

## ABSTRACT

### Medicine and Medical Authority in Three Nineteenth-Century Novels

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Three popular novels that span the nineteenth century—Bram Stoker’s *Dracula*, Wilkie Collins’s *The Moonstone*, and Catharine Maria Sedgwick’s *Hope Leslie*—join then-contemporary conversations about medical reform. The novels explore the ethical ambiguities inherent in medical practice in the nineteenth century and question the nature of medical authority. In general, all three novels share a distrust of established medicine. In *Hope Leslie*, traditional, European medicine is denigrated and shown to be less efficacious than Native American medicine. This novel can be considered to be an argument for a national (American) medical system. In *The Moonstone*, the medical community’s indiscriminate use of opium is criticized. Ubiquitous opium-based preparations, like laudanum, are treated as ethically ambiguous and potentially dangerous. In Stoker’s *Dracula*, a “metaphysician” who treats both the body and soul is the most effective medical authority when dealing with nineteenth-century ailments that stubbornly retain moral associations.

Medicine and Medical Authority in Three Nineteenth-Century Novels

by

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A Thesis

Approved by the Department of English

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## CHAPTER ONE

### Introduction

During the nineteenth-century, the practice of medicine was transformed into the system we see today; however, the transition from old to new medicine was not a smooth one. There is a truism within the sciences that advancement is inevitable: that human progress occurs when scientific knowledge overcomes ignorance. Medical reform in the nineteenth-century disproves this myth for the simple, if shocking, reason that progress occurred in an atmosphere of ignorance. What was unknown was as much a factor in the establishment of a new system of medicine as what was known. Without a system for observing illness, testing drugs, or developing new cures, “[i]n the beginning of the nineteenth century ancient medicine was still alive. For over two thousand years ancient medical writings had been consulted as authorities, or at any rate as sources of information” (Sigerist 3). It was entirely possible that a physician would prescribe treatment in the nineteenth-century based on the sixteenth-century writings of Paracelsus or Hippocrates of the fourth-century B.C. Given its antiquated basis, much of the physician’s traditional pharmacology was limited and dangerous. In the words of physician Oliver Wendell Holmes, “throw out a few specifics which our art did not discover; [...] and I firmly believe that if the whole *materia medica*, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes” (Haggard *Devils, Drugs* 353). While traditional medical knowledge remained essentially fossilized, new remedies

and treatments came from lay people or medical practitioners who lacked a university education. “Medicine” according to Holmes,

appropriates everything from every source that can be of the slightest use to anybody who is ailing in any way [...] It learned from a monk how to use antimony, from a Jesuit how to cure ague [with quinine], from a friar how to cut for [bladder] stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairy maid how to prevent smallpox, and from an old market woman how to catch the itch insect [...] and was taught the use of lobelia by the American savage. (Haggard 354)

Although this new infusion of treatments and drugs was responsible for much advancement within the field of medicine, public health was also threatened by a great many “quack” remedies peddled by lay practitioners with more entrepreneurial spirit than integrity (Cook 81). It was this same entrepreneurial spirit driven by the “market for printed medical information” and made possible by the development of inexpensive printing that led to medical discourse becoming public (84). Traditionally, trained medical staff were divided into three groups: physicians, surgeons, and apothecaries (listed in decreasing order of standing). However, this separation faded in the nineteenth-century, in part due to the immense upheaval suffered by the French medical profession following the Revolution (91). Ancient guilds became modern medical societies. The eventual consequence of this alliance among medical professionals would be the power to lobby against lay practitioners and, ultimately, the segregation of medicine from public view. The movement of medical knowledge from the public sphere to the dominion of the official medical community was “justified by public ignorance” of the dangers of “patent remedies” and quack doctors (Peterson 280-281). However, these changes did not occur until late in the century; and the regulation of the pharmacopeia, including restrictions on the sale of cocaine and opium, remained abstract until after the First World

War (Sweet 102). The privatization of medical knowledge and its frightening ideological result is set down by Peterson:

With the end of publicity, with the withdrawal of medical debate from the public sphere, and with the increasing identity of medical men as men of science, medicine became a “SACRED” profession, set apart, its membership a “priesthood” and its knowledge a mystery. For the public this meant dependence on the expert—the medical man. For the medical profession it was the apotheosis of authority and liberty from control. (281-282)

Since the beginning of the twentieth-century, medical authority has been invested in the insular circle of certified medical professionals. The exclusive nature of this new medical fraternity created an “us vs. them” mentality. In 1908, Rudyard Kipling addressed a class of medical students, by stating, “there are only two classes of mankind in the world—doctors and patients” (“A Doctor’s Work”). With the formation of this false dichotomy—doctors and patients—at the turn of the century, our societal understanding of medicine and medical practice has been distorted.

One must remember that in the nineteenth-century, the medical system was not a strong, centralized power. The medical system was crumbling and lacked the unity necessary to form an ideological discourse. There was no Doctor vs. Patient dichotomy. There was no clear medical authority. It was not unusual for the patient to treat himself or be prescribed treatment by a family member or friend. New Historicism, as a school of critical theory, concerns itself with tracing ideological mechanisms of power; however, in this system, there is no central power. In studies of the Victorian era, the middle class is frequently considered to have the most ideological clout. Although the middle class can be considered the most powerful ideological group at this time, it is not the political center to nineteenth-century culture: “[t]he middle class influenced the tone and temper

of Victorian society more than it influenced politics,” for members of Parliament remained predominantly upper-class (Altick 89). Nevertheless, though the middle class lacked political power, its voices did heavily influence nineteenth-century ideology. Though in many ways the middle class behaved like a body, retaining dialectical binaries as a means for organizing much of its ideology (public vs. private, angel of the house vs. fallen woman, etc.), it was comprised of a cacophony of voices. These voices, in the spirit of reform, were free to theorize, debate, and attempt to persuade. The middle class was remarkably aware of public matters, including the troubling state of nineteenth-century medicine, and vocalized their concerns. These public voices and their arguments are preserved, perhaps best, in the socially-conscious novels of the period.

Novelists in the nineteenth century were conscious of their ability to record the workings of contemporary society and potential to affect social change. Wilkie Collins, in his essay, “The Art of Novel Writing,” states that it is “difficult to overestimate the influence of fiction as a motive power for good or evil. [...] [A]nd in proportion as the effect of fiction is more vivid, and [...] the circle of its readers is more extended, so will its responsibility be greater; and since its manifest object is to present under the form of a narrative the truths and realities that affect social life, the novelist becomes at once the exponent and investigator of public morality” (Nadel 384-385). Fiction writers, especially the authors of popular novels, have a responsibility to influence “public morality.” They must present pictures of contemporary moral and ethical questions in their narratives. These areas of moral investigation included nineteenth-century medicine.

Nineteenth-century novels involving medicine behave much like any novel about science. Novels that concern themselves with science quickly become science fiction—they extrapolate new theories to extremes and imagine technological advances. Fiction is where a culture’s fears and hopes regarding science are played out. Scientific facts are stretched into grotesque proportions and the scientist made into a caricature in order to play out a “worst possible scenario” in the novel. These novels perform a catharsis of public unease about new advancements and technology and test new theories under extreme conditions to determine if they are not only feasible, but ethical. However, novels exploring the possibilities of nineteenth-century medicine can also be intensely personal. Most authors who examine medicine and medical practice have extensive experience with disease and its treatment, the reality of which undoubtedly influences their expression of medicine and medical authority in their novels.

In this thesis, I will be looking at three popular novels that together span the nineteenth-century: Catharine Maria Sedgwick’s *Hope Leslie* (1827), Wilkie Collins’s *The Moonstone* (1868), and Bram Stoker’s *Dracula* (1897). In general, I will address three questions in my analyses of these novels: first, what effect nineteenth-century beliefs about medicine and medical authority had on the novel; second, how the novelist’s experiences influenced how medicine is portrayed in the novel; and third, what the novel suggests about potential medical reform. I view each novel as an experiment in which the author sets out to examine at least one aspect of medicine or medical authority. In each text, the results of each fictional experiment suggest a pathway to medical reform. The “set up” of each experiment is as follows: *Hope Leslie* lacks the physician, and medicine must be defined in the absence of a traditional medical authority figure; *The*

*Moonstone* features an old “country doctor” whose indiscretion in administering laudanum leads to mayhem; and *Dracula* features the “metaphysician” who is responsible for caring for both the body and soul of his patients. Though these “experiments” are radically different, the three novels share a common theme: the necessity for a sympathetic medical authority who cares for more than his or her patient’s physical well-being.

## CHAPTER TWO

“Sovereign Remedies”: Medicine, Medical Authority, and Nationalism in *Hope Leslie*

In Catharine Maria Sedgwick (1789-1867)’s *Hope Leslie; or Early Times in the Massachusetts* (1827), colonial Americans manage to maintain their health in the absence of the traditional (English) figure of medical authority, the university-trained physician. This absence of a prevalent medical authority leaves space for new, American healers to emerge, leading to a more democratic definition of medicine. In the novel, women are the primary medical practitioners, and Native American medicine is more effective than traditional European remedies.

Like the other novelists discussed in these chapters, Sedgwick’s life-long interest in medicine and her family history no doubt influenced her portrayal of medicine in *Hope Leslie*. The depiction of medicine in Sedgwick’s novel is different from Collins’s and Stoker’s because it has a nationalistic motivation. In the spirit of the American Revolution, Americans desired to escape the tyranny of traditional English medicine. As an American author concerned with the formation of an American literature, Catharine Maria Sedgwick (CMS) supported the idea of an American medicine and depicted aspects of the medical “revolution” in *Hope Leslie*.

Sedgwick’s participation in numerous nineteenth-century reform movements, and her deliberate use of didactic messages within some of her writings, raises the possibility that she would work messages of social reform into her novels<sup>1</sup>. *Hope Leslie*<sup>2</sup> is

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1. The American novelist Catharine Maria Sedgwick was known for contributing the “respectable” element to various organizations, supporting causes ranging from the abolition of slavery to women’s prison reform (Foster 115). Her social activism extended into her written work. Although many of

Sedgwick's most popular novel, and one which literary critics have already noted for its feminism and sympathetic portrayal of Native Americans<sup>3</sup>. Because the role of women in the New Republic was still being defined, and that devastating piece of legislation, the Indian Removal Act of 1830, was beginning to take shape, it seems likely that Sedgwick was attempting to influence public opinion on these issues through *Hope Leslie*.

Thus, Sedgwick uses her historical novel, as many other novelists have done, as a vehicle for discussing current, pressing, ethical concerns. By setting the novel in the colonial period, Sedgwick was able to safely explore sensitive social issues of the nineteenth century. Understandably, attempting to address nineteenth-century issues in a novel set in the seventeenth century creates a peculiar "ahistoricity." *Hope Leslie's* ahistoricity is a tangle that scholars must work around if not seek to explain. Judith Fetterley describes the novel's ahistoricity as Sedgwick's deliberate construction of a model of 'Republican Sisterhood' in which Hope Leslie is "a republican heroine two hundred years before her time who still occupies a space of future possibility" (496). By creating an ideal "republic heroine" in the past, Sedgwick sets up her feminist message as

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Sedgwick's social tracts are now considered irrelevant and impractical, she "never intended her social treatises [...] to have the literary merits of [her novels] *Hope Leslie* and *Redwood*. These social treatises were intended to have only an immediate and not a lasting value; they were intended to provide solutions for social injustices which existed in Miss Sedgwick's America" (Foster 115-116). This raises the question of what if any messages of social reform are included in Sedgwick's lasting literary works.

2. CMS's most popular novels, *Hope Leslie; or Early Times in the Massachusetts* (1827), is a sensational novel set in colonial America. For those unfamiliar with the plot, *Hope Leslie* takes place in the mid-1600s, and spans two generations, beginning with the story of William Fletcher's immigration to the American colonies. Much of the novel focuses on the second generation. Its three main characters are Magawisca, a clever and resourceful Indian maiden, separated from her chieftain-father; Everell Fletcher, the son of William Fletcher; and Hope Leslie, an independent-minded ward of the Fletcher family. The novel, a historical romance, has elements of adventure, romance, and horror.

3. See Judith Fetterley's "'My Sister, My Sister!': The Rhetoric of Catharine Sedgwick's *Hope Leslie*" and Maria Karafilis's "Catharine Maria Sedgwick's *Hope Leslie*: The Crisis Between Ethical Political Action and US Literary Nationalism in Colonial Massachusetts, 1620-1820" (1980).

having (a fictional) historical precedence. Her novel then becomes a source of inspiration, if not authority, in public discussion over contemporary issues. Thus, the anachronistic quality of the novel is entirely deliberate<sup>4</sup> and tied to its purpose as a medium for social critique. However, Sedgwick's *Hope Leslie* critiques many aspects of nineteenth-century American life and is by no means limited to Republican feminism or the policies leading up to the Trail of Tears. One aspect requiring further study is Sedgwick's portrayal of medicine and medical authority.

Few literary critics have addressed medicine within *Hope Leslie*. I have found only one article which touches on the depiction of medicine within the novel. As *Hope Leslie* has been called "one of the most under-analyzed texts of nineteenth-century American literature" (Fetterley 491), this is perhaps not surprising. Block and Madden, in their article, "Science in Catharine Maria Sedgwick's *Hope Leslie*," provide an interesting examination of Sedgwick's use and critique of the "sciences" of physiognomy and phrenology in the novel, but their reading of medicine within the novel is limited. By researching more of Sedgwick's biography and referencing some of the Sedgwick Family Papers (preserved by the Massachusetts Historical Society), I hope to be able to support aspects of Block and Madden's analysis of medicine within *Hope Leslie* as well as to offer further interpretations of my own.

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4. Sedgwick embraces the paradox of historical fiction, writing a cleverly aporetic "Preface" to *Hope Leslie*. She begins by claiming that, "[t]he following volumes are not offered to the public as being in any degree an historical narrative or a relation of real events" (Sedgwick 3), only to begin the next paragraph by stating that, "[t]he antiquarian reader will perceive that some liberties have been taken with the received accounts of Sir Philip (or Sir Christopher) Gardiner; and a slight variation has been allowed in the chronology of the Pequod war" (Sedgwick 3). Sedgwick constructs a fictional past which she has edited to "exclude every thing decidedly inconsistent" in order to achieve her "design": "to illustrate not the history, but the character of the times" (3).

Block and Madden note that “*Hope Leslie* contains [...] references that indicate Sedgwick’s familiarity with medical science of her day” (25) and speculate that she may have read Erasmus Darwin’s<sup>5</sup> *Zoonomia* (1794) and Benjamin Rush’s *Medical Inquiries and Observations Upon the Diseases of the Mind* (1812) or at least have been familiar with the concepts therein (26). Though her reading may be difficult to track down, there is evidence within her collected papers that Sedgwick attended scientific lectures, was enthusiastic about the writings of Florence Nightingale, was familiar with George and Andrew Combe, visited insane asylums, and was concerned with the treatment of her brother Henry’s mental illness, as well as the health of many other family members.

Sedgwick herself had extensive experience with illness and the limitations of its treatment by nineteenth-century physicians and made clear criticisms of medicine in her journals and letters. Two episodes in her childhood were formative to Sedgwick’s understanding of medicine. In her *Autobiography*, Sedgwick recalls a childhood trip to Vermont during which she contracted “a bilious fever” and was prescribed bed rest and fasting by her physician cousin. This treatment, favored by traditional physicians since Paracelsus (Haggard 352) was, Sedgwick suggests, inhumane. Young Sedgwick’s hunger becomes so extreme that she is driven to weakly crawl downstairs and attempt to steal food on a Sunday morning. Her physical pain and shame at being discovered causes her to “burst into tears.” Such a pathetic scene causes her cousins to disobey her physician: “they gave [her] a chicken-bone” which she “gnawed to its last fibre” (Kelley 82). This lapse in treatment does not harm Sedgwick; on the contrary, her “intense delight” in eating something during her illness might, as she says, “enlighten the medical

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5. While it is unclear whether she read Erasmus Darwin, she apparently had a “delightful correspondence” with her cousin, Adam Sedgwick, the famous geologist and mentor to Charles Darwin.

faculty” (82). The concern with medical authorities’ ignorance of their patients’ experiences, and belief in the necessity for the reevaluation of centuries-old methods of treatment in favor of ones more sympathetic to the patient are positions Sedgwick consistently maintained throughout her life.

Part of her mistrust of medical professionals no doubt stems from the treatment her mentally-ill mother, Pamela, received. In her *Autobiography*, CMS writes that her mother was “roughly handled by the medical treatment of the times” (Kelley 60).

Sedgwick recalls:

I was too young to remember anything but being told ‘mamma was sick, and sent away to a good doctor.’ This physician, I have since learned, was a Dr. Waldo, of Richmond, [Massachusetts] who took my mother to his house, and was supposed to treat her judiciously and most kindly. But oh! I cannot bear to think—it has been one of the saddest sorrows of my life to think how much aggravated misery my dear, gentle, patient mother must have suffered from the ignorance of the right mode of treating mental diseases which then existed. (Kelley 59-60)

The poor treatment her mother received in the asylum of Dr. Waldo would prey on Sedgwick’s mind as her brother Henry also succumbed to insanity, dying in 1831, four years after the publication of *Hope Leslie*.

Throughout her life, Sedgwick looked for new, more humane methods to treat illness. Her distaste for the unsympathetic practices of traditional medicine led her to less conventional forms of medical treatment. In an excerpt from an unpublished letter, Sedgwick states plainly, “I much prefer [...] the Homeopathic School” [to traditional medicine.] In this letter, Sedgwick writes to her sister-in-law Elizabeth Ellery Sedgwick suggesting alternative treatment and a new physician for her niece, “Lizzie”:

They [the physicians] may have mitigated her suffering, but they have not approached a cure—Is it not in such a case best to try the other school? [...] Lizzie requires a physician who combines with all the professional

skill attainable an exquisite psychological discernment [...] An intelligent, scientific man who has thoroughly studied and observed the agencies of nature may suggest with professional authority some novel treatment that may give the impulse wanted. To a nervous person there is a certain benefit from change—after so long struggling—enduring...groping, to hit a new path [?] is something for it may come to the desired end—others have failed my dear sister. (Letter from CMS to EES, Woodbourne, 3<sup>rd</sup> April[?] 1859)

Sedgwick defines an ideal physician as one who couples his “professional skill” with “exquisite psychological discernment” or someone who can understand his patients as well as recognize symptoms. This physician’s insight comes from not only empirical study but from “observ[ing] the agencies of nature”—not “harnessing nature’s power” or “overcoming nature”—but granting nature agency, and seeking to understand it. Sedgwick seems to suggest that by paying nature respectful, solicitous attention, it becomes possible to “work with nature;” such a relationship would have greater efficacy and sympathy—to both the patient and nature. A physician with these qualities may then “suggest” a treatment with “professional authority” [Sedgwick’s underscore] (Sedgwick, Woodbourne, 1859). Despite Sedgwick’s interest in medicine, her desire for a new kind of physician, and support of homeopathy, Sedgwick’s novels remain unexamined for their representation of medicine, medical authority, and medical practice.

Catharine Maria Sedgwick was clearly concerned with medicine and health, and this interest would likely find its way into her novels. According to biographer Edward Foster, “[h]er fiction was very largely built from her own experiences” and “information which had been handed down in her family” (39). *Hope Leslie* in particular is constructed not only from historical works<sup>6</sup> but also local traditions and family stories

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6. Sedgwick’s research included William Hubbard’s *Narrative of the Indian Wars in New England* (1815), Cotton Mather’s *Magnalia Christi Americana* (1702), [Benjamin] Trumbull’s *Complete History of Connecticut* (1797), and John Winthrop’s *Journal* (1825) (Foster 74).

(77). One family tradition that may have influenced the portrayal of medicine in *Hope Leslie* is the Sedgwick family's collection of medical remedies.

Block and Madden recognize the importance of the remedies and "receipt book" depicted in Chapter 8, and explain them in an endnote as contrasting with other popular collections of medical wisdom, like "[m]edical texts such as William Buchan's *Every Man his Own Doctor* (1816)" (34). However, these "receipt books" actually exist in the Sedgwick Family Papers and were most likely influential in Sedgwick's depiction of them in *Hope Leslie*. By examining the Sedgwick family's medical history, so to speak, we can come to a better understanding of the origins and meaning of medicine in the novel.

The Sedgwick family had a long-standing connection with medicine. Not only were members of the clan practicing physicians, but their history as medical laypeople is preserved in the "physical receipts" and remedies they recorded. The following remedies, prescriptions, and recipe booklets referenced in this chapter are part of the collection of Sedgwick Family Papers held by the Massachusetts Historical Society. These unpublished manuscripts consist of undated materials written in various hands dating at least as far back as the 18<sup>th</sup> century. Though a few are signed by a doctor or attributed to a particular person, many of the remedies were submitted anonymously. Many of the curiously spelt "recipies" are still legible though several of the titles detailing the illness to be treated have been obliterated by use and time. Most of the booklets, organized in a typical fashion, are comprised of medical remedies interspersed with recipes for food, ink, shopping lists, and the occasional alchemic formula. Taken together, these manuscripts present a sort of cacophonous wisdom: varied, contradictory,

the products of different philosophies of medicine and different times; some cures are reasonable, some ridiculous, and some horrifying. There are traditional medical remedies, allopathic cures, folk remedies, homeopathic cures, even instructions for new-fangled “galvanic” treatments. By the nineteenth century, changes in medical “fashion” would have rendered most of these hand-me-down cures useless; however, these obsolete remedies were kept by the Sedgwick family.

The “recipies” and “receipt books” kept by the Sedgwick family bear striking similarity to the description of seventeenth century medicine in “Chapter XIII” of *Hope Leslie*. These similarities include descriptions of the recipes themselves, as well as descriptions of the collection and transport of remedies. The remedies are frequently ambitious in their descriptions of the range of complaints they can cure. For example, one remedy, titled, “An excellent serep to keep over the yere it must be made only in August it is called the Bitter Serep or the Serep of long life” describes a syrup made from flowers cooked in “hunny”. The remedy is meant to have a sort of universal appeal, as it can be taken by a “maid of [...] sixteen yers of age [...] till fifti” for a variety of ailments: “if any Boddy be consumptive and have the scurvi and inclinabell to a Dropsy or a foull stommack” they are “diricked” to take a number of drops in a “mug of good bere” and then to take a walk. The writer assures that “after it will kill the stommack worms and dispers any thing from hurting of the longs”. Though less dramatic, a remedy within *Hope Leslie* is described as having “marvelous virtues in fevers, as well as in colds” (Sedgwick 122), ailments seemingly on opposite ends of the spectrum. In addition, the novel’s description of the collection and transport of remedies is also historically realistic. *Hope Leslie* describes medical remedies as being enclosed in a letter (Sedgwick

122), in the “family receipt-books” of a matriarch (119), as well as being loosely kept by an individual (119). Many of these recipes traveled the Atlantic, either in the post or in the possession of immigrants and were passed down through friends and relations (119). All of these general characteristics align with the manuscripts of the remedies found within the Sedgwick Family Papers.

The language used within the novel to depict the rhetorical ethos that remedy writers attempt to cultivate also finds its parallel in the recipes of the Sedgwick Family Papers. For example, in *Hope Leslie* a character writes: “I had then a recipe given me for an infallible remedy, by the Lady Penyvere, great aunt, by the mother’s side, to la belle Rosette, maid of honour to the queen. I enclose it for you, believing it will greatly advantage you” (Sedgwick 121). A recipe from a booklet in Folder 14, dated by the Massachusetts Historical Society as being written between 1783-1825, is titled “Lady Herling’s recipe for the Dropsey”; this is the only remedy to contain the name of its originator in its title. Most likely the name is included—as Sedgwick seems to suggest—in a feeble attempt to build rhetorical ethos by suggesting the recipe has some connection to the aristocracy. The majority of the remedies within the Sedgwick Family Papers use rhetoric which serves to justify the writer’s medical authority and advocate the efficacious nature of the remedy. Nearly all include a phrase stating the “infallible” nature of the remedy. Such phrases include, “with gods help it never failed” (“For the Jaundess”), “is an absolut Cur” (“to Cuar worts on a mans hand or face”), or “is a Sur Cur” from a recipe titled, “En Infalable Recp<sup>t</sup> to Cur=a Coff in 3 or 4 day”. Some remedies show signs of attempting to appropriate medical authority through the use of a common Latin phrase. Though written by medical laypeople, many of the writers simply

end their recipe with the words “Probatum Est” or “it is proven”, a phrase commonly found in the more traditional medical textbooks of the eighteenth century. The phrase is frequently misspelt in the remedies: for example, “Probatom ist” (“an Excelent Recep<sup>t</sup> to Cur a Swatting weaknis”) and “promatum Est” (Second recipe, Folder 12). It is highly unlikely that the writers of these remedies could read or understand Latin. I suspect that many of them were women, and would have received little or no opportunity to study the language of scholars and physicians. Yet the remedy writers included this phrase knowing that their audience—other women—would understand the authority of the phrase, if not the sense. Aunt Grafton, the character in *Hope Leslie* who practices traditional remedy-based medicine, also makes gratuitous references to medical Latin. In one scene Aunt Grafton describes another character as being “non compos mentis” or “not composed in mind” (mentally deranged) for not sharing her taste in earrings. Lastly, many recipes end with a statement of the experience of the writer; for example:

Now [...] as I have Experience of Infusaions for 6 or 8 days  
 It is shut= Every time y<sup>ou</sup> open the vessel—which the fermentation  
 is Imbeybeing in—when you open itt to stir itt y<sup>r</sup> volatile salts will  
 Evaporate & then y<sup>ou</sup> have not y<sup>r</sup> fine ayrey matt<sup>r</sup> as you  
 have when y<sup>ou</sup> Catch itt in its first blossom of y<sup>r</sup> work If you  
 und<sup>r</sup>stand to come to the poynt of Curious Things[.] (Second recipe,  
 Folder 12)

In general, these statements serve to establish the writer’s authority based on her experience. In this particular excerpt, the writer demonstrates her wisdom and authority by including advice against “open[ing] the vessel” as “the volatile salts will Evaporate” and disrupt the fermenting process. Thus, she declares, “It is shut[.]” It is only by obeying this injunction that the novice can “Catch itt [the remedy] in its first blossom” and eventually “come to the poynt of Curious Things” (Second recipe, Folder 12). Aunt

Grafton in *Hope Leslie* makes a similar attempt to build her medical ethos by referring to her experience. She writes, “you mention being visited with the great cold, which, I take from your account of it, to be the same as that with which we were all shaken soon after the coronation of his present Majesty” (Sedgwick 119). Aunt Grafton, diagnoses her patient by his symptoms and determines the ailment to be a disease she has seen before; because of her experience with the “great cold”, she is able to prescribe with some authority the “infallible remedy” of “Lady Penyvere” as treatment (119).

It is likely that readers of *Hope Leslie* are meant to respond to Aunt Grafton and her absurd, though well-meaning medical practices, with the same sort of amusement and affection that a nineteenth-century reader would have for the writers of seventeenth-century medical remedies. Though medicine had not made significant strides between the seventeenth and nineteenth centuries, the changes were significant enough that many of the collected remedies would have appeared quaint. A nineteenth-century reader would probably have found it difficult to take advice like, “next morning wash with your own water” seriously (“To Cuar; Worts on a man’s hand or face”). Though most of the remedies seem harmless enough, some are clearly dangerous. One of the oldest looking booklets of “Physical Receipts” contains a recipe “for a purg” that ends with the ominous instruction: “walk a bout your chamber that Day and keep your selfe worm but have a care you do not sleep”. Another recipe cautions that exceeding the recommended dosage will cause seizures (“[r]eceipt for fitz or cunvoulzion”). Though medically useless, the receipt books were kept because the nineteenth-century reader could sympathize with the writers of the manuscripts. Reading through the remedies, one senses the writers’ good humor, determination, and at times desperation. There is a fairytale poignancy in one

remedy which calls for the application of powdered pearl to prevent a woman's face from being irreparably marred from small pox scars ("To prevent pitting of the small pot"). A pearl, smooth and luminous, is supposed to transfer to the face its qualities in a form of sympathetic magic. Of course, such a remedy would be exceedingly expensive; it is unlikely anyone would have sufficient wealth to think crushing pearls financially feasible. However, in writing the remedy down, there is the recognition that the immense fear of being scarred by small pox is enough to make one consider the option. In setting up the analogy of a pearl for a woman's face, it becomes clear the value placed on a woman's beauty as well as the desperate lengths some might go to preserve this asset, and how much in vain such practices may be. The remedies may be quaint, but there is something very human about them. A reader can sympathize with the remedy writers without taking their remedies seriously. In the same way, readers of *Hope Leslie* should be able to appreciate the character of Aunt Grafton though her traditional medical practice is frequently denigrated in the novel.

*Hope Leslie's* depiction of medicine has a curiously nationalistic edge. Sedgwick, an author interested in building a national literature as well as being an advocate for social reform, presents a portrait of colonial American medicine that both anticipates and criticizes the development of popular medicine in the early nineteenth-century. In the novel, she portrays England as an epicenter for illness, and the source of a system of medicine that is harmful to the health of the American people. In contrast, the New England Colonies are thriving and healthful, while Native American medicine provides a more effective alternative to foreign, European remedies. Sedgwick seems to advocate a more democratic medical system comprised of effective practices, arguing, as many

American writers did, for the need to rebel and develop a distinctly American system of medicine.

*Hope Leslie*'s depiction of England demonstrates the necessity for the conception of a new, American method of medicine. In the novel, England is a place where characters go mad, sicken, and die. When, at the beginning of the novel, William Fletcher and Alice are not allowed to marry, they react in a style characteristic of sympathetic/sensational novels by suffering from near "insanity" and "a total alienation of mind" (Sedgwick 12). This romantic self-indulgence is only found in the Europe of the novel; American characters, like Hope Leslie, are more pragmatic and self-sacrificing when it comes to foiled love affairs. Though stricken with the same affliction on both sides of the Atlantic, the American constitution and Puritan work ethic prevent such self-destructive expressions of love. As dangerous as the English romance may be, the perils do not end with marriage. England is not a place conducive to health or family growth. Before William Fletcher leaves for the American colonies, his father dies, and we are told his "mother had been long dead; and he had neither brother nor sister" (9). To start a healthy family, he must leave England for the wilderness of the American colonies. When the story resumes six years later, Fletcher's uncle has also died in England. Leslie, a rival suitor who has married Alice in Fletcher's absence, has died in service to the crown; and Alice dies on the voyage to America, her "constitution already broken by repeated shocks" (20). Though England is less dangerous than America—no threat of Indian attacks, uprisings, or wild beasts—the bodies continue to accumulate. Aunt Grafton, Hope Leslie's father's sister, has been widowed, and travels with Hope to America. As the novel progresses, we learn that though she is not an old woman, "most"

of Aunt Grafton's "surviving contemporaries have died since [she] left England" (121). These deaths are never explained, but given Aunt Grafton's obsession with popular medicine, a reasonable explanation would be that they died of illness.

The contrast between the English and North American colonies' landscape emphasizes the difference between the two, and demonstrates that they are medically incompatible. During a walk around Mt. Holyoke, one character remarks: "They say the foliage in England has a paler sickly hue, but for our western world—nature's youngest child—she has reserved her many coloured robe, the brightest and most beautiful of her garments" (Sedgwick 103). England is old and disease ridden whereas the American colonies are young, vibrant, and healthy. Sedgwick's privileging of the American landscape is more than patriotic affection or a symbolic representation of the state of each nation; such a comparison also serves to demonstrate the immense differences between the two environments. These differences reinforce a popular historical theory that native lands provided cures as well as the source of disease, a practice described as finding cures *in situ* (Gifford 268). Because England and the American colonies provide such radically different landscapes, it would suggest that they require radically different medicine. Aunt Grafton's ineffective medical practices demonstrate within the novel the truth of the cures *in situ* theory: English contagions have specifically English cures, and English cures are not effective or necessary in the New World.

Aunt Grafton's traditional European medicine is aligned with the English crown, and as such is legitimately rejected by the "rebellious" American colonists. When William Fletcher's young heir, Everell, travels to England to complete his studies, he suffers from a "great cold." Aunt Grafton attempts to diagnose Everell's illness from his

previous letter to the family; in her return message to him she speculates that “the great cold, which, I take from your [Everell’s] account of it, to be the same as that with which we were all shaken soon after the coronation of his present Majesty” (Sedgwick 119). To prevent one from assuming that there is a causal relationship between the epidemic and the coronation, Grafton immediately follows this comment with “(God bless him!)” (119). However, this parenthetical exclamation seems to draw attention to the potential relationship between monarchy and disease rather than dispel it. The cure for this “great cold” which first appeared “soon after the coronation” is found in “a recipe given me for an infallible remedy, by the Lady Penyvere, great aunt, by the mother’s side, to la belle Rosette, maid of honour to the queen” (Sedgwick 121). This “recipe,” which is circuitously connected to “the queen,” and bestowed by a “Lady” seems just as colored by the aristocracy as the illness it cures. Using an aristocratic treatment for an ailment caused by the aristocracy might be effective in England, but it not appreciated in the American colonies. Aunt Grafton discusses Everell’s previous attitude toward English medicine and Hope’s standing conviction against it:

I doubt not that years have mended thee, and that thou wouldst now condemn the folly and ignorance of thy childhood, which made thee then deride *the most sovereign remedies* [my italics]. Hope, I am sorry to say, is an obstinate as ever; and it was but yesterday, when I wished her to take some diluents for a latent fever, that she reminded me of the time when she, and you, in one of your mischeivous [*sic*] pranks, threw the pennyroyal tea out of the window, and suffered me to believe that it had cured an incipient pleurisy. Thus presumptuous is youth! (Sedgwick 121)

The language used to describe Hope and Everell’s youthful rebellion is reminiscent of the Boston Tea Party. Sedgwick must have deliberately chosen to include this curious anachronism in her novel. It serves to humorously foreshadow the real “mischeivous prank” that helped lead to the American Revolution, but nineteenth-century readers might

also recognize in it a contemporary debate. Just as they rebelled against England during the eighteenth-century, in the Victorian age, Americans were rebelling again—this time against traditional, university-trained physicians: “‘The People of this state have been bled long enough in their bodies and pockets and it was time they should do as they of the Revolution did: resolve to set down and enjoy the freedom for which they bled’ [:] A New York state legislator, advocating the repeal of the [medical] licensing laws” (Rothstein 124). Many Americans fought against the implementation of a system that would require their own citizens to be trained like English physicians and surgeons in order to practice. According to the senator, the citizens of New York “have been bled long enough in their bodies and pockets,” referring to the traditional practice of blood-letting by European surgeons and the massive fees charged by licensed physicians. He suggests that to submit to a licensing system, and thus, a system of medical training, that is essentially British would be un-American: the only way to “enjoy the freedom for which they [the Revolutionists] bled” is to come up with a new, distinctly American system of medicine (124). Thus, Americans in the nineteenth-century began creating new, experimental systems of medicine that were radically different from European traditions. Many of these experiments, like Thomsonianism and other schools of American homeopathy, are now derided as “pseudo-science,” but the fact remains that many of the herbal remedies adopted by experimental American medical systems were found to be effective, and some of them are still prescribed<sup>7</sup>. These herbal remedies were first taught to colonial homeopaths by Native American healers. Colonial Americans not only appreciated the pharmacological effectiveness of Native American

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7. At least thirty drugs have their origins in the remedies of the tribes of New England (Gifford 269-270).

remedies, they also had a respect for the more democratic system of medicine the remedies implied.

There is no shortage of colonial accounts of the practice of Native American medicine. John Josselyn, who visited the Massachusetts area, wrote of the Indian *Powaws*, or medicine men, and their methods of treating illness (Marks and Beatty 30). Another early chronicler, Reverend John Clayton, describes how the Native Americans amassed their wealth of medicinal knowledge. The priest/medicine man is the keeper of the tribe's natural remedies, which are learned largely by trial and error: for, according to Reverend Clayton, the people frequently, out of extremity, are "forced to make use of any herbs which are nearest at hand [...] though they know not the virtue or qualities thereof" (Marks and Beatty 34). The medicine man's knowledge is gained through the experimentation of his people: "for when any one is cured by any herb, he brings part thereof [to the medicine man] and offers it to his God, whereby the remembrance of this herb and its virtue is not only preserved: But the Preist [sic] also becomes best instructed thereby and knowing in the art of Medicine" (Marks and Beatty 33). The medicine man, the "physician" of the Native Americans, is not only the recipient of his people's cultural knowledge but he is dependent on them to gain new knowledge. He would cease to be relevant if he took his authority too far and refused to "continue his education" by listening for new discoveries. This somewhat democratic practice of gathering experimental data in order to form applicable conclusions is remarkably similar in conceptual structure to that of the modern scientific method. Another surprising contribution to the democratic nature of Native American medicine was the simplicity of its remedies. The recipes for traditional English medicines were "complicated nostrums

and electuaries of Europe which sometimes contained up to eighty ingredients” (Gifford 269). Their ingredients were often obscure and expensive, and the skill to make such preparations required professional training. To make matters worse, remedies were frequently aimed at treating an imbalance in the patient’s humors rather than a particular illness. In contrast, the Native Americans’ “uncomplicated approach encouraged settlers to establish an independent tradition of prescribing a specific remedy for a specific ailment. It also caused them to gradually shift from relying on the European schoolmen to depending on the simples and specifics of the old wives, Indians, and ministers” (Gifford 269-270). This development of an American system of medicine, which included Native American remedies, as well as those of “old wives” and “ministers,” is representative of the democratic approach to medicine that Sedgwick implies in *Hope Leslie*. In order to find the most efficacious medical treatments, it was necessary for Americans to examine many unconventional sources and perhaps reevaluate the definition of a medical authority.

In *Hope Leslie*, American Indian women often possess medicinal herbs which are depicted as valuable commodities subject to trade. Before leaving to aid Cradock, “[t]he old woman [Nelema] filled a deer-skin pouch from a repository of herbs in one corner of her hut” (Sedgwick 108). When Magawisca is awaiting the announcement of Everell’s execution, she notices the rich furnishing of the hut in which she is held captive: “The old [Mohawk] woman, in her long pilgrimage, had accumulated stores of Indian riches, piles of sleeping-mats laid in one corner; nicely dressed skins garnished the walls; baskets, of all shapes and sizes, gaily decorated with rude images of birds and flowers, contained dried fruits, medicinal herbs, Indian corn, nuts, and game” (92). “Medicinal herbs” not

only contribute to wealth, as in the Mohawk woman's store of treasures, but they serve as currency. Nelema frequently barter with the colonists; she "was in the habit of supplying Mrs. Fletcher with wild berries and herbs, and receiving small favors in return" (36). Because this is a trade, and not theft or exploitation, Sedgwick seems to suggest the possibility of developing a fair, humanistic relationship with the Native Americans in order to learn their remedies as part of developing a new system of American medicine. (Or she could be looking back at Early America as a more innocent, cooperative time in the history of Native/Colonist relations.)

In *Hope Leslie*, Native American medicine is highly effective. A good example of the efficacy of Native American medicine is the scene in which Magawisca is imprisoned in the Mohawk camp, awaiting Everell's execution. Magawisca is under guard in the hut of a dying Mohawk woman:

The old woman became restless, and her loud repeated groans, at last, withdrew Magawisca from her own miserable thoughts. She inquired if she could do aught to allay her pain; the sufferer pointed to a jar that stood on the embers in which a medicinal preparation was simmering. She motioned to Magawisca to give her a spoonful of the liquor; she did so, and as she took it, "it is made," she said, "of all the plants on which the spirit of sleep has breathed," and so it seemed to be; for she had scarcely swallowed it, when she fell asleep. (Sedgwick 93)

This efficacious "medical preparation" is described in various ways as the scene progresses:

Magawisca, as if inspired, and quick as thought, poured the liquor from the jar on the fire into the hollow of her hand, and dashed it into the gourd which the Mohawk had just replenished. The narcotic was boiling hot, but she did not cringe; she did not even feel it; and she could scarcely suppress a cry of joy, when the savage turned round and swallowed, in one draught, the contents of the cup. (Sedgwick 94)

This “narcotic,” this “liquor,” is so potent a pain-killer that Magawisca does not even feel it when the boiling liquid touches her hand. It may be that the analgesic quality of the drug is merely the result of Magawisca’s “joy” or adrenaline, but the ambiguity of the passage suggests that this is an effect of the drug’s near-magical power. After dosing the guard, Magawisca attempts to escape the hut to pursue her father and Everell. However, “the Mohawk caught her arm in his iron grasp, and putting her back, calmly retained his station” (Sedgwick 95). At this point in the scene, the efficacy of the drug is questioned. Yet, as Magawisca continued to beg for her release, “her determined keeper [...] denied her petition, but with a faltering tongue, and a drooping eye” (95). Magawisca quickly sees her mistake: For,

in the urgent necessity that could brook no delay, [Magawisca] had forgotten, or regarded as useless, the sleeping potion she had infused into the Mohawk’s draught; she now saw *the powerful agent was at work for her* [my italics], and with the quickness of apprehension that made the operation of her mind as rapid as the impulses of instinct, she perceived that every emotion she excited but hindered the effect of the potion. (Sedgwick 95)

Of course, “[t]he moment the opiate dulled the senses of her keeper, she escaped from the hut” (Sedgwick 97). The use of the word “opiate” here is interesting. Technically, any opiate is a derivative of the poppy plant, which is not native to America, and would have had to be imported by the colonists. Perhaps it is significant that the last naming stage of the drug is a European import. Or perhaps it anticipates a pharmacological transition, in which the “powerful agent” of the Native American becomes the opiate of the American’s *materia medica*.

*A Case Study: Craddock's Snakebite*

The tension between traditional European medicine and colonial American medicine is played out over a Native American healer's treatment of a rattlesnake bite. Craddock, Hope Leslie's tutor, is walking through the brush when he is bitten: "Craddock [...] startled a rattle-snake, that lay concealed under a mass of leaves and moss; the reptile coiled himself up, and darted his fangs into his hand. I heard the rattle of victory, and saw the poor man's deathly paleness, as he sunk to the ground, exclaiming, 'I am but a dead sinner!'" (Sedgwick 106). Craddock's initial reaction, the exclamation, 'I am but a dead sinner,' follows the general theological trend of colonial medicine that implies all illness and injury is the result of God's wrath. In the next action, the servant "Digby turned to pursue the snake" (106). Though seemingly incongruous, this is the first step in Craddock's treatment. An ancient practice for treating snakebites involved tracking down and killing the snake, cutting it up, and applying the flesh to the bite wound. This practice, which was due to the belief that the snake's fat contained an antidote to its venom, was not only common in Europe, but was also a practice of the Native Americans (Vogel 221). Next, "I [Hope Leslie] begged Craddock to show me the wound, it was on the back of his hand. I assured him I could easily extract the venom, and would have applied my lips to the wound, but he withdrew his hand" (Sedgwick 106). The belief that one could suck the venom from a snake bite, thus preventing the injured person from becoming poisoned, was also shared between the European colonists and the Native Americans (Vogel 222). Craddock does not permit Hope to attempt to suck out the poison, and Digby is not inclined to allow the procedure either. He tells Craddock, "you must excuse me for my boldness in speaking, when I thought our young mistress was

putting herself in the jaws of death” (Sedgwick 107). Digby claims that in attempting to save Cradock, Hope would be putting herself in danger. However, Digby’s language seems to indicate that Hope cannot treat Cradock because she does not have the proper authority. The scene demonstrates a range of excuses for why Hope must not be allowed to assume the role of physician. In the first sentence of his speech, Digby seems to argue out of concern for Hope Leslie’s health; yet he couches his attack in Biblical language (Sedgwick 106). He suggests that Cradock’s death would be “the will of the Lord” and that to interpose would involve “self-murder” and by implication, damnation. When Hope responds by calmly “assur[ing]” the men that she has “read of many cases” which prove there to be no danger to herself in such a procedure, Digby responds by asking her for the source of her information (106). Hope’s claim of medical knowledge through the study of “cases” is rendered by Digby as fictional “stories.” Growing more exasperated, Hope is then “obliged to refer to a book of aunt Grafton’s, called ‘The Wonders of the Crusades’” (106). Using Aunt Grafton as a medical authority, given her reputation in the novel, is a gambit. Yet, Hope attempts to win some credibility in Digby’s eyes by referring to an event that is not only historical, but also tied to Christianity. However, “[t]his seemed to Digby but apocryphal authority; he shook his head, and said, “he would believe such fables no where out of the Bible” (106). Digby’s reaction, believing in no authority outside of the Bible, could be taken as piety or superstition; however, he does not then take the next logical step and go in search of a priest. Digby says, “Come, come, Master Cradock, stir up a manly spirit, and let’s on to the fort, where we may get help it’s lawful for you to use” (Sedgwick 107). It seems clear that the “lawful” authority Digby means to find is a male doctor.

However, when Digby and Cradock finally arrive at the fort, “no aid could be obtained, and poor Cradock’s death was regarded as inevitable” (Sedgwick 107). Perhaps if Hope had been able to act as Cradock’s physician and suck the venom from his wound, they would not be in this predicament. However, Hope soon has another idea: “I remembered to have heard Nelema say that she knew a certain antidote to the poison of a rattle-snake” (Sedgwick 107). This is a reasonable idea, from an historical perspective, and curiously one with which not only the colonialists but also nineteenth-century Americans would be comfortable. In reference to snakebites, one historian explains:

In few, if any ailments was [sic] the aboriginal reputation for skillful cures more celebrated (and perhaps, in many instances, less deserved) than in their treatment of snakebites. Since poisonous reptiles were numerous throughout the country, an important part of the Indian *meteria medica* consists of supposed cures for snakebite[s]. The white settlers, quite unused to this problem in Europe, and adhering to the doctrine that the Creator provided in each country the remedies for its own ills, at once assumed that the Indian remedies were valid. (Vogel 220)

Thus, Digby was satisfied and Hope and Jenet leave to find the female healer. Nelema is prepared, and she claims to have been “waiting” to help them (Sedgwick 108). It takes the party six hours to return, and Cradock’s prognosis is not good: “Even in that brief space the disease had made fearful progress. The wound was horribly inflamed, and the whole arm swoln [sic] and empurpled. I saw despair in every face that looked on Cradock” (107). The treatment Cradock has received from the colonists had been entirely ineffective. Hope describes the scene: “We found Cradock in a state of partial delirium, and nervous restlessness, which, your [Everell’s] father said, was the immediate precursor of death. Aunt Grafton was kneeling at his bedside, reading the prayers for the dying” (108). Aunt Grafton provides the only treatment that, in Digby’s religious view—that the afflicted are suffering God’s wrath—is allowed. The authority figure, Mr. Foster,

declares that Cradock's condition is terminal. Cradock is, according to the ruling ideology, doomed.

Nelema then begins her treatment of Cradock's rattlesnake bite. It is extremely unorthodox, compared to the colonists's medical practices, and Hope describes the procedure with some horror:

She [Nelema] bent over him [Cradock], and muttered an incantation in her own tongue. She then, after many efforts, succeeded in making him swallow a strong decoction, and bathed the wound and arm with the same liquor. These applications were repeated at short intervals, during which she brandished her wand, making short mysterious motions, as if she were writing hieroglyphics on the invisible air. She writhed her body in the most horrible contortions [...] that I trembled lest she should assume the living form of the reptile whose image she bore. (Sedgwick 108-109)

The "horrible contortions" that threaten to change Nelema into a snake is perhaps the same power that allowed her to transgress gender boundaries and become Cradock's physician. She succeeds where all of Hope's "marvellous persuasion" fails (106).

Nelema's treatment, utterly foreign to Hope and the other colonists, proves the most effective:

After a while [...] Cradock showed plain symptoms of amendment—his respiration became free—the colour in his face subsided—his brow, which had been drawn to a knot, relaxed, and his whole appearance became natural and tranquil. "Now," whispered Nelema to me, "fear no more for him—he has turned his back on the grave. I will stay here and watch him; but go thou to thy bed—thy cheek is pale with weariness and fear." (Sedgwick 109)

After her treatment has saved him, Nelema is also allowed to provide Cradock with a revised prognosis. He will live: "he has turned his back on the grave" (109). Nelema then declares her intention to stay and "watch" her patient and extends her power of medical authority to diagnose Hope—"thy cheek is pale with weariness and fear"—and to prescribe treatment—"go thou to thy bed" (109). Here, the treatment of Cradock's

wounds end and Nelema's trial begins. As a physician, Nelema's treatment is competent and effective; however, because her methods are unfamiliar to the Puritans, she is accused of witchcraft and sentenced to death. Sedgwick may intend Nelema's punishment as a criticism of colonial American medical practices and its intolerance for other, essentially more effective, ways of treating illness. In this criticism, she implies the need for a new system of American medicine.

This new American medicine would involve, in opposition to the colonists' behavior in the novel, honoring the pragmatic and denying the ineffectual. Perhaps the heroic actions of Hope Leslie, the title character, in contrast with those of individuals in positions of authority, demonstrate the difference. After Nelema cures Cradock of the rattlesnake bite, "I [Hope] left her [Nelema], mentally blessing her for her effectual aid" (Sedgwick 109). On the other hand, Mr. Fletcher sides with Jennet and has Nelema formerly accused of witchcraft. The triumvirate of magistrates find Nelema guilty and send her to Boston with the recommended sentence of death (113). She would have been executed if Hope Leslie had not intervened. As readers, we are supposed to side with the young, individualistic characters who seem representative of the new, American mode.

### *Conclusion*

In the nineteenth century, American medicine is to become international, multifaceted, and pragmatic; a democratic system unencumbered by traditional structures of authority; a form of medicine that will become wildly individualized. Hydropathy, homeopathy, Mesmerism, Thomsonianism, shock-therapy, phrenology, and many other schools of what is now referred to as "pseudo-science" gained a foothold in the nineteenth-century. They were successful because they offered a new, optimistic, more

humanistic form of health care; and though of questionable efficacy, they were not dangerous, complicated, or expensive as many orthodox medical practices remained.

*Hope Leslie* helps to chart the progress from traditional, British medicine to American medicine. Sedgwick's depiction of England as a center for disease and English medicine as patently tied to the monarchy provide readers with a narrative history for their "rebellion" from English medicine. In contrast, Native American medicine's part in this fictional history is to provide the bedrock for nineteenth century America's more democratic medical beliefs. Native remedies are shown to be more effective than European medicine as well as "more American." *Hope Leslie's* model of a good physician within the novel is Nelema, a female Native American healer. Nelema embodies the sympathy, knowledge, and respect for nature's "agency" that Sedgwick characterizes as an ideal physician in one of her letters.

While traditional European medicine is denigrated within *Hope Leslie*, the character who practices it, Aunt Grafton, is not vilified because Sedgwick understood and sympathized with seventeenth-century lay practitioners. Sedgwick's family held seventeenth-century remedy booklets; the conventions of which, if Sedgwick had not read booklets, she was still aware enough of to gently lampoon.

Catharine Maria Sedgwick's experiences, knowledge of medical history, and awareness of contemporary debates about the future of American medicine, informed her depiction of medicine and medical authority in *Hope Leslie*. By examining the relationship between an author, her work, and the public discourse her novel was set into, readers can come to a better understanding of the cultural influence of medicine and how

works of fiction not only engaged in the public discourse about medicine, but attempted to affect medical reform.

## CHAPTER THREE

### Opium, Addiction, and Medical (mal)Practice in Wilkie Collins's *The Moonstone*

#### *Introduction*

*The Moonstone* (1868) is Wilkie Collins's most well-known and best-loved novel. It has been praised by T. S. Eliot and Dorothy L. Sayers as the first and best English detective novel.<sup>1</sup> *The Moonstone* remains popular among readers and literary critics not only because it is the origin of many of the conventions of detective fiction, but also for its unique plot and varied, compelling characters. Though Wilkie Collins claims to be an author interested in portraying realistic portraits of society (see the quotation from his "The Art of Novel Writing" in Chapter 1), he draws his portraits from the fringes of society. The most nuanced and remarkable characters in *The Moonstone* are eccentric: Ezra Jennings, the outcast opium addict; Rosanna Spearman the lovelorn, hunchbacked maid; and Gabriel Betteridge, the butler, who practices bibliomancy with *Robinson Crusoe*. And the motivating event of the novel, the theft of an enormous diamond and its pursuit by three Indian Brahmins, is anything but ordinary. As Farmer states in his 1999 "Introduction" to *The Moonstone*,

Collins's uniqueness does not stem entirely from his ability to create a realistic Victorian landscape. In fact, very few of Collins's readers would argue that his fiction succeeds solely because of its insightful or provocative examination of the ordinariness of his world. His uniqueness [...] derives from his willingness to manipulate his world to his own advantage, to work on the far outer edges of that world while somehow managing to maintain its basic integrity. (22-23)

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1. See Eliot's "Introduction" to the 1928 Oxford University Press edition of *The Moonstone* and Sayer's "Introduction" to the 1944 edition.

Collins's distaste for the banal and conventional no doubt influenced his concept of novelistic verisimilitude. By maintaining that the extraordinary was more "true" than the ordinary, he was able to paint accurately a sensational reality in his fiction. The occult, or hidden, reality of sensational fiction may have resonated in Collins's mind with an addict's sense of a more compelling, subconscious reality that is revealed by drug use.

Critics have avoided readings of the novel that dwell on Collins's opium addiction,<sup>2</sup> perhaps out of respect for the author or a Barthesian disinclination to dwell on an author's biography; however, an analysis of opium and opium addiction within *The Moonstone* is not intended to be disrespectful, nor is it an oversimplification to state that Wilkie Collins's identity as an opium addict influenced his life and authorship. Such a claim of the direct influence of opium on the author's mind is justified by Collins's own perception of opium's effect on *The Moonstone*. Wilkie Collins's addiction to laudanum, a mixture of opium and alcohol, influenced not only the writing of *The Moonstone* but also the author's memories of the writing process. Collins wrote the novel while taking large doses of laudanum to cope with the recent death of his mother and with severe ocular pain thought to be associated with gout. Critic Alethea Hayter states that, "[t]he very odd story of the composition of *The Moonstone* is one of the plainest statements made by any writer of how he produced a major piece of work under the influence of opium" (269). Collins later claimed to be surprised by the ending of his own novel, being so affected by an opium haze during the writing process that he had no memory of its conclusion (259). He told his friend Mary Anderson, the actress, that "'When it [*The Moonstone*] was finished [...] I was not only pleased and astonished at the finale, but did

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2. For example, Eric Levy's 2002 article, "Wilkie Collins's *The Moonstone* and the Problem of Pain in Life," examines physical and psychological pain in the novel without addressing its nineteenth-century anodyne, opium.

not recognise it as my own” (Robinson 214). Given the opium-steeped origins of *The Moonstone*, it is perhaps less surprising that, in its conclusion, it is revealed that that the inciting conflict of the novel hinges on a doctor drugging his unsuspecting patient with laudanum. Thus, one man’s opium daze begins a chain reaction of theft, impersonation, and murder.

Just as Collins’s definition of realistic fiction is unconventional, so too does his depiction of opium in *The Moonstone* differ from popular accounts. He reverses a number of the stereotypes and complicates others. He is sympathetic to the figure of the addict, even presenting a romanticized portrait of an addict as a misunderstood outcast of society. Opium, particularly laudanum, is treated with ambiguity within the novel; it is both the cause of the initial transgression (the theft of the moonstone) and the only hope for the unwitting thief’s redemption. Though opium is presented by characters within the novel as a legitimate source of medicine, the irony of its chief proponent, the addict Jenkins, citing De Quincey’s *Confessions of an English Opium Eater* as an authoritative medical text, cannot be ignored. Working-class characters in the novel distrust the use of opium as well as the addict; however, their behavior is ridiculed as the irrational rejection of good science by stolid, unimaginative folk. One such specimen of Englishness, the butler Betteredge, practices bibliomancy with *Robinson Crusoe*. And yet, despite portraying its detractors as simple and superstitious, Collins seems to be criticizing both the use of laudanum and its proponents in the medical field (as represented by Dr. Candy), implicitly calling for a new, intellectual rejection of opium.

## *Background*

Before examining opium, opium addiction, and medical authority in *The Moonstone*, it is necessary to understand how intertwined opium was with nineteenth-century life. A brief description of opium, and why it was politically and culturally important in the nineteenth century, will help to clarify the Victorians' perspective on opium and its use. In turn, this perspective will provide an explanation for some of the cultural undercurrents regarding opium within *The Moonstone*, and give a new appreciation for Collins's original depiction of opium, its use, and misuse.

The drug opium is derived from the white opium poppy, or *Papaver somniferum*: a perennial flower grown chiefly in Asia and the Middle East (Berridge xix). After the plant has reached maturity, incisions are made into the seed pods and the "milk" of the poppy is collected. When dried, poppy milk becomes raw opium, a "brown tacky substance" that can be eaten, smoked, or dissolved in a liquid (xviii). The analgesic and euphoric effects of opium have been well-known since antiquity; however, it was not until the nineteenth-century that *morphine*, an alkaloid of opium, and the powerful semi-synthetic *heroin*, would be discovered and mass produced (Berridge xix-xx). An agent of the British Empire, the East India Company, was involved in the cultivation of opium in Britain's Indian colonies and its sale in Asia; the opium trade was a lucrative business operation that would prove to have political consequences.

The opium trade helped to support financially and to define politically the British Empire. As one critic bluntly put it, "state-sponsored drug-dealing was actually helping to sustain the prosperity of Britain and her Empire" (Sweet 98). Though England's preferred opium import was of the Turkish or Persian variety, the British were deeply

involved in the cultivation and export of Indian opium throughout the East (Berridge 3). Indeed, the British Empire fought China in two Opium Wars (1839-1842 and 1856-1858) over a trade dispute. Essentially, the Wars were fought because the East India Company and other merchant firms wanted to trade opium cultivated in the Indian colonies for Chinese tea, even though the Emperor of China had banned the cultivation, trade, and use of opium (Beeching 34). In the end, China lost both opium wars and was forcibly opened to Western traders. Though opium incited dramatic international conflicts, its domestic use was so commonplace as to be inconspicuous.

Opium in nineteenth-century Britain was widely accepted and exceedingly available. Because opium use was generally accepted by society, many were blind to its addictive qualities. As a number of critics have cleverly put it, in the nineteenth century, “opium was the opium of the people” (Sweet 97). Opium-based remedies were used to treat nearly every ailment, and their use crossed class lines, gender, and cultures. Though perhaps opium is best known today as the “oriental despot of the imagination of addicted British writers” (Duncan 310), its use was not limited to the bohemian members of the middle class, nor was it confined to heavily populated cities. Throughout the British countryside, poppy-head tea was a well-known folk remedy (Berridge 12); and in public houses, patrons added pieces of opium to beer in order to stave off cholera or prevent a hangover (33). During the nineteenth century, there was no other drug that was so effective at relieving pain or so historically trusted; it was even included in children’s medicines, like Godfrey’s Cordial and Dalby’s Carminative (24), as well as many other “soothing” or “quieting” syrups. Opium was considered an all-purpose anodyne analogous to today’s aspirin; however, unlike aspirin, opium has a mood-altering side

effect. The “euphoric effect” opium produced led to its classification as a “stimulant” (like alcohol) in the nineteenth century (Berridge xxi). While it was frowned upon to take the drug recreationally, purely for its euphoric effect, there was no social outcry against those habitual users we would now term “addicts.” Indeed, many Victorian celebrities were proponents (or chronic users) of opium; these notable personages ranged from writers Samuel Taylor Coleridge, Thomas De Quincey, Charles Dickens, and Elizabeth Barrett Browning; to artist’s models Elizabeth Siddal and Jane Morris; to nurse and health reformer Florence Nightingale; even the Prime Minister, William Gladstone, regularly took laudanum (Sweet 97-98). Opium addiction, while not unknown (no one could ignore De Quincey’s *Confessions*), went virtually unrecognized by society until late in the nineteenth century. The great activist William Wilberforce unwittingly exemplifies this cultural blindness to opium addiction; he founded a teetotal society while remaining privately addicted to opium for forty-five years (Beeching 29). It seems strange that the Victorian reformers would vilify one drug, alcohol, and accept opium, which is potentially more harmful; numerous theories attempt to explain this phenomenon, but none is completely convincing. Very little changed in opium’s availability or popular opinion regarding it, if legislation is any measure, during the nineteenth century. Opium in its various forms and preparations remained exceedingly available; “[e]ven after the Pharmacy Act of 1868, which attempted to outlaw opium peddling from handcarts and street vendors and to limit its sale to licensed pharmacists, it remained as widely available as tobacco is today” (Sweet 97). And reform groups like “the Society for the Suppression of the Opium Trade did not begin to win their argument until the final years of the nineteenth century—by which time opium had gone out of

fashion as both a medical and recreational drug” and “the crop had also lost its importance to the colonial economy” (Sweet 102). Opium curiously retained its fascination throughout the Victorian era; it was truly a part of nineteenth-century culture.

### *Collins and Opium*

Living in the drug culture of the nineteenth century, it is perhaps less surprising that Wilkie Collins became addicted to opium; however, Collins’s experiences of medicine, especially with opium addiction, while characteristic of the period were not typical. One of Collins’s earliest childhood memories was of another opium addict, poet Samuel Taylor Coleridge, crying at his mother’s kitchen table. Coleridge was a friend of the Collins family, and had come to their home for advice. Coleridge “confided his grief at his vain struggles against his opium habit [to Mrs. Collins], shedding tears as he spoke” (Hayter 255). According to Wilkie Collins, his mother replied, “Mr Coleridge, do not cry; if the opium really does you any good, and you *must* have it, why do you not go and get it?” (255). This “incident” Collins later told a friend, “made a strong impression on my mind, and I could not forget it” (255). The brief interchange between Coleridge and Mrs. Collins illustrates not only the Victorian ignorance of drug addiction, but also the wide-spread acceptance of opium. Collins also recalled the memory of his dying father, who took Battley’s Drops, an opium preparation, to manage the pain of advanced heart disease (Hayter 255; Gasson 119). In 1861, Collins, who suffered from many chronic illnesses including “rheumatic gout,” was prescribed tincture of opium, or laudanum<sup>3</sup>, by friend and doctor Francis Beard (Gasson 15). Collins quickly became

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3. Laudanum means “praise-worthy substance,” as it was named by Paracelsus, and was a commonly prescribed medicine (Julien 465).

addicted to opium, taking increasingly larger doses throughout his life. He attempted several times to break his dependency on laudanum trying, despite his skepticism, hypnotism in 1863 and *morphia* injections in 1869 (119). Despite his desire to be rid of his opium habit, the chronic pain he experienced drove him back to it; he would remain addicted to opium for the rest of his life. He accepted and to some degree romanticized his dependency upon the drug, going so far as to refer to opium as his “only friend” on one occasion (Hayter 255). Collins’s memories and addiction undoubtedly influenced his portrayal of opium in *The Moonstone* and altered his recollections of writing the novel.

Wilkie Collins developed a personal mythology to surround his opium use which became more elaborate over time; he developed increasingly fantastic stories regarding the writing of *The Moonstone*. His development of the anecdotes he would use to describe the writing process is perhaps most clearly visible in the two Prefaces that he wrote for *The Moonstone*. In the 1868 Preface to the first edition, he included a defense of his research as regards the “physiological experiment” with opium in the novel; he states,

Having ascertained, not only from books, but from living authorities as well, what the result of that experiment would really have been, I have declined to avail myself of the novelist’s privilege of supposing something which might have happened, [...] which, I beg to inform my readers, is also what actually does happen[.]” (Collins 48)

This somewhat ambiguous statement seems to imply that Collins had managed to obtain first-hand experience of “what actually does happen” and raises more questions than it answers. How did Collins obtain with certainty the knowledge of what “actually” happens? And are the “living authorities” he describes physicians or opium addicts? In the 1871 Preface to the revised edition of *The Moonstone*, Collins drops the ambiguous

descriptions of his research and all implicit references to opium; instead, he includes details of the difficult conditions under which the novel was written. He claims, as he does to friends, that “[i]n the intervals of grief, in the occasional remissions of pain, I dictated from my bed” to an amanuensis (Collins 49). However, as only seven pages of *The Moonstone* manuscript are written in someone else’s hand, “his later accounts [of his reliance on an amanuensis due to incapacitation] would seem to be exaggerated” (Lonoff 171). This pattern of exaggeration, particularly in regards to his opium use, continues throughout his life. Wilkie Collins was frank about his consumption of laudanum and perhaps proud of aspects of his opium addiction. One frequently circulated story is of a dinner party attended by Collins, surgeon Sir William Fergusson, and “an oculist called Critchett” among others (Hayter 256). The medical men, after consulting, determined that “Collins had habituated himself” to taking a nightly dose of laudanum which “was enough to kill every man seated at the dinner-table” (256). Collins was morbidly proud of the fact that he took enough opium to kill the uninitiated. One of his favorite stories was of one of his manservants who drank half a glass from Collins’s decanter of laudanum, fatally poisoning himself; however, this story, like the tale of Collins’s amanuensis, is “unsubstantiated and probably untrue” (Gasson 119). As one critic asks, “What is one to make of the discrepancy[?]” (Lonoff 173). There have been two theories proposed to explain Collins’s exaggerations and out-right lies. According to Lonoff, “Above all things, [Wilkie Collins] loved to tell a story, and it would scarcely be surprising if he later made the story of *The Moonstone*’s composition more sensational” (173). Another interpretation is that Collins’s stories are an “opium fantasy” and examples of what Hayter calls “a classic demonstration of [...] typical opium addict

*traits*” involving “a mixture of bravado and misgiving, and fantasies about incidents connected with [the drug]” (257). It seems most likely that the truth is a combination of the two theories. Collins’s identity as an author and an addict influenced his behavior and particularly the mythology surrounding his writing of *The Moonstone*; it would be misleading to discount either perspective. By understanding Wilkie Collins’s personal history and complex feelings toward opium, one may gain a clearer understanding of the motivation and meaning behind opium within *The Moonstone*.

### *Opium Imagery in The Moonstone*

The images within *The Moonstone* conform to the “recognizable pattern” of images in the works of opium-addicted writers. In Althea Hayter’s *Opium and the Romantic Imagination* she describes a number of these images including images which “may be conscious or unconscious equivalents for opium itself” and others like “quicksands” which “may be connected with physical symptoms produced by opium dosage or withdrawal” (337). The Moonstone may be symbolic of opium. Opium cakes, like gold and precious stones, were measured according to the carat system; the more pure the opium, the higher the carat rating, and the more valuable the product (Berridge 7). As a yellow diamond, the Moonstone is “golden” (Collins 53) and its size would be designated in carats. Since antiquity, opium has been described as a supernatural “gem;” the sixteenth-century physician, Paracelsus, “carried opium in his saddle pommel and [...] called it the ‘stone of immortality’” (Berridge xxiii). In the novel, the Moonstone’s rightful place is resting in the forehead of a Hindu statue, the god of the Moon. The Moonstone’s return is described in the novel’s Epilogue: “[A]bove us, dark and awful in the mystic light of heaven, [was] the god of the Moon. And there, in the forehead of the

deity, gleamed the yellow Diamond, whose splendor had last shone on me in England, from the bosom of a woman's dress!" (Collins 542). The Moonstone, lying in the forehead of a deity, may be a subconscious projection of the severe ocular pain<sup>4</sup> Wilkie Collins felt while writing the novel and the magical opium that eased his pain. And the Moonstone's previous resting place, pinned to Rachel Verinder's gown, "fix[ed] [...] as a brooch in the bosom of her white dress", is an image strangely reminiscent of the cultivation of opium (Collins 121). Miss Verinder is poppy-like: clad in white and with the Moonstone fixed over her heart like raw opium gathering on the pod. To take this symbolism a step further, there is also a resonance between the Moonstone and a peculiar setting within the novel, the Shivering Sand; this "quicksand" motif is common within the works of writers who extensively used opium. Betteredge describes the Moonstone:

The light that streamed from it was like the light of the harvest moon. When you looked down into the stone, you looked into a yellow deep that drew your eyes into it so that they saw nothing else. It seemed unfathomable; this jewel, that you could hold between your finger and thumb, seemed unfathomable as the heavens themselves. We set it in the sun, and then shut the light out of the room, and it shone awfully out of the depths of its own brightness, with a moony gleam, in the dark. (Collins 118)

This description of the Moonstone as mesmerizing, as being "unfathomable" in a sublime way, with such a "deep" color that it "drew your eyes into it so that they saw nothing else" is very similar to the description of the Shivering Sand. The Shivering Sand is a beach formed between two spits of land that is covered and revealed by the tide; however, it is also "the most horrible quicksand on the shores of Yorkshire" (Collins 76). The beach is described as a "yellow wilderness" (217); and while it appears to be an

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4. Collins thought his eye disease a symptom of "rheumatic gout"; today his symptoms are thought to have been the result of anterior uveitis and glaucoma (Gasson 70).

ordinary beach at high or low tide, “[a]t the turn of the tide, something goes on in the unknown deeps below, which sets the whole face of the quicksand shivering and trembling in a manner most remarkable to see” (76). The Shivering Sand, like the Moonstone, is remarkable because it is strangely influenced by the moon. The Moonstone according to “a superstition [...] [feels] the influence of the deity whom it adorned, [...] growing and lessening in lustre with the waxing and waning of the moon” (Collins 53); whereas the Sand is subject to the moon’s pull, through the tide. The reaction of the Sand to this lunar influence is also similar to that of the Moonstone. The Shivering Sand absorbs; as Yolland, the fisherman, states: “What the Sand gets, the Sand keeps forever” (219). However, another character, Rosanna, describes the sands during the tides change: “It looks as if it had hundreds of suffocating people under it—all struggling to the surface, and all sinking lower and lower in the dreadful deeps!” (Collins 79). Like the Moonstone, which possesses a strange quality of retention and release—collecting light, and then emitting it in the dark—the Shivering Sands give characters the eerie feeling that its victims are somehow still alive within its depths. The imagery of the Moonstone and the Shivering Sand seems to be connected in an opium-spun web of lunar associations; it is possible that the Moonstone is symbolic of opium and the Shivering Sand is a negative of it and, following Hayter’s pattern, associated with the symptoms of withdrawal.

*The Infamous Mr. Candy: "Obliged to Deceive His Patients"*

Collins presents a complex and disturbing picture of medicine and medical authority in the character of Mr. Candy,<sup>5</sup> the Verinder's doctor. The doctor appears to be a harmless fool, with a predilection for practical jokes and a lack of social graces; however, his actions prove to have disastrous and far-reaching consequences. After Candy recommends that Franklin Blake take opium to treat his sleeplessness due to nicotine withdrawal, Blake refuses and an argument begins. Blake then "attacked the art of medicine at the dinner-table with sufficient rashness and sufficient pertinacity to put even Mr. Candy out of temper for a moment" (Collins 453). As a consequence, Candy drugs the unwitting Blake "as a practical refutation of the opinions which you had expressed to him at the birthday dinner" (Collins 453). As a result, Jennings tells Blake, "you entered Miss Verinder's sitting-room and took the Diamond, in a state of trance, produced by opium" (453). The mysterious theft of *The Moonstone* begins a chain of events that ends in fraud, two deaths, various expenses, and the near destruction of a budding romance. These disasters seem a steep price to pay for insulting "the art of medicine" at a dinner party. No doubt, nineteenth-century readers would be as horrified by Mr. Candy's actions as are readers of *The Moonstone* today. However disturbing Candy's action, his assistant, Jennings, attempts to justify them:

Every medical man commits that act of treachery, Mr. Blake, in the course of his practice. The ignorant distrust of opium (in England) is by no means confined to the lower and less cultivated classes. Every doctor in large practice finds himself, every now and then, obliged to deceive his patients, as Mr. Candy deceived you. I don't defend the folly of playing you a trick

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5. Mr. Candy's name may be a slightly sinister reference to the many varieties of opium preparations that were on the market. These preparations, like Mr. Candy, were gaudily dressed, but potentially dangerous; many opium-laced lozenges resembled candy and were given "as a treat" to children (Berridge 37).

under the circumstances. I only plead with you for a more accurate and more merciful construction of motives. (Collins 454)

What is disturbing about Jennings's statement is his claim that "[e]very medical man commits that act of treachery" and that "[e]very doctor [...] finds himself, every now and then, obliged to deceive his patients" (454). By attempting to normalize Mr. Candy's particular act of medical malpractice, Jennings raises grave doubts in the reader's mind over the state of medical ethics in England. Though he seeks a "more merciful construction of [Candy's] motives" he previously suggested that they are tied to professional vanity. If Candy is representative of "every" English doctor, then the medical profession is disturbingly subjective, unprofessional, and unregulated. The flimsy argument Jennings makes in defense of Candy, and doctors like him, is that the English public has "an ignorant distrust of opium," necessitating his resort to trickery in order to introduce his patients to opium's beneficial properties. While we as readers cannot know how Franklin Blake would have reacted if the "trick" had gone as planned, we do have his reaction following its disastrous results. Blake is not entirely swayed by Jennings's pleas echoing Jennings's own language in his resolution that Mr. Candy's "trick" is "an act of treachery" which Blake "may forgive, but [...] not forget" (454).

Franklin Blake is more inclined to "forgive" Candy because the doctor has been the recipient of fatal or perhaps divine retribution for his "trick." As the dinner party breaks up, Mr. Candy decides to leave in his fashionable, uncovered "gig" while "the rest of the company went home snugly, under cover, in close carriages" (133). When Betteredge expresses concern that the doctor "would get wet through," Mr. Candy jokes that "a doctor's skin [is] waterproof" and "[drives] away in the rain, laughing" (133). As a result of his foolish behavior, Candy suffers a severe illness which destroys his memory

and leaves his health ruined. After the fever passes, Candy is unable to follow conversation (432) and lives in the miserable state of being “aware of his own defect of memory” (433). He remembers that he has something important to tell Franklin Blake, but has no memory of what it is (433). Blake meets with Mr. Candy in order to attempt to coax the memory out of him; he describes Mr. Candy’s physical deterioration:

His eyes were dim; his hair had turned completely grey; his face was wizen; his figure had shrunk. I looked at the once lively, rattlepated, humorous little doctor—associated in my remembrance with the perpetration of incorrigible social indiscretions and innumerable boyish jokes—and I saw nothing left of his former self, but the old tendency to vulgar smartness in his dress. The man was a wreck; but his clothes and his jewellery—in cruel mockery of the change in him—were as gay and as gaudy as ever. (Collins 431-432)

Mr. Candy shows signs of premature aging, but something about the way he has “shrunk”, become mentally vacuous, and retains “nothing left of his former self” suggests a curious removal. The only thing that remains of his former life is the “vulgar smartness in his dress;” a mark of the foolish pride that caused him to venture out in the rainstorm without cover. The dramatic irony could be attributed to a divine or fatal reckoning within the novel. For Blake, “Mr. Candy is beyond the reach of [...] resentment” (454), and the reader is placated as well—but to what purpose? Either Collins is attempting to placate the misgivings of a readership that conforms to Jennings’s opinion that the English are distrustful of opium—which seems unlikely, given the general acceptance of opium throughout the nineteenth century—or Collins is attempting to use his license as a novelist to punish Mr. Candy for his professional malpractice. Perhaps the best way to

determine Collins's motives regarding the portrayal of opium within the novel is to examine the character who is its chief proponent: Ezra Jennings.<sup>6</sup>

*The Addict and His Role*

The responses of early reviewers of *The Moonstone* to Ezra Jennings are as conflicted as those of the characters' in the novel. Geraldine Jewsbury of the *Athenaeum* writes: "Ezra Jennings, the doctor's assistant, is the one personage who makes himself felt by the reader. The slight sketch of his history, left purposely without details, the beautiful and noble nature developed in spite of calumny, loneliness, and the pain of a deadly malady, is drawn with a firm and masterly hand" (544). An unidentified reviewer writing for the *Spectator* is less impressed, complaining of a number of unsympathetic stock characters of which Ezra Jennings is only remarkable because he is "introduced with [a] flourish of physiognomical trumpets" (546). According to the same reviewer, these distinctive traits "in no way assist or retard him," and "the story in which he plays a part any shrewd surgeon could have played as well or better" (546). It seems that, as Betteredge comments, "the appearance of Ezra Jennings, speaking from a popular point of view, was against him" (Collins 436). Jennings is described as having a "gipsy-complexion," "fleshless cheeks," "gaunt facial bones," "dreamy eyes," [and] "extraordinary parti-coloured hair" (436). It is impossible to judge his age as "the puzzling contradiction between his face and figure which made him look old and young both together" (436). Jennings is also multiracial: he states, "I was born, and partly brought up, in one of our colonies. My father was an Englishman; but my mother—" he

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6. Jennings' "name may have been borrowed from a doctor the Collins family knew in his [Wilkie Collins's] childhood" (Lonoff 186).

proceeds to change the subject (439). Yet, despite his bizarre appearance, Blake finds that “Ezra Jennings made some inscrutable appeal to my sympathies, which I found it impossible to resist” (436). During their conversation, Blake instinctively feels that, “I was speaking to a gentleman. He had what I may venture to describe as the *unsought self-possession*, which is a sure sign of good breeding, not in England only, but everywhere else in the civilised world” (Collins 438). Indeed, Jennings always behaves charitably to other characters, and his treatment and support of his friend, Mr. Candy, is extraordinary (438-441). However, the most sympathetic and alienating component of Jennings’s character is his opium addiction. Jennings describes the origin and effects of his addiction:

For ten years past I have suffered from an incurable internal complaint. [...] The one effectual palliative in my case, is—opium. To that all-potent and all-merciful drug I am indebted for a respite of many years from my sentence of death. But even the virtues of opium have their limit. The progress of the disease has gradually forced me from the use of opium to the abuse of it. I am feeling the penalty at last. My nervous system is shattered; my nights are nights of horror. (Collins 448)

As an addict, Jennings is sympathetic because he presents both the “virtues of opium” as well as describing the “penalty” of chronic consumption. While he seems to have few delusions regarding the side-effects of opium use, the effluence with which he describes opium as an “all-potent and all-merciful drug” is suspicious; Jennings believes that the benefits of opium use have outweighed the consequences. In general, the reader is supposed to sympathize with this strange, romanticized portrait of an opium addict. However, sympathy will only carry a reader so far; as an opium addict, he is an unreliable source of information regarding the use of opium.

Jennings, like any opium addict, should not be trusted to portray opium objectively; however, this restriction does not stop him (and Collins) from trying to establish a rhetorical ethos. Collins, through Jennings, takes great pains to establish an authoritative basis for the opium experiment within *The Moonstone*. There are a number of books referenced: “Ezra Jennings, the fictional physician, names and quotes from some of these sources [which are vaguely alluded to in Collins’s original Preface]: Dr. Carpenter (a professor of forensic medicine whose books were in Collins’s library), Dr. Elliotson, the author of *Human Physiology*, and De Quincey’s *Confessions of an English Opium Eater*” (Lonoff 186). In this list lies the irony; De Quincey may be an authority on opium, but he is not a medical authority. Collins, Jennings, and De Quincey form a weird, self-referential triangle of addiction: the only ethos created by all this research is one of meta-opium. It seems unlikely that a sober-minded reader would believe this compulsive stream of self-justification. However, within the fictional world of the novel, the argument is quickly accepted.

#### *The Paradoxical Nature of Opium and the Limits of Medical Practice*

In *The Moonstone*, Wilkie Collins demonstrates the limitations of medicine and medical practice. By the end of the novel, it becomes clear that the derogatory statements Blake made to Mr. Candy regarding “the art of medicine” were prophetic: “Mr. Franklin replied that a course of medicine, and a course of groping in the dark, meant, in his estimation, one and the same thing”; in addition, “he had often heard of the blind leading the blind, and now, for the first time, he knew what it meant” (Collins 125-126). Blake’s first statement that “a course of medicine” would mean “groping in the dark” is prophetic as he would literally be “groping in the dark” for the Moonstone after Mr. Candy drugs

him. However, Blake's behavior would remain a mystery for nearly a year until Jennings, piecing together Mr. Candy's delirious ramblings, divines his actions and, after speaking to Blake, realizes the connection between laudanum and the theft. Jennings then hypothesizes that the theft of the Moonstone could be replicated if Blake were again dosed with opium. Jennings's experiment, the "physiological experiment" mentioned by Collins in the original Preface to *The Moonstone*, involves recreating the scene of the crime and Franklin Blake's opium-induced trance in order to recreate the crime. Opium within the novel is an uninhibiting stimulant which works out Blake's subconscious desires and fears in an extremely individual way; yet, it is an experience that can be recreated. The theft of the Moonstone and the experiment used to solve the mystery serve to demonstrate the paradoxical nature of opium: the drug is both the cause of the initial transgression and the agent of its discovery. In general, the paradoxical nature of opium in the experiment is consistent with the presentation of the drug in other areas of the novel. One interpretation of its questionable beneficence is that it is another reference to the cycle of addiction: opium is both the symptom and the treatment.

Blake's second statement, that in medicine "the blind lead the blind," is rendered true in light of Jennings's description of Mr. Candy's illness and treatment. In the following excerpt, Blake and Jennings discuss Mr. Candy's sickness:

"The illness has only been described to me, in general terms, as a fever," [Blake] said.

"I can add nothing which will make the description more accurate," answered Ezra Jennings. "From first to last the fever assumed no specific form. I sent at once to two of Mr. Candy's medical friends in the town, both physicians, to come and give me their opinion of the case. They agreed with me that it looked serious; but they both strongly dissented from the view I took of the treatment. We differed entirely in the conclusions which we drew from the patient's pulse. (439) The two

doctors, arguing from the rapidity of the beat, declared that a lowering treatment was the only treatment to be adopted. On my side, I admitted the rapidity of the pulse, but I also pointed to its alarming feebleness as indicating an exhausted condition of the nervous system, and as showing a plain necessity for the administration of stimulants. The two doctors were for keeping him on gruel, lemonade, barley-water, and so on. I was for giving him champagne, or brandy, ammonia, and quinine. A serious difference of opinion, you see! (Collins 440)

The first example of “blindness” is demonstrated by the fact that Jennings and Blake possess the same information regarding the nature of Mr. Candy’s illness. Jennings is unable to expand on the layman’s diagnosis of “fever,” saying that it had “assumed no specific form.” The inability of the medical men to make a specialized diagnosis casts doubt on the medical field’s claims of expert knowledge. As physicians are not any more well informed than the average person in this example, it does seem as if “the blind are leading the blind.” A second instance of this “blindness” is evident in the disagreement between medical professionals over the proper treatment of Mr. Candy. All three observe the same symptom: Mr. Candy’s weak, rapid pulse; but they come up with opposing treatments. Although Jennings paints the disagreement as being due to professional pride—the two physicians will not entertain the opinion of a mere doctor’s assistant—it is really a disagreement over the most significant symptom: the rapidity or the weakness of the pulse. Both Jennings and the physicians are from the same school of medical thought; they all practice allopathic medicine, which works to restore balance to the nervous system by treating a symptom with its opposite. Understandably, the lack of consensus between trained medical professionals over the most significant symptom of an illness can lead to wildly different treatments. The university-trained physicians favor “a lowering treatment” whereas Jennings favors “the administration of stimulants” (440).

After bowing to the physicians' expertise, Jennings watches in horror as Mr. Candy's condition fails to improve; he decides to ignore their advice and pursue his own course of treatment. In the end, Jennings relates, "Death and I fought our fight over the bed, which should have the man who lay on it. I never hesitated in pursuing the treatment on which I had staked everything. When wine failed, I tried brandy. When the other stimulants lost their influence, I doubled the dose." At last, Jennings saves his patient from danger (441), but Mr. Candy's health is damaged irreparably. By questioning physicians' specialized knowledge and demonstrating how their practice of medicine is undermined when they disagree, Collins is able to critique the state of nineteenth-century medicine.

### *Conclusion*

In *The Moonstone*, Wilkie Collins examines the reputation of the nineteenth-century medical field and its reliance of opium. Within the novel, opium has a paradoxical nature: it eases pain and creates horrors; it incites transgression and is necessary to reveal the same transgression; it is an agent of imagination and forgetfulness. Because of its paradoxical nature, opium is potentially dangerous and is treated ambiguously within the novel. The Moonstone itself, with its mutable qualities, may be symbolic of opium; it is both a blessed and cursed object. As there seems to be an analogy drawn between them, the procedure for handling the Moonstone may be comparable to how opium should be controlled. According to the legend of the Moonstone,

The deity [Vishnu] breathed the breath of his divinity on the Diamond in the forehead of the god. And the Brahmins knelt and hid their faces in their robes. The deity commanded that the Moonstone should be watched, from that time forth, by three priests in turn, night and day, to the end of the generations of men. And the Brahmins heard, and bowed before his

will. The deity predicted certain disaster to the presumptuous mortal who laid hands on the sacred gem, and to all of his house and name who received it after him. (Collins 54)

Like the Moonstone, opium should be watched over by designated figures of authority—in the case of opium, the medical priesthood—because its misuse will precipitate disaster. Any “presumptuous mortal” who lays a hand upon opium is cursed: “Dr. Candy’s complaint is another case of metonymic contagion [the moonstone being the other], as though the touch of opium dissolved the distinction between dispensing and consuming it” (Duncan 314). The only way the virtues of the Moonstone and opium can be harnessed is if they are carefully controlled by sage specialists.

While it seems strange that an opium addict like Wilkie Collins would implicitly argue for firmer control over his drug-of-choice, it is important to remember that he was a novelist as well as an addict. *The Moonstone*, though it seems a curiously inside-out novel, is an exercise in sympathy. Through the structure of the novel, Collins demonstrates not only the nature of opium but also the experience of opium addiction. His readers are drawn into the circular logic of the addict’s self-justification and are forced to piece together from the available clues an event they have “lived through” but have no memory of. Likewise, as the reader sympathizes with the addict, the addict—Collins—is capable of sympathizing with his readers who all have the potential, in the drug-ridden nineteenth century, to become unwitting addicts. Perhaps the best way to think of *The Moonstone* is as a warning against the potential dangers of opium and its misuse as seen through the eyes of someone who has already been claimed as its victim.

## CHAPTER FOUR

### Medicine, Tradition, and the “Metaphysician” in Bram Stoker’s *Dracula*

*Dracula* (1897), though not the first literary depiction of the vampire, is responsible for turning the obscure and varied accounts of mythical vampires into the cohesive, iconic figure of pop-culture that remains significant today. Though he wrote other novels as well as non-fiction, it is for his popular novel, *Dracula*, that Bram Stoker achieved literary fame. Although it is perhaps the most well-known gothic novel, *Dracula* stretches the boundaries of the genre. Unlike many traditional gothic novels, Stoker’s novel is thoroughly modern in its composition and characters. The story of the eponymous monster’s foiled attempt to infect the Western world with the scourge of vampirism is told in the letters, diary excerpts, telegraphs, newspaper clippings, and phonograph transcripts collected by the protagonists. After they discover that Count Dracula is responsible for the slow exsanguination and death of their friend, Lucy Westenra, Solicitor Jonathan Harker and his wife, Mina; the Hon. Arthur Holmwood (Lord Godalming); insane asylum director Dr. John Seward; and American adventurer Quincey Morris band together under the leadership of the eccentric Professor Van Helsing to destroy Dracula and his un-dead minions. The “fellowship” of vampire-hunters uses all the resources at their disposal, both new technologies and ancient remedies, to prevent the spread of vampirism.

To understand the origin and significance of the disease of vampirism and its treatment within the novel, one must examine Stoker’s views of nineteenth-century medicine and its limitations. Bram Stoker’s experiences and education may have led to

his adoption of standard, relatively orthodox, medical views; this traditional view of medicine may help explain the importance of folk remedies in *Dracula*. It also explains Stoker's admiration for a particular sixteenth-century physician, Paracelsus, who seems to have inspired *Dracula*'s unlikely hero: the "metaphysician" Dr. Van Helsing. As a holistic medical practitioner, Van Helsing is responsible for treating both the body and soul. His character may be a reaction against the increasing separation of body and soul in medical philosophy, an unforeseen side-effect of the rise of scientific empiricism and specialization within the field of medicine.

*Dracula* can be read as an exploration of the tensions and ambiguities inherent in Victorian conceptions of illness and medicine as manifested in Stoker's supernatural disease, vampirism. Stoker's vampiric infection is depicted, as many ailments in the nineteenth century were, as a moral and physical disease; specifically, vampirism in *Dracula* is a grotesque sexual disease. Though vampirism in the novel is a monstrous epidemic spread by exposure to contaminated blood, few critics<sup>1</sup> have examined the roles disease and medicine play in *Dracula*. By understanding some Victorian misconceptions about sex and death, the reader can come to a clearer understanding of the impact medical ignorance had on its cultural expression, particularly in a novel like *Dracula*.

Like Collins and Sedgwick, Bram Stoker had an interest in and connections to medicine; his biography suggests that his experience, education, and medical family provided him with material for his fiction. His life began with serious illness. Stoker recalls, "In my babyhood I used, I understand, to be often at the point of death. Certainly

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1. I will refer in this chapter to those few critics who examine elements pertaining to illness and medical practice in *Dracula*. However, most critical interpretations tend to focus on vampirism as a form of reverse colonization (Arata), racial degeneration (Spencer), or psychological (usually Freudian) fantasy (Bierman; Day; MacGillivray; and Roth).

till I was about seven years old I never knew what it was to stand upright” (Snef *Science* 51). Though he fully recovered from this prolonged illness, the experience was no doubt influential. As he grew up, Stoker received sufficient education to be well-versed in scientific matters. In 1868, Stoker graduated from Trinity College, Dublin, with honors in science (Roth 3). At home, he was surrounded by medical men: Stoker’s uncle, three brothers, and a brother-in-law were physicians (Snef *Science* 7). His older brother W. Thornley Stoker “was a well-known surgeon, knighted by the queen” (Roth 1). And one of his younger brothers, George, was an army surgeon “during the Russo-Turkish war of 1876–1878, and Bram supposedly helped him prepare his memoir of the war, *With ‘The Unspeakables’, or Two Years Campaigning in European and Asiatic Turkey*” (Snef *Science* 51). Bram Stoker was close enough to his medical family to ask their advice when writing scenes requiring medical verisimilitude. His notes for *Dracula* indicate that he wrote to his brother, W. Thornley, who was then President of the Royal College of Surgeons, for a “precise description” of the “symptoms and treatment of an injury to one side of the head above the ear” (Roth 100). Stoker used his brother’s response to provide a medically precise description of Renfield’s fatal injuries.

Stoker’s familiarity with traditional medical practice, through his formal education and discussions with family members, would have probably produced a certain medical orthodoxy. Through the end of the nineteenth century, college-trained physicians read ancient medical texts, parsing the works of Hippocrates and analyzing the writings of Paracelsus. It should be not be surprising then, if one of Stoker’s medical heroes should be decidedly less than modern.

In particular, Bram Stoker had a strong admiration for the sixteenth-century Dutch physician Paracelsus. In one of his works of non-fiction, *Famous Imposters* (1910)<sup>2</sup>,

Stoker defends Paracelsus against those who would deem him an “absurd” quack:

Those who repeat *ad nauseam* the absurd stories of his alchemy generally omit to mention his genuine discoveries and to tell of the wide scope of his teaching. That he used mercury and opium for healing purposes at a time when they were condemned; that he did all he could to stop the practice of administering the vile electuaries of the mediaeval pharmacopoeia; that he was one of the first to use laudanum; that he perpetually held—to his own detriment—that medical science should not be secret [...] (78)

Stoker seems particularly impressed by Paracelsus’s belief “that medical science should not be secret” and restricted to particular guilds or societies as was the practice.

Although medical knowledge was surprisingly public in the nineteenth century, it is unclear to what degree Stoker would have medical knowledge disseminated. Stoker concludes his tribute to Paracelsus by describing him as “an original investigator of open mind, of great ability and application, and absolutely fearless. He was centuries ahead of his time” (Snef *Science* 69). This laudatory declaration is not limited to Paracelsus’s intellectual achievements. Stoker also claims that Paracelsus was “as earnest as he was honest, as open-minded as he was great-hearted” (69). He was well-balanced, having a “great heart” as well as a great mind.

The language Stoker uses to describe his medical hero, Paracelsus, is strikingly similar to his descriptions of his fictional character, Dr. Van Helsing, the hero of Stoker’s *Dracula* and his model of a good physician. Dr. Seward, the asylum director and Van

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2. As biographer Harry Ludlam states, ‘most of his [Stoker’s] diaries and personal papers were lost’ (Roth “Preface”). Thus, scholars are forced to draw heavily from scraps gleaned from Stoker’s *Personal Reminiscences of Henry Irving* (1906) for biographical material. *Famous Imposters*, another of Stoker’s non-fiction works, seems to include subjective, if not personal, passages. Since it is a rare book, I have quoted from the excerpts collected by Carol Snef in *Science and Social Science in Bram Stoker’s Fiction* (2002).

Helsing's former student, describes Van Helsing as possessing "an absolutely open mind" as well as "the kindest and truest heart" (Stoker 106); and just as Stoker describes Paracelsus as being "of great ability and application" (Snef *Science* 69), Van Helsing does "[noble] work both in theory and in practice" (Stoker 106). In *Dracula*, Dr. Seward calls Van Helsing "one of the most advanced scientists of his day" (106) and Stoker declares Paracelsus was "a true scientist" who was "centuries ahead of his time" (Snef *Science* 69). It is probably no coincidence that "Professor Van Helsing" is "of Amsterdam" and that Paracelsus is Dutch (Stoker 106). Van Helsing's strange Germanic dialect often makes him a figure of ridicule to readers; yet, despite the weakness of his delivery, the content of his speeches is meant to be profound. However, there are times when even characters allied with him think that he is strange or possibly insane. It seems incongruous that Stoker would go out of his way to make his hero appear ridiculous; however, this practice makes more sense when one remembers that Paracelsus was also thought "absurd" by his contemporaries. Although much depends on which engraving one is viewing, depictions of Paracelsus match the physical description of Van Helsing down to the distinctive red hair. It seems likely that Dr. Van Helsing is Stoker's vision of a nineteenth-century Paracelsus.

Even with the great Paracelsus as a model, Van Helsing at his best is an unlikely medical hero because he seems to have a loose grasp of medical empiricism. Although Van Helsing uses the language of the empiricist when he speaks of "proof," "evidence," and "experiments," his "proof" is solely ocular; his "evidence" is insubstantial; and his "experiments" are performed with very little method, are highly subjective, and would be easy to manipulate. His empirical failings are most apparent in the events surrounding

Lucy Westenra's illness and death. After her first "death," Van Helsing pronounces Lucy dead (Stoker 155), denying the necessity of an autopsy (159) even though Dr. Seward and Lord Godalming marvel at her corpse's life-like beauty, which is so unnerving that Arthur asks, "[...] is she really dead?" (157). After Lucy's burial, Van Helsing takes Seward and the others on several trips to Lucy's crypt, to pry open her coffin. They discover that she is alternately present and absent. Finding the coffin empty, Dr. Steward proposes it to be the work of a "body-snatcher," prompting Van Helsing to begrudgingly search for more "proof" that Lucy is, as Van Helsing insists, one of the walking "Un-Dead" (184). Dr. Seward finds "Van Helsing's monstrous ideas" to be "outrages on common sense" (190). Van Helsing's claims not only lack empirical evidence, but are inherently irrational. Seward muses in his diary: "I wonder if his mind can have become in any way unhinged. Surely there must be *some* rational explanation of all these mysterious things. Is it possible that the Professor can have done it himself?" (190). Dr. Seward is not alone in his doubt of Van Helsing's sanity and his suspicion that Van Helsing is somehow involved in the mysterious events surrounding Lucy's death and the subsequent disappearance and reappearance of her corpse. At one point, Quincey exclaims, 'Is this a game?' and Van Helsing replies, 'It is.' (Stoker 195). Van Helsing seems to take some perverse delight in shocking the other characters. For example, he tells Dr. Seward, his "friend," horrific details of what he plans to do to Lucy's corpse: 'I want to cut off her head and take out her heart. [...] Ah! you a surgeon and so shocked! [...] Oh, but I not [*sic*] forget, my dear friend John, that you loved her; and I have not forgotten it, for it is I that shall operate, and you must only help' (Stoker 159). Van Helsing's plan does not seem very compassionate though he claims to have considered

his “dear friend John[’s]” relationship to Lucy; he seems to think that having Seward merely watch rather than participate in an impromptu vivisection is an appropriate concession to Seward’s sensibilities. Though Van Helsing’s behavior suggests insanity, his theory is justified when the Un-Dead Lucy appears in the cemetery with a fresh victim (202-203). All Van Helsing’s assumptions, wild and unscientific as they may be, turn out to be correct.

Van Helsing’s successful diagnosis and treatment and Dr. Seward’s incomprehension become a pattern within the novel. Dr. Seward is frequently “puzzled” by Van Helsing’s behavior. He comments on Van Helsing’s unorthodox use of garlic flowers to treat Lucy’s anemic condition:

The professor’s actions were certainly odd and not to be found in any pharmacopeia that I ever heard of. [...] ‘Well, Professor, I know you always have a reason for what you do, but this certainly puzzles me. It is well we have no skeptic here, or he would say that you were working some spell to keep out an evil spirit.

‘Perhaps I am!’ he answered. (Stoker 126)

Van Helsing’s reliance on garlic flowers is entirely unscientific; there were no drug trials, studies, or chemical equations to justify his treatment. However, the garlic flowers prove to be an effective means of treating Lucy’s anemia, because it is a folk remedy for repelling vampires in the novel<sup>3</sup>. Van Helsing uses garlic flowers to prevent Dracula from entering Lucy’s room (Stoker 123). Garlic and a crucifix are also used to prevent the un-dead Lucy from escaping her tomb (189). And garlic forms part of the ritual for killing the un-dead Lucy: after she has been staked, they “cut off the head, and filled the mouth with garlic” (202). It is only Van Helsing’s wide-reading and open-mindedness that have enabled him to suggest this unconventional, yet versatile and effective remedy.

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3. In “The Vampire in Roumania,” garlic is described as being used to ward off evil spirits, vampires, and wolves (Murgoci 23).

The ineffective Dr. Seward serves as a foil to Van Helsing. In John Greenway's article, "Seward's Folly: *Dracula* as a Critique of 'Normal Science'," he discusses the possibility that "Stoker depicts Seward with a subtle irony to comment upon the science of his day and the way it was practiced" (73). Though Dr. Seward is a "radically modern" physician with his phonographic notes and scandalous self-identification with the "same methodological school as" the infamous vivisectionists "John Burdon Sanderson and David Ferrier" (Greenway 74), he is completely unsuccessful at treating or preventing vampirism. However, his lack of success is not because he is ironically less "modern" than he supposes, but because he is not "old fashioned" enough. Unlike Van Helsing (and Paracelsus), Dr. Seward lacks the ability to make inferences based on the data available to him and to apply his knowledge practically. He fails to understand the significance of his patient Renfield's "zoophagous" behavior and its connection to *Dracula* until it is too late (Stoker 68, 109). Instead of reacting like a scientist, Dr. Seward attempts to rely on his own preconceived reality which proves detrimental to his reason and ability to act: "Rather than admit the reality of vampirism, Seward first suspects Van Helsing, then questions his own sanity (all the men do this), and finally drops out of the novel" (Greenway 81). As Van Helsing tells him, "You are clever man, friend John [...] but you are too prejudiced" (Stoker 178). By having a radically open mind, Van Helsing is not constrained by such intellectual prejudices and is able to successfully diagnose and react to the symptoms of vampirism.

Seward may be a failure because he is a "normal" scientist, but Van Helsing succeeds when facing the paranormal because he is a "metaphysician" (Stoker 106). Despite his title of "doctor," Van Helsing is no empiricist: he is a "metaphysician," a

pseudo-scientific superman, one specially qualified to treat the moral disease of vampirism. He has a vast store of knowledge ranging from the pedestrian to the arcane. He is familiar with law (152), folklore, and “obscure diseases” (106). His list of degrees ranges from that of “M.D” to “D.Ph., D.Lit., Etc., Etc.” (106). Van Helsing’s doctorates in philosophy, literature, and medicine mark him as a man knowledgeable of the body, the mind, and the soul. His “all-embracing sympathy” (Stoker 106) is an attribute reminiscent of Christian charity. As a “metaphysician” Van Helsing’s all-encompassing knowledge equips him to diagnose any ailment, and his open mind and universal sympathy qualify him to prescribe treatment. Though Van Helsing practices literally “heroic” medicine, defeating evil while attempting to preserve the lives and souls of the other characters, a less harrowing “whole self” approach was favored by Victorian homeopaths (a branch of alternative medicine founded by Paracelsus) and those who sought more holistic and sympathetic medical treatments.

*Victorian Medicine and English Folklore: Contextualizing the Gothic and Dracula*

In order to understand the nature of the disease, vampirism, that must be diagnosed and treated within the novel, it is necessary to explore the cultural origins of Stoker’s vampirism. The popular desire to find holistic cures, coupled with the decentralized Victorian medical community, led medical writers to combine rhetorical strategies in order to appeal to a wide audience of consumers. Traditional folk-cures, new scientific practices, and humanistic ethics collided in the medical literature of the period. The authors of medical “self-help books” cobbled together folk traditions and new scientific theories while attempting to maintain a sound Christian ethos. As a result, these texts frequently display the inherent contradictions between these different,

respected sources of knowledge without offering commentary. Due to these ceaselessly conflicting metanarratives, Victorian medicine is perhaps best characterized by its authoritative ambiguity, a quality that is most apparent in the Victorians' understanding of death and sex.

New advances in technology coupled with a persistent ignorance over how to establish time-of-death led to widespread unease and doubt regarding the definition and permanence of death. Developments in medical anesthesia and hypnotic trances, medical conditions like coma, and the death-like rigors caused by cholera, made patients appear "dead" to pain and other stimuli. During the nineteenth century, patients could easily be misdiagnosed as deceased even by trained medical professionals. The only foolproof way to determine a person was dead was to wait for putrefaction to set in (Behlmer 211, 217). Recent advances in medicine and biology, including techniques for the resuscitation of drowned or asphyxiated persons<sup>4</sup>, successful biological experiments involving amphibians in suspended animation, and rumors that scientists had been able to re-grow the heads of decapitated snails led the Victorians to "wonder whether death itself was a fixed condition" (214). This ambiguity involving the nature and permanence of death is responsible for several of the themes in gothic horror tales during this period: including premature burials (a theme of several of Edgar Allan Poe's short stories including "The Fall of the House of Usher" and "The Premature Burial"), the reanimation of dead bodies through science (as in Mary Shelley's *Frankenstein*), and the state of living death represented in *Dracula*.

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4. Stoker was familiar with procedures used to resituate drowned persons: "In September of 1882, Stoker observed a man jump overboard from the Thames steamer on which they were traveling. Stoker jumped in to rescue the man who put up a struggle, though Stoker finally dragged him back to the steamer and carried him home for medical attention. Although the man could not be saved, Stoker was awarded the Bronze Medal of the Royal Humane Society" (Roth 10).

Popular fears and conflicted attitudes towards sex led to the literal demonization of sex within gothic novels. To the Victorians, “sexuality was a regular hell”<sup>5</sup> (Marcus 32). There was a pervasive fear of the “evils” of sexuality, both its indulgence and suppression (28). Sexual excess was frequently associated with physical and mental weakness, as was chastity. While it was commonly assumed that men had sexual experiences with prostitutes and mistresses prior to marriage (Marcus 29), there remained a cultural emphasis on moral and physical purity. Fears of prevalent, and at the time, incurable, venereal diseases<sup>6</sup> reinforced popular notions that conflated sexual and moral integrity. In *Dracula*, Mina is “polluted” by her contact with Count Dracula (Stoker 275). While her husband lies incapacitated on the bed beside her, Mina is bitten by Dracula and forced to drink blood from the vampire’s breast (Stoker 262). When Mina recovers herself, and her husband is revived, she throws herself into his arms only to draw back in horror after realizing that the blood on her face and neck have been transferred to his white pajamas (264) She exclaims, “Unclean, unclean! I must touch him or kiss him no more!” (264). Later, when Van Helsing touches her forehead with a communion wafer during a protective blessing, she is “burned as if it had been a piece of white-hot metal” (Stoker 275). She cries out that she is unclean for the second time, and the narration makes explicit reference to leprosy (see Leviticus 13:45-6). According to Snef, “Mina’s repetition of ‘unclean, unclean!’ may refer to the horrors of venereal

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5. This hell was one from which the “Angel of the House” was exempt. According to Dr. William Acton, “the majority of women (happily for them) are not very much troubled with sexual feeling of any kind. [...] The best mothers, wives, and managers of households, know little or nothing of sexual indulgences. Love of home, children, and domestic duties, are the only passions they feel” (Marcus 31).

6. Some biographers speculate that Bram Stoker died of syphilis, possibly contracting it as early as 1897, the year *Dracula* was published (Snef 38).

disease [as in the first instance] or simply to the horrors of moral contagion [as in the second]” (Snef 47). It is not necessarily one or the other: Stoker’s repetition may serve to demonstrate the popular conflation of sexual and spiritual purity. After Mina is “infected” following her exchange of blood with Dracula,<sup>7</sup> the spiritual essence of the communion wafer causes a physical reaction in the burn on her forehead. This mark, like the sores associated with syphilitic “pox,” is a physical sign of moral contagion.

*Dracula* draws on a number of folkloric beliefs pertaining to sex, either reproducing them in a literal sense or, following the gothic tradition, expanding them into the realms of the grotesque: the “little death” of orgasm is magnified so that sexual danger becomes mortal danger in Stoker’s novel (Spencer 215). In Victorian medicine and culture, bodily fluids were often interchangeable. Because blood was symbolic of vitality, it was a short leap to associate it with generative properties. According to English folklore, one ounce of semen is equivalent to forty ounces of blood (Marcus 21). This equation of ejaculation with exsanguination explains, to some extent, the correlation between sex and death in the Victorian mind and seduction and vampirism in *Dracula*. As Halberstam points out, “[b]lood circulates throughout vampiric sexuality as a substitute or metaphor for other bodily fluids (milk, semen)” (345). Dracula infects Mina (and presumably, Lucy) by having her drink blood from his breast. While this “nursing” is a perversion of gender roles, it is also implicitly connected to female sexuality. For the Victorians, breast feeding was a means for women to expend sexual energy (Marcus 21).

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7. An alternative, less sexualized, reading might address fears, “expressed elsewhere in vampiric terms,” that “blood contamination” would occur as a result of the small pox vaccine (Behlmer 232). Bram Stoker’s innovative contribution to vampire lore was the vampire’s fangs. He likely drew on popular fears of the new hypodermic syringe (developed in 1853 by Alexander Wood) and its association with the transmission of disease.

Perhaps the oldest sexual metaphor involves the mixing of blood; mixing “bloodlines” to produce an offspring of two families, united in their descendants as the couple is symbolically united in marriage.<sup>8</sup> This symbolism becomes horrifically literal in *Dracula*. In Stoker’s novel, vampires “reproduce” by mixing blood.<sup>9</sup> The method of Vampire reproduction depicted in *Dracula* is a manifestation of the ignorance and unease of sex and sexuality in the Victorian mind coupled with the persistent popular acceptance of an “exchange rate” between different bodily fluids.

Victorian economic sexual metaphors may help explain Dracula’s avaricious nature and blood lust. Most likely as a result of the persistent beliefs in the “exchange rate” of bodily fluids in human physiology, “spending” became popular slang for ejaculation and orgasm. In Stoker’s *Dracula*, the metaphor works both ways—Dracula’s financial habits are symbolic of his predatory, sexual nature. Dracula is characterized by “excessive consumption,” both of blood and of capital<sup>10</sup> (Halberstam 342). Like the dragon in *Beowulf*, he is a monster that guards his hoard, but critics read Dracula’s acquisitiveness as more intentional than instinctual. Dracula is frequently described as an “anti-capitalist” economic vampire as “he does not circulate his capital, he takes but never spends” (Halberstam 346), stopping the flow of currency as he would eventually

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8. Perhaps the best known literary rendering of the ambiguous nature of this concept is John Donne’s “The Flea.”

9. Snef interprets baby Quincey’s names to mean that “Stoker is suggesting that the child is the product of an asexual union rather than the result of a sexual union” (46). Other critics prefer a more sensational interpretation. Halberstam argues that “Quincey Harker [...] is as much the son of Dracula as he is of the ‘little band of men’ [...] [b]lood has been mixed after all” (349).

10. Curiously, some blood in *Dracula* is more valuable than others. Lucy’s fiancé, Arthur, who seems to “emanate” an aura of “strong young manhood” has blood that is preferable to that of Dr. Van Helsing’s and Dr. Seward’s (Stoker 114-115). Van Helsing exclaims, “you are more good than us, old or young, who toil much in the world of thought. Our nerves are not so calm and our blood not so bright than yours!” (Stoker 114-115). Arthur’s blood is “so pure” that the physicians “need not defibrinate it [to prevent clotting]” (115).

stop the flow of his victims' blood. However, Dracula's "consumption" may also be an implicit reference to tuberculosis.

Tuberculosis was ubiquitous and incurable during the Victorian era; and as its victims were frequently romanticized in works of art (Lawlor and Suzuki 458), it would not be strange if the disease influenced the portrayal of vampirism in a novel like *Dracula*. This cultural fascination with a consumptive death was due in part to the nature of the disease. Consumption produced "aesthetically pleasing symptoms" and preyed upon the young. There remained within the medical and popular communities a deep and enduring ignorance of the communication and development of the disease. Those afflicted with the aptly named "consumption" appeared eaten away from the inside. Consumptives were characterized by their extreme pallor, languor (except in the mania prior to death), wraith-like thinness, and red cheeks (from fever) and lips (from coughing up blood). In *Dracula*, those infected with vampirism appear to have symptoms similar to tuberculosis patients. At the beginning of her illness, Lucy Westenra's symptoms might indicate respiratory consumption. She writes in her journal: "This morning I am horribly weak. My face is ghastly pale, and my throat pains me. It must be something wrong with my lungs, for I don't seem ever to get enough air (Stoker 103). When Dr. Seward examines her, he notices her "bloodless" quality and attributes it to "the usual anemic signs"; yet, when Seward analyzes her blood he finds it normal (105). In his diary Seward records Lucy's worsening condition: "She was ghastly, chalkily pale; the red seemed to have gone even from her lips and gums, and the bones of her face stood out prominently; her breathing was painful to see or hear" (113). Eventually, "[e]ven the lips were white, and the gums seemed to have shrunken back from the teeth, as we

sometimes see in a corpse after a prolonged illness” (120). Lucy’s pallor, emaciation, and difficulty breathing seem consistent with popular portrayals of the progression of tuberculosis. After Lucy becomes a vampire, her bloodstained lips and feverish eyes “full of hellfire” complete the picture (197). As a vampire, Lucy has become tuberculosis incarnate: she, like the other vampires, seeks to remove the blood of her victims: to take them into her “hungry” arms, to consume their lives, and infect them with vampirism (197). The disease of vampirism within the novel, as it turns its victims not into carriers of the disease, but into manifestations of that disease, demonstrates the inherent difficulty in treating illnesses with purportedly moral as well as physical causes. To effectively treat a patient, a doctor must also be a priest; a relationship which seemingly raises a legion of moral questions.

### *The Moral Implications of Transfusion*

A doctor, responsible for his patient’s spiritual as well as physical health, could easily fall into ethical dilemmas during treatment. New scientific advancements and medical treatments which have yet to be culturally assimilated are morally ambiguous. A new procedure might save a patient’s life, but put his soul in danger.

As a new medical procedure, blood transfusion—though still largely theoretical—is held up to moral examination in *Dracula*. Van Helsing decides to treat Lucy’s exsanguination with the experimental procedure of blood transfusion.<sup>11</sup> Though the “operation” is successful, prolonging Lucy Westenra’s life, the moral implications of blood transfusion are potentially as morally corruptive as Dracula’s bite. Sneyd, like other

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11. Though *Dracula* depicts several effective blood transfusions, it was not until 1900, when Karl Landsteiner discovered the A, B, and O human blood groupings that reliably successful blood transfusions became possible (Loudon 122).

critics (Halberstam and Spencer), draws attention to Lucy's "covert desire" for a polygamous relationship with her three suitors and the "latent sensuality" which makes her bait for the Vampire (42). However, it is the treatment for her exsanguinations, the blood transfusions, which make her "polyandrous." At Lucy's funeral, Arthur said "he felt since then [the transfusion] as if they two had been really married and that she was his wife in the sight of God" (Stoker 167). However, in the carriage, Van Helsing breaks into "hysterics" and declares, "[b]ut there was difficulty [...] If so that, then what about the others [Seward, Godgalming, Morris, and himself]? [...] Then this so sweet maid is a polyandrist" (169). The characters are concerned over the moral implications of the transmission of bodily fluids, particularly blood—and their concerns seem justified within the novel. After the first transfusion, which Lucy was unaware of, she writes, "[s]omehow Arthur feels very, very close to me. I seem to feel his presence warm about me" (Stoker 122). For Lucy, Arthur's "presence" circulates through her body like his blood; she seems spiritually attuned to the transfusion, though she had no knowledge of it. After Dracula manages to bite Lucy again, it becomes necessary for her to receive another transfusion. Dr. Van Helsing turns to his friend and assistant, Dr. Seward, who has also courted Lucy. Dr. Seward obliges and feels "pride" after the transfusion: "No man knows, till he experiences it, what it is to feel his own life-blood drawn away into the veins of the woman he loves" (Stoker 123). This "operation" has become an "experience"; it is not only a life-saving procedure but something that produces a kind of intimacy. Dr. Van Helsing warns Seward to keep the transfusion a secret from Lucy's fiancé, Arthur, as it would "frighten him and enjealous [*sic*] him" (Stoker 124). Arthur would presumably be "frightened" to know the procedure was once again necessary—the

implication being that Lucy remains in mortal danger—and made “jealous” if he knew another man was giving his fiancé blood. In *Dracula*, blood transfusion is an act of physical and spiritual intimacy analogous to sex within marriage. To the Victorians, it was a horrifying reality that, according to current societal conventions, Lucy could be both a “sweet maid” and a “polyandrist” after obtaining blood transfusions.

### *Conclusion*

To some extent, *Dracula* is a critique of the Victorians’ tendency to ignore the implications of new medical advances. In an ideology where blood, sex, and death were inexorably entwined, disease and healing stubbornly retained moral associations. To deny the spiritual aspect of medicine in *Dracula* was to embrace horrors. A character that exemplifies this response is the lunatic Renfield. Dr. Seward confronts Renfield about the moral implications of his zoophagous, or “life-consuming,” behavior and the lunatic lashes out: ‘To hell with you and your souls! [...] Why do you plague me about souls? Haven’t I got enough to worry, and pain, and distract me already, without thinking of souls!’ (Stoker 260). Like Renfield, the Victorians were worried, distracted, and obsessed—looking for ways to prolong their lives. However, if patients attempt to treat themselves without regard to the spiritual implications they will put themselves in physical and moral peril. The best recourse is to employ a “metaphysician” who has sufficient knowledge and ability to be a sympathetic and efficient doctor.

Though the novel displays all the newest technology (phonographs, typewriters, steamers, and telegraphs), and depicts a successful blood transfusion (a method that had yet to be developed), all technological advancements are appropriated under the banner

of antiquity. The most articulate expression of this comes from one of Van Helsing's speeches:

It is the fault of our science that it want [*sic*] to explain all; and if it explain not, then it says there is nothing to explain. But yet we see around us every day the growth of new beliefs, which think themselves new; and which are yet but the old, which pretend to be young. (Stoker 178)

Van Helsing recognizes that there are phenomena that empirical science is unable to explain and points to the past as the origin of many "new beliefs." By placing future advances in the practices of the past, Stoker supports a conservative view of medicine that forsakes modern, compartmentalized, empiricism for a more traditional form of medicine consisting of wide-sweeping knowledge, sympathetic doctor-patient relationships, and ultimately more effective cures. By attempting to create a modern Paracelsus in the character of Dr. Van Helsing, Stoker was searching for a way to reform medicine in the fictional world of his novel only to find that even a "metaphysician" could not clarify all the ambiguities inherent in new medical practices.

## CHAPTER FIVE

### Conclusion

After examining Catharine Maria Sedgwick's *Hope Leslie* (1827), Wilkie Collins's *The Moonstone* (1868), and Bram Stoker's *Dracula* (1897), one gains greater insight into the cultural response to nineteenth-century medical practice as well as a sense of both real and proposed changes to the medical system. Although three novels are too small of a sample to make any broad generalizations about literature's depiction of medical progress, these three novels present an interesting trend. The novels written closer to the end of the nineteenth century become less focused on personal definitions of medicine and more concerned about the responsibilities of the physician. In *Hope Leslie*, the traditional, university-trained physician is absent, and the American characters are free to create their own medical authorities based on the efficacy of their treatments. *The Moonstone* depicts the malpractice of a college-trained country practitioner, while sympathizing with the victims of his indiscriminate distribution of opium. In *Dracula*, Stoker attempts to work through persistent medical ignorance by creating a "metaphysican" to combat the forces of the unknown; unfortunately, in this model of medical relations, the patient becomes the disease and loses all power of self-treatment. The marked power-shift in the doctor-patient relationships and the movement of medical knowledge from the public sphere to a private realm of specialists coincides with, if not anticipates, the social and political changes that would result in an altered cultural perception of medical authority. Further research examining other works by these three

authors as well as the works of other nineteenth-century novelists might help to clarify this shifting view of medical authority.

By studying the role of medicine and medical authority in nineteenth-century novels, we can come to a better understanding of the benefits and disadvantages of making medical discourse public. Researching the history of the availability of medical knowledge is important for three reasons: it will further our understanding of nineteenth century culture, help us to understand the origins of our medical system, and perhaps give us the wisdom to handle future conflicts regarding the dissemination of medical knowledge. Today, medical information is becoming more accessible to the public through digital media, but the knowledge to interpret this information is not readily available. While a patient may be better informed, the physician may find that he or she must now work as a medical interpreter to the patient and even argue to defend his or her diagnosis. The last time medical knowledge was subject to this kind of public discourse was in the late eighteenth to early nineteenth centuries.

The availability of medical knowledge is not the only nineteenth-century issue that finds itself mirrored in current concerns in the medical field. The doctors and patients in any large hospital of the 1890s were anxious about topics like the dangers of hospital-acquired infection, the ethics of end-of-life care, the value of midwifery, the snare of malpractice, the hazards of misleading drug companies, and the potential of socialized medicine. Many of the challenges the nineteenth-century medical community faced differ only by degree with those of today. The central conflict within medical reform remains between utilitarian pragmatism and humanistic values. A key similarity between the goals of nineteenth-century medical reform, as demonstrated by the novels

examined, and those of today's medical community is the continuing desire to improve the relationship between doctors and patients while pursuing the most effective but ethical treatment options.

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