

Teaching *Dracula* through the Medical Humanities

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Dracula is a novel preoccupied with learning. The titular Count – a “child-brain”, albeit one with both the time and the mental capacity to absorb knowledge – invites Jonathan Harker to Transylvania as much to instruct his host in English manners and customs as to formally complete the legal transfer of a London property (Stoker 336, 45, 47). Harker, crossing Europe by rail and stagecoach, struggles with languages imperfectly learned and demotic gestures hardly understood before comprehending that, in distant Romania, the past is not dead and its living conventions and causalities substantially shape and define the present (Stoker 31, 32, 46). Harker’s associates in England – a congeries of professional gentlemen-adventurers, supplemented by a token independent woman – must likewise come to contemplate that *their* ostensibly confident understanding of the modern world remains incomplete without a grasp of those discarded knowledges which have preceded current western epistemology. A true polymath, whose qualifications embrace medicine, letters, and law (Stoker 130, 175), Van Helsing is the pedagogue who will instruct these earnest students regarding the threat that impinges upon their comfortable world. That threat is not unprecedented, for the Professor corrects their ignorance through recourse to ancient and contemporary medical authorities as well as the ephemera of folklore and legend (Stoker 241-5, 276). Moreover, though, he integrates the group’s pre-existent experience and understanding – the individual skills they have

learned in the surgery, the classroom, the solicitor's chambers and the wilderness – into an intellectual process whereby each may, as an independent learner, apply that knowledge in his absence. Van Helsing holds the balance between past and present, theory and practice, and ignorance and enlightenment. He is a worthy model for twenty-first century teachers of Stoker's intriguingly polymath novel, redolent as it is with concepts and issues now faded from living memory, to follow in their own attempts to convey its historical content to the incredulous student.

Dracula, as its often overlooked foreword pointedly states, is a collection of archival documents duly edited and arranged for the convenience of the reader of 1897. That reader's successor in the twenty-first century must emulate those fictional characters who, under Van Helsing's guidance, have engaged with the dimly perceived concepts of an occluded past. Accessing that past has, however, become a somewhat easier process in recent years with the rise of the digital humanities, where archival information hitherto available only to readers at a specific locality is now widely disseminated online. This is not to suggest that online resources are yet at such a stage of development that printed works have been rendered wholly redundant. Much of the cultural archive of the nineteenth century – most notably those ephemeral books, pamphlets and popular newspapers less likely to have been carefully curated by Victorian librarians – remains unavailable to the digital reader, and is likely to continue as such for some years to come. A systematic approach, though, where online research is imbricated with traditional archival study, and where these two crucial research activities exist in reciprocal relationship, is best calculated to produce innovative conclusions and new resources.

Many of the allusions and nuances within *Dracula*, though familiar – if not obvious – to the Victorian reader will be obscure to those approaching the novel in the twenty-first century. *Dracula* is, for example, punctuated by allusions to fox-hunting (Stoker 292, 311), the British legal system (Stoker 238, 326), the theatre (Stoker 272, 342), and imperial adventure (Stoker 83, 317). Stoker, though a former civil servant, a trained lawyer and a theatrical manager, does not appear to have hunted to hounds, nor indeed to have travelled far outside of the urban centres of Europe and the United States, though he most likely encountered many who did. Effectively, the linguistic trace of activities such as these were incorporated into the everyday speech even of those not actually active in them – much as, indeed, phrases from computing or finance frequently appear in non-specialist discourse today. *Dracula* is thus a tissue of key words, quotations and allusions, some now obscure, others still familiar, all taunting the modern reader with the restricted understanding that comes with partial knowledge, the need as it were to engage more fully with those specifically Victorian concepts that are indexed through fin-de-siècle phraseology.

Dracula, however, is overwhelmingly freighted with the language and conceptuality of Victorian medicine, a specialist discipline whose comprehension may present potentially acute challenges to the non-clinical reader. For general readers in the twenty-first century, medicine may prove a problematic discourse for a number of reasons. In its twentieth- and twenty-first century incarnations, medicine exists for many non-specialist perceivers as a seemingly opaque practice which locates the non-clinician very much on the outside of both debate and understanding. Heavily inflected with chemical and physiological terminology in modernity, professional medicine is a discipline which

characteristically renders the patient as a passive recipient of information rather than an active participant in its formulation. Tacitly, self-diagnosis is discouraged by institutional medicine, other than in its capacity to lead the patient to the doctor. Arguably, it is only in places characterised by extreme poverty or else geographical isolation where demotic – self or amateur – medical practice persists in the modern age.

Such was not the case in the nineteenth century, however, and this is one reason why the coherent medical script within Stoker's novel was accessible to the general public rather than merely to clinicians. Stoker's grounding in contemporary medical knowledge was in part derived from encounters with clinicians: his elder brother, Sir William Thornley Stoker (1845-1912), was President of the Royal College of Surgeons in Ireland between 1894-1896, and his younger brother George (1854-1920) served with distinction as a military surgeon in Europe and South Africa. Stoker, too, by his own admission, was a sickly child who – it has been speculated – may have been treated for an extended period by doctors of various clinical persuasions (Murray 25-6, Senf 74, Shuster). The literal ministrations of medical professionals in all stations of social life from the proletariat to the bourgeois, were supplemented further by a vast literature of popular diagnostic volumes, colloquially termed "Home Doctors" or "Home Physicians", which advised their possessors, for example, how to recognise the symptoms of cholera, mix an emetic or stitch an open wound (Medical Man 641, 740, 725-6). These cheap publications were written in accessible language, with symptoms and their projected outcomes tabulated systematically and often graphically. Though cheaply produced, and in many cases published either anonymously or pseudonymously, these volumes functioned as a major conduit of practical knowledge and evocative terminology from clinician to lay reader. In

essence, by widely disseminating symptomatology and nosologies, such works made pathological states, be they associated with transmissible disease or the morbid consequences of sexual or alcoholic excess, available to the moralising author of fiction as well as to the interpreting reader. In doing so, such works established a complicity in which depictions of physical or mental disorder carried within them additional cultural and moral values and judgements. The ephemeral *Home Doctor* is thus an index not merely of symptoms but of the moral and social associations that accompanied them. Though such volumes are now rarely encountered in thrift shops and may be prohibitively expensive when sourced through antiquarian booksellers, a significant number may be freely accessed online by way of digital repositories including Google Books as well as specialist clinical archives such as the Wellcome Trust (Thomson, Mackenzie). The dictionary like structure of many of these works, which often includes a separate index of symptoms, should be regarded as an invaluable aid to the pathologising and diagnosis of fictional characters generally and to popular understandings of disease specifically.

The medical plot of *Dracula* revolves around a central complex of diagnosis and prognosis, in which both the individual and their surrounding culture are equally implicated. This complex provides an ideal thematic centre through which to encourage student understanding not merely of a wide range of contemporary pathologies but also of the moral implications associated with them; of the respective values accorded to professional and amateur diagnosis; and of the intimacy between physiology, psychology and sexology in certain gendered complaints represented in Stoker's novel. *Dracula* represents medical crises with unusual intensity: in this respect, its exemplar status will empower the student seeking morbid pathology elsewhere in nineteenth-century fiction,

particularly where gender and race are perceived as significant cultural contexts in the representation of dis-ease and its amelioration or eradication.

Readings of *Dracula* by way of gender studies have quite rightly noted the how the vampire condition, which is persistently condemned by the God-fearing men of the novel, specifically liberates women from repression, the un-dead hunger for blood eliding quite easily into a culturally inexpressible desire for another richly emblematic saline secretion produced by the *male* body (Senf 52, Roth 115). Taking this well-known theoretical interpretation of *Dracula* as a starting point, students might profitably be encouraged to condition its implications by way of Michel Foucault's discursive interpretation of blood as 'a reality with a symbolic function' (Foucault 147), where the *conscious* cultural meanings encoded in the fluid are modified by the literal processes of secretion, circulation, depletion, dilution and transfer. The interpretations provided by both of these twentieth-century schools of thought can be brought together through a contemplation of the evocative Victorian medical concept of the spermatic economy. Accepted by some accredited practitioners, and by many more amateurs in medical diagnosis, the spermatic economy considered semen to be a direct by-product of blood, albeit one obtained at the cost of a significant depletion of the sanguine circulation (Barker-Benfield). This now-discredited assumption within physiological medicine has immense implications for the novel and its frequent descriptions of pallid lassitude or florid repletion (Stoker 43, 70, 73, 143, 144). The pallid man may be an habitual masturbator, depleting his personal economy and debilitating in consequence the integrity of his racial heritage (Mason 103). The pale but voluptuous woman's desire for semen will likewise weaken both her lover and the nationalistic virility his blood metaphorically represents (Mason 40, 43). The

Count, it should be specifically noted, openly exhibits not merely the pallor, lassitude and solitariness of the habitual onanist but also the hairy palms of a once-popular sexual mythology (Stoker 43).

It should be clear from the novel's protracted interweaving of pallor and sexual deviancy that medicine is a discourse ready to apply moral judgement and condemnation to any perceived deviancy whose symptoms are written upon the body. The student, again, might profitably consider the way in which Lucy Westenra's symptoms are considered from the point at which her fiancée unknowingly invites one of her former suitors, the alienist John Seward, to investigate her increasing lassitude. He is reluctant to diagnose, however, and it is not so much the case that he does not suspect a likely cause for her condition, than that he fears the moral implications of voicing that diagnosis himself. To summon Van Helsing as a specialist in 'obscure diseases' (Stoker 80) is thus to pass the burden of judgement to one not directly connected to the patient. Lucy's complaint, it might be deduced, is one whose presence is likely to compromise her ostensible purity of mind as much as of body. Its focus is, again, sexual desire and the immodest need to engage in coitus. This much is already known to the reader following Lucy's privately expressed, and possibly light-hearted, desire to 'marry three men' (Stoker 80). Its textual presence, though, whilst affirming twentieth-century assumptions with regard to the repressed nature of Victorian sexual culture, points symptomatically towards a contextual clinical diagnosis of hysteria. A reading of the symptoms displayed by the Count's first victim on English soil might be undertaken by the student, and these juxtaposed with those depicted in the most influential clinical texts on the complaint – most notably *On the Pathology and Treatment of Hysteria* (1853) by Robert Brudenell

Carter (1828-1918) – as well as the more frenetic images of fainting, prostrated collapse and sexually wayward expressiveness in popular medical works. The ‘cure’ for hysteria, in respectable terms, was marriage: Lucy’s post-mortem approach to her lover, carefully worded as it is to entice him to a version of the marriage bed (Stoker 219), might be seen as the culmination of her own attempt to alleviate the carnal hunger that prompts her symptoms. A comparison of Lucy’s prostration with the apparently hysterical crises experienced by both Harker (Stoker 183, 197) and Van Helsing (Stoker 185-6) would also greatly assist the student in comprehending the gendered nature of Victorian medicine.

To read the ostensible sexuality of *Dracula* is, of course, to necessarily implicate the self within the twentieth and twenty-first centuries’ preoccupation with that topic, possibly to the exclusion of other compelling interpretations available to scholars of the medical humanities. To facilitate both breadth and an awareness of criticism as a discipline, it is thus important that student of *Dracula* be introduced to the non-sexual medical content of the novel. *Dracula* embodies, in particular, an extensive and accessible encounter with the physiological model of mental development popular at the fin de siècle, this being a context referenced explicitly in the novel through the pointed phrase ‘unconscious cerebration’ (Stoker 90, 272). This cerebral process, whereby the mind is assumed to be able to unconsciously develop a complex idea or reach a conclusion whilst otherwise consciously occupied (Carpenter 515-43), was popularised by the British physician William Benjamin Carpenter (1813-1885). The theoretical assumption that the logical processes of the mind might be trained by conscious repetition – in a manner somewhat similar to that in which the muscles ‘learn’ to move without conscious direction in the act of walking – is signalled implicitly in *Dracula* by way of Lucy’s

somnambulism and Seward's unconscious but safe handling of a sharp surgical instrument (Stoker 78, 109-10; Hughes 2000, 141-51). Outside of the novel, its curative possibilities led to its deployment in contemporary lunatic asylums, where patients were 'habituated' into approved (rather than deviant) mental processes and beliefs.

Though the student of *Dracula* might here be invited to contrast this wholly Victorian version of the unconscious mind with the model proposed by Freud in the early twentieth century, the ethics of its application might well form another topic for discussion. Seward, who manages a private lunatic asylum in the novel, is perceptibly influenced by Carpenter's model of mental physiology, though the latter is not explicitly referenced in *Dracula*. Two other doctors – David Ferrier (1843-1928) and John Burdon-Sanderson 1828-1905) – are, however, mentioned (Stoker 92) and their respective ethics might be said to inform *Dracula* as much as Carpenter's theory. Ferrier and Burdon-Sanderson were controversial vivisectionists, experimenting upon the brains and bodies of conscious animals in the pursuit of surgical techniques which might be applied curatively to human subjects. Seward's fictional practice represents an extension of vivisection from the animal to the human subject, and from the physiological to the psychological. His selection of the obsessive patient R. M. Renfield as an experimental subject is both legally and ethically questionable, for no consent is sought from the concerned friends who have legally consigned him to the Doctor's care (Stoker 82, 239). Seward, as a 'humanitarian and medico-jurist' (Stoker 249) whose professional career embraces law as well as medicine, would – of course – know this. Further, Seward openly admits that, rather than guiding Renfield's mind *away* from his *idée fixe* – as he ought to do if deploying unconscious cerebration as a *curative* tool – he deliberately schemes 'to keep him to the

point of his madness' (Stoker 82, 91, 132-3): Seward's practice, in other words, is anything other than curative. The student might thus be led to place this aspect of *Dracula* in the context of the Victorian debate upon vivisection, noting not merely the polemical writings of anti-vivisection campaigners such as Frances Power Cobbe (1822-1904) but also evocative fictions such as Robert Browning's sardonic poem of 1870, 'Tray' (Hamilton; Browning), and the more protracted accounts of experimentation upon the human subject in Wilkie Collins's 1883 anti-vivisection novel, *Heart and Science*. Collins's 1859 novel, *The Woman in White*, also contains a discernible curative application of Carpenter's mental theory within an asylum context. Both novels present excellent – and detailed – proleptic foils to *Dracula*.

Though evidently informed by contemporary British practice, *Dracula* is also punctuated by allusions to Continental medical thought. The novel's explicit references to the ideas of Jean-Martin Charcot (1825-1893), Cesare Lombroso (1835-1909) and Max Nordau (1849-1923) facilitate reader access to a somewhat fluid intellectual field in which ostensibly orthodox medicine successfully co-exists with a range of concepts and ideologies now dismissed as pseudosciences. As Van Helsing suggests, in a discipline whose principles must remain under active development, it is purblind to reject any radical hypothesis that has some logical relationship to accepted thought: hence, if a physician embraces the then-fashionable medical hypnotism of Charcot, why is it not logical to accept thought reading, materialisation or the existence of astral as well as corporeal bodies as well (Stoker 200)? Stoker's depiction of hypnotism, though it acknowledges the Victorian Charcot, might profitably be compared by the student to the essentially eighteenth-century system of *fluid-based* animal magnetism proposed by Franz-Anton

Mesmer (1734-1815), particularly in those scenes where a channel of communication is established through the ingestion of blood (Stoker 288, 309-11; Hughes 2015, 21-40). Stoker's vision of hypnotism appears oddly anachronistic in the novel, given his employment of contemporary practice not merely in the fictional asylum but also in the practical surgery of blood-transfusion and trephining (Stoker 143, 277-8; O'Connor and Dunbar; Eigheten-Bisang and Miller 178-81). The possible motivations for this departure are themselves worthy of consideration by the student, their implications perhaps exceeding the mere demands of plot and pointing towards a critique of materialistic attitudes within contemporary science.

Beyond hypnotism, and by way of Lombroso and Nordau, *Dracula* also engages with the pseudosciences of physiognomy and (racialized) degeneration: these, in turn, are associated with the perceived decadence of the Victorian fin de siècle (Stoker 42-3, 77, 198, 336). This situation, again, poses a number of questions with regard to the novel's complex relationship to late-Victorian culture. Given its explicit antipathy to such contemporary developments as the progressive or 'New Woman', its more pervasive disdain for European Jewry, and its dismissal of the working classes as alcoholic and eminently purchasable by the invading Count, the cultural conservatism of *Dracula* sits rather oddly against its production out of the cultural milieu of London decadence. Stoker was familiar with the decadent *Yellow Book* (*Catalogue* 238), and the first edition of *Dracula* itself appeared between emblematic yellow covers (Constable). He was a College associate, also, of the aesthetic and decadent writer Oscar Wilde (1854-1900), and owned fiction by Wilde's sometime lover, Richard Le Gallienne (1866-1947), while his management of the Lyceum Theatre would have brought Stoker into contact with

fashionable and artistic London. The medicalising of uranism – a Victorian euphemism for homosexuality, a sexual identity itself supposedly characteristic of the decadent identity – is a further context that might profitably be explored by the student. *Dracula* appears highly conscious of the coded languages, both medical and subcultural, by which such ostensibly repressed sexual identities are communicated, though it will most likely never be proved with certainty that the author of the novel was a closet homosexual nor, indeed, whether his death was a consequence of syphilis contracted in heterosexual coitus (Schaffer; Farson 233-5). The medical humanities, again, will provide an opening for considerations that may further engage students with the ongoing work undertaken in Queer studies, psychobiography and cultural history.

In *Dracula*, the symptoms of vampiric predation are comprehended first in their individual physiological stigmata and only latterly in a visible compromising of personal moral, racial or gendered characteristics prior to death. As Van Helsing observes, though, death is *not* the end, for the compromised corpse persists as a localised contaminant, having the potential to infect others within what Harker terms ‘an ever-widening circle’ (174, 74). The epidemic potential of the vampire is, to be sure, a theme which is as pertinent to the twenty-first century as it was to the Victorian fin de siècle. At that time, cultural infection was perceived to come, like Count Dracula, from a European East fractured by pogroms and populated by debilitated or degenerate peasants (Pick; Stoker 29, 33). On trade routes from the East, also, came the cholera witnessed by Stoker’s mother (Farson 13-15), and a variety of further epidemic infections, it has been argued, may have underwritten a significant proportion of deaths in Britain across the nineteenth century (Mooney). More recently, the image of *Dracula* has been deployed extensively in

AIDS-awareness campaigns (Bak xi-xv). The onset in 2020 of Covid-19, however, arguably revives much of the ambience of Victorian cultural epidemiology, particularly the deployment of pseudo-medical rhetoric in anti-immigrant polemic, the association of the geographical east with unhygienic or primitive practices, and the fear that unknown vectors of disease are circulating within the uninfected population. Though Coronavirus may not yet have been depicted in fiction as a vampire, the student of *Dracula* may still temper a reading of contemporary crisis-culture through a knowledge of the occluded medical past.

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