, and offer catharsis to their diegetic 'writers'. Reading these texts as autopathographical highlights shared concerns between the patient narrative and neo-Victorian writing, particularly an imperative towards 'correcting' hegemonic discourses and exposing perspectives from hidden or otherwise marginalised groups. However, there are notable complications to considering either *Alias Grace* or *The Crimson Petal and the White* as straightforwardly autopathographical, and within both novels, the testimonies of Grace and Agnes are figured as precarious narratives, subject to intervention by others. Grace's narrative is consciously reconfigured according to what she expects Dr Jordan will want to hear, whilst Agnes's diaries are buried and then eventually destroyed.

Though this chapter has predominantly analysed these texts as madwoman narratives, both fit uneasily into this category. Neither Grace nor Agnes are conclusively diagnosed; even where Faber's narrator ostensibly offers a somatic reason for Agnes's symptoms, this is almost immediately effaced by the narrator's own interpretation of her emotional state. Competing understandings of Grace's condition follow her throughout the novel and, in refusing to offer a definitive answer to this question of diagnosis, Atwood highlights the ways in which the madwoman is a social and narrative construction, as much as a clinical one. In *Alias Grace,* ventriloquial metaphors are contested diegetically between Grace and Dr Jordan, but also extra-diegetically by the consciously historicist nature of Atwood's narrative. As Tolan argues, by invoking the competing perspectives of historical record, and refusing

[642] Davies, *Gender and Ventriloquism,* p. 3.

to conclusively settle the questions of Grace's guilt or madness, Atwood challenges the ability of historical biofiction to authentically reconstruct another person's identity, a formal concern which mirrors the novel's thematic attention to the limits of diagnostic language in describing the experience of madness. In *The Crimson Petal and the White,* ventriloquism and fictionalisation are key concerns of Agnes's interactions with Dr Curlew, which are rendered in her diaries as a series of increasingly incoherent excerpts, the chaotic form and tone of which point to the acceleration of her symptoms. Both Agnes and Grace respond to the clinical re-narrativization of their experiences through fictiveness, looking to the editorial capabilities of storytelling as a means to reassert autonomy.

Turning towards the late twentieth century and the theoretical and literary contexts within which these novels were received, I have explored drawn on Rita Charon's work in narrative medicine from the turn of the millennium onwards. Charon's attention to the narrativity of the clinician's perspective, as well as that of the patient, offers a route into thinking about the ways in which the experience of illness might be narrativised by those other than the ill person. As Woods explores, a pervasive sense that such illnesses are in some ways 'anti-narrative' emerges in a number of intersecting disciplines, but contemporary writers have continued to find novel ways to tell these stories; Kaysen, for example, intersperses her non-chronological scenes with case notes and excerpts from her patient file. Despite a critical interest in the redressing of naturalised balances of power in the treatment of mental illness, contemporary autopathographies have continued to ruminate on issues around coercion, confinement, and a loss of choice in instances of institutionalisation. In this context, Faber and Atwood's novels draw both on established nineteenth-century tropes, but also to the prescient concerns of the modern psychiatric system.

In highlighting the autopathographical resonances of these texts, I have argued for a reading of these highly-critiqued works of neo-Victorianism which emphasises their significance in clinical, as well as literary, discourses. Written around the turn of the millennium, a period which saw the re-popularisation of the literary patient narrative and the advent of narrative medicine, these novels speak as much to the clinical context of the early-twenty-first century as to the nineteenth-century medical landscape they depict. They ostensibly offer a corrective to the hegemonic Victorian 'madwoman' narrative, invoking the direct perspective of the patient herself but, in neo-Victorian fashion, both Atwood and Faber complicate any representation of a 'true' story of madness. Rather, in reflecting self-consciously on the limitations of language, the transformative potential of narrative, and the ventriloquial strategies involved in telling such stories, both novels draw attention to the shared challenges of autopathographical and neo-historical writing.

Conclusion

The Past, Present, and Future of Neo-Victorian Medicine

This thesis has offered an original analysis of medicine in neo-Victorian fiction, setting out the key medical contexts within which it has appeared and proliferated around the turn of the millennium. Starting with Kohlke's identification of the medical man as embodying persistent, Gothicised modes of masculinity, in this first half of the project, I focused on masculinity, modernity, and violent medical practices. Chapter One highlighted the convergence of a number of socio-scientific discourses and questions which emerged at the *fin de siècle* and were reinterrogated at the end of the twentieth century, primarily surrounding the relationship between scientific advancement and masculinity. Turning more firmly towards the (pseudo-)medical manifestations of these social anxieties, I looked to theories of degeneration, most prominently those proposed by Max Nordau, to explore the role of the medical man in the cultural landscape of the late-nineteenth century. Nordau's understanding of degeneration as both transmissible and inheritable allowed for a theorisation of neo-Victorian fiction more broadly as a mode concerned with literary inheritances and intergenerational connections, and I considered the ways in which neo-Victorian fiction often literalises, and pathologizes, these anxieties with a focus on inheritable illness or familial lineage. Exemplifying my overall temporal approach to these fictions, I related these concerns to ongoing developments in genomics, and the present role of medicine in mediating between scientific advancement and social intervention.

Throughout this thesis, I have been concerned with resurfacing anxieties and discourses relating to medicine. I have highlighted the reciprocity of the neo-Victorian form, within which authors transpose contemporary understandings onto their reimaginations of the past, but which also reveals the endurance of dominant nineteenth-century narratives. Particularly in the case of neo-Victorian anatomical narratives, the potent figure of the anatomist/body snatcher has enjoyed plentiful recreation in recent fiction in part because of his centrality in the early-nineteenth-century cultural imaginary. I have also argued, in this instance and elsewhere in this project, that the Victorian medical man acts as a figure upon whom contemporary fears are displaced, with writers drawing on established scripts to explore re-emerging ideas. The early-millennium was gripped, not dissimilarly from the early-nineteenth century, by public scandal relating to the use of anatomical material; that neo-Victorian fictions of the period become increasingly interested in the violent potential of the medical establishment reflects this relevant context. Structuring this analysis in Chapter Two through close attention to two significant pieces of medical legislation, the 1832 Anatomy Act and the 2004 Human Tissue Act, I revealed the interactions between fiction, public discourse, and regulation in relation to medicine, which reverberate through the nineteenth, twentieth, and twenty-first centuries.

Utilising a presentist lens which has remained attentive to the specific contexts underlying the writing and reception of these texts, I have also drawn on critical frameworks appropriate to the neo-historical form. Selecting theoretical approaches which find their origins, or popularisation, in the nineteenth century, but which have been re-developed or repurposed more recently, I have demonstrated the enduring relevance of Victorian ideologies and cultures of knowledge production into the present day. Phenomenology is one such example; first formalised at the beginning of the twentieth century, the contemporary theorisation of phenomenological medicine stemming from the critical medical humanities offers a crucial intervention in the conceptualisation of the clinical encounter. In Chapter Three, I turned this particular lens on the subject of epidemic illness, a key thematic interest of neo-Victorian medical fiction, which often covers changing theoretical and governmental approaches to contagion across the nineteenth century. As have I illustrated, epidemic illness has retained its powerful position in the public imagination, due in part to the popularity of the outbreak narrative, and to the global visibility of more recent public health emergencies, the rhetoric around which has been shaped by Victorian precedent. Here, I considered the role of medicine mediating between institutions, providing public health guidance and enacting interventionist principles, and also situated medical practice within communities, highlighting the ways in which contagious illness draws medicine beyond the boundaries of the institution.

In the second half of this thesis, I have considered neo-Victorian patienthood and representations of the clinical dyad in these texts. Once more looking to a theoretical framework shaped both by its nineteenth-century past and twenty-first-century present, Chapter Four highlighted the enduring public popularity, and more recent clinical use, of autopathographies. I applied this critical lens to an analysis of neo-Victorian madwoman narratives, which draw on and problematise nineteenth-century stories around institutionalisation, conflicting diagnoses, and medical violence. Medical practice thus becomes implicated in a number of enduring anxieties relating to the diagnosis, treatment, and narration of apparent madness, but the ambiguous characterisation of the alienist also reflects a growing interest in the limitations of clinical expertise. In its consideration of issues of autonomy, voice, suppressed narratives, and the tenuous nature of 'truth', I have argued that autopathography is concerned with a number of the same fundamental issues as neo-Victorianism, and that neo-Victorian autopathographies offer a self-conscious interrogation of what it means to be medically and narratively authored by others.

As this thesis has demonstrated, neo-Victorian medicine becomes a locus for a number of cross-temporal concerns, anxieties, and interests, and is implicated in evolving discussions around fiction and genre, as well as developments in real-life medical practice. In each of the four previous chapters, I have approached my analysis thematically, drawing together literary and clinical influences on the depiction of medicine which can be evaluated through appropriate theoretical frameworks. Throughout, I have looked primarily at the implications of these depictions for medical and scientific discourse, as

well as at the ways in which developments in these fields are translated into historical fiction, and for what purpose. In this way, I have built on and moved beyond an existing understanding of neo-Victorian medicine as primarily symbolic of social and cultural concerns. Rather, I have argued for its relevance within the history of science and contemporary discussions around clinical practice and theory, and as a thematic interest upon which enduring and resurfacing anxieties around health and illness are focused.

I have explored the dual-facing nature of the genre, with writers of neo-Victorianism drawing on the mode's ability to speak to the interests of both past and present. This has allowed for an analysis of neo-Victorian medicine which is attentive to the contemporary socio-medical contexts within which these texts have been written and received, as well as to those of the nineteenth century. Throughout this project, I have also remained alert to evolving socio-medical discourses, and the contexts within which these neo-Victorian texts continue to be read years after their publication. Recent years have presented particularly appropriate conditions under which to conduct this research; most pressingly, the influence of the Covid-19 pandemic has had a significant impact on my own reading of neo-Victorian medical narratives. With scientific research and medical practice taking a particularly visible role in public life during 2020 and 2021, relationships between doctor and patient, but also more broadly, the wider medical establishment and the public, have come under increased scrutiny, bringing a new dimension to my analysis of narratives concerning the medical profession. In part a lasting response to the heightened risk of infection posed in these spaces during the height of the pandemic, post-lockdown years have been characterised by an increased public aversion to clinical spaces and practices. A rise in 'freebirthing', for example, another term for unassisted births, has been noted by the Royal College of Gynaecologists and Obstetricians since 2020, and has been connected with the temporary suspension of organised home births, as well as patient anxieties around entering hospitals, during this period.[643] As pandemic-era public messaging often stressed the pressure placed on clinical resources, a reluctance to 'overburden' the NHS has resulted in a notable increase in instances of delayed care or avoidance of care, for example, in the identification of symptoms of cancer.[644] This pressure has also been registered by medical professionals; surveys of NHS doctors in the immediate aftermath of the first Covid lockdown suggested that a significant proportion were considering leaving the profession due to government mishandling of the pandemic.[645] From late-2022 onwards, a series of industrial disputes

[643] Jane Kirby, 'Doctors issue warning after spike in 'freebirthing'', *Independent,* 7 February 2024, https://www.independent.co.uk/news/health/freebirth-pregnancy-women-hospital-doctor-b2492528.html [accessed 4 March 2024].

[644] Anonymous, 'Almost half of people with possible cancer symptoms didn't see GP in first wave of pandemic', *Cancer Research UK* News*,* 25 February 2021, https://news.cancerresearchuk.org/2021/02/25/almost-half-of-people-with-possible-cancer-symptoms-didnt-see-gp-in-first-wave-of-pandemic/ [accessed 4 March 2024].

[645] Denis Campbell, 'More than 1,000 UK doctors want to quit NHS over handling of pandemic', *Observer,* 5 September 2024, https://www.theguardian.com/society/2020/sep/05/more-than-1000-doctors-want-to-quit-nhs-over-handling-of-pandemic [accessed 4 March 2024].

have been ongoing within the NHS, with nurses, ambulance workers, and doctors striking in response to falling wages, overwork, and underfunding.[646] These events have drawn attention to the material conditions experienced by those working in medical roles and spaces, bringing these issues firmly into the public consciousness and presenting a significant context within which texts concerning medical figures, historical or contemporary, might be read.

These ongoing events are therefore key factors in the reception of these texts, and are likely to influence the neo-Victorian writing taking place currently and in the near future. Although this project has been specifically focused on the ways in which the medical discourses and developments of the early-millennium have manifested in historical fiction, there is significant scope for continuing research into the more recent influences of Covid-19, NHS industrial action, and the ongoing cost of living crisis on the depiction of medicine in neo-Victorian fiction. Just like the turn of the millennium, the 2020s is proving to be a period shaped by significant socio-medical events, scientific innovations, and changing public attitudes towards medical professionals and practices.

In the above contexts, I have noted the ways in which the events of the present might inform readings of historical narratives, but across this thesis, I have also been interested conversely in the ways in which narratives of the nineteenth century have come to shape or define current socio-medical discourses. As the introduction to this project outlined, the kinds of historical comparison with which Richard J. Evans and others have treated Covid-19 has often focused on the late-nineteenth or early-twentieth centuries. This has provided a framework through which to recognise and anticipate developments during an 'unprecedented' global event, drawing parallels with the past in order to understand the present.[647] Covid-19 conspiracy theories, centred on the supposedly ulterior motives of medical and governmental officials, echo those levelled at medical men during the Cholera Riots of the early-nineteenth century, evidencing an enduring concern with the ways in which medical expertise might be mobilised in alliance with political or regulatory forces, particularly during the epidemic. In the twenty-first century, such conspiracies have contributed to shortfalls in vaccine take-up, and increasing anti-vaccination sentiment which extends beyond the immediate context of Covid-19.[648] Parallels between past and present have informed public discourses around Covid-19, but have also informed news coverage of other socio-medical issues, notably around the rise of previously-rare illnesses such as scurvy and rickets in the UK associated with the escalating cost of living.[649] Since

[646] Miriam Deakin, 'Doctors' strikes: the NHS faces its toughest test yet', *British Medical Journal,* 382 (2023), 2143.
[647] Kaspar Staub and Joël Floris, 'Down Memory Lane: Unprecedented Strong Public and Scientific Interest in the "Spanish Flu" 1918/1919 During the COVID-19 Pandemic', *Influenza and Other Respiratory Viruses,* 15.2 (2021), pp. 318-319, doi:10.1111/irv.12806.
[648] Helen Bedford and David Elliman, 'Measles rates are rising again', *BMJ,* 384 (2024), 259.
[649] Charlotte Elton, 'Cost of living crisis sparks troubling rise in malnutrition and return of 'Victorian' diseases', *The Big Issue,* 20 September 2023, https://www.bigissue.com/news/cost-of-living-crisis-malnutrition-nhs-scurvy-rickets/ [accessed 5 March 2024].

these concerns were first raised in the summer of 2023, a number of news outlets have announced a resurgence in 'Victorian', or even 'Dickensian', diseases in the UK, USA, and across Western Europe.[650] A sobering summary of rising rates of leprosy, malaria and measles across Europe and the US published in August 2023 ends with the admission that 'this is not an excerpt from a Victorian novel', highlighting a discursive relationship between fiction and reality which traverses historical boundaries.[651] Drawing on the language, events, and fictions of the nineteenth century in order to discuss present-day medical topics, such analyses evidence a desire to resituate these concerns within recognisable tropes and historical precedent.

There is also a complex sense of unease here regarding our apparent proximity to the Victorians, whose diseases have returned to haunt us despite an intervening century of scientific and medical progress. What do these invocations say about the ways in which we view the nineteenth century today? Highlighting the 'Victorian' resonances of, for example, epidemic events or the resurgence of certain illnesses, reveals much about predominant understandings of the period, which is implicitly coded as unhygienic, unhealthy, and unsafe. In this context, then, comparisons between the nineteenth century and the present day in public discourse are intentionally provocative, undermining our sense of our own progressiveness in postmodernity by highlighting uncomfortable continuities between the 'then' and the 'now'. As the introduction to this thesis outlined, such parallels can also be framed as productive and didactic, a way of learning from the past and responding to recurring challenges. Often, however, as in Evans's analysis of the 1892 cholera epidemic, these comparisons continue to present the events of the nineteenth century as outcomes best avoided in the twenty-first, suggesting that learning from historical hindsight, as well as drawing on advanced knowledge and technologies, offers the means by which to achieve this.

In fiction, these parallels are employed slightly differently, and to different effect. Across this thesis, I have considered the ways in which present-day concerns are displaced onto historical fiction, 'redeeming our own anxieties and fears'.[652] Here, points of comparison between the experiences of nineteenth-century fictive subjects and those of contemporary readers similarly collapse clear distinctions between past and present, but they also work to generate a sense of familiarity between reader and character, and underscore the intergenerational connections which are central to neo-Victorianism. In reading these texts through their contemporary contexts, I have outlined the ways in which neo-Victorian medical fiction has arisen within, and speaks pertinently to, the specific socio-medical events, theories, and understandings of the turn of the millennium. I have also read these

[650] Ashleigh Furlong, '5 Victorian-era diseases that are back in the West', *Politico,* 4 August 2023, https://www.politico.eu/article/health-care-covid-measles-malaria-five-victorian-era-diseases-that-are-back-in-the-west/ [accessed 5 March 2024].
[651] Furlong, '5 Victorian-era diseases'.
[652] Tracy Hargreaves, ''We Other Victorians': Literary Victorian Afterlives', *Journal of Victorian Culture,* 13 .2 (2008), pp. 278-286 (p. 283), doi:10.3366/E1355550208000350.

fictions as part of an exchange between past and present, as nineteenth-century narratives and mythologies subsist within, and give shape to, contemporary discourses. I have thus argued that depictions of medicine in neo-Victorianism are engaged in a reciprocal dialogue between past and present, fictionality and historicity, which reveals as much about millennial attitudes to health, illness, and medicine, as those of the nineteenth century.

From its continual reappearance in popular fiction, it is clear that contemporary readers remain fascinated with, and fearful of, neo-Victorian medicine. Reading these texts with a focus on the socio-scientific influences at play in such depictions, it is clear that neo-Victorianism has much to say about modern experiences and understandings of medical practice. During a post-millennial period which has been transformative for clinical theory, legislation, and organisation, the enduring popularity of these narratives warrants critical consideration across disciplinary boundaries. As medicine and medical figures continue to face new challenges in the twenty-first century, careful attention to their fictionalisation in the reimagined nineteenth century has never been more important.

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