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Hysterical Bodies and Narratives:
Medical Gothic and Women's Fiction, Victorian to Contemporary

Louise Benson James

A dissertation submitted to the University of Bristol in accordance with the requirements for
award of the degree of PhD in the Faculty of Arts.
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Abstract

This thesis explores the narrativisation of medical hysteria in women's prose fiction. Through five case studies from the Victorian to the contemporary, I define a medical Gothic that materialises around the topic of the protean symptomatology of hysteria, and the figure of the hysteric, an enduring symbol of the unruly female body. I draw out the intense focus on physiology, a medically-inflected language of Gothic pathology, and an interest in the vagaries of the nervous system. These writers are interested in the role of language in controlling or liberating the female body, appropriating medical discourse in order to challenge stereotypes about women's bodies and social roles. I track hysteria's development as both a pathology and a metaphor. Close readings of original medical texts reveal the literary techniques used in the construction of the disorder, which in turn demonstrates the anxiety and performativity of medical authority.

My study begins with an analysis of nervous disorder in Charlotte Brontë's *Villette* (1853). Chapter Two looks at pathological blushing in the novel *Nancy* (1873) and other symptoms in short supernatural fiction by Rhoda Broughton. Chapter Three examines Lucas Malet's *The Wages of Sin* (1891) and *The Survivors* (1923), novels which thematise hysterical bodies and spaces of illness, surgery and death. Chapter Four highlights the bodily grotesque and the intracorporeal landscape in Djuna Barnes's *Ryder* (1928) and *Nightwood* (1936). Finally, Chapter Five interrogates a contemporary depiction of the hysteric in Helen Oyeyemi's *The Opposite House* (2007) and *White is for Witching* (2009). Writing as they are in different historical contexts, these authors present a tradition of medical female Gothic that, much like hysteria, is mutable and disorderly, responds to changing cultural stimuli, refuses to adhere to a fixed set of conventions, and has at its centre the ambivalent figure of the hysterical body.

Key words:

Body, Cultural, Disorder, Female, Fiction, Gothic, Hysteria, Language, Medical, Medicine, Narrative, Nervous, Pathology, Social, Symptoms, Victorian, Women.

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Author's Declaration

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's *Regulations and Code of Practice for Research Degree Programmes* and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

Signed.....

Date.....

Publications arising from dissertation research

Louise Benson James, 'Hysterical Bodies and Gothic Spaces: Lucas Malet's "Moral Dissecting-Room"', in *Lucas Malet, Dissident Pilgrim: Critical Essays*, ed. by Jane Ford and Alexandra Gray (London: Routledge, 2019), pp. 33-51

-----, 'Hysteria', *The Companion to Victorian Popular Fiction*, ed. by Kevin A. Morrison (Jefferson, North Carolina: McFarland & Company, 2018), pp. 117-119

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Introduction

I really believe my nerves are getting over-stretched: my mind has suffered somewhat too much; a malady is growing upon it – what shall I do? How shall I keep well?¹

Charlotte Brontë, *Villette* (1853)

Like every girl, I only need to look up and a little to the right of me to see the hysteria that belongs to me, the one that hangs on a hook like an empty jacket and flutters with disappointment that I cannot wear her all the time.²

Helen Oyeyemi, *The Opposite House* (2007)

These two novels, which bookend my study, demonstrate hysteria's transition from Victorian medical malady to postmodern cultural symbol. In *Villette*, Lucy Snowe's cause-and-effect account of nerves, mind, and malady illustrates the mid-nineteenth century medical association between the nervous system and the suffering mind; psychological disorders were understood to be inherently physiological, caused by aberrant forces in the body. Yet Lucy's descriptions of internal biology – overstretched nerves and growing malady – are ambiguously physiological or figurative. In *The Opposite House*, hysteria, the quintessential Victorian nervous disorder, becomes externalised: a presence at the shoulder, a dark double, but also an intrinsic aspect of femininity. Protagonist Maja acknowledges hysteria's fascination and appeal, the temptation of allowing hysteria to take hold. Lucy's self-diagnosis and self-treatment, and Maja's 'personal hysteric', point to a paradox of fictional depictions of hysteria: while characters exhibit symptoms and disorders which are stigmatising, gendered, and potentially disempowering, they also claim ownership over these maladies. The question – how shall I keep well? – is central to all the fiction discussed in this thesis. These writers are investigating what wellness and illness mean: the tensions between cultural assumptions and medical theories about the unruly female body, and subjective accounts of disorder.

Oyeyemi's universalising of hysteria as belonging to 'every girl' recalls Elaine Showalter's condemnation of a 1990s tendency to read hysteria into all women's stories – whether those

¹ Charlotte Brontë, *Villette*, The Clarendon Edition, ed. by Herbert Rosengarten and Margaret Smith (Oxford: Oxford University Press, 1984), p. 222.

² Helen Oyeyemi, *The Opposite House* (London: Bloomsbury, 2007), p. 29.

stories thematise hysteria or not – particularly writing labelled as ‘fragmented, evasive, and ambiguous’.³ Showalter held poststructuralist literary criticism responsible: that this school of thought ‘equated hysteria with the incoherent female imagination, just as pre-Freudian doctors had equated hysteria with the disorderly female body’.⁴ ‘Hysterical’ clearly should not serve as a universal descriptor for women’s writing, but finding hysteria in fiction by women need not mean dismissing that fiction as uncontrolled and muddled. Ankhi Mukherjee’s discussion of ‘Aesthetic Hysteria’ as a formal and stylistic literary device demonstrates that hysteria can be productively viewed as inspiring purposeful modes of writing and reading, rather than incoherence.⁵ However, this perspective also has pitfalls. Mukherjee’s argument focuses on ‘the symbolic displacements of hysteria as metaphor’, and she cites Maud Ellmann to insist that she is ‘concerned with *disembodiment*, not bodies’.⁶ I argue that the body – the female body in particular – should be central to any discussion of hysteria and narrative. Despite Maja’s depiction of hysteria as a jacket one can wear, the protagonist’s hysteria in *The Opposite House* is not just an aesthetic, but a threatening presence that invades and controls the body – albeit one that is sometimes invited in – with serious, negative physical consequences. An aesthetic or disembodied view of hysteria is in danger of universalising the experience, just as Maja does, and discounting hysteria’s corporeal history as a medical disorder. I insist on hysteria as a deliberate artistic choice of theme or stylistic device, rather than dismissing women’s writing as hysterical. Furthermore, I return to a nineteenth century understanding of hysteria as medical and biological: to the disorderly female body, to Lucy Snowe’s stretching nerves and growing malady, going beyond a purely aesthetic reading. Hysteria is an apt figure for exploring questions around the mind-body divide, and the complexity of untangling performance from pathology, as both medically and culturally it occupies an ambiguous space between materialism and metaphor. My approach centres on the body – symptoms, behaviours, visualisations of internal biology – to explore the narrative construction of hysteria in fiction and medical discourse.

This thesis investigates hysteria through the confluence of medical and Gothic discourses in women’s fiction and medical texts. Hysteria is here variously defined as a medical disorder and evolving nosological category, as a cluster of uncontrollable symptoms, and as a

³ Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (London: Picador, 1997), p. 91.

⁴ Showalter, *Hystories*, p. 91.

⁵ Ankhi Mukherjee, *Aesthetic Hysteria: The Great Neurosis in Victorian Melodrama and Contemporary Fiction* (London: Routledge, 2011), p. ix.

⁶ Mukherjee, *Aesthetic Hysteria*, p. 3.

pervasive cultural symbol that represents the inherent instability of the female body. My study tracks the representation of the hysterical female body in Victorian medical discourse – the language used to categorise and communicate nervous disorder – identifying the genesis of a medical language around women’s mental health. I map the narrative of medical hysteria against literary case studies: the fiction of five women writers. The first four authors – Charlotte Brontë (1816-55), Rhoda Broughton (1840-1920), Lucas Malet (Mary St Leger Harrison) (1852-1931), and American author Djuna Barnes (1892-1982) – engage with medical language and the disordered body in their writing. A final chapter analysing the work of contemporary author Helen Oyeyemi (b.1984) examines the persistence of the disorder as an evocative Gothic figure, despite hysteria’s apparent demise as marked by its removal from the *Diagnostic and Statistical Manual of Mental Disorders* (4th edn, 1994). Oyeyemi ‘resurrects’ the figure of the hysteric in her Gothic fiction, in which hysteria is incorporated as a legitimate facet of female identity and linked to contemporary female mental health or illness. This thesis makes a distinctive contribution to contemporary hysteria studies by recovering multiple literary and historical narratives of hysteria, and reflecting on ‘hysteria now’.

I posit three central claims. First, women writers experiment with medical language and represent bodies physiologically to a much greater degree than has been recognised. Critics often read metaphor into women’s portrayals of involuntary symptoms, physiological processes, and biology, where instead I see a materialist engagement with the medical. An intense focus on physiology, a medically-inflected language of Gothic pathology, and an interest in the vagaries of the nervous system, is evident in fiction by women through the nineteenth and early twentieth centuries. Reading women’s fiction in conjunction with contemporaneous medical debates reveals female authors’ interest and engagement with medicine: use of medical themes, categorisations, diagnoses, and treatments. Their descriptions of the body draw on hysterical symptomatology: a huge variety of manifestations, from small compulsive movements to full body frenzy. I argue that authors appropriate discourses which pathologise the female body, often to satirically disrupt medical authority, but that this also indicates experimentation with the scientific point of view. In a key historical survey of hysteria, Helen King comments: ‘the language may shift – the womb travels, vapours rise, sympathy transmits symptoms through the body – but the message

remains the same: women are sick, and men write their bodies'.⁷ This project examines what happens when, instead, women write about 'sick' or disordered bodies, of both sexes.

Second, when women writers thematise the medical, they use a language that is profoundly Gothic. While not all these fictions would be categorised as Gothic literature, they deploy medicalised Gothic language. Female authors engage with the Gothic nature of the body in ways that have been overlooked or misinterpreted by scholars. I define a medical female Gothic that emerges around representations of the hysterical, unruly body; its internal workings and involuntary, uncontrollable behaviours become a new source of terror. Furthermore, the novels I examine present masculine hysteria as an equally Gothic experience, disrupting the normative categories of gendered disorder. My study challenges a sweeping definition of 'female Gothic' conventions which fall into binaries of female empowerment or victimisation, radical or conservative. I argue that women writers' experimentations with medical discourse and physiology result in a specific form of medical Gothic, comprising early examples of body horror.⁸ Depictions of the subjective experience of grotesque and unruly bodies challenge traditional diagnostics and insist on the material reality of women's lived experience.

Third, analysing medical texts through a literary lens brings to light the uncertain, haphazard, fraught construction of diagnostic categories, and destabilises notions of medical science as empirical "truth". Even as they engage in an ostensibly rational taxonomic project to categorise and "fix" disorders in language, medical texts base authority on received ideas, cliché, hyperbole, metaphor, even the fantastic or fictive, and make use of Gothic metaphor for narrative impact. These metaphors suggest that practitioners are disturbed by a disorder that they cannot neatly define or cure, but also the performativity of their texts: a use of histrionic, exaggerated descriptive language for effect. Hysteria is a medical spectre, described as a labyrinth, tangled web, cloven foot, unclean spirit, demon, or hydra-headed monster for the medical professional to thread, unfold, reveal, exorcise or slay. Medical discourse was engaged in a narrative project, testing ways to tell its stories, to present the

⁷ Helen King, 'Once upon a Text: Hysteria from Hippocrates', in *Hysteria Beyond Freud*, ed. by Sander L Gilman, Helen King, Roy Porter, G. S. Rousseau, and Elaine Showalter (London: University of California Press, 1993), pp. 1-90 (p. 64).

⁸ The term "body horror" was coined by Phillip Brophy in 1989 in relation to contemporary horror film. Much theory that uses this term focuses on contemporary literature and film, though Judith Halberstam has noted *Frankenstein* as an early literary example of body horror. I explain the term 'medical Gothic' below, page 18 onward.

nervous subject, to “treat” the hysterical body, through acts of narrative construction. Using close reading techniques to interrogate the rhetoric of historical medical texts, I build on the work of Robert Mighall and Sabine Arnaud, explained in more detail below. Most of this explication occurs in this introduction and the first two chapters, which lay the foundation for a model of medicalised Gothic language which, as I demonstrate, later women writers actively adopted. Examining male-authored medical texts in conjunction with women’s fiction presents striking similarities. I rarely propose direct influence of a medical text upon a fiction author: typically, evidence about whether my authors read specific medical texts is not conclusive. However, I suggest that these women were engaging with medical ideas and experimenting with knowledge that was present in the cultural imaginary. In doing so they appropriated a traditionally male language and destabilised rigid gender categories.

This project presents a cluster of case studies from the nineteenth century to the present day: literary representations of a disorder whose causes, symptoms and cures vary depending on time, place and societal or circumstantial influences. My five examples parodically allude to Freud’s five female case studies on hysteria. As it would be impossible to trace the trajectory of hysteria in all women’s writing through this period, case studies provide a manageable selection of accounts that together expose the continuities and inconsistencies encompassed within one medical category. Furthermore the case study is a reflexively relevant genre for my medical humanities approach, demonstrating that a subjective narration of disorder can both testify to individual experience, and challenge dominant cultural and medical narratives: authors can at once present empowered narratives of the female body, while admitting disorder and exploring its anxious, fearful, and grotesque impact. Together these chapters offer a transhistorical, transatlantic, cross-genre perspective on women’s writing, medical hysteria, and medical Gothic language.

This thesis reveals a hidden story of women’s fiction, whether hidden because the authors’ engagement with medicine and fascination with the body has been overlooked, or because the author or text has fallen into obscurity. I present a fresh reading of Charlotte Brontë’s *Villette* (1853) which emphasises her intricate detailing of different categories of nervous disorder and materialist descriptions of the body, and challenges the dominant Foucauldian reading of a doctor-patient power dynamic. I examine a novel and short stories by Rhoda Broughton largely ignored by critics, which exhibit striking parallels with Victorian scientific theories about pathological blushing and the dangers of the menopause. My analysis of medical

Gothic in the work of Lucas Malet contributes to the recent critical recovery of this lost female voice, once a celebrated and best-selling author.⁹ Malet epitomises a naturalist decadent body horror usually credited only to male authors at the *fin de siècle*. In Djuna Barnes's less-studied text *Ryder* (1928) I draw out previously unnoticed imagery that provides a way of understanding her disruption of gender and the domestic, and demonstrate that in *Nightwood* (1936) her focus on the body's inside, the internal organs, constitutes a celebration of the grotesque 'intracorporeal' landscape. In Oyeyemi's novels, I analyse the work of a significant contemporary woman novelist whose depiction of women who consider hysteria a Gothic part of their identity brings into question the history of the internalisation of these narratives around women's bodies.

Writing as they are in different historical contexts, these authors present a tradition of medical female Gothic that, much like hysteria, is mutable and disorderly, responds to changing cultural stimuli, refuses to adhere to a fixed set of conventions, and that has at its centre the ambivalent figure of the hysterical body. This revisionary project is a timely re-evaluation of what it means to examine hysteria in women's writing: not as evidence of female incoherence, as Showalter complains of poststructural criticism, or as purely metaphorical as Mukherjee does, or even as Arnaud asserts, the inclusion of fits to 'mark critical moments and often herald turning points in the plot'.¹⁰ Rather, it evidences women's engagement with medicine, deliberate inclusion of hysterical symptoms and behaviours in character, theme and form, challenge to medical authority, and a Gothic fascination with the body as medical, grotesque, and unruly.

Defining Hysteria

What is the relationship between hysterical bodies and hysterical narratives? Sigmund Freud defined a central characteristic of hysteria as internal narrative gone awry, 'a patient's inability to present the story of her life in the proper order', and the resulting emergence of symptoms that form a bodily language which must be interpreted and translated into a

⁹ See Jane Ford and Alexandra Gray eds., *Lucas Malet, Dissident Pilgrim: Critical Essays* (London: Routledge, 2019), the first edited collection about Lucas Malet, in which a version of chapter three appears.

¹⁰ Sabine Arnaud, *On Hysteria: The Invention of a Medical Category between 1670 and 1820* (London: University of Chicago Press, 2015), p. 164.

coherent narrative by the analyst.¹¹ Yet narrative is also fundamental to understanding how hysteria developed as a medical disorder; as Arnaud terms it, the story of hysteria is that of ‘the invention of a medical category’.¹² Arnaud’s historical study tracks the developing nosology of hysteria from 1670 to 1820: its establishment as a classification, its shifting metaphorical terminology, and the increased inclusion of narratives, both of case studies and physicians’ own lives, in medical tracts. She comments: ‘it is narrative that provided the fertile ground for a new understanding of hysteria, orienting the body toward what psychoanalysis would later invent’.¹³ I continue this work from a little beyond when Arnaud’s study ends, tracing the continuous re-invention of the category through the nineteenth century, to demonstrate how the category was (and still is) continually evolving. Arnaud states that post-1820 the term hysteria had taken hold, with most people believing it was female pathology caused by the sexual organs, a rarer approach isolating its cause in the brain. She argues: ‘it would take all the skill of psychoanalysis to reorient this first dissemination of explanations and replace them with a model of a “transfer neurosis” provoked by repressed conflicts’.¹⁴ However, a great deal occurred after 1820 to set in motion this redefinition of hysteria by psychoanalysis. Arnaud disregards decades of shifting re-inventions that gradually saw hysteria’s relocation from the womb to the nervous system, and definition as a nervous disorder, before it became understood as the result of repression.

The period 1850-1930 witnessed major developments in medical science, which mirrored – indeed occurred in part as a result of – shifts in the definition of hysteria. From the remit of physiology and neurology, its subsequent claim by the nascent field of psychoanalysis meant a transition from a nosology centred in physiology to one that emphasised the emotional and psychological. While at first sight it may seem plausible to define hysteria as having two incarnations, pre- and post-psychoanalysis, and to correlate this with the Victorian and the Modernist literary periods, this radically simplifies the relationship and sets up a false binary. Victorian physicians such as Robert Brudenell Carter (1828-1918) suggested the causes of the disorder might be purely emotional long before Freud, and Freud himself did not immediately determine the cause as entirely psychic, maintaining in his early work on hysteria that it had a physiological component. The psychoanalytic shift was gradual;

¹¹ Sigmund Freud, *A Case of Hysteria (Dora)*, trans. by Anthea Bell (Oxford: Oxford University Press, 2013), p. 12.

¹² Arnaud, *On Hysteria*.

¹³ Arnaud, *On Hysteria*, p. 204.

¹⁴ Arnaud, *On Hysteria*, p. x.

evolving ideas, socio-political events, and new scientific and medical discoveries fed into it through this period. As I argue, hysteria is better defined as a disorder whose definition is transient, occupying an ambiguous border territory where the physiological and the psychological overlap and interact. In order to understand this, my analysis of medical texts considers both the ‘canonical’ – significant touchstones in the production of a cultural imaginary around hysteria – and the more obscure: lesser-known books, lectures, and pamphlets.

This introductory overview outlines hysteria’s key determinants from the mid-nineteenth century onward: varied symptoms, Gothic metaphor, gender, physiology, performativity, psychoanalysis, its apparent demise, and continuing contemporary fascination. These are important to summarise here as touchstones which are referred to throughout my chapters. Hysteria was, in part, a narrative construct shaped by Gothic discourse. I provide a counterview to Foucauldian readings which perceive medicine as a controlling institution engaged in surveillance and domination, a Gothic infrastructure. Medical practitioners were themselves reciprocally anxious and performative, and there is a lack of consistent narrative evident in the idiosyncrasies and divergences between practitioners. While Gothic lexis is typically associated with Gothic literature, my readings of medical texts reveal that this is instead a shared language. Medical perspectives on the unruly female body influenced writers of fiction, and medical writers were experimenting with fictional devices. In addition, this overview provides a rationale for why my study encompasses themes as varied as nervous breakdown, spectral illusions, blushing, menopausal symptoms, stuttering, mydriasis, shuddering, pregnancy and childbirth, the internal organs, eating disorders, self harm and cultural dislocation. A vast array of causes, symptoms, behaviours, diagnoses and treatments fall under the umbrella of hysteria. Its mutability is why it forms a prevalent but ambiguous cultural figure across centuries.

Hysteria disrupts taxonomy and resists a consistent definition, in part because perceived causes, sufferers, diagnoses and treatments have fluctuated greatly during its long history. Its symptoms, too, are manifold; from random pains in different parts of the body, a choking sensation, numbness, paralysis, attacks of laughter or sobbing, muteness, energetic involuntary movements, through to full body fits. Hysteria was a catch-all diagnosis for any physical symptom or uncontrolled bodily action with no obvious internal cause. In an 1866

lecture the physician Julius Althaus, who helped found the Maida Vale Hospital for Nervous Diseases, commented of the symptoms:

We find that their multitude and apparent incongruity have perplexed and bewildered those observers who were without this clue to the comprehension of their nature. Riviere called hysteria not a simple, but a thousandfold disease. Sydenham asserted that the forms of Proteus and the colours of the chameleon were not more various than the divers aspects under which hysteria presented itself; and Hofmann said that hysteria was not a disease, but a host of diseases.¹⁵

Hysteria is characterised as protean in many nineteenth-century medical texts.¹⁶ The disorder's resistance to stable and fixed definition unsettled medical authority; doctors' inability to pinpoint a reliable and objective cure often led to suspicions of performativity or fraud in patients, and inappropriate or pointless treatments. Modern theorists follow Victorian doctors in using the metaphor of Proteus to describe the disorder's multisymptomatic variety. As Mukherjee terms it, hysteria is a 'zeitgeist disease' with a 'Protean ability to mimic the symptoms of other diseases', adapting to whatever time period and culture hosts it.¹⁷ George Rousseau calls this its 'unique transformative power'.¹⁸ Edward Shorter concurs that the symptoms manifested depend on the era in which they are diagnosed: 'a particular cultural and social setting and the reigning medical theories of the day provide a symptom pool from which the unconscious mind selects the kinds of somatisation that then manifest themselves'.¹⁹ The tendency to mimic other diseases and to transform means that hysteria and the hysteric are seen as embodying shifts in culture, body politics, diagnostics and identity through time.

Arnaud analyses common metaphors in medical texts about hysteria from 1600 to 1820, which evolve from rural animals, swarms of insects, wolves and dogs, to Proteus, the chameleon, and the Hydra.²⁰ She explores how these metaphors expressed the changeability

¹⁵ Julius Althaus, 'A Lecture on the Pathology and Treatment of Hysteria', *The British Medical Journal*, 1: 271 (1866), 245-248 (p. 245).

¹⁶ 'EVERY surgeon is cognizant of the Protean metamorphoses of hysteria' (Mr. Coulson, 'Hysteria, Masking Secondary Syphilis', *The Lancet* (18 May 1861), 483-4 (p. 483)); 'Nervous disease is a veritable Proteus, disappearing in one form to reappear in another' (Henry Maudsley, *Body and Mind: an inquiry into their connection and mutual influence specially in reference to mental disorders, being the Gulstonian lectures for 1870 delivered before the Royal College of Physicians* (London: Macmillan & co, 1870), p. 68).

¹⁷ Mukherjee, *Aesthetic Hysteria*, p. 5.

¹⁸ George Rousseau, 'Introduction', in *Hysteria Beyond Freud*, pp. vii- xviii (p. xii).

¹⁹ Edward Shorter, *From Paralysis to Fatigue* (New York: Free Press, 1992), p. x.

²⁰ Arnaud, *On Hysteria*, p. 55; p. 58.

and contagious nature of symptoms, and encouraged a mistrust of the hysteric, implying ‘duplicity and deceitfulness’.²¹ I extend this project, examining the function of such metaphors in nineteenth-century texts, their connection to evolving Gothic discourse, as well as illustrating the reinventions of the category. Mighall discusses the suffusion of Victorian clinical discourse with ‘horrific hyperbole’; that physicians describe deviants, heredity, and ‘self-abuse’ in much the manner of Gothic novelists depicting monsters.²² However, his argument portrays the medical profession as a Foucauldian controlling force, using Gothic rhetoric to increase their power. He does not pinpoint the insecurities and anxieties in medical writing that I perceive in texts about hysteria.

The ghost, spectre, or phantom was often used as a figurative signifier of hysteria and female madness, both to characterise a persistent personal and/or social problem that continues to appear, and to signify an opaque or unknowable disorder that medical practitioners struggle to objectively define or treat. In another 1866 lecture on hysteria, then-president of the Royal Medical & Chirurgical Society F. C. Skey commented:

It is not a question of diagnosis between two diseases more or less resembling each other. It is a question of disease or no disease, of reality or imitation, of true or false – of whether your purgatives, your bleedings, sweatings, irritants and counter-irritants, and your whole battery of antiphlogistics, shall be launched against a true disease in the flesh, or its ghost – whether you are to contend with a reality or a shadow.²³

Skey portrays the physician’s encounter with the ghostly disorder as a battle, launching every weapon at his disposal against something potentially spectral and elusive, suggesting anxiety about hidden truths and disturbing transformations. Hysteria is characterised as a phantasmal disorder, haunting the medical practitioner with uncertainty due to its imitative tendency. Skey’s language is evocative and Gothic, comparing the disorder to ghosts and shadows. This sensational description is not idiosyncratic to Skey, but remarkably common in nineteenth-century medical texts. Hysteria was a ghost that haunted medical practitioners with the uncertainty of its material and medical reality. The language used by medical professionals like Skey inadvertently ironises the stock figure of the performative hysterical female, as it is

²¹ Arnaud, *On Hysteria*, p. 61.

²² Robert Mighall, *A Geography of Victorian Gothic Fiction: Mapping History’s Nightmares* (Oxford: Oxford University Press, 1999), p. 183.

²³ F. C. Skey, *Hysteria: Remote Causes of Disease in General. Treatment of Disease by Tonic Agency. Local or Surgical Forms of Hysteria, &c. Six Lectures, delivered to the students of St Bartholomew’s Hospital, 1866* (New York: A. Simpson and Co, 1867), p. 36.

itself histrionic, excessive, and exaggerated. Striving to fix elusive experiences in language is a challenge for medical writers and fiction-writers alike. This is particularly true of a ‘protean’, adaptive disorder like hysteria. Medical treatises’ rhetorical over-claiming and attempts to claim authority demonstrate the ‘hysterical’ tendency of taxonomy itself, producing multiple, inconsistent narratives of the disordered body that mask the speculative in definitive language.

Hysteria has inescapably gendered connotations, inherent in its very etymology; the word is derived from the ancient Greek ‘hystera’ meaning uterus, from a time when the illness was thought to be triggered by the womb wandering around the body causing spasms, pains, or choking. As theories of causation shifted from the female reproductive organs to the nervous system, hysteria could in theory affect both sexes. Despite some recognition of male sufferers, most doctors held stubbornly onto the notion that women were most susceptible. Many physicians were disturbed by the overthrowing of their foundational understanding of hysteria as an inherently female disorder, and accordingly there was a backlash against the dismissal of the uterine theory. Althaus noted that, despite French physician Paul Briquet’s discrediting of the connection between the womb and hysteria in *Treatise on Hysteria* (1859), other recent medical writers had ‘endeavoured to prove that the sick or dissatisfied uterus is the only source of hysteria’.²⁴ The association of hysteria with female reproductive organs had a resurgence in the second half of the nineteenth century which reiterated its definition as a female pathology. In 1873, the gynaecologist Robert Barnes stated empirically that ‘the nervous system is still dominated by the sexual system’, describing menstruation’s influence on convulsive diseases in women.²⁵ Barnes argued that menstruation caused ‘an excess, often a great excess, of nervous tension’ giving rise to ‘intense excitement of the whole organism, the turbulence of the nervous phenomena often witnessed at the menstrual epochs’.²⁶ He determined that under the condition of ‘obstructed or morbid menstruation [...] a fit of epilepsy or of hysteria, according to the constitution of the patient, may explode’.²⁷ His vocabulary of excess, excitement, turbulence, energy, and explosion encapsulates the language around women’s bodies and their reproductive functions, viewed as leading to hysteria.

²⁴ Althaus, ‘A Lecture on the Pathology and Treatment of Hysteria’, p. 245.

²⁵ Robert Barnes, ‘Lumleian Lectures on The Convulsive Diseases of Women’, Lecture III – Part I, *The Lancet* (1873), 585-7 (p. 585).

²⁶ Barnes, ‘Convulsive Diseases of Women’, p. 585.

²⁷ Barnes, ‘Convulsive Diseases of Women’, p. 585.

Even physicians who believed the disorder had no connection to the womb explained that women were still more susceptible, due to their weaker nervous systems. Andrew Scull summarises the ongoing centrality of gender to the pathology; in the nineteenth century ‘women were still seen as contributing a disproportionate share to the ranks of the sufferers, a disparity that seemed easy to explain, for the female frame, and the female nervous system, were simply a frailer, less robust version of the male. Women’s nerves were more delicate, their brains more susceptible to breakdown’.²⁸ Hysteria implies the inherent instability of women’s bodies. Yet it also mirrors broader cultural discussions around gender and power. Skey described a ward of twelve women affected by ‘the contagious, or rather the imitative, form of active or paroxysmal hysteria’, noting their violence and the need for multiple staff to restrain them: ‘hysteria brings into action all the latent strength of her muscular frame, *which is greatly in excess of her apparent strength*’.²⁹ His words echo wider cultural anxieties in the latter half of the nineteenth century about women whose latent strength was activated by proximity to other women. Skey italicised his point for emphasis, an acknowledgment of women’s hidden power, or an ominous warning to his medical colleagues not to underestimate hysteria’s transformative power over the female frame.

Throughout the nineteenth century, hysteria was understood as a genuine physiological disorder. Victorian medical texts consistently termed hysteria a ‘disease’, suggesting a coherent and stable physiological illness. Medical descriptions of the disorder reiterated the central role of physiology, that the internal workings of the body could provoke involuntary external symptoms and behaviours, despite no certain organic source, or a clear medical consensus about the processes involved. The wandering womb theory had been rejected by the mid-eighteenth century, and the causal hypothesis relocated to the nervous system: as the nineteenth century progressed, hysteria was increasingly classed as a nervous disorder. Hysteria was hypothesised as originating in the internal organs, retaining a connection to the womb, but in addition the heart, liver, kidney, stomach, and circulation of the blood were variously said to impact on the nervous system and give rise to the disorder. Medical advances did not entirely disrupt the gendered nature of established categories, and older explanations continued to influence evolving narratives about the nervous body.

²⁸ Andrew Scull, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2012), p. 55.

²⁹ Skey, *Hysteria: Remote Causes*, pp. 58-9. Original emphasis.

Though hysteria was perceived as a genuine disorder requiring careful treatment, it was marked by a distrust of women's symptoms: many doctors held that female patients enjoyed the attention they received during their hysterical fits, and would produce and repeat their symptoms deliberately, until their fits became uncontrollable.³⁰ Hysteria's exaggerated, histrionic, full body manifestations were said to point to a performance, epitomised by the hysterics at the Salpêtrière asylum led by Jean-Martin Charcot (1825-93). Charcot, who insisted on the authenticity of hysteria and maintained that it was not performative, nevertheless created an extreme performance and spectacle out of hysteria. Charcot paraded his hysterics in front of live audiences, where they enacted exaggerated hysterical paralyses, seizures and convulsions, rolling around the room like a wheel in an *arc-en-cercle*, and demonstrating their obliviousness to pain. To differentiate between unconscious and deliberate, performative and genuine behaviours was made more problematic by patients' complicity with Charcot, as Lisa Appignanesi comments: 'either they provided the documentation, the evidence for the four stages of hysteria, or they enacted them as Charcot and his doctors had *suggested* them'.³¹ Other doctors often suspected their patients of deception, as Scull terms it 'a wilful retreat into illness'.³² Jules Faret, a contemporary of Charcot, complained in 1890 that hysterical women were

veritable actresses; they do not know a greater pleasure than to deceive [...] all those with whom they come in touch. The hysterics who exaggerate their convulsive movement [...] make an equal travesty and exaggeration of the movements of their souls, their ideas, and their acts [...] in a word, the life of the hysteric is nothing but one perpetual falsehood.³³

Suspected deception by the patient, doubt about her own awareness of her illness as performative or exaggerated, collusion between patient and doctor, as opposed to hysteria as a genuine, uncontrollable set of symptoms, all speak to contemporary debates about mental health. If the cause of an illness is invisible, or psychological, but its symptoms are undeniable, what does this say about the authenticity of the illness?

³⁰ See Robert Brudenell Carter on 'tertiary hysteria' in *On the Pathology and Treatment of Hysteria* (London: John Churchill, 1853), discussed in Chapter 1.

³¹ Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Virago, 2009), p. 147.

³² Scull, *Hysteria*, p. 65.

³³ Jules Faret, quoted in Scull, *Hysteria: The Disturbing History*, p. 107.

Freud briefly studied with Charcot in the mid-1880s, an experience considered pivotal in the development of his theories on hysteria and the early development of psychoanalysis, initially with Josef Breuer in *Studies in Hysteria* (1895), followed by his reconceptualisation of the disorder and its treatment in *Fragments of an Analysis of a Case of Hysteria* (1905), known as the Dora case. Hysteria's definition shifted gradually in the first decades of the twentieth century from a largely physiological to a largely psychological explanation.³⁴ Psychoanalysis reframed hysteria as a mental pathology which manifested physically: 'an affliction of the mind that was expressed through a disturbance of the body'.³⁵ According to this model, an unspeakable thought is converted into somatic expression, physical afflictions such as seizures, paralysis or pain, today known as 'conversion symptoms'. This forms a language of the body: symptoms become an alternative way of communicating or expressing psychological distress when speech fails. Hysteria is to a certain extent defined by the loss of verbal language, a breakdown of communication, and the inability of the hysterical body to tell a coherent narrative. Freud's hysterics claimed less dramatic symptoms than the full body fits of the Victorian era: limb paralysis and psychosomatic blindness, for example. Freudian understanding is essentially about metaphor: a bodily symbol stands in for an underlying, covert meaning, interpretable by the medical professional. Freud's reading of hysterical symptoms as metaphors influenced many literary critics, especially during the 1990s, to see everything as figurative: symptoms and the body as symbols for the psychoanalytic reader to decipher. Yet a psychoanalytic methodology is not always adequate or appropriate. First, the linguistic metaphorical code on which Freud's readings are predicated is as essentially patriarchal and phallogocentric as medical notions of hysteria are essentially female. Second, applying a Freudian understanding of hysteria to pre-Freudian literature is a problematic anachronism. I follow Sally Shuttleworth, whose pioneering study of Brontë was grounded in the context of materialist Victorian psychology rather than post-Freudian psychoanalysis.³⁶ Fiction that pre-dates Freud shares an understanding of hysterical symptoms with contemporaneous medical materialism. The internal, physiological body is a more significant influence on any symptoms than trauma and repression. Furthermore, post-Freudian fiction does not necessarily follow the doctrines of psychoanalysis. Lucas Malet and Djuna Barnes,

³⁴ This was complicated again by the discovery of hormones in the 1910s, with the realisation that body chemistry impacted on psychology. Freud revised his thinking accordingly, demonstrated by his 1920 revisions to *Three Essays in Sexuality*. This indicates that the shift from physiological to psychological was never a complete shift but rather continually shifting ground based on new discoveries.

³⁵ Phillip R. Slavney, *Perspectives on "Hysteria"* (Baltimore: Johns Hopkins UP, 1990), pp. 1-2.

³⁶ Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology* (Cambridge: Cambridge University Press, 1996).

writing in cultures becoming increasingly Freudian, resist a psychoanalytic structure, designating the body as central to identity construction and mental health.

Hysteria's Alleged Disappearance

One of the most frequently diagnosed illnesses in history, hysteria is now considered obsolete. In 1986, Etienne Trillat stated: 'hysteria is dead, that's for sure. It carried its mysteries with it to the grave'.³⁷ Hysteria was not identified in the 1952 first edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* as a pathology in its own right. It appeared as 'conversion hysteria' under the criteria 'formerly classified as', and was listed several times under 'old diagnoses', to redirect the reader to the equivalent current classifications. This discouraged its continued medical use while acknowledging the disorder's historical forms and shifting terms. In the second (1968) edition of the *DSM*, 'hysteria' was not mentioned; however 'hysterical neurosis' had its own section, divided into conversion type and dissociative type, as did 'hysterical personality'. The latter was updated to 'histrionic personality disorder' by the third edition (1980), and the index entry on 'hysteria' directed the reader to 'conversion disorder' and 'dissociative disorders'. By the fourth edition (1994), hysteria was completely excluded, even from the index, and remains completely absent from the index of the DSM-5 (2013). This most recent edition has a newly established category, 'Somatic Symptom and Related Disorders', under which 'Conversion Disorder (functional neurological symptom disorder)' is housed.³⁸

How to explain hysteria's alleged disappearance as a term used in medical diagnosis? Mark Micale theorises that it was rather a dispersion and expansion of diagnoses, partly the result of nosological categorisation shifts.³⁹ Developments in organic and psychiatric medicine meant that hysteria was fragmented into numerous new categories, a mix of the psychological and psychoanalytic, including epilepsy, syphilis, dementia praecox, manic depressive psychosis, schizophrenia, and anxiety neurosis. The repercussions of global conflict also had an impact: Micale notes that 'the spectre of masses of emotionally incapacitated men during

³⁷ Etienne Trillat, quoted in Elaine Showalter, 'Hysteria, Feminism and Gender', in *Hysteria Beyond Freud*, pp. 286-336 (p. 335).

³⁸ *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (Arlington, VA: American Psychiatric Association, 2013), p. 310.

³⁹ Mark Micale, *Approaching Hysteria: Disease and its Interpretations* (Princeton: Princeton University Press, 1995), pp. 172-3.

and after the First World War finally forced British and American physicians to confront in depth the reality of masculine hysterical neurosis', diminishing the rationale for labelling hysteria a distinctively female disorder, and leading to a discontinuation of the term.⁴⁰ The phrase 'shell shock' was stigmatising in its own way, but at least avoided the linguistic connection to the womb, and a diagnostic history that was distinctly female or feminising. There are, however, theories that reject hysteria's obsolescence in the contemporary world. Cultural theorists, notably Showalter, have asserted that hysteria is a visible presence, in such phenomena as the widespread belief in alien abduction, cases of recovered memory, and, more controversially, Gulf War Syndrome. Psychoanalysts such as Leonardo S. Rodriguez and historians including Scull point out that hysteria has not died but transmogrified into a range of dissociative and conversion disorders; obsessive compulsion, chronic fatigue, amnesia, numbness, blindness, pain, paralysis, fits and eating disorders. Rather than disappearing, hysteria has, in accordance with its protean tendency, transformed into new guises.

The 'buried' mysteries of hysteria continue to fascinate contemporary writers and literary critics. In academic discourse, hysteria is often described using Gothic tropes; as in Richard Webster's formula of the 'spectral symptoms' of the psychosomatic.⁴¹ According to Slavoj Žižek, hysteria evokes an existential terror that 'behind the multiple layers of masks there is nothing; or, at the most, nothing but the shapeless, mucous stuff of the life-substance'.⁴² Therapies for hysteria are said to produce 'iatrogenic monsters', that is, monsters created by medical examination or treatment.⁴³ Rodriguez claims that in the hysteric's conversion symptoms 'truth returns, albeit in a disfigured, mutilated form'.⁴⁴ King pronounces nineteenth-century hysteria 'a parasite in search of a body', reifying the illness into an insidious bloodsucking presence.⁴⁵ Scholars, too, fall into a found language of exaggerated Gothic tropes when discussing hysteria; resulting in the paradox that hysteria is described in histrionic or 'hysterical' terms. Lacanian feminists have romanticised and reclaimed hysteria as a uniquely female protolanguage of the body: Hélène Cixous and Julia Kristeva celebrated

⁴⁰ Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (London: Harvard University Press, 2008), p. 282.

⁴¹ Richard Webster, *Why Freud was Wrong* (New York: Basic Books, 1995), p. 544.

⁴² Slavoj Žižek, *The Metastases of Enjoyment* (London: Verso, 1994), p. 150.

⁴³ Martha Noel Evans, *Fits and Starts: A Genealogy of Hysteria in Modern France* (Ithaca: Cornell University Press, 1991), p. 41.

⁴⁴ Leonardo S. Rodriguez, 'Hysterics Today', in *Hysteria Today*, ed. by Anouchka Grose (London: Karnac Books, 2016), pp. 1-26 (pp. 22-3).

⁴⁵ King, 'Once upon a Text, in *Hysteria Beyond Freud*, p. 64.

the hysteric as producing *l'écriture féminine*: that 'she' used the body as a mode of female, feminist expression, outside masculine discourse.⁴⁶ The notion of a non-verbal, corporeal language that communicates female suffering is a powerful metaphor. The hysteric resists both treatment and coherent narrative, so destabilises or subverts the patient-doctor power dynamic. If hysteria was dead and buried, it has been resurrected to circulate with remarkable vitality.

Defining Medical Gothic

In 2015, the journal *Gothic Studies* published a special issue on 'Medical Gothic'. Editor Sara Wasson states that illness narratives are always Gothic because of their sense of 'confinement, constraint, bewilderment and despair', a loss of control as lives are dictated by medical institutions.⁴⁷ She argues that as such, the Gothic becomes useful as a critique of medicine. I offer three alternative claims; first, that medicine is not as controlling and authoritative as this suggests: an analysis of medical texts exposes the authors as ambitious and hopeful practitioners, trying to make a name for themselves, who are sometimes pushing against the grain of dominant theories. Second, that the medical Gothic that women writers are performing is often engaging with medicine and performing medical authority, rather than resisting or rebelling against it. Third, the medical Gothic I examine is more focused on the body as Gothic entity that betrays and controls the self, rather than the control and surveillance of the medical institution. While the field is starting to explore medical Gothic, its focus remains on illness narratives, and within a Foucauldian framework. Hysteria and the hysteric are central to the medical female Gothic that I am defining. As a disorder that is mutable, evolving and hard to pin down, and one that also functions as a complex cultural metaphor, it is an ideal vehicle for exploring social narratives about women's bodies.

Showalter claims that 'comparisons of the Gothic novel and hysterical discourse are circular, since Dora – the "context" – can also be read as a Gothic "text"'.⁴⁸ Yet seeing Freud's Dora as the source text for these comparisons ignores the striking synergies that existed between earlier Victorian models of hysteria and Gothic literary conventions. Fred Botting notes the

⁴⁶ Hélène Cixous, 'The Laugh of the Medusa', trans. by Keith Cohen and Paula Cohen, *Signs* 1:4 (1976), 875-93.

⁴⁷ Sara Wasson, 'Useful Darkness: Intersections between Medical Humanities and Gothic Studies', *Gothic Studies* 17:1 (2015), 1-12 (p. 4).

⁴⁸ Showalter, *Hystories*, p. 93.

Gothic is often read through psychoanalysis, but ‘prefiguring Freud as much Gothic writing does [...] there is a case to be made for reversing the direction of influence so that psychoanalysis becomes an effect of 150 years of monster-making’.⁴⁹ Hysteria and the Gothic are characterised not only by the return of the repressed and manifestation of unconscious trauma, but also the tension between seen and unseen, the relationship between body and mind, difficulty distinguishing between real and imagined illness, and the histrionic – excess, melodrama, and performativity. Several archetypal Gothic tropes – live burial, catalepsy, symptoms of fear – have medical significance in connection with hysteria in the nineteenth century.

I conceptualise the Gothic, not as a set of conventions or a prevailing plotline, but as a language: a recognisable collection of symbols and evocative phrasing, that draws and relies on a shared cultural awareness of Gothic conventions and creates Gothic moments within texts. Eve Kosofsky Sedgwick’s definition of the Gothic as a set of coherent conventions details common plots, events, settings and scenery, trappings and aesthetics, as in the earliest Gothic novels of the later eighteenth century. Instead, like Diana Wallace I see the Gothic as ‘a kind of metaphor, or, rather, a series of inter-connected metaphors’.⁵⁰ Mighall similarly maintains that ‘the Gothic is a process, not an essence; a rhetoric rather than a store of universal symbols; an attitude to the past and the present, not a free-floating fantasy world. Epochs, institutions, places, and people are Gothicised, have the Gothic thrust upon them. That which is Gothicised depends on history and the stories it needs to tell itself’.⁵¹ Mighall insists that this always corresponds to the theme of a cursed inheritance. In contrast, I argue that, in the women’s fiction I examine, these Gothic moments often appear in relation to the medical body: the language around symptoms, uncontrolled behaviours, and internal biology.

I focus on the body as the central Gothic theme in the primary texts. Threats to the body’s stability and integrity and fears around internal bodily processes are present in women’s fiction that engages with the medical body from the 1850s. The convergence of science and medicine with the Gothic is widely studied in *fin-de-siècle* fiction: texts involving threats to

⁴⁹ Fred Botting, ‘Introduction’, in *The Gothic: Essays and Studies*, ed. by Fred Botting (Cambridge: The English Association, 2001), p. 5.

⁵⁰ Diana Wallace, ‘“The Haunting Idea”: Female Gothic Metaphors and Feminist Theory’, in *The Female Gothic: New Directions*, ed. by Diana Wallace and Andrew Smith (New York: Palgrave Macmillan, 2009), pp. 26-41 (p. 27).

⁵¹ Mighall, *Geography of Victorian Gothic Fiction*, p. xxv.

the wholeness and stability of the body, in which the figure of the Gothic surgeon is a familiar presence. Yet there is surprisingly little criticism on women authors' engagement with medicine in Gothic texts in this period. *Fin-de-siècle* Gothic theory about the body and the aberrant body invariably focuses on men's writing.⁵² Furthermore, while the prevalence of Darwinian theory and social fears about atavism and degeneration made the body a particular locus of fear in the late nineteenth century, I argue that a concern with the pathological body existed before this, related to hysteria. Body horror is typically understood as a new form of Gothic that emerged in the *fin de siècle*, then became increasingly dominant during the twentieth century, particularly after the advent of cinema. I demonstrate that body horror is also present in Victorian and early twentieth century women's fiction, in grotesque and medical description. The body is a Gothic entity because its boundary, its skin, is transgressable, permeable, and changeable, made up of component parts, and can be unformed.

Women were incorporating aspects of body horror much earlier than the critical narrative allows. Brontë's ghostly nun, it transpires, is not the product of either patriarchal entombment or female nervous disorder; these clichés are subverted as the ghostly nun is revealed to have instead a material, comic reality. Broughton's short supernatural fiction misleads the reader to expect ghosts which never materialise, and is peppered with body horror which, more than women's metaphorical ghostliness, elucidates women's place in patriarchal society. As Alison Milbank points out, for all the attention given to the sublime in the Gothic novel, the grotesque, 'the monstrous, the hybrid and the disgusting', are largely ignored despite being central to the mode, and to women's Gothic in particular.⁵³ This theme is prominent in the work of Malet and Barnes, where a bodily grotesque is conspicuous. Malet finds inspiration in surgery, dissection, and bodies misbehaving – both female and male – and her female characters are often defined by their resistance to traditional roles. Barnes' use of the grotesque explores negative domestic and familial patterns, and identity defined by both the body's exterior and its gory internal, its organs and biological functions. Bodily grotesquery

⁵² Glennis Byron is typical in her chapter on Gothic in the 1890s; she mentions *Dracula*, *Jekyll and Hyde*, *Dorian Gray*, *The Great God Pan*, *The Island of Dr Moreau*, and Richard Marsh's *The Beetle*, but no works by female authors. Glennis Byron, 'Gothic in the 1890s', in *A New Companion to the Gothic*, ed. by David Punter (Chichester: Wiley-Blackwell, 2012), pp. 186-196. Kelly Hurley's 1996 study *The Gothic Body: Sexuality, Materialism, and Degeneration at the Fin-de-Siècle* (Cambridge: Cambridge University Press, 1996) similarly focuses solely on male texts; by omission she suggests that this kind of Gothic body was written only by men.

⁵³ Alison Milbank, 'Bleeding Nuns: A Genealogy of the Female Gothic Grotesque', *The Female Gothic: New Directions*, pp. 76-97 (p. 76).

has a central place in my argument, defining much of the medical Gothic in these texts, and functioning to derail Gothic clichés. Hysteria symbolises fears about the unruly body going out of control, but also suggests dormant power: the activation of latent, excessive strength as cautioned by Skey. I propose that my authors utilise medical Gothic language around hysteria and nervous disorder to explore, subvert, and challenge dominant narratives about women's bodies and social roles.

Theory on the 'female Gothic', since Ellen Moers' coining of the term in 1977, wrangles over how far its fictions are revolutionary or conservative. Juliann E. Fleenor argued that while women take up the Gothic mode as a vehicle to relate their own experiences, the Gothic's essentially patriarchal framework is inescapable for women.⁵⁴ She states that 'horror of the self, of female physiology, is closely tied to the patriarchal paradigm', implying the uncontrollable and unconscious repetition of a doomed narrative.⁵⁵ In contrast, my argument is that my authors, by deploying the medical, attempt to understand female physiology through a scientific framework, and interrogate the socio-medical origins of the idea of the 'horrific' female body. Medical perspectives are adopted in these fictions, but internalisation is consciously explored. Diane Long Hoeveler discusses what she terms 'Gothic feminism – a version of "victim feminism," an ideology of female power through pretended and staged weakness'.⁵⁶ She asserts that female characters perform the role of victim in order to disrupt the patriarchal systems from within: 'the female Gothic novel function[s] as a coded and veiled critique of all those public institutions that have been erected to displace, contain, or commodify women'.⁵⁷ This view is similar to that which sees hysterical women performing their pain as a protest and rebellion against patriarchy. I demonstrate women writers' agency in interrogating this perspective: they acknowledge that while a performance of stereotypes of femininity can lead to temporary power or control, they also parody and undermine these stereotypes. Diana Wallace and Andrew Smith disagree with Hoeveler, and demonstrate 'how the conventions and themes of the Female Gothic have repeatedly been both reused *and* reinvented' by women writers'.⁵⁸ I similarly resist the totalising assumptions implied by the category of female Gothic, and employ the term 'as a broad and fluid category – while both

⁵⁴ Juliann E. Fleenor, 'Introduction', in *The Female Gothic*, ed. by Juliann E. Fleenor (London: Eden Press, 1983), pp. 3-28 (p. 11).

⁵⁵ Fleenor, Introduction, *The Female Gothic*, p. 7.

⁵⁶ Diane Long Hoeveler, *Gothic Feminism: The Professionalisation of Gender from Charlotte Smith to the Brontës* (Pennsylvania: Pennsylvania State University Press, 1998), p. 7.

⁵⁷ Hoeveler, *Gothic Feminism*, pp. xii-xiii.

⁵⁸ Smith and Wallace, 'Introduction', in *The Female Gothic: New Directions*, p. 4.

interrogating it and acknowledging its many mutations'.⁵⁹ Key to my argument is that these 'unconscious' impulses of women's Gothic writing are in fact evidence of a deliberate and self-conscious exploration and troubling of binaries.

Chapter Summaries

My study begins with an extended analysis of Charlotte Brontë's *Villette* (1853). Despite hysteria's long history, the mid-nineteenth century marked a significant moment of transition: the peak of "moral management" as a method for treating insanity and nervous disorder, the emergence of the new field of gynaecology, and the publication of several medical tracts on hysteria after 'a decade of silence' on the subject.⁶⁰ A concurrent transition was occurring in fiction: the burgeoning of the realist novel. Karen Chase describes Brontë as pioneering: one of the first writers to 'struggle out of romance' and into realism.⁶¹ Focusing on Brontë's last novel as an experimental subject, I map an interpretive model for the thesis, interrogating how women writers employ the Gothic to write about nervous disorder and gender, and how medical authors use literary tropes to characterise hysteria as a Gothic disorder. Lawrence Rothfield and Shuttleworth associate medicine's 'spirit of scientific inquiry' with the rise of literary realism.⁶² Rothfield states that 'novelists imitate this medical praxis', while Shuttleworth examines how Charlotte Brontë politically interrogates both 'realist form and medical authority'.⁶³ Gothic conventions or tropes in Brontë's novels have been said to demonstrate an 'incompletely repressed' Romantic Gothic, nostalgic echoes of a 'dead or dying literary tradition'.⁶⁴ I argue that Brontë's novel instead represents the emergence of a new form of Gothic; a distinctive Gothic language absorbing and exploring medical interpretations of nervous disorder in relation to external symptoms, internal physiology, and the interior self. Brontë initiates a reinvention of the Gothic as medicalised and not purely domestic. I analyse *Villette*'s two most obvious Gothic tropes – live burial and the ghostly nun – through the lens of medical texts, which explain live burial as a result of apparent death

⁵⁹ Smith and Wallace, 'Introduction', in *The Female Gothic: New Directions*, p. 11.

⁶⁰ Micale, *Hysterical Men*, p. 89.

⁶¹ Karen Chase, *Eros & Psyche: The representation of personality in Charlotte Brontë, Charles Dickens, George Eliot* (London: Methuen, 1984), p. 8.

⁶² Shuttleworth, *Charlotte Brontë*, p. 17.

⁶³ Lawrence Rothfield, *Medical Realism in Nineteenth-Century Fiction* (Chichester: Princeton University Press, 1994), p. 175; Shuttleworth, *Charlotte Brontë*, p. 17.

⁶⁴ Mary Jacobus, *Reading Women* (London: Methuen & co, 1986), p. 41; Diane Long Hoeveler, 'The Brontës and the Gothic Tradition', in *A Companion to the Brontës*, ed. by Diane Long Hoeveler and Deborah Denenholz Morse (Chichester: Wiley Blackwell, 2016), pp. 31-48 (p. 42).

in states of hysterical catalepsy, ghostly visions as a nervous symptom, and the battle of wills between devious female patient and rational male doctor. I link my analysis of Brontë's novel to a set of contemporaneous medical texts on hysteria, and demonstrate how even as medical texts about nervous disorder engage in an ostensibly rational taxonomic project to categorise disorders, they make use of Gothic metaphor. Both the novel and the medical texts represent ideas present in the cultural imaginary, and indicate a shared language and interest in this subject at mid-century.

The second chapter examines sensation fiction author Rhoda Broughton's underexamined novel *Nancy* (1873) and her short supernatural fiction. My analysis of *Nancy* focuses on one idiosyncratic symptom, pathological blushing: as the protagonist terms it, the 'lying changefulness' of her 'deceitful skin'.⁶⁵ Blushing is a method of involuntary, silent communication which here, rather than revealing Nancy's true feelings, results in misunderstandings which drive the plot. I consider three idiosyncratic scientific and medical texts on blushing published in the nineteenth century which view it as a hysterical symptom or 'nerve-storm'.⁶⁶ In appraising Broughton's short supernatural fiction, I provide a new perspective on the female-authored "ghost" story. Broughton consciously subverts the conventions and clichés of the ghost story form. Her insistent corporeality leads to an account of female bodies which is unusual in Victorian fiction: obstinately realistic, physical, often unlikeable women who refuse to be rendered ghostly. These materialist supernatural stories satirise medical writers' use of ghostliness-as-metaphor, and lampoon narratives of the 'crises' of female physiology: the alleged predisposition of women to hysteria because of their unstable reproductive systems, and the pathological nature of aging and female redundancy. Broughton's characters resist the limits imposed on women by medical and cultural narratives about their temperaments, social roles, and biology.

My third chapter looks at the work of Lucas Malet (Mary St Leger Kingsley Harrison). Once hugely famous and now almost forgotten, Malet wrote through the *fin de siècle* and into the period of high modernism, in other words, across the psychoanalytic shift. I compare her 1890 novel *The Wages of Sin* with her 1923 novel *The Survivors*. Malet exemplifies the medical Gothic most fully of the authors in my study; her authorial vision is described as a

⁶⁵ Rhoda Broughton, *Nancy*, eighth edition, (London: Richard Bentley and Son, 1887), p. 336.

⁶⁶ Harry Campbell, *Flushing and Morbid Blushing* (London: H. K. Lewis, 1890), p. v.

‘moral dissecting room’, and her style unites the narrative perspectives of both hysterical patient and scientific doctor. She depicts broken and damaged bodies, unruly bodies, and uncontrollable symptoms, notably representing hysteria in male characters. *The Wages of Sin* details James Colthurst’s struggles with a debilitating stammer and compulsive death-drive. In *The Survivors*, set in a hospital for convalescing wounded soldiers, the traditional gender dynamics of both pathological hysteria and the Gothic narrative are subverted, in a story of ‘broken’ men and a tyrannical female medical professional. Malet’s fiction is full of spaces of illness and death: sickrooms, deathbeds, and operating theatres, spaces in which body horror finds extreme expression. Both bodies and rooms are shown to be unstable sites, susceptible to permeation, leakage, and overflowing.

The late nineteenth and early twentieth century saw an increasingly Anglo-American and international discourse around hysteria. My fourth chapter acknowledges the important transatlantic element in this discourse, analysing two representative works by American author Djuna Barnes: *Ryder* and *Nightwood*. Hysteria had a contiguous medical culture in America; George Beard wrote of ‘American Nervousness’ in 1881, and early twentieth century America adopted European psychoanalysis more enthusiastically than Britain. Following the First World War, trauma symptoms in male soldiers similar to those of hysteria unsettled the disorder’s gendered foundations. Barnes’s intervention in the narrative of the disorder in *Ryder* challenges metanarratives about gender and the body, by exploring the danger of stories, the negative effect of domestic passing on of narrative. In *Nightwood* Barnes revitalises a materialist medical definition of psychic health and identity through an exploration of the body’s intracorporeal landscape, the internal organs. Barnes destabilises traditional binaries implicit in medical authority and gender in a significant character who appears in both novels, Dr Matthew O’Connor, who longs more than anything to be a woman.

The move to a more transnational focus lays the foundation for the final chapter, in which I examine hysteria in relation to diaspora, migration, and struggles of global identity. In the wake of our own turn of the century, hysteria is patently still alive in the minds of contemporary writers and theorists. The final chapter evaluates a contemporary revival and revision of hysteria by Nigerian-British writer Helen Oyeyemi in *The Opposite House* (2007) and *White is for Witching* (2009). This case-study of a twenty-first century author considers how contemporary questions about mental health, identity, the body, and culture are

narrativised by a female writer employing hysteria in the Gothic mode, long after hysteria was declared 'dead' and faded from medical discourse. The weight of inheritance from a female Gothic canon leads to the threat of repetition compulsion, and resulting attempts to reconstruct the fragmented self.

This thesis tracks a long transition, from Brontë's heroine observing her own physiology and approximating a doctorly role, to Barnes's joyful grotesque rummage through the organs, and Oyeyemi's self-conscious, postmodern revisioning of the vexed, haunted relationship between the female body and mental health. Key questions posed in this study include: what can language do to control but also liberate the body? How successful are fiction's attempts to recuperate the gendered body or the disordered body from its inscription by medical discourse and assimilation into metanarrative or metaphor? Is narrative the best or only strategy for these attempts? My research finds that due to its contradictions, inconsistencies and paradoxes, hysteria acts as a prism for questions about women's bodies and social roles. I challenge stereotypical understandings of the hysteric, as a medically disordered body and as a fixed symbol. My thesis draws attention to the significance of hysteria and the Gothic in women's writing, to provide a new perspective on cultural, political, and individual understandings of the body, and the use of language in controlling or liberating the self. It provides insight into how medical categories shift and change beyond the boundaries of medical discourse. I present a new perspective on women's fiction and relevant medical texts; to elucidate how and why the figure of the hysterical woman haunts both.

Chapter One:
Nervous Disorder, Medical Discourse, and the Gothic in Charlotte
Brontë's *Villette* (1853)

Charlotte Brontë's *Villette* (1853) is profoundly concerned with nervous disorder. Early reviews defined the narrator Lucy Snowe as 'in some degree sensitive, nervous, and reserved'; and 'in a state of chronic nervous fever, for the most part'.¹ Its Gothic themes – live burial, the ghostly nun, surveillance – are explained by the protagonist's nervous constitution and breakdown at the mid-point of the novel. Studies by Athena Vrettos, Sally Shuttleworth, and Beth Torgerson have provided historicised insight into medical definitions of psychology and nervous disorder in the nineteenth century, the medical literature to which Brontë had access, and her inclusion of associated themes.² I build on these studies, extending their focus on selfhood and interiority to examine the medical body – the biological processes associated with these disorders – and pinpoint previously unacknowledged forms of hysteria and hysterical episodes in Brontë's novel. In the following case study, I adopt the medical catalogue form, using standard taxonomic headings of causes, diagnoses, symptoms, and treatments. Multiple causes for nervous disorder were postulated in contemporary medical texts, such as sexuality, blood flow, digestion, and the weather. Brontë engages with these both literally and metaphorically, developing a medicalised Gothic language that permeates the novel beyond its more obvious Gothic tropes. This chapter argues that *Villette* exemplifies the ways in which medicine and literature use shared languages to construct and examine the nervous body. *Villette* mimics medical language, strategies, and subject matter in its subversion of Gothic conventions. Lucy's story provides not just a counter-narrative to fixed diagnostic categories, but represents the origin of a hybridised medical Gothic.

In addition to varied causes, *Villette*'s use of three distinct contemporary medical diagnostic categories of nervous disorder – melancholy, hypochondria, and hysteria – has hitherto escaped critical scrutiny. While significant in relation to conceptions of selfhood, these three

¹ Review of *Villette*, *The Morning Post*, 9 March 1853, p. 7; Harriet Martineau, Review of *Villette*, *Daily News*, 3 February 1853, p. 2.

² Athena Vrettos, 'From Neurosis to Narrative: The Private Life of the Nerves in *Villette* and *Daniel Deronda*', *Victorian Studies*, 33.4 (1990), 551-579; Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford: Stanford University Press, 1995); Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology* (Cambridge: Cambridge University Press, 1996); Beth Torgerson, *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture* (Basingstoke: Palgrave Macmillan, 2005).

nervous disorders also have abiding links to other internal processes. While the mid-nineteenth century saw them reclassified as caused by the nervous system, they retained a connection to the influence of internal organs – reproductive in the case of hysteria, digestive in relation to hypochondria, and liver function in relation to melancholia. They were also persistently gendered. I examine the depiction of each diagnosis and those it affects in *Villette*, to draw out first Brontë's interest in internal organs and biology, and second her challenging of conventional medical gendering. Lucy's narrative in part reads like a diary of medical observation, diagnosis, and treatment. While she exhibits nervous symptoms, she also personifies medical authority, frequently playing the part of a doctor, diagnosing those around her. Her embodiment of the roles of both patient and doctor is mirrored in another character, her second object of affection, M. Paul Emanuel. He acts as male medical authority, at least in role play, and is figuratively compared to both a surgeon and a midwife. Yet he also occupies the opposing medical role of a nervous subject. I argue that Brontë presents his character as that of a male hysteric, fitting medical definitions of this category more closely than the traditionally masculine nervous disorders of hypochondria and melancholy. These shifting roles and diagnoses disallow a stable presentation of medical authority, and disrupt the expected gendering of the doctor-patient relationship.

Highlighting Lucy's performance of medical roles, language and authority challenges dominant critical perspectives, originating in 1970s and 1980s feminist criticism, that categorised Lucy Snowe as passive, self-repressive, and lacking in agency. Sandra Gilbert and Susan Gubar labelled all the characters Lucy's avatars, aspects of her psyche, what they term her schizophrenia – a reductive, not to mention anachronistic, use of an established category of disorder.³ Similarly, Mary Jacobus viewed all the novel's other characters as aspects of Lucy's repression, facets of her consciousness.⁴ The intense, near-exclusive focus on Lucy obscures the novel's other characters, and co-opts them into being read as simply aspects of Lucy's unconscious, projections of her desires, or part of her nature, functioning to fill the gaps in Lucy's elusive character. Ivan Kreilkamp argues for *Villette*'s formal progressivism by stating that the novel is engaged in 'the removal of bodies to create a space

³ Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*, 2nd edn, (London: Yale University Press, 2000), p. 416. Christina Crosby also read the other characters as doublings of Lucy, albeit more 'dynamic and productive' Gothic oppositions; see Crosby, 'Charlotte Brontë's Haunted Text', *Studies in English Literature*, 24 (1984), 701-715 (p. 714).

⁴ Mary Jacobus, *Reading Women* (London: Methuen & co, 1986). Conversely, Karen Chase saw Lucy as a passive cypher entirely defined by others; that all her growth is inadvertent. See Chase, *Eros & Psyche: The Representation of Personality in Charlotte Brontë, Charles Dickens, George Eliot* (London: Methuen, 1984).

for pure textuality'.⁵ I push against these readings in two ways: first, I return the body to the centre of significance; second, I stress the presence of multiple bodies in the text, beyond that of Lucy Snowe. A preoccupation with the visceral was recognised in early reviews: the *Examiner* comments, 'the men, women, and children who figure throughout it, have flesh and blood in them', noting that 'there is not an actor in the story [...] whom any reader can regard as a mere thing of words'.⁶ This is a more apt reading than Kreilkamp's; Brontë's fascination with the medical involves literal flesh and blood, and the male, female, and indeed child characters have independent medical significance, reflecting what Kirstie Blair defines as a nineteenth-century 'shift in focus toward the pathological'.⁷ My focus on corporeality in this novel, and recovery of the other bodies in the text, demonstrates that Brontë is profoundly concerned with physical presence and the medical body, and how it is constructed by language, materiality and metaphor.

In *Charlotte Brontë and Victorian Psychology* (1996), Shuttleworth explores in-depth the medical culture to which Brontë had access.⁸ She shows how nervous disorder was considered common and widespread during the time Brontë was writing, and acknowledges the centrality of nervous disorder as a theme in *Villette*: '[Brontë] creates in Lucy Snowe a figure whose psychological stability is permanently in question [...] Brontë has chosen to focus not on the flamboyant extreme of "mania", but on the more subtle area of neurosis'.⁹ Most significantly, her study places Brontë in the context of a Victorian understanding of psychology rather than ahistorically applying Freudian readings. Shuttleworth's decisive intervention has, quite rightly, become the dominant way of reading Charlotte Brontë, and *Villette* in particular. She argues that *Villette* depicts a monolithic structure of institutional medicine engaged in control and surveillance as a consistent threatening presence: a Foucauldian paradigm of social management. However, Shuttleworth presumes a level of coherence and authority in the medical writing on nineteenth-century psychology that is not evident when reading across multiple texts. Decoding the language of medical texts as acts of narrative construction reveals that the relationship between power and medical discourse was more complex and unstable. Examining medical writing beyond what Brontë herself might

⁵ Ivan Kreilkamp, 'Unuttered: Withheld Speech and Female Authorship in *Jane Eyre* and *Villette*', *Novel: A Forum of Fiction*, 32.3 (1999), 331-354, (pp. 348-9).

⁶ Review of *Villette*, *The Examiner*, 5 February 1853, Issue 2349.

⁷ Kirstie Blair, *Victorian Poetry and the Culture of the Heart* (Oxford: Oxford University Press, 2006), p. 6.

⁸ For example, the topics of insanity and nervous disease, asylum culture, selfhood, self-help, phrenology and mesmerism.

⁹ Shuttleworth, *Charlotte Brontë*, p. 219.

have read exposes the confusion and divergences, the shifting and changeable definition of causes, symptoms, and diagnostic categories. Nicholas Dames's article, also published in 1996, rejects readings which profess the centrality of interiority. He draws attention to the privileging of the body's surface in *Villette*, constituted, he says, through acts of phrenological 'reading' and Lucy's desire to be read.¹⁰ Drawing on his move away from an examination of selfhood, I am interested in representations of the internal biological workings of the body as well as the surface: how Brontë shows the nervous system and associated internal processes affecting the external self. In addition, I build on the research of Vrettos, whose study of hysteria in *Villette* elucidates Brontë's use of nervous disorder in exploring concerns about self and society, and how Lucy reconstitutes herself using narrative. Vrettos notes that Lucy's nerves give her hermeneutic insight, and that 'her authority is of the body rather than the mind'.¹¹ However, Vrettos settles on the diagnosis of hysteria without interrogating Lucy's disparaging use of this term.

There is a tension between critics such as Jacobus who see *Villette* as old-fashioned, trapped in earlier modes, and those who see it as forward-thinking; John Maynard reads it as entirely concerned with Lucy's sexual awakening, and Joseph Allen Boone goes so far as to call it a precursor to Modernism.¹² *Villette* is most often critically positioned as straddling the modes of Romantic Gothic and Victorian realism. The obvious Gothic elements are perceived as indicative of either a Romantic inheritance that is, as Jacobus describes it, 'incompletely repressed' by writers like Brontë, or as hackneyed plot devices, deliberate satires, introduced only to be destabilised. Chase sees Brontë as pioneering in this moment, as one of the first writers to 'struggle out of romance' and into realism.¹³ Hoeveler comments that *Villette* represents a late female Gothic, written in a realist literary culture. She views the nun as a clichéd parody of a Gothic trope, commenting that 'the ghost who haunts Lucy is the ghost of a dead or dying literary tradition'.¹⁴ Indeed, the mentions of the nun – the central Gothic convention – are stereotypical, clichéd, and sarcastic. Toni Wein believes that Brontë draws

¹⁰ Nicholas Dames, 'The Clinical Novel: Phrenology and *Villette*', *Novel: A Forum of Fiction*, 29.3 (1996), 367-88.

¹¹ Vrettos, 'From Neurosis to Narrative', pp. 566-7.

¹² John Maynard, *Charlotte Brontë and Sexuality* (London: Cambridge University Press, 2009); Joseph Allen Boone, *Libidinal Currents: Sexuality and the Shaping of Modernism* (Chicago: University of Chicago Press, 1998).

¹³ Chase, *Eros & Psyche*, p. 8.

¹⁴ Diane Long Hoeveler, 'The Brontës and the Gothic Tradition', in *A Companion to the Brontës* (Chichester: John Wiley & Sons, 2016), pp. 31-48 (p. 42).

on texts such as Matthew Lewis's *The Monk* (1796), in order to redefine desire by appropriating a traditionally male Gothic style.¹⁵

The theme of nervous disorder, or illness more widely, is where the false boundary between Romance and realism breaks down. Monica Feinberg states that illness is a romance story within the psychological novel, providing the psychologised Lucy with a material register that equates to romance.¹⁶ However, Shuttleworth associates early Victorian developments in medicine and medical culture with the rise of literary realism and the psychological novel, arguing that this literary shift indicates a changing understanding of emotion and psychology which leads to a new, realist depiction of illness. The standard account of the function of the Gothic in *Villette* needs refining, to encompass the confluence of medical and Gothic discourse. The two positions are reconciled by the understanding that Brontë's novel represents a renewed Gothic that absorbs and explores the realist and medical. I contest that the Gothic is a sustained presence throughout *Villette*, but a Gothic which surpasses that of incompletely repressed Romanticism or tired clichés. Medical developments arising from changing understandings of the nervous system feed into the creation of a new language. *Villette* heralds a non-traditional form of Gothic, concerned with the medicalised, nervous body.

Medical texts defining hysteria are likewise engaged in creating narratives about the body and nervous disorder. I examine the use of different rhetorical devices by medical practitioners, and what their language suggests about the linguistic construction of the nervous subject and the authority of the medical practitioner. They make use of Gothic metaphor for impact and narrative effect, analogously to Gothic novels using Catholicism as a signal for the antiquated and despotic, even as they engage in an ostensibly rational taxonomic project to categorise and pin down disorders. 1853 coincides with a diagnostic shift that sought to determine new, physiological causes for hysteria: as the womb was no longer thought to wander around the body causing spasms and pains, what else in the internal workings of the body was affecting the nervous system and producing the involuntary physical symptoms of hysteria? Several texts published this year grappled with the subject.

¹⁵ Toni Wein, 'Gothic Desire in Charlotte Brontë's *Villette*', *Studies in English Literature, 1500-1900*, 39.4 (1999), 733-746.

¹⁶ Monica L. Feinberg, 'Homesick: The Domestic Interiors of *Villette*', *Novel: A Forum of Fiction*, 26.2 (1993), 170-191.

While Brontë was probably unaware of most of the medical sources I will examine, the texts exhibit strikingly analogous descriptions of the potential influence of internal processes on nervous disorder and its external symptoms. The earliest medical source examined here is Thomas John Graham's *Modern Domestic Medicine* (1826), the much-consulted Brontë family medical manual. Entries on illnesses and afflictions are organised under subheadings: causes, diagnoses, symptoms and treatments, each subheading followed by a list against which the layperson can compare ailments and select the most fitting method of treatment. Graham's categories of nervous disorder consistently posit that the digestive system plays a central role. This text is important as it provided Brontë with her knowledge of medicine in the home; it is a key text in the Brontë library. From this, I build a broader picture of medical culture around nervous disorder by drawing on a more diverse range of opinions from the time Brontë was writing. To this end, I explore the work of three other mid-century medical authorities on nervous disorder. Shuttleworth and Jenny Bourne Taylor's *Anthology of Psychological Texts 1830-1890* (1998) includes extracts from these physicians under the section on 'Hysteria', and Mark Micale discusses them in *Hysterical Men* (2008); they are the definitive mid-century texts on this form of nervous disorder, all pioneering or significant in different ways, each suggesting remarkably nuanced theories.¹⁷

Shuttleworth and Taylor identify Thomas Laycock's *Treatise on the Nervous Disorders of Women* (1840) as a ground-breaking text, and Micale views Laycock as the nineteenth-century British physician who wrote 'more voluminously about hysteria' than any other.¹⁸ Laycock was a relatively successful practitioner, but his unconventional mode of expression – medical discourse that regularly digresses into philosophy and poetic speculation – was considered unscientific. Laycock's lengthy *Treatise* meanders far beyond its professed aim to catalogue female nervous disorder. It is a strange text, gathering together classical medicine, bible stories, observations from the animal kingdom, spiritualism, mesmerism, the moon's influence in directing the periodic rhythms of anatomy, and the bearing of weather and sensory stimuli such as odours, music, and colours on the nervous and reproductive systems – more typically the preserve of fiction, superstition, the occult and folklore. Micale focuses on

¹⁷ Sally Shuttleworth and Jenny Bourne Taylor, eds., *Embodied Selves: An Anthology of Psychological Texts, 1830-1890* (Oxford: Oxford University Press, 2003).

¹⁸ Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (London: Harvard University Press, 2008), p. 85.

Laycock's gendering of nervous disorder as part of the 'Victorian Eclipse' of male hysteria, and overlooks the eclectic pseudoscientific content.

Laycock's idiosyncratic approach was deliberate. His Preface, aimed at his medical peers, apologises for the book's length and philosophical style: 'I fear the peculiar plan I have adopted in treating my subject, may at the first glance be repulsive, especially to those of my brethren busily engaged in their professional duties'.¹⁹ The ostensible apology is in fact a thinly veiled criticism of what he calls 'mere practical medicine', reflected in the list-like 'condensed style' of medical texts which 'contain nothing more than a description of diseases, and the methods of treatment', and lack 'the necessary elasticity of application to the ever-varying forms of disease'.²⁰ Even as he embarks on an attempt to categorise all the nervous disorders of women, Laycock rejects standard taxonomic style – as represented by Graham's *Modern Domestic Medicine*. He professes the merit of an imaginative, philosophical narrative approach in medical texts, to work in tandem with a catalogue of physical symptoms to increase understanding and improve practice. His fascination with the occult and supernatural locate Laycock on the Victorian boundary of romance and realism; tropes from the past haunt his text, even as he advocates this philosophical style as a new, modern form of medical writing.²¹ His taxonomic project aimed to carve out an authoritative space as an expert on nervous disorder, to construct a theory of pathology that becomes the dominant narrative.

Laycock appears to have been temporarily successful; Micale notes that following his *Treatise*, no British texts were published on hysteria for ten years, then, 'after a decade of silence, two works on hysteria appeared on the British medical scene in the early 1850s'.²² The first was William John Anderson's *The Causes, Symptoms, and Treatment of Eccentric Nervous Affections* (1850). Anderson followed this with a paper in 1853: 'Hysterical and Nervous Affections of Women: Read Before the Harveian Society' – of which he was

¹⁹ Thomas Laycock, *A Treatise on the Nervous Disorders of Women* (London: Longman, Orme, Brown, Green, and Longmans, 1840), p. vii.

²⁰ Laycock, *Treatise*, pp. vi-viii.

²¹ A section entitled 'Delirium; Ecstasy; Spectral Illusions; Somnambulism' explores tangents such as the question of whether animals dream, 'the power of composing poetry exhibited by the insane (especially females)', an assertion that ghosts are generally dressed in red, and tells several anecdotes about the visions of drunken men. Statements such as: 'nightingales dream, and their visions have the complexion of their character, for they hum their airs with a low voice', indicate Laycock's sense of wonder, imagination, and speculative approach. Laycock, *Treatise*, p. 319.

²² Micale, *Hysterical Men*, p. 89.

Honorary Secretary – and subsequently published. Resurrecting the subject of hysteria suggests that Anderson aimed to be something of a trailblazer. Yet unlike Laycock, he was not a renowned medical practitioner, but a general surgeon dealing mostly in midwifery, and has been largely forgotten. Micale dismisses his position as unremarkable, a ‘Laycockian reinstatement of the utero-ovarian doctrine’.²³ However, while the uterine organs are identified as a regular cause, Anderson differs significantly from Laycock in his insistence on ‘the intimate connexion which exists between the nervous and circulating systems’; and that nervous affections are caused by ‘improper quality of the blood’, toxicity, abnormal blood conditions, or obstruction of the capillaries.²⁴ The presentation of his paper at the Harveian Society indicates an attempt to perform and popularise his theory; that the cause of hysteria is predicated on interactions between the nervous fibres and the ‘vascular plexus’ – the system of capillaries that carries oxygen to the heart in the form of ‘red globules’.²⁵ An ‘abnormal increase of the red globules’ means that ‘the heart’s action is increased by receiving blood too stimulating in its character’, and this leads to an excited state, ‘a morbidly increased amount of nervous influence’.²⁶ Whereas a diminution in the quantity of the red globules – too little blood or thin blood – results in ‘an anaemic state of system, in which the circulating and the nervous systems are weakened’.²⁷ Presumably his paper was received well enough for John Churchill to agree to publish it, but it was not such a landmark as to make Anderson’s name.

The other work noted by Micale is Robert Brudenell Carter’s *On the Pathology and Treatment of Hysteria*, published the same year as *Villette*. Carter wrote this when he was just twenty-five. Micale is interested in Carter’s study as an exception to the eclipse of masculine hysteria, but he also goes so far as to claim it is ‘the single most intriguing text on hysteria in British medical history’.²⁸ It is pioneering in one significant way; Carter rejects physiological theories championed by other doctors such as deranged organs or toxicity of the blood, and instead locates the cause of hysteria firmly in the emotions. Carter states that powerful emotions – especially sexual emotions, and especially when repressed – act on the nervous system to produce involuntary physical effects: hysterical paroxysm in the first instance,

²³ Micale, *Hysterical Men*, p. 89.

²⁴ William John Anderson, *The Causes, Symptoms, and Treatment of Eccentric Nervous Affections* (London: John Churchill, 1850), p. vii; p. viii.

²⁵ William John Anderson, *Hysterical and Nervous Affections of Women: Read before the Harveian Society* (London: John Churchill, 1853), p. 11.

²⁶ Anderson, *Hysterical and Nervous Affections*, p. 12.

²⁷ Anderson, *Hysterical and Nervous Affections*, pp. 11-12.

²⁸ Micale, *Hysterical Men*, p. 89.

often followed by other bodily symptoms such as spontaneous contraction of the muscles. He moves away from organic causality, and is one of the first to suggest that profoundly physical symptoms can have entirely psychological causes, a new narrative in medical discourse, and the forerunner of ideas later initiated by psychoanalysis. It is for this reason that Izla Veith considers it the first psychological interpretation of hysteria.²⁹ Micale is intrigued by Carter's text because: 'the book's interest lies in its remarkable compression into a short space of so many forward-looking and backward-looking attitudes'.³⁰ Carter's text thus represents the mid-nineteenth-century medical moment, caught between two worlds, the forward-looking and the nostalgic. His progressive ideas include an insistence that men can be hysterical, his observation that women's sexual desires 'are constantly repressed in compliance with the usages of society', and his demarcation of hysteria as a universal disease in an entire chapter devoted to working-class hysteria.³¹ His more retrograde views are his argument that a large proportion of hysterical women deliberately produce their fits for attention, and that women seek medical examination for sexual gratification.³² Medical authority here performs a function akin to fiction-making, exacerbated by variable and subjective reader interpretation.

Graham's, Laycock's, Anderson's and Carter's are the representative texts on hysteria in the mid-nineteenth century, all written by practitioners trying to make a name for themselves. Yet hysteria's protean nature means that it evades categorisation and an objective medical stance. Medical narratives of hysteria reveal the messy and haphazard construction of taxonomic categories. The language used in the attempt to establish each particular theory as the authoritative position is often based on assumption, cliché, hyperbole, metaphor, even the fantastic or fictional. Acknowledging the uncertainty in these medical texts, as well as the diversity of opinion that they exhibit, prompts a more complex reading of nervous disorder in *Villette*. This study is concerned with the narrativisation of pathology: the ways in which

²⁹ Izla Veith, *Hysteria: The History of a Disease* (Chicago, University of Chicago Press, 1965), pp. 199-210.

³⁰ Micale, *Hysterical Men*, p. 89.

³¹ Robert Brudenell Carter, *On the Pathology and Treatment of Hysteria* (London: John Churchill, 1853), pp. 21-2.

³² Carter comments: 'I have, more than once, seen young unmarried women, of the middle-classes of society, reduced, by the constant use of the speculum, to the mental and moral condition of prostitutes' (Carter *On the Pathology and Treatment*, p. 69). His observations appear to lend credence to the popular myth, debunked by Fern Riddell, Lesley Hall, and Kate Lister, of Victorian doctors treating hysterical women with vibrators; perhaps this myth originated from readings of medical texts like Carter's. See Fern Riddell, 'Victorians didn't invent the vibrator', *Guardian Opinion* <<https://www.theguardian.com/commentisfree/2014/nov/10/victorians-invent-vibrator-orgasms-women-doctors-fantasy>>; Kate Lister, 'Victorian doctors were not using vibrators on female patients – it was even stranger than that', *INews*, <<https://inews.co.uk/opinion/comment/victorian-doctors-were-not-using-vibrators-on-female-patients-it-was-even-stranger-than-that/>>.

medicine and literature use shared languages to construct and examine the nervous body. *Villette*, while ostensibly the telling of a single narrative, mimics medical language, strategies, and subject-matter, producing a new form of medicalised Gothic. Brontë's novel exemplifies a distinctive response of fiction to medical discourse about nervous disorder. I develop my analysis of these interactions under taxonomic headings of causes, diagnoses, symptoms, and treatments, and conclude by looking at the corresponding influence of shared discourse: the function of Gothic metaphor in medical texts, whether deliberate or involuntary, seems to verge on a hysterical simulation of style.

Causes

This passage from Thomas John Graham's *On the Management and Disorders of Infancy and Childhood* exemplifies prevalent opinion on the cause of nervous disorder around the time of *Villette*'s publication:

The appetite of love is seated in the cerebellum, at the base of the brain; and when excited by any cause, it does, under certain circumstances, if not indulged, become greater and greater, until it induces derangement of various functions, and hence hypochondriasis, convulsions, hysteria, and even insanity may be the result. Hysteria, in nine cases out of ten, arises from continence; and it is admitted by all discerning professional men that marriage removes a vast number of diseases incidental to both sexes.³³

Graham proposes that frustrated romantic passion and sexual desire can potentially result in increasing levels of madness. 'Continence' in this context is a euphemism for sexual abstinence; engaging in sexual activity – within the morally and legally sanctioned relation of marriage – is the solution and cure. He uses a coded language, polite, even prudish phrasing, in which marriage is shorthand for coitus, allowing him to encourage sexual activity, at least among those with a shared understanding of the code. Graham expands on an earlier assertion in *Modern Domestic Medicine* that 'the surest remedy [for hysteria] is a happy marriage'.³⁴ Again, 'happy marriage' is code for a couple who are sexually satisfied. Laycock likewise names 'erotic disappointments' as a common cause of female hysteria, commenting that 'the whole nervous system is excited by the sexual stimulus, as much as by opium'.³⁵ Anderson

³³ Thomas John Graham, *On the Management and Disorders of Infancy and Childhood* (1853), p. 40, quoted in Shuttleworth & Taylor, *Embodied Selves: An Anthology of Psychological Texts*, p. 188.

³⁴ Thomas John Graham, *Modern Domestic Medicine*, (London: Simpkin and Marshall, 1827), p. 353.

³⁵ Laycock, *Treatise*, p. 176; p. 74.

points to ‘premature excitement of the passions in both sexes’.³⁶ Carter states: ‘sexual passion is more concerned with any other single emotion, and, perhaps, as much as all others put together, in the production of the hysteric paroxysm’.³⁷ They all agree that sexual frustration has a damaging impact on the body, leading to hysteria or insanity, if these desires are not relieved in marriage. In terms of what might happen to unmarried – and therefore sexually unsatisfied – individuals, it is not clear if the growing ‘appetite’ is meant figuratively, or if Graham refers to an organic component of the cerebellum which actually swells in the brain. Such moments of semantic ambiguity suggest the feigned and anxious authority of medical practitioners engaged in the fraught attempt to construct a coherent narrative about nervous disorder, who are also squeamish about prescribing sex as healthy in itself, rather than purely for reproduction. They self-consciously seek to build their reputations in these treatises, attempting to establish their theories as the definitive narrative, apparent in Graham’s provocative avowal that ‘all discerning professional men’ agree with him.

The 1851 Census sparked national debate about the ‘redundant woman’ problem, an issue of female surplus which would lead William Rathbone Greg to propose in 1862 that rather than these women being left to miserable lives of ‘celibacy, struggle and privation’ – notably in that order – they be shipped abroad to the colonies to find husbands.³⁸ Mary Poovey argues that these surplus, unfulfilled women were epitomised in the figure of the governess, a group whom the Census numbers at 25,000. Furthermore, the figure of the governess was linked to the lunatic: ‘according to both the author of the 1844 “Hints on the Modern Governess System” and Lady Eastlake’s 1847 review of the GBI’s annual report, governesses accounted for the single largest category of women in lunatic asylums’.³⁹ The figure of the governess is a representative type of educated, cultivated woman who once had good prospects, but has fallen on hard times. Lucy Snowe embodies this, even if she is labelled a teacher rather than a governess. *Villette* could be crudely summarised as the story of an unmarried, love-sick woman who ships herself abroad – not to the colonies but to Europe – echoing this dominant medical and social narrative. The novel is undeniably concerned with the psychological effects of unreciprocated desire, the negative potential of the ‘appetite of love’. Lucy Snowe’s hidden passion for Dr John, its revelation to the reader, and her agony over and

³⁶ Anderson, *Eccentric Nervous Affections*, p. 83.

³⁷ Carter, *On the Pathology*, p. 36.

³⁸ William Rathbone Greg, *Why Are Women Redundant?* (London: Trübner, 1869), p. 17.

³⁹ Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (London: University of Chicago Press, 1988), pp. 129-30.

burial of her feelings for him, are integral to the plot. Critics frequently identify Lucy's sexual repression as the pivotal psychological theme, and responsible for her nervous disorder. John Maynard claims that her hidden sexual passion results in depression, which sometimes 'takes the extreme form of a kind of breakdown or temporary madness'.⁴⁰ There are instances in *Villette* which fit the stereotype of the lonely woman becoming mad with longing. The 'strange, sweet insanity!' Lucy experiences on receiving a letter from Dr John, the anticipation of which 'had haunted my brain in its very core for seven days past', leads to her first sighting of what appears to be a ghostly nun.⁴¹ Upon losing the letter, she becomes, in her own words, a 'grovelling, groping, monomaniac' (p. 353). However, I contest that *Villette*'s engagement with medical theory is more far-reaching, complex and diverse than this. While the Victorian medical texts cited above agree that sexual frustration is a cause of nervous disorder, they include numerous other convoluted and contrary theories. Attempts to categorically fix the shifting and changeable causes and symptoms of the nervous body did not constitute a unified medical voice, but rather multiple disparate voices. This section explores how *Villette*, as a narrative of nervous disorder, draws on conflicting theories and medical imagery beyond sexual frustration: namely nerves, digestion and appetite, blood and circulation, and weather.

Brontë's novel explores mid-century uncertainty around the physiological nature of nervous illness, anxieties about the mystery of the body's internal workings, and its permeability, reflected in a narrative blurring of the material and the metaphorical. Lucy's narrative depicts the nerves variously as a biological system within the body, or as an abstract concept or rhetorical device. She makes statements which envisage the nerves as internal components: 'Dr John had a fine set of nerves' (p. 173), and she describes her own nerves getting 'overstretched' (p. 222) or 'regaining a healthy tone' (p. 365). Yet she also uses figurative phrases like: 'the thrill which some particular nerve or nerves, almost gnawed through with the unremitting tooth of a fixed idea, were becoming wholly unfit to support' (p. 388). 'Particular' gestures towards a locatable biological element, yet its physical nature is brought into question by the metaphorical gnawing tooth. The nerves are held accountable for other narrative destabilisations of the binaries of physical/mental, and concrete/abstract. Lucy's encounters with a ghostly nun, who may be substance, shadow, or figment – in M. Paul's

⁴⁰ Maynard, *Charlotte Brontë and Sexuality*, p. 213.

⁴¹ Charlotte Brontë, *Villette*, The Clarendon Edition, ed. by Herbert Rosengarten and Margaret Smith (Oxford: Oxford University Press, 1984), p. 343; p. 340. All further references are given in the text.

words, ‘whether this nun be flesh and blood, or something that remains when blood is dried, and flesh is wasted’ (p. 533) – are initially thought to be the effect of her nervous fever. Her nervous collapse results in the division of Lucy herself into ‘the divorced mates, Spirit and Substance’ (p. 235), a division into separate immaterial and material selves. This division produces ‘a racking sort of struggle’ (p. 235), suggesting involuntary locomotion and the hysterical fit, although it is unclear if this struggle manifests physically. Brontë maintains a productive ambiguity around the subject of nervous disorder, and the uncertain territory of the nervous system, located somewhere between the biological and abstract.

Graham’s *Modern Domestic Medicine* links all categories of nervous disorder to the digestive system, whether ‘well-marked symptoms of indigestion’, ‘rumbling in the bowels’, or ‘great disorder of the functions of the digestive organs’.⁴² This attention to digestion is an attempt to regulate the body, something that can be more plausibly managed when the nervous system is out of control. *Villette* records physical instances of eating in detail; Lucy reports when she is hungry, when she is not, and tells us what she and others eat. Her appetite is linked to emotional states, and significantly to times when she is looking after others; she physically diminishes in positions of care. When she is the companion to the invalid Miss Marchmont, and when she is placed in charge of Marie Broc during the long vacation, she loses her appetite entirely. Her malnourishment is a significant causal factor in her nervous collapse, and the return of her appetite following her nervous breakdown is, to her, the sign that she is getting well. Her relationship with M. Paul progresses through instances of him feeding her and the two of them sharing food, acts of eating which nourish her both physically and emotionally. The theme of eating is also symbolic: Lucy uses metaphors of hunger, starvation, appetite, eating, and nourishment to communicate emotions. Thus a letter from Dr John is ‘a morsel of real solid joy’ (p. 342), and later letters from M. Paul are ‘real food that nourished, living water that refreshed’ (p. 713).

Other examples of figurative language related to hunger refer to Lucy herself: ‘the result was as if I had gnawed a file to satisfy hunger, or drank brine to quench thirst’ (p. 383); ‘forced examination could not be immediately digested’ (p. 583). The most notable metaphor is directly related to nervous disorder and insanity. Lucy says:

⁴² Graham, *Modern Domestic Medicine*, p. 399 (Melancholia); p. 350 (Hysteria); p. 426 (General Nervous Disorder).

The world can understand well enough the process of perishing for want of food: perhaps few persons can enter into or follow out that of going mad from solitary confinement. They see the long-buried prisoner disinterred, a maniac or an idiot! – how his senses left him – how his nerves first inflamed, underwent nameless agony, and then sunk to palsy – is a subject too intricate for examination, too abstract for popular comprehension. (p. 392)

Here, the recognisable experience of hunger is used to communicate the invisibility of mental health problems, to render the unfamiliar spectacle of insanity produced by loneliness relatable. Starvation forms a metaphor to elucidate understanding of invisible pain, to communicate mental suffering by comparing it to something visible and comprehensible. Vrettos identifies eating as one act that implicitly marks the body as permeable, exposing the ‘fiction of self-sufficiency’, and that disease also does this by enacting a ‘breakdown in corporeal integrity, wholeness, or control’.⁴³ Lucy asserts that the narrative of biological pathology is impossible to retrace, either through medical intervention or public narratives of the body. Nervous disorder resists medical categorisation; it is too intricate, too delicate, to be medically defined or surgically exposed. Paradoxically, it is also too conceptual and immaterial, so resists definition in the cultural or public realm. Disorder permeates boundaries and yet remains a mystery due to the ambiguity of bodily processes.

Anderson’s text on eccentric nervous affections, and his paper on hysteria, maintain an unequivocally physiological position. He states that there are three causes: ‘the improper quality of the blood, from an excess in the amount of the red globules’; ‘the increased force of the heart’s action’; ‘the augmented power of the nervous system’, all leading to ‘an anaemic state of system, in which the circulating and the nervous systems are weakened’.⁴⁴ As Lucy feels sick with anticipation at the prospect of M. Paul leaving, her observations of her bodily sensations echo Anderson’s stages: ‘my heart trembled in its place. My blood was troubled in its current. I was quite sick, and hardly knew how to keep at my post or do my work’ (p. 641). Maynard holds that the mentions of blood and the heart in *Villette* indicate embodied sexuality: ‘the heart, especially, always associated with love and feeling, becomes in *Villette* a kind of sexual organ, a measure of the potency and warmth of the entire person’.⁴⁵ He points to ‘cold hearts, warm hearts, touching and responsive hearts: with this

⁴³ Vrettos, *Somatic Fictions*, p. 5.

⁴⁴ Anderson, *Eccentric Nervous Affections*, p. 72.

⁴⁵ Maynard, *Charlotte Brontë and Sexuality*, p. 171.

old image of love Brontë finds a way to talk about sexual potency and union'.⁴⁶ He is correct that the heart is mentioned many times; however, to view it as a recurring metaphor for love and sexuality ignores the regularity with which the heart is described using medically-inflected language, detailing veins, capillaries, blood and currents. This is typical of critics ignoring the significance of the internal in their concern with interiority. Kirstie Blair examines the way in which heart imagery in Victorian poetry represents 'a shift in focus toward the pathological', alongside its figurative meanings.⁴⁷ Blair states that in the nineteenth century, 'the rapid rise of physiological and medical explanations of bodily processes meant that the embodied heart assumed a vital role in culture and literature. References to the heart in the literature of this period take on more literal meanings, as figurative uses of the heart start to attract medical implications'.⁴⁸ The same is true in *Villette*; the influence of medical knowledge of the heart as organ is apparent throughout.

Lucy discusses the quality of blood, bloodlessness, or blood being replaced by something else, often in relation to the spoilt and narcissistic Ginevra. She comments early in their relationship that Ginevra 'must have had good blood in her veins' (p. 118) due to her state of perpetual nonchalance. Lucy's sarcastic tone implies scepticism about medical theories of good and bad blood, as well as scorn of Ginevra. She later retracts her assertion of Ginevra's good blood, stating: 'of blood, her cool veins conducted no flow; placid lymph filled and almost obstructed her arteries' (p. 299). Lymph is in physiology 'a colourless alkaline fluid, derived from various tissues and organs of the body, resembling blood but containing no red corpuscles'; this meaning was established by the time Brontë was writing.⁴⁹ Herbert Rosengarten and Margaret Smith gloss this term in their critical notes to *Villette*: 'an excess of lymph [...] was once thought to contribute to sluggishness of thought or action'.⁵⁰ Lucy's view of Ginevra's cool veins suggests reference to the humoral system, while her lymph-obstructed arteries indicate modern medicine. Both outdated and modern medical terms are being used ironically and figuratively, reflecting both the shifting attitude of Lucy to Ginevra, and the changing conception of physiology in medicine. Ginevra is also the character whom Lucy terms 'hysterical' the most often, as I will discuss later. When Lucy comments 'I kept

⁴⁶ Maynard, *Charlotte Brontë and Sexuality*, p. 172.

⁴⁷ Kirstie Blair, *Victorian Poetry and the Culture of the Heart* (Oxford: Oxford University Press, 2006), p. 6.

⁴⁸ Blair, *Victorian Poetry*, p. 2. Blair's recognition of the responding medical interest in the metaphorical and fictional is comparable to my observations of metaphor and Gothic conventions being absorbed and explored in medical texts about nervous disorder.

⁴⁹ Oxford English Dictionary, 'Lymph'. Accessed online in December 2017.

⁵⁰ Rosengarten and Smith, *Villette* Clarendon edition, notes to page 299: placid lymph. P. 733.

quiet, yet internally I was much agitated: my pulse fluttered, and the blood left my cheek, which turned cold' (p. 244), she is observing her own physiological symptoms more than analysing selfhood. The heart's symbolic role is combined with medical language; the pathological shift as observed by Blair. It results in medicalised Gothic language, fascinated with the sometimes gruesome functions of internal biology.

The significance of blood in relation to hysteria extends to menstruation. Anderson consistently mentions the 'derangement of the uterine organs' as the most common cause of the disorder, because, he says, 'that the whole system sympathises with the uterine organs is an indisputable fact'.⁵¹ Other physicians were more explicit about hysteria's link to menstruation. Hysteria was thought to arise due to either an excess of menstruation, the blood a representation of overflowing sexual passion, or alternatively impeded or irregular menstruation that polluted the body and led to malfunctions in the internal system. Mary Wilson Carpenter discusses menstruation's inherent association with hysteria, and the no-win situation of both excessive and deficient menstruation causing the disorder. She applies this to *Villette*, arguing that Brontë resists the 'hysterisation of women' by incorporating language that hints at menstruation: *Villette*'s narrative 'is permeated with imagery that evokes or specifically alludes to biblical texts concerning menstruation and its metaphorical references, such as floods, fountains, and flowers. Both inspired and disrupted by periodic "floods," the narrative employs this menstrual metaphor to link sexual and verbal flows'.⁵² Wilson Carpenter makes a convincing case that 'flower' is a biblical by-word for menstruation and examines mentions of flowers in *Villette*. However, like Maynard, Wilson Carpenter ignores the descriptions of actual blood and circulation in the text. Her analysis is based entirely on the figurative: the language of floods and tidal currents as a code for menstrual passions, 'flowers' as a euphemism. This is epitomised in her assertion that the figure of the nun emerges from 'the depths of [Lucy's] menstrual passion', which disregards that the nun is not a phantom, apparition, or hallucination, but in fact (male) flesh and blood.⁵³ While there are indeed numerous floods in *Villette*, they are not, as Wilson Carpenter attests, all symbolic of menstruation. They are too often accompanied by storms, shipwrecks, mentions of hurricanes and earthquakes, with additional significance in relation to nervous disorder.

⁵¹ Anderson, *Hysterical and Nervous Affections*, p. 9.

⁵² Mary Wilson Carpenter, *Imperial Bibles, Domestic Bodies: Women, Sexuality, and Religion in the Victorian Market* (Athens, Ohio: Ohio University Press, 2003), p. 75.

⁵³ Wilson Carpenter, *Imperial Bibles*, p. 99.

It was widely accepted that, as in Laycock's terms, 'nervous diseases are continually influenced by atmospheric changes'; that the weather prompted nervous disorder.⁵⁴ Laycock continues: 'every delicate invalid knows the effect of an east wind upon his comfort. It finds out every weak place in such people; a broken bone, a rheumatic or diseased joint, or a neuralgic nerve, will instantly give notice of often the slightest change in the wind to the east'.⁵⁵ The meteorological effect of weather on nervous disorder was a fertile source of character idiosyncrasy for Victorian authors; a prominent example is the character of John Jarndyce in Dickens's *Bleak House*, who is so affected every time the wind is in the East that he is incapacitated and retreats to a study that he calls his growlery. Storms are said to be particularly influential: 'that state of the atmosphere in which thunder-storms prevail most, has a remarkable effect upon nervous people'.⁵⁶ *Villette* has a fittingly inclement climate, with regular dry dust storms and wild wet storms. Brontë's storms reflect the quintessential experience of the Romantic Sublime: 'vast cataracts, raging storms' and 'thunder' represented an encounter with wild, unquantifiable nature, producing cathartic and inspiring states of terror.⁵⁷ *Villette*'s storms have a figurative function, marking moments of significance or trauma in Lucy's life, or seeming to mirror her inner turmoil. Her nervous collapse at the mid-point of the novel occurs during a storm. Yet the significance of the weather goes beyond pathetic fallacy and the metaphorical. Brontë's storms, and Lucy's response to variable weather, can be understood not only as Romantic Gothic, but as medicalised Gothic.

Lucy engages with this culturally prevalent subject of the physiological influence of weather:

It was a day of winter east wind, and I had now for some time entered into that dreary fellowship with the winds and their changes, so little known, so incomprehensible to the healthy. The north and east owned a terrific influence, making all pain more poignant, all sorrow sadder. The south could calm, the west sometimes cheer: unless, indeed, they brought on their wings the burden of thunder-clouds, under the weight and warmth of which all energy died. (p. 388)

⁵⁴ Laycock, *Treatise*, p. 148.

⁵⁵ Laycock, *Treatise*, p. 148.

⁵⁶ Laycock, *Treatise*, p. 149.

⁵⁷ Edmund Burke, 'A Philosophical Enquiry into the Origin of our Ideas of the Sublime and Beautiful', 1757, *The Writings and Speeches of Edmund Burke, Vol. 1: The Early Writings*, ed. by T. O. McLoughlin, James T. Boulton, and William B. Todd (Oxford: Oxford University Press, 1997), p. 250.

Justine Pizzo has researched in detail the influence of new weather sciences like meteorology on Brontë's novels.⁵⁸ Referencing Laycock, she notes that nervous people – and Brontë's characters – were considered more attuned to atmospheric changes due to excessive sensibility. Lucy's susceptible, nervous body gives her a privileged or instinctive understanding of the weather, which 'the healthy' cannot understand, consistent with her statement that mental suffering is 'too abstract for popular comprehension' (p. 392). In the binary of health versus absence of health, she attributes responsibility elsewhere; the direction of the wind has the power to affect emotions, and thunder clouds to destroy physical energy. In this view, the body is permeable and vulnerable, responsive to external stimuli, and at the mercy of the weather's uncontrollable fluctuations.

However, this is contradicted at other moments in *Villette* when the weather has a feverishly uplifting, revitalising, transformative effect on Lucy:

certain accidents of the weather were almost dreaded by me because they woke the being I was always lulling, and stirred up a craving cry I could not satisfy [...] the tempest took hold of me with tyranny: I was roughly roused and obliged to live [...] It was wet, it was wild, it was pitch-dark. [...] too resistless was the delight of staying with the wild hour, black and full of thunder, pealing out such an ode as language never delivered to man—too terribly glorious, the spectacle of clouds, split and pierced by white and blinding bolts. (p. 152)

She feels compelled to watch and enjoy the storm for its overwhelming, awe-inspiring force. The waking of a being within her suggests a primal response and deep resource of inner power; the storm gives or awakes energy rather than sapping her of it. This effect is reinforced at a later point: 'in this air, or this mist, there was some quality – electrical, perhaps – which acted in strange sort upon me [...] I felt, not happy, far otherwise, but strong with reinforced strength' (p. 425). The electric quality of the weather reverberates through her nervous system, a naturally occurring galvanism. The weather's provoking of nervous disorder is not necessarily debilitating; it does not only mark moments of trauma, herald disaster, or cause morbid thoughts. Instead, violent weather can have a physical, strengthening effect. Storms are the bursting out of built-up energy, they are sensory and all-encompassing. As such, the storm itself also acts as a metaphor for nervous disorder. These elemental eruptions which render the subject passive and powerless, yet projecting energy

⁵⁸ Justine Pizzo, 'Atmospheric Exceptionalism in *Jane Eyre*: Charlotte Brontë's Weather Wisdom', *PMLA*, 131:1 (2016), 84-100.

and intensity, reflect the involuntary experience of the body in the grip of hysteria. Like hysteria, the storm erupts and emerges unpredictably. This recasts the image of nervous disorder as not simply illness that is suffered, but a powerful, full-body experience which can lend strength to the subject. When Dr John tries to explain Lucy's sightings of the nun as 'optical illusion – nervous malady' (p. 368), Lucy resists his diagnosis – 'not one bit did I believe him' (p. 368) – and criticises all doctors for being 'so self-opinionated, so immovable in their dry, materialist views' (p. 368). In their wild, stirring, unpredictable wetness and transience, storms form a counter-narrative to the immovable, dry materialism of doctors. Ironically, of course, the nun has a different 'materialist' explanation; all along it has been Ginevra's paramour, De Hamal, dressed as a nun in order to infiltrate the school. He, too, is part of the humorous debunking of the medical.

As is becoming evident, Brontë's novel engages with many more causal ideas around nervous disorder than those related solely to sexual repression:

As to my confession, Dr John, I suppose you will think me mad for taking such a step, but I could not help it: I suppose it was all the fault of what you call my "nervous system." I cannot put the case into words, but, my days and nights were grown intolerable; a cruel sense of desolation pained my mind: a feeling that would make its way, rush out, or kill me – like (and this you will understand, Dr John) the current which passes through the heart, and which, if aneurism or any other morbid cause obstructs its natural channels, impetuously seeks abnormal outlet. (p. 264)

Lucy's speech explaining the apparent 'madness' that drove her to Catholic confession constitutes a medley of diverse medical causes, synthesising the physiological with the pathological. Phrases like 'I suppose it was all the fault' and 'this you will understand', strike a knowing and parodic tone. It unites a view that the nervous system is at fault for her erratic behaviour, an admission of strong emotion, and a physiological account of blood, currents, aneurism, and obstructed channels. This is analogous to Anderson's theory about the biological effect of fear on hysteria patients: the heart's action is checked for a moment in a 'spasmodic constriction of the capillaries', 'the blood is thrown back from the surface', and the ensuing shock may result in death.⁵⁹ The cause of Lucy's nervous disorder is never definitively stated. Her apparently self-effacing statement that she 'cannot put the case into words' may in fact be a strategy of 'will not', constructing a narrative of the body built on

⁵⁹ Anderson, *Eccentric Nervous Affections*, p. 86.

ambiguity and multiplicity in order to resist a reductive view of her individual experience. Yet this deliberate ambiguity is an entirely characteristic withholding. There is avoidance: Lucy does not want to know too much about the relationship between the internal body and interior self. Too much awareness of how internal, invisible organs relate to nervous systems, and the behaviours which constitute the self, might exacerbate the problem. The ‘morbid cause’ that threatens to disrupt the body’s functions could refer to a morbid or heightened self-consciousness, which interferes with automatic bodily processes. *Villette*’s status as a difficult, hard-to-read, or, as Diane Long Hoeveler terms it, a ‘puzzling novel’, is predicated on the fact that Lucy resists her own self-consciousness even as her narrative discloses it.⁶⁰ The language of self-denial and avoidance of articulation, like the qualifying rhetoric and ambiguity found in medical texts, indicates various motivations: doubt or uncertainty, or a defiant tactic to manage a heightened self-consciousness, a defensive strategy of protecting oneself from being known in concrete terms, or explained through categories of disorder.

Diagnoses

Shuttleworth reads *Villette* as a critique of medical surveillance, performed through numerous acts of watching and spying, symbolising medical penetration of the body and mind. However, while she notes that scientific language ‘permeates Lucy’s narrative construction of her self’, she attributes this scopic medical presence to authority figures such as Dr John and M. Beck, focusing on others’ medical analyses of Lucy and overlooking those that Lucy performs on others.⁶¹ Katherine Inglis makes a convincing argument for reading the eyes in *Villette* not simply as metaphors for surveillance, but as biological components, manifesting Brontë’s experiences with and interest in ophthalmology.⁶² Equivalent to instances of nervous behaviour, there are significant moments in which Lucy occupies a diagnostic role, approximate to a doctor figure. Lucy’s own scopic medical behaviour counteracts Shuttleworth’s ascription of a monolithic authority to ‘the medical’ in the novel, and also repudiates other critical views of Lucy as entirely – pathologically – interior.⁶³

⁶⁰ Hoeveler, ‘The Brontës and the Gothic Tradition’, p. 41.

⁶¹ Shuttleworth, *Charlotte Brontë*, p. 221.

⁶² Katherine Inglis, ‘Ophthalmoscopy in Charlotte Brontë’s *Villette*’, *Journal of Victorian Culture*, 15.3 (2010), 348-369.

⁶³ While diagnoses should logically follow symptoms, I want to foreground Lucy Snowe’s role as diagnostician before her role as sufferer of nervous disorder, and to explain the three categories into which symptoms are filed, sometimes seemingly arbitrarily.

Lucy makes sense of the world through analysis and interpretation, and her assessments of other characters are tantamount to diagnoses of symptoms and behaviours. This is evident from the beginning of her story, in her relationship with the young Polly. These early episodes have been pointed to as exemplary of Lucy deflecting attention onto others, and hiding herself from the reader; for example, Chase asserts that Lucy ‘enters *Villette* as a cipher in her own narrative, a character virtually without traits’.⁶⁴ Yet these scenes reveal a much more active role than this recognises, tracking Lucy’s development of her interpretive powers. Lucy comments: ‘my eye being fixed on hers – I witnessed in its irid and pupil a startling transfiguration. These sudden, dangerous natures – *sensitive* as they are called – offer many a curious spectacle to those whom a cooler temperament has secured from participation in their angular vagaries’ (p. 16).⁶⁵ Lucy’s steadfast persona – fixed, observant, analytical – is that of the medical professional, contrasted with Polly’s dangerously sensitive one. Lucy’s taxonomically detailed scrutiny of Polly’s eye discerns the abrupt transformations of hysteria; the word ‘vagaries’ indicates unpredictable or erratic action, such as characterises the hysterical fit. Lucy later ‘examined her; her cheek was crimson; her dilated eye was both troubled and glowing, and painfully restless: in this state it was obvious she must not be left till morning’ (p. 42). Lucy is already making doctorly decisions about appropriate responses to symptoms. Carter defines ‘certain emotional movements’ which ‘may be classed under the two heads of restlessness and trembling’, to be ‘highly important, as displaying the lowest degree of the mobile muscular or nervous system which manifests as convulsion’.⁶⁶ Polly’s restless eye and nervous trembling reflect this and also initiate a theme – a recurring symptom – which (re)appears in several characters; the term ‘restless’ occurs twenty-three times, and ‘tremble’ fifty-five. Dames acknowledges Lucy’s medical role: ‘Lucy replicates clinical experience in her everyday encounters, expanding the clinic itself into a series of barely visible micro-clinics that proliferate around any chance meeting’.⁶⁷ He refers to phrenology, acts of reading and classifying others based on their external countenance. However, I would go further: as well as reading the shape of features, Lucy diagnoses from behaviours and symptoms, such as restlessness and trembling. Furthermore, she is concerned with internal biology as well as the surface of the body.

⁶⁴ Chase, *Eros & Psyche*, p. 69.

⁶⁵ Rosengarten and Smith, *Villette* Clarendon edition, note to page 16, l. 17: *irid*: iris of the eye.

⁶⁶ Carter, *On the Pathology*, p. 12.

⁶⁷ Dames, ‘Phrenology and *Villette*’, p. 371.

Lucy's medical analyses of other characters also provide clues to Brontë's use and subversion of diagnostic categories. Lucy's use of three specific terms which indicate distinct types of nervous disorder – melancholy, hysteria, and hypochondria – has not been previously explored in any detail. These categories appear in Graham's *Modern Domestic Medicine* under the classifications 'melancholy', 'hysterics', and 'hypochondriasis, or low spirits'. As George Frederick Drinka notes, these three terms originated in ancient medicine, but were by the nineteenth century subsumed under the heading of nervous disorder. Drinka comments that originally 'the seat of disease in all three theories was localised literally below the waist – in a wandering uterus [hysteria], disturbed black bile [melancholia], or an upset stomach [hypochondria]'.⁶⁸ The acknowledged causes shifted from physiology to the ambiguous realm of the nervous system during the early nineteenth century. *Villette*'s mid-century moment was characterised by doubt as to how physiological nervous disorder was, exemplified by these psychological disorders which retain links to organs and internal processes. Comparing Brontë's use of these terms with contemporaneous medicine elucidates the construction of medical diagnostic categories: the role of language and diagnostic labelling in the construction of the "ill" subject. In this section I examine the implications of these medical terms, and the ways the three categories are used in *Villette*, particularly in relation to the gendering of nervous disorder.

Graham lists the symptoms of Melancholy in *Modern Domestic Medicine* as 'apathy, obstinate disposition to dwell upon some mournful topic, sleeplessness, pertinacious silence, and other symptoms of morbid intensity of thought'.⁶⁹ Yet melancholy's foundation in the humoral system, as caused by excess black bile, had by this point long been rejected. In *Villette*, melancholy is used largely as a descriptive term for transitory moments or moods. Lucy applies it to herself: 'bending my steps to the old historical quarter of the town, whose hoar and overshadowed precincts I always sought by instinct in melancholy moods, I wandered on from street to street' (p. 423). Melancholy produces an attraction towards the timeworn and gloomy, and a form of restless flânerie, the city's old architecture enticing because its Gothic atmosphere mirrors Lucy's temper; the experience of melancholy is brief and passing, even self-indulgent and atmospheric. It is represented as a diagnostic category through two figures: Mr Home, and the King of Labassecour, both diagnosed by Lucy as

⁶⁸ George Frederick Drinka *The Birth of Neurosis: Myth, Malady, and the Victorians* (New York: Simon and Schuster, 1984), p. 31.

⁶⁹ Graham, *Modern Domestic Medicine*, p. 399.

characterising the melancholy type. As Lucy watches ‘that melancholy King’ (p. 310) at the theatre, she diagnoses him: ‘there sat a silent sufferer—a nervous, melancholy man [...] embittered by that darkest foe of humanity—constitutional melancholy’ (pp. 303-4). Here it seems less transient, more engrained in nature and pathology. Lucy analyses the recently-widowed Mr Home: ‘by nature he was a feeler and a thinker; over his emotions and his reflections spread a mellowing of melancholy; more than a mellowing: in trouble and bereavement it became a cloud’ (p. 408). While the reference to his nature identifies these traits as constitutional, the cloud points to melancholy’s function as a figurative term. Obsolete medical terminology is transformed into metaphor, in a similar manner to how ‘hysterical’ is used today.

Hypochondria, counter to its contemporary meaning, is designated the serious nervous disorder in Brontë’s novel, though the term is used sparingly. Mid-century medical texts generally view hypochondria as the male counterpart to hysteria. Anderson states: ‘closely allied, and extremely analogous in its symptoms to hysteria, is hypochondriasis. This complaint is almost peculiar to males, and when it occurs in females, it seldom if ever happens before the cessation of the catamenia [menopause]’.⁷⁰ The gendering of hypochondria in *Villette* goes against the grain in its application to Lucy; hypochondria is Dr John’s diagnosis following her nervous breakdown. He asks her:

“Your nervous system bore a good share of this suffering?”
“I am not quite sure what my nervous system is, but I was dreadfully low-spirited.”
“Which disables me from helping you by pill or potion. Medicine can give nobody good spirits. My art halts at the threshold of Hypochondria: she just looks in and sees a chamber of torture, but can neither say nor do much. Cheerful society would be of use; you should be as little alone as possible; you should take plenty of exercise.” (pp. 261-62)

This is a key doctor-patient encounter in *Villette*, following a pattern of analysis, diagnosis, and prescription. Shuttleworth views the relationship between Lucy and Graham as evidencing a ‘literal enactment of the metaphorical structure of western science: male science here unveils female nature, piercing through her outer layers to reveal her hidden secrets’.⁷¹ However, rather than ‘male science’, Graham describes medicine as a feminine ‘art’. Shuttleworth comments of this scene: ‘Brontë’s interrogation of realism’s penetrative

⁷⁰ Anderson, *Eccentric Nervous Affections*, p. 87.

⁷¹ Shuttleworth, *Charlotte Brontë*, p. 9.

authority is given direct embodiment', as she 'brings her physician into direct confrontation with his subject of study, revealing the power dynamics which lie behind the medical rhetoric of disclosure'.⁷² But here, Hypochondria is figured as violent and uncontrollable by medicine. Graham confesses passivity, helplessness, his authority diminished and powers 'disabled', as opposed to the 'penetrative authority' and 'unveiling' Shuttleworth suggests. If Graham exemplifies the medical profession, he exposes the uncertainty and powerlessness of medicine to perform its role when confronted with nervous disorder. Furthermore, Lucy's reticence about her nervous system is another instance of resisting articulation; she has previously used the term 'nervous system' accurately, evidencing her understanding of it. The power dynamics of disclosure are disrupted by Lucy – the patient's – power to withhold.

Lucy's acceptance of the diagnosis of Hypochondria is reiterated in her affinity with the King of Labassecour. She sees him at the theatre, and carries out a diagnosis:

Those eyes had looked on the visits of a certain ghost—had long waited the comings and goings of that strangest spectre, Hypochondria. Perhaps he saw her now on that stage, over against him, amidst all that brilliant throng. Hypochondria has that wont, to rise in the midst of thousands—dark as Doom, pale as Malady, and well-nigh strong as Death. Her comrade and victim thinks to be happy one moment—"Not so," says she; "I come." And she freezes the blood in his heart, and beclouds the light in his eye. (pp. 303-4)

As Dames asserts, Lucy turns her 'clinical gaze' on the King and performs a phrenological reading of him, signalling herself as both diagnostician and fellow sufferer.⁷³ While Dames reads this scene as demonstrating Brontë's concern with the surface, Lucy rather – as she did with Polly – reads the organ of the eye, the light within that is 'beclouded'. She goes deeper, detailing the biological effects on circulation and temperature, mirroring the figure of Hypochondria pervading the body's centre. Lucy's analysis combines medical taxonomy with figurative description. It begins clinically, but soon Lucy's external gaze turns into an internal understanding. Her authority as a fellow sufferer allows her this insight; the narrative perspective shifts from 'perhaps' onward, acknowledging the comparable experience of being Hypochondria's victim. While melancholy is part of the King's own nature, Hypochondria is an external, independent force, a female-gendered, violent spectre. This passage grants yet more power to the force of the nervous disorder; from the perspective of medicine looking in

⁷² Shuttleworth, *Charlotte Brontë*, p. 17.

⁷³ Dames, 'Phrenology and *Villette*', p. 374.

at hypochondria's torture chamber, here, to the sufferer themselves, hypochondria appears without warning in the midst of thousands, uncontained. Physiology, emotion, and the supernatural, are used in conjunction to articulate the subjective experience of nervous disorder.

Both Vrettos and Torgerson label Lucy hysterical without acknowledging Lucy's disparaging use of the category. Lucy applies the word 'hysteria' or 'hysterical' exclusively to other women, often groups of women. The final mention of hysteria does pertain to Lucy herself, but with deliberate disassociation, her *lack* of hysteria upon finding what appears to be the nun in her bed: 'I was not overcome. Tempered by late incidents, my nerves disdained hysteria' (p. 681). Disdain accurately describes Lucy's attitude to hysteria throughout: the term is used scornfully, as something transitory and trivial. The vain and conceited Ginevra is called hysterical several times. Lucy scornfully comments on the 'hysterical debutantes' at the opera (p. 307). The pupils at the school sob hysterically at the news that M. Paul is leaving, and Lucy is condescending and dismissive of their emotion and response:

I remember feeling a sentiment of impatience towards the pupils who sobbed. Indeed, their emotion was not of much value: it was only an hysterical agitation. I told them so unsparingly. I half ridiculed them. I was severe. The truth was, I could not do with their tears, or that gasping sound; I could not bear it. A rather weak-minded, low-spirited pupil kept it up when the others had done; relentless necessity obliged and assisted me so to accost her, that she dared not carry on the demonstration, that she was forced to conquer the convulsion. (p. 636)

Nina Auerbach states that Lucy develops at the pensionnat by learning the art of ruling, and that *Villette* is 'a novel about the making of a strong spinster'.⁷⁴ In response to the pupil's hysteria, Lucy follows a method of discipline and severity akin to that recommended by medical texts in the face of specific symptoms which Lucy pinpoints: uncontrolled sobbing, hysterical agitation, gasping, and convulsion. Her authoritative governing role also encompasses the medical. Lucy is apparently proved right in her assertion that their hysteria is fleeting and inauthentic, when a week later: 'all seemed jocund, free of care, or fear, or thought: the very pupils who, seven days since, had wept hysterically at a startling piece of news, appeared quite to have forgotten the news, its import, and their emotion' (p. 641). Yet this oscillation between joy and sorrow is characteristic of the disorder, as Laycock describes:

⁷⁴ Nina Auerbach, *Woman and the Demon: The Life of a Victorian Myth* (London: Harvard University Press, 1982), p. 127.

‘the alternate gloom and gaiety, and mutable love and hatred of the hysterical woman’.⁷⁵ Lucy admits that she cannot ‘bear it’, and is pressed by ‘relentless necessity’ to be strict with them, suggesting pressure and mounting tension within herself. Lucy’s assumption of medical authority has an ulterior motive: demarcating her own very similar response to this event as real and valid, while dismissing that of the pupils as mere performance.

The collective sobbing of the pupils implies a phenomenon of mass hysteria. The application of hysteria to the ‘vain coquette’ Ginevra (p. 121), and the pupils of the pensionnat, pronounced by Lucy to be a ‘swinish multitude’ (p. 115), echoes Laycock’s theories about hysteria and schoolgirls: ‘young females of the same age, and influenced by the same novel feelings towards the opposite sex, cannot associate together in public schools without serious risk of exciting the passions, and of being led to indulge in practices injurious to both body and mind’.⁷⁶ Laycock warns: ‘the consequence of all this is, that the young female returns from school to her home a hysterical, wayward, capricious girl; imbecile in mind, habits, and pursuits; prone to hysteric paroxysms upon any unusual mental excitement, and yielding to them’.⁷⁷ He is outlining the dangerous effects of the social body on the private body, an example of medical doctrine expanding into the realm of moral management, of both the individual and society. It suggests a patriarchal fear of the transformative influence of the school experience, the potential of adolescent girls who may become educated collectives of women. Burgeoning theories of mass hysteria and the imitative form of the illness were politically useful for dismissing women as collectively unstable, and indeed overeducation was often named as a cause of female hysteria, as with overeducated, single governesses. M. Paul’s secret observation of his pupils in the garden discovers: ‘those blondes *jeunes filles*—so mild and meek—I have seen the most reserved—romp like boys, the demurest—snatch grapes from the walls, shake pears from the trees’ (p. 528). This strange episode of voyeurism demonstrates the difference in behaviour between the public, observed female body and the private, supposedly unobserved one, pointing to the performative nature of socially-sanctioned femininity. While Brontë’s use of medical taxonomy appears at first to accord with distrust of the hysterical woman, Lucy’s disdain of hysterical symptoms in other women is part of a larger theme of gender performativity.

⁷⁵ Laycock, *Treatise*, p. 126.

⁷⁶ Laycock, *Treatise*, p. 141.

⁷⁷ Laycock, *Treatise*, pp. 141-2.

Medical practitioners clung onto hysteria's status as an essentially female disorder, despite the shift in causal understanding to the nervous system, which in theory meant that men could suffer from it. Laycock, while resolute in his assertion that 'the nervous system is the seat of hysterical diseases', determines that the ovaries and uterus have influence in directing symptoms, and insists that men cannot be hysterical; one of his central principles is that 'hysteria is peculiar to females'.⁷⁸ Anderson provides a hackneyed declaration of this opinion: 'the subjects of this complaint, in its true form, are female, probably on account of their being more delicately constituted than men, their spirits being raised or depressed by much slighter causes; in fact, to use a common expression, they are of a much more excitable temperament than the other sex'.⁷⁹ Carter gestures towards a progressive rejection of these positions; he dismisses the uterine theory on the basis of male hysteria: 'the existence of many well-authenticated instances of masculine hysteria renders this explanation utterly untenable'.⁸⁰ However, he cannot move away from connecting hysteria to 'all morbid conditions of the uterus'.⁸¹

Brontë further satirises taxonomy and gendered pathology in a playful depiction of male hysteria, through the character of 'the choleric and arbitrary M. Paul' (p. 197). The term 'hysterical' is never applied to him, yet he constitutes the most typically hysterical figure, characterised by unpredictable vacillations of temper, furies, tantrums, convulsions, paroxysms, and periods of calm: 'the scarce-suppressed impetus of a most irritable nature glowed in his cheek, fed with sharp shafts his glances, a nature—the injudicious, the mawkish, the hesitating, the sullen, the affected, above all, the unyielding, might quickly render violent and implacable. Silence and attention was the best balm to apply: I listened' (p. 186). Descriptions of M. Paul form many of the instances in *Villette* where the narrative's mimicry of medical language slips into taxonomic listing. Here, Lucy analyses his symptoms and discerns the most fitting method of treatment. He has further involuntary outbursts and physical symptoms which are also listed: 'the shadow of some great paroxysm—the swell of wrath, scorn, resolve—passed over his brow, rippled his lips, and lined his cheeks' (p. 491). Carter determines that the 'convulsive paroxysm is the essential characteristic of the disease'.⁸² The presence of paroxysm differentiates hysteria from the 'masculine' disorders of

⁷⁸ Laycock, *Treatise*, p. 8.

⁷⁹ Anderson, *Hysterical and Nervous Affections*, pp. 3-4

⁸⁰ Carter, *On the Pathology* p. 35.

⁸¹ Carter, *On the Pathology*, p. 36.

⁸² Carter, *On the Pathology*, p. 3.

hypochondria and melancholy, where the patient is dejected, lethargic, and moping. M. Paul's tempestuous and unpredictable personality, not defined by low spirits but an overabundance of passion, intensity and histrionic display, corresponds to the taxonomic frame of hysteria rather than that of hypochondria.

M. Paul is defined by energy and passion to a comic extent, 'raging like a pestilence [...] raving from his estrade' (p. 343). It is significant that he rages and raves on a platform. M. Paul's 'histrionic lessons' (p. 179) and love of attention again signal the performativity of hysteria. He admits to Lucy: 'how often, in your high insular presence, have I taken a pleasure in trampling upon, what you are pleased to call, my dignity; tearing it, scattering it to the winds, in those mad transports you witness with such hauteur, and which I know you think very like the ravings of a third-rate London actor' (p. 530). Deliberate overthrowing of one's own dignity through performance, especially the simulation of mad transports and ravings, pre-empt the public performances of Charcot's hysterics at the Salpêtrière, and the comment of Charcot's contemporary Jules Faret that all hysterical women are 'veritable actresses'.⁸³ Mrs Humphrey Ward's 1899 introduction to *Villette* notes approvingly 'that astonishing and complex truth which marks the portrait of Paul Emanuel', and continues that it may be true that 'there are in him elements of femininity, that he is not all male'.⁸⁴ This perspective accords with the feminising of male hysterics. Yet M. Paul's hysteria has a healing influence on Lucy: 'It seemed as if the presence of a nature so restless, chafing, thorny as that of M. Paul, absorbed all feverish and unsettling influences like a magnet, and left me none but such as were placid and harmonious' (p. 478). He knows this and enacts hysteria deliberately; his method of treatment is, oddly, the performance of disorder. Lucy's medical authority, her taxonomic listing, is likewise performative, mimicking medical language as she observes his symptoms. They find a kindred spirit in and heal one another through these performances of the medical.

Vrettos observes that narratives of the hysterical body have internal contradictions: 'narratives of illness could be employed under specific circumstances for conflicting ideological purposes [...] conceptions of illness could simultaneously reinforce and disrupt

⁸³ Jules Faret, quoted in Andrew Scull, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2012), p. 107.

⁸⁴ Mrs. Humphry [Mary Augusta] Ward, 'Introduction to *Villette*', *The Brontë Prefaces*, <<http://gutenberg.ca/ebooks/ward-bronte/ward-bronte-00-h.html#v>> [accessed June 2019].

definitions of gender'.⁸⁵ The authority of medical diagnosis is itself thus performative and changeable. While diagnostic categories retain meaning and power, they are inherently inconsistent; it is impossible to tell a coherent story about nervous disorder. Brontë's novel embraces and exposes this dissonance. Any ascription of monolithic authority to 'the medical' and its diagnostic practices is unsettled, by acknowledging medicine's lack of power in the face of nervous disorder, by Lucy Snowe's mimicry of medical language and M. Paul's performance of hysteria, and through disrupting the conventional gendering of diagnostic categories. Lucy's diagnoses of other characters in *Villette* suggest that the act of diagnosing, reading the body, is a form of narrative-making. Her dual role as both hysterical patient and doctor figure indicates that Brontë both represents and challenges medical authority, interrogates the logic of taxonomy, and subverts absolute medical discourse with its gendered constructions of pathology.

Symptoms

It was acknowledged that, as Anderson puts it, 'the symptoms [of hysteria] are almost innumerable, aping every known disease, and often with such exactitude, that men of the greatest skill have been misled by them'.⁸⁶ Yet symptoms were the clues which led to diagnosis and treatment, so medicine attempted to collate them into objectively applicable categories. This section looks at prominent symptoms of nervous disorder as defined in medical texts, and as they manifest in *Villette*. The similarities between symptoms and Gothic tropes are striking, and exemplify the interpenetration of terms and shared discourses and subjects of interest between fiction by women and medical theory.

Brontë's characters exhibit nervous symptoms which both reiterate and resist medical categories. One symptom medical practitioners largely agree on is unintentional, uncontrolled movements. Anderson explains: 'the symptoms consist of a deranged action of the voluntary muscles, giving rise to motions which are involuntary, and completely beyond the control of the patient'.⁸⁷ According to Carter, hysteria always 'commences with a convulsive paroxysm', often in the form of 'very energetic involuntary movements'.⁸⁸ Lucy's emotional response to repeatedly hearing the legends of the Catholic saints, whom in her view forced

⁸⁵ Vrettos, *Somatic Fictions*, p. 9

⁸⁶ Anderson, *Hysterical and Nervous Affections*, pp. 4-5.

⁸⁷ Anderson, *Eccentric Nervous Affections*, p. 74.

⁸⁸ Carter, *On the Pathology*, p. 3.

‘high-born ladies [...] countesses and princesses’ into lives of degradation, ‘oppression, privation, and agony’ (p. 163), generates such symptoms:

I sat out this "lecture pieuse" for some nights as well as I could, and as quietly too; only once breaking off the points of my scissors by involuntarily sticking them somewhat deep in the worm-eaten board of the table before me. But, at last, it made me so burning hot, and my temples and my heart and my wrist throbbed so fast, and my sleep afterwards was so broken with excitement, that I could sit no longer. (p. 163)

Lucy’s reaction is profoundly physical, automatic, and uncontrolled. Her inability to sit still emulates the bodily symptoms of restlessness and trembling that she observed in Polly. The passage reports a moment of barely but severely repressed anger at being forced to sit still, immobilised physically, listening to models of feminine behaviour that dictate the performance of womanhood, supposedly aimed at her moral edification. Her anger emerges in the small but violent stabbing of the scissors deep into the desk. This compulsive action may have occurred several times, only once breaking off the points. It is also connected with Lucy’s own conflicted longings; her passion for the Catholic M. Paul, reflected in the other symptoms: burning skin, throbbing pressure points, sleeplessness, and excitement, a sexual response as well as an angry one, to this attempt to school her in repression.

Carter distinguishes between involuntary hysteria, produced by repressed sexual passion, and what he calls ‘tertiary’ or ‘self-produced’ hysteria, in which a symptom that begins as spontaneous is intentionally reproduced by the patient, due to the desire for attention, especially medical attention, until the repetition becomes pathological. This distinguishes ‘genuine’ hysteria against a form of deceptive, deliberate, manipulative hysteria which does not deserve sympathy. Carter’s taxonomy of types situates the hysterical body as somewhere between pathology and performance, medicine and fiction, and he stresses that it is often hard to tell the difference. In *Villette*, M. Beck’s children, Fifine and Desiree Beck, exemplify the tertiary type:

No sooner did Fifine emerge from [Dr John’s] hands than Desiree declared herself ill. That possessed child had a genius for simulation, and captivated by the attentions and indulgences of a sick-room, she came to the conclusion that an illness would perfectly

accommodate her tastes, and took to her bed accordingly. She acted well, and her mother still better. (p. 134)⁸⁹

Dr John plays along, a professional performance of being deceived. As a result, the doctor's authority and even his credibility – in Lucy's eyes at least – is disrupted by the agency of the patient. Disparaging as she is of the children's performative behaviour, Lucy, too, engages in forms of deliberately pathological behaviour for M. Paul's benefit: 'he never liked to see me mend pens; my knife was always dull-edged – my hand, too, was unskilful; I hacked and chipped. On this occasion I cut my own finger – half on purpose. I wanted to restore him to his natural state, to set him at his ease, to get him to chide' (p. 603). At once deliberate, for attention, to soothe the male ego, and an act of self-harm, this mirrors the sticking of the scissors into the desk, yet here it is performative rather than unintentional, and enacted upon the surface of the body rather than the inanimate board.

Carter states that in severe cases, energetic involuntary movements are 'maintained during a considerable time, and occasionally terminating in a period of catalepsy or coma'.⁹⁰ He further defines 'a state of death-like stupor' as a symptom.⁹¹ Laycock likewise perceives more serious forms of hysteria as producing 'rigors, coldness, convulsions; and in the most severe, abolition of consciousness, irregular pulse and respiration, and often symptoms of actual death'.⁹² He explores the subject of hysterical women appearing dead in catalepsy, even being buried alive, through a series of stories which verge on the melodramatic. In his passage on 'Asphyxia; Syncope Apparent Death', he recounts the incident of a patient in full body paralysis who 'broke out into a sweat from agitation, and so showed that she was alive, when they were about to screw her coffin-lid down'.⁹³ He recollects historical narratives: 'the misfortune which happened to Vesalius, in commencing the dissection of a female when in a paroxysm, is well known'.⁹⁴ He follows this narrative presentation of cases with advice for practitioners if they are at all uncertain of death: to initially keep the corpse warm and free

⁸⁹ The argument about the age at which hysteria begins is detailed in Julius Althaus's 'A Lecture on the Pathology and Treatment of Hysteria', *The British Medical Journal*, 1: 271 (1866), 245-248. Althaus notes: 'the common belief is, that hysteria does not occur in childhood and advanced age; but this is erroneous, for, amongst 820 well-marked cases of hysteria which I have collected from medical literature, there were 71 patients under ten years' (p. 246). He does allow that hysteria is most often seen in girls aged fifteen to twenty, due to the 'new existence; they leave the nursery and its habits, and, imagination reigning supreme, they enter upon the world, with its passions, troubles, and disappointments' (p. 247).

⁹⁰ Carter, *On the Pathology*, pp. 2-3.

⁹¹ Carter, *On the Pathology*, p. 38.

⁹² Laycock, *Treatise*, p. 310.

⁹³ Laycock, *Treatise*, p. 317.

⁹⁴ Laycock, *Treatise*, p. 318.

from restraint until it shows signs of decomposition. His stories of corpses coming back to life, despite their framing as medical truth, emulate Gothic fiction in the implication that live bodies could easily be mistaken for dead ones. This subject captured the imagination of the public, who feared uneducated physicians misdiagnosing cataleptic or comatose patients, no doubt exacerbated by sensational medical texts like Laycock's. Gothic authors found this fertile ground for subject matter, notably the stories of Edgar Allan Poe; 'Berenice' (1835), 'The Fall of the House of Usher' (1839), and 'Premature Burial' (1844) feature characters buried alive in a state of catalepsy. Laycock's text suggests anxiety on the part of the surgeon too; he sympathises with Vesalius's 'misfortune', indicating the practitioner's fear of misdiagnosing the unreadable, cataleptic female body.

Live burial, termed by Eve Kosofsky Sedgwick as one of the most defining conventions of the Gothic novel, is the Gothic trope at the centre of *Villette*.⁹⁵ Rather than a medical mishap, the fabled nun was entombed alive deliberately, as a punishment: 'a monkish conclave of the drear middle ages had buried [her] alive, for some sin against her vow' (p. 148). The theme of live burial, while dismissed by Lucy as 'romantic rubbish' (p. 148), acts as a sustained metaphor for Lucy's loneliness and unrequited love, as when she buries her letters from Graham in the same spot as the nun's alleged tomb. The nun's legend is first described in the chapter 'The Casket'. Lucy relates spending time wandering in the school grounds, the supposed site of the nun's live burial, and she chooses an overgrown and dying section of the garden to tend. Sitting in a 'hidden seat', she thinks of England and her childhood, commenting: 'I had feelings: passive as I lived, little as I spoke, cold as I looked, when I thought of past days, I *could* feel. About the present, it was better to be stoical; about the future – such a future as mine – to be dead. And in catalepsy and a dead trance, I studiously held the quick of my nature' (p. 151-2). She is so determined to appear outwardly calm, and to deny the 'quick' of her nature, that she adopts a death-like state, metaphorically burying herself alive in this dead and smothered corner of the garden. Elisa Cohn argues that Lucy finds 'dynamic inaction in attenuated states of reverie and trance'; that her sought-after stillness is a deliberate withdrawal from social life, and that Brontë is likewise suspending political engagement in this novel.⁹⁶ However, Lucy's use of the terms 'catalepsy' and 'trance', both symptoms outlined by Laycock, point to medical hysteria. Victorian readers

⁹⁵ Eve Kosofsky Sedgwick, *The Coherence of Gothic Conventions* (New York, Methuen, 1986).

⁹⁶ Elisa Cohn, 'Still Life: Suspended Animation in Charlotte Brontë's *Villette*', *Studies in English Literature 1500-1900*, 52.4 (2012), 843-860 (p. 846).

would have been familiar with the link between catalepsy and live burial, and Lucy's adoption of a cataleptic state directly after discussing the nun's fate is no coincidence. Lucy's outward passivity, silence and coldness, yet insistence that she *could* feel, recall Laycock's story of a corpse who breaks out into a sweat when about to be buried. Furthermore, both Lucy's metaphorical live burial and the nun's actual one are connected to the commonly observed cause of hysteria, the dangers of female sexuality: the nun's 'sin against her vow' supposedly referring to a violation of chastity, echoed in Lucy's buried, "forbidden" passion for Dr John. The fact that Lucy chooses rather than succumbs to a state of catalepsy and death can be read as demonstrating tertiary hysteria. As Carter comments, the repeated performance of a symptom as in tertiary hysteria results in the disorder becoming ingrained and uncontrollable; wishing or acting oneself into pathology: 'she finds that, by dwelling upon the proper subject for a time, and by withdrawing, as far as possible, the usual control of the will from the muscular system, an attack may always be produced; and having once gained this knowledge, she has many temptations to its exercise'.⁹⁷ Lucy's reverie in the garden sees her dwelling on her loneliness and the pain of her past until she achieves a cataleptic death-like state, which does indeed recur involuntarily later. When Lucy is found following her nervous breakdown, she was 'perfectly unconscious, perfectly bloodless, and nearly cold' (p. 263).

The nun is a symptom as well a symbol. Dr John classifies Lucy's sightings of the nun as 'a case of spectral illusion: I fear, following on and resulting from long-continued mental conflict' (p. 358). Laycock identifies 'spectral illusions' as 'dependent upon similar morbid states as delirium'.⁹⁸ Medical practitioners took an interest in the connection between ghostly visions and psychic disorder, another subject previously the remit of religion – and Gothic fiction – that they aimed to explain as pathology. Lucy's nervous breakdown is punctuated by ghostly visions: 'the ghostly white beds were turning into spectres' (p. 224); then later 'the phantoms of chairs, and the wraiths of looking glasses, tea urns, and tea cups' (p. 253). She echoes Laycock in deciding her spectral visions have a pathological, medical explanation: 'there remained but to conclude that I had myself passed into an abnormal state of mind; in short, that I was very ill and delirious: and even then, mine was the strangest figment with which delirium had ever harassed a victim' (p. 241). They are, as Laycock defines them, 'deceptions of the sight'.⁹⁹ However, Lucy does not experience the spectral as merely ocular.

⁹⁷ Carter, *On the Pathology*, p. 42.

⁹⁸ Laycock, *Treatise*, p. 320.

⁹⁹ Laycock, *Treatise*, p. 320.

Her body becomes ghostly following her nervous collapse. When she looks in the mirror, she notes: 'I looked spectral; my eyes larger and more hollow, my hair darker than was natural, by contrast with my thin and ashen face' (p. 237). While this seems to support the critical views of Lucy as cipher and the erasure of her body from the text, I contest that it is instead linked to the fact that she has not eaten properly for weeks.

Lucy's spectrality has a physiological cause; it is a bodily diminishment. It follows the period in which she has been looking after Marie Broc, 'the cretin', during the long vacation. Lucy's appetite disappears entirely: 'attendance on the crétin deprived me often of the power and inclination to swallow a meal' (p. 220). Her malnourishment is what leads, at least in part, to her nervous collapse: 'a day and night of peculiarly agonising depression were succeeded by physical illness' (p. 222). This comes first in the form of sleeplessness, then a brief dream, 'sufficing to wring my whole frame with unknown anguish; to confer a nameless experience that had the hue, the mien, the terror, the very tone of a visitation from eternity' (p. 223). The experience remains undefinable, nameless, but the symptoms are full-bodily. Her physical reduction to a spectre is not a deception of sight, but occurs due to wasting, internal processes: a material ghosting. It recalls the significance of digestion to nervous disorder, that bodily processes and functions render the subject vulnerable and permeable. However, this wasting away has the positive effect of putting Lucy in the care and company of the Brettons. Lucy's bodily erasure through starvation discloses her pain on the surface of her body, acting as a visible language that others will be able to recognise and process. This foreshadows her comment that the world can understand perishing for want of food, but cannot comprehend mental suffering: 'long may it be generally thought that physical privations alone merit compassion, and that the rest is a figment' (p. 393). Nervous disorders are stigmatised as a figment, as imagination. The world believes what it can see, it needs ocular evidence. Her bodily erasure recalls Carter's observations of fasting as a common manifestation of hysteria: 'many patients will abstain almost entirely from food for several days, declaring that they have no appetite, and in reality intending to produce alarm in the minds of those around them'.¹⁰⁰ The body is a visible symbol whose transformations reveal psychological battles.

Laycock theorises 'the immediate effects of extreme fear or terror on women' – that is, all and any women – as manifesting in four stages with a list of symptoms under each: 'first,

¹⁰⁰ Carter, *On the Pathology*, p. 126.

chorea, convulsions, hysteric paroxysms, syncope, coma, catalepsy. – Second, constriction of the scalp [...] paleness of the face and spasm of the facial muscles, spasm of the glottis, aphonia, gasping, palpitation'.¹⁰¹ The third type of effect comprises suppressed menses, diarrhoea, increased flow of urine, sphincter relaxation, and loss of power over the legs, and the fourth, profuse sweats and suppressed secretion of milk.¹⁰² Laycock records these symptoms in excessive – even obsessive – detail, a vast list that builds in severity and becomes increasingly intimate. Fear and terror are demarcated as primarily affecting women, and in profoundly bodily ways, acting upon both the surface features and the internal respiratory, digestive and reproductive systems. Lucy's first sighting of the nun accords with some of the less intimate symptoms: 'I cried out; I sickened. Had the shape approached me I might have swooned. It receded: I made for the door. How I descended all the stairs I know not [...] my mortal fear and faintness must have made me deadly pale. I felt cold and shaking' (p. 351). In this list-like reporting of physical effects and feelings, the nun is established as a cause that prompts other nervous symptoms. Laycock goes on to detail the potential effect of fear on women who have existing nervous conditions:

Many [symptoms] disappear so soon as the terror terminates; but the greater part become permanent in nervous delicate females, and are accompanied by spinal tenderness, paralysis, shifting inflammatory affections, haemoptoe [sic] or haematemesis; in short, the case becomes an aggravated form of spinal irritation, and the patient may drag on a miserable diseased existence for months and years.¹⁰³

He proposes that merely being frightened can render a woman paralysed and beset by potentially long-term chronic pains and disorders. According to Anderson, the same can result in full-blown insanity: 'if the heart does recover itself, this sudden state of pallor as suddenly passes off, and is succeeded by violent reaction, equally dangerous in its consequences, and frequently giving rise to insanity from the severe shock transmitted to the cerebrum'.¹⁰⁴ Lucy, who describes herself as 'constitutionally nervous' (p. 531), is ostensibly exactly the type of vulnerable, nervous female in whom this chain of events might be triggered in the wake of a terrifying experience. Her violent reaction to finding her letter gone after the shock of first seeing the nun follows Anderson's dismal pattern: "'My letter! My letter!'" I panted and plained, almost beside myself. I groped on the floor, wringing my hands

¹⁰¹ Laycock, *Treatise*, p. 174.

¹⁰² Laycock, *Treatise*, p. 174.

¹⁰³ Laycock, *Treatise*, p. 174.

¹⁰⁴ Anderson, *Eccentric Nervous Affections*, p. 86.

wildly. Cruel, cruel doom!' (p. 352). Her body is following the motions of a hysterical fit: palpitations, prostration and scrabbling, wringing hands. Lucy's sense of being 'almost beside' herself, of bodily division, evokes the psychosomatic, but also the dissociated narrative present in which Lucy looks back at her past self as she tells us the story. Her retrospective position means that Lucy has control over her narrative, and can construct the image of her own body, in contrast to the lack of control she reports here. In the medical taxonomy of symptoms, the effect of fear and terror moves from a sublime cleansing of the system to potentially dangerous and hysteria-inducing, from an awe-inspiring unquantifiable experience, to a list of symptoms. It loses its cathartic function, at least for women, and especially nervous women. Gothic fiction, designed to induce fear, terror, anticipation and dread, thus becomes a threatening element itself.

Yet Lucy has an experiential understanding of fear and terror which contradicts the image of the nervous woman at critical risk from any fright:

I always, through my whole life, liked to penetrate to the real truth; I like seeking the goddess in her temple, and handling the veil, and daring the dread glance. O Titaness among deities! the covered outline of thine aspect sickens often through its uncertainty, but define to us one trait, show us one lineament, clear in awful sincerity; we may gasp in untold terror, but with that gasp we drink in a breath of thy divinity; our heart shakes, and its currents sway like rivers lifted by earthquake, but we have swallowed strength. To see and know the worst is to take from Fear her main advantage. (p. 674)

This passage reads like a statement of the value of the Gothic and the sublime, yet united with the realist imperative of penetrating to the real truth, it re-asserts Lucy's status as diagnostician. It contains several of the symptoms proposed by the medical books: sickening, gasping, heart shaking, the body's currents swaying like the arresting of blood and shrinking of capillaries. However, Lucy claims that to see and know the worst, to experience terror, creates inner strength. It subverts the process of shock resulting in increasingly bad symptoms. This statement pushes against medical assertions that women's brains suffer when overloaded with information, whether through education or the effects of fear, and rejects the pathologisation of the female body as unstable, weak and vulnerable. Lucy's body does appear to take strength from fear; her physical reactions to seeing the nun lessen in intensity each time. The second time, Lucy stands watching her for five minutes: 'I neither fled nor shrieked' (p. 426). She speaks to her and even 'stretched out my hand, for I meant to touch

her' (p. 426): she literally attempts to 'handle the veil' and 'dare the dread glance'. The third time, she is with M. Paul, and the nun sweeps past their faces as 'we watched fixedly' (p. 533). The fourth, upon finding the nun in her bed, she

Rushed on the haunted couch; nothing leaped out, or sprung, or stirred; all the movement was mine, so was all the life, the reality, the substance, the force; as my instinct felt. I tore her up – the incubus! I held her on high – the goblin! I shook her loose – the mystery! And down she fell – down all round me – down in shreds and fragments – and I trode upon her (p. 681).

The strength gained from Lucy's fearful experiences is 'swallowed' – imbibed bodily – and processed into physical energy. Where before she stood stationary and fixed, here she is kinetic and active. Lucy's tearing up of the nun is dramatic. If we imagine her actions, this is the moment where her body appears most frenzied and uncontrolled, in the throes of violent paroxysm. But conversely, this is a moment of great strength and resolution, suggesting that the appearance of hysteria, the unruly and wild actions of the body, does not necessarily denote weakness, just as fear is not necessarily enervating, but can be a source of power. Doctors prescribing against fear and terror as instigating severe symptoms implies a condemnation of the effects of Gothic fiction. Yet Gothic language seems to have a substantial influence on both the warning rhetoric of medical texts, and the description of hysterical symptoms. Involuntary violence, deliberate self-harm, catalepsy, spectral illusions, and bodily wasting contain strange and undeniable echoes of the Gothic that indicate a reciprocal shared discourse between literature and medical theories of nervous disorder.

Treatments

Carter's chapter on his treatment method, which he refers to as 'the system', is extensive. He ends it by professing his 'full and perfect confidence' in its complete success, tested over many years and cases. He states: 'I offer it to my brethren as a remedy, which is, humanely speaking, certain, against one of the most unmanageable diseases they are ever called upon to contend with'.¹⁰⁵ Unlike Graham and Anderson, who recommend a variety of potions and tinctures, including iron, quinine, 'foetid gums', steel, and mercury, Carter's doctrine that hysteria is caused by emotion leads him to consider all medicines 'to be absolutely useless and inert', even dangerous: 'the action of medicinal agents upon the hysterical, becomes

¹⁰⁵ Carter, *On the Pathology*, pp. 150-1.

injurious as soon as they discover, and exercise, the power of producing a tertiary paroxysm', producing an 'insatiable desire for remedies'.¹⁰⁶ Medical attention can become the desired object of her fakery, so the doctor must be careful not to indulge her. Carter's method of treatment hinges on the development of a doctor-patient relationship based on surveillance, discipline and manipulation; his curative system 'acts by wearing out the moral endurance of the patient, and also by taking from her all motives for deception, or for the voluntary production of convulsive attacks'.¹⁰⁷ His depiction of this relationship is one of a battle of wills, the doctor's canniness and authoritarian rule verses the 'deceptive element' and 'schemes' of the patient, also termed 'the malingerer':¹⁰⁸

No hysterical woman can by any possibility hold out for a long time against this kind of treatment; but the length of the siege which she is able to maintain, will depend quite as much upon the amount of her trust in her own powers, as upon the actual ingenuity and cunning which she calls to her aid. A traitor in the camp is as mischievous in mental, as in physical warfare; and doubt is the most dangerous of traitors, not only admitting the enemy, but also rendering inefficient the weapons of defence.¹⁰⁹

This imaginative extended military metaphor patently romanticises the battle of wills and triumph of the medical practitioner. Bearing in mind that Carter has argued that 'the patient needs to hear the truth, and to have her conduct put before her, in a light which no ingenuity of hers can possibly pervert into the interesting or romantic', as well as being hypocritical, his violent, aggressive imagery reads as an offensive contradiction and a disturbing non-sequitur.¹¹⁰

Much of Carter's method depends on the medical practitioner gaining the patient's trust and diminishing her 'vigilance', then 'discovering the secret', rooting out 'a degree of perversion of the moral sense'.¹¹¹ He must use this 'secret' to manipulate her through the threat of exposure: 'the attention of the patient should be drawn to the effect of her conduct upon her own physical and moral health, and to the terrible degradation of her state. She should be made to picture to herself the effect which would be produced upon any indifferent person, or casual acquaintance, by her mind being stripped bare before them, and exposed in all its

¹⁰⁶ Carter, *On the Pathology*, p. 104; p. 93.

¹⁰⁷ Carter, *On the Pathology*, p. 108.

¹⁰⁸ Carter, *On the Pathology*, pp. 93-4.

¹⁰⁹ Carter, *On the Pathology*, p. 117.

¹¹⁰ Carter, *On the Pathology*, p. 114.

¹¹¹ Carter, *On the Pathology*, p. 106.

deformity'.¹¹² He later reiterates that the doctor 'must always have it in his power to use the threat of exposure'.¹¹³ Despite Carter's insistence on the existence of male hysteria, the patient is invariably characterised as 'she' or 'the hysterical girl'. He says no one must undertake his method without full knowledge 'that all hysterical women are wayward, irritable capricious [...] and that the great bulk of them are weak and silly by original confirmation'.¹¹⁴ This all seems to tally with Shuttleworth's notion of medical surveillance, authority, and misogyny in the mid-nineteenth century. However, Lucy, having scorned Dr John's advice about cultivating happiness, deviates from the model of a doctor-patient relationship like Carter's by embodying the role of both patient and doctor, and enacting a methodical attempt to find her own cure. M. Paul also occupies dual medical identities as both hysteric and medical authority; the doctor-patient dynamic is constantly shifting. As such, the novel performs a contrast to a model like Carter's, satirising and destabilising power dynamics and the professed dominance of medical authority.

Lucy's doctoring is more active than detached scopic analysis. From analysing symptoms and diagnosing, she also prescribes and administers forms of treatment. The early doctor-patient dynamic she establishes with Polly goes beyond mere observation: 'she was chill; I warmed her in my arms. She trembled nervously; I soothed her. Thus tranquillized and cherished she at last slumbered' (p. 44). Lucy makes several casual advisory comments about health, ostensibly regarding herself, but using the indefinite 'you': 'there is nothing like taking all you do at a moderate estimate: it keeps mind and body tranquil; whereas grandiloquent notions are apt to hurry both into fever' (p. 60). The act of making or state of being tranquil is significant to Lucy; tranquillizing Polly, and keeping mind and body tranquil, in direct contrast to restlessness, trembling and fever. Contrarily, Lucy is most active in the world through this role, in opposition to moments of stillness or catalepsy. Lucy's appropriation, even mimicry of the doctor figure decentralises medical authority and evinces the agency some critics disallow her. Medical authority is further disrupted in the way that all characters are betrayed by the involuntary behaviours of their bodies, as when M. Beck sneezes behind the keyhole she is spying at, shattering the invisibility of her surveillance and her authority, reducing her to a comic figure.

¹¹² Carter, *On the Pathology*, pp. 111-2.

¹¹³ Carter, *On the Pathology*, p. 121.

¹¹⁴ Carter, *On the Pathology*, p. 138.

Lucy also performs the role of her own healer. Long before Dr John diagnoses her as suffering from a nervous fever, she observes that her nerves are getting ‘over-stretched’ and asks herself ‘How shall I keep well?’ (p. 222). Lucy’s active seeking after wellness runs consistently through the novel, and contrasts with Carter’s image of a patient stubbornly performing hysterical behaviour. She has a scientific approach to self-healing, as she comments: ‘I tried different expedients to sustain and fill existence’ (p. 383). She attempts to heal herself through various methods which take the form of externalising her interior emotion by decanting it into different, sealed external containers; as Vrettos notes, Lucy finds numerous receptacles for the ‘overflow’ of her nervousness.¹¹⁵ She confesses to the Catholic priest: ‘the mere relief of communication in an ear which was human and sentient, yet consecrated – the mere pouring out of some portion of long accumulating, long pent-up pain into a vessel whence it could not be again diffused – had done me good. I was already solaced’ (pp. 226-7). She writes one letter dictated by ‘Reason’ to send to Dr John and another for her own relief, from the pen of ‘Passion’, to destroy. The letters she in turn receives from Dr John she seals in a bottle and conceals in a hole behind a cemented slab, a clear physical metaphor for the burying of her romantic feelings.

An overlooked example of Lucy’s self-healing is something that does not take this form of overflow and outpouring: a treatment advised by medical texts from Graham to Carter. Carter’s doctrine of treatment is largely concerned with the correction of bad habits and behaviours, but he follows this by advising that to obtain successful treatment, to eliminate hysteria completely, ‘there must be a constructive, as well as a destructive system’: a pursuit of some kind to aid ‘moral and intellectual improvement’.¹¹⁶ He recommends music, drawing, languages, chess – but only if the patient has previous knowledge of them. The study of natural history, such as entomology or botany, he says has much to recommend it – though the usefulness of botany ‘is terribly curtailed by its complicated nomenclature, and redundant technicalities, at which ladies always take speedy alarm’.¹¹⁷ Lucy finds a pursuit to occupy herself, a research project:

I got books, read up the facts, laboriously constructed a skeleton out of the dry bones of the real, and then clothed them, and tried to breathe into them life, and in this last aim I had pleasure. With me it was a difficult and anxious time till my facts were

¹¹⁵ Vrettos, ‘From Neurosis to Narrative’, p. 563.

¹¹⁶ Carter, *On the Pathology*, p. 132.

¹¹⁷ Carter, *On the Pathology*, p. 136.

found, selected, and properly pointed; nor could I rest from research and effort till I was satisfied of correct anatomy. (pp. 580-81)

She does not tell us what her project is about, but it does not really matter – its purpose is therapeutic. She metaphorises her project as constructing a skeleton, and animating it into life, providing a direct contrast to the metaphors of live burial. It is an interesting metaphor in that it professes strict adherence to ‘the real’, implying dedication to realism, but is described as re-animating dead matter, evoking *Frankenstein*. Her feverish dedication to this task seems somewhat hysterical. Yet it is creative rather than destructive; the metaphor suggests a corresponding revitalisation of the self.

This may be because her mentor in this project is M. Paul, the healing force as much to do with their blossoming relationship as her research. The metaphor of animating dead matter bears comparison to the metaphors used in relation to M. Paul’s tyrannical method of mentoring, also figured through Gothicised medical language. He is presented as a Gothic midwife or surgeon to fledgling ‘talent’, a different kind of doctoring role:

The dawnings, the first developments of peculiar talent appearing within his range, and under his rule, curiously excited, even disturbed him. He watched its struggle into life with a scowl; he held back his hand—perhaps said, "Come on if you have strength," but would not aid the birth.

When the pang and peril of the first conflict were over, when the breath of life was drawn, when he saw the lungs expand and contract, when he felt the heart beat and discovered life in the eye, he did not yet offer to foster. (p. 506)

His method depicts him here first as a cruel midwife to painful, unassisted birth, watching for the signs of organ functionality – lungs, heart, eyes – while remaining unsupportive. Following this he becomes a kind of torturer, strewing thorns, briars and flints under the path so that the footprints of his victim are ‘sometimes marked in blood’ (p. 506), an injurious form of testing. Next: ‘when at last he allowed a rest, before slumber might close the eyelids, he opened those same lids wide, with pitiless finger and thumb, and gazed deep through the pupil and the iris into the brain, into the heart, to search if Vanity, or Pride, or Falsehood, in any of its subtlest forms, was discoverable in the furthest recess of existence’ (pp. 506-7). He peers from the outside of the body into its internal workings, the brain and heart, to reveal the soul and its potential failings, in an unusual transition from midwife to surgeon that suggests the fluidity – or instability – of medical authority. He finally becomes an experimental scientist, testing the boundaries of the body:

If, at last, he let the neophyte sleep, it was but a moment; he woke him suddenly up to apply new tests: he sent him on irksome errands when he was staggering with weariness; he tried the temper, the sense, and the health; and it was only when every severest test had been applied and endured, when the most corrosive aquafortis had been used, and failed to tarnish the ore, that he admitted it genuine, and, still in clouded silence, stamped it with his deep brand of approval (p. 507)

Lucy's use of Gothic medical metaphors to illustrate his style of mentoring paints M. Paul in a role of medical authority, as power-hungry, excited, and disturbed. But it is his method of stubborn not-helping that conversely allows Lucy to help herself; independence is her healing force. In this extended metaphor she withstands the corrosion of aquafortis – nitric acid – indicating that once again she has been strengthened through her trials. As she commented earlier: 'sometimes it was needful to resist; it was right to stand still, to look up into his eyes and tell him that his requirements went beyond reason—that his absolutism verged on tyranny' (p. 506). The idea of 'treatment as solution' is resisted in *Villette*. Instead, it proposes that healing can come in many forms, and is sometimes only temporary.

Conclusion: Medicalised Gothic and Gothicised Medicine

The involuntary form of hysteria emerges unbidden and unpredictably, a force taking over the body: a Gothic experience. The subject's own mind can become the antagonistic "other", causing the body to perform spontaneous actions, much like Lucy's nun: "“You think that,” I said, with secret horror, “she came out of my brain, and is now gone in there, and may glide out again at an hour and a day when I look not for her?”” (p. 358). Yet in Carter's text this "Gothicisation" is not confined to the disorder itself; 'tertiary' female patients are described as an uncontrolled, devious force, inclined towards evil, that must be conquered. Carter hopes to aid the mission of 'the professional adviser who would endeavour to unfold the tangled web presented to him, and who seeks, by the aid of moral treatment, to check vicious propensities, and to induce the abandonment of vicious habits'.¹¹⁸ The doctor is here presented as superseding the role traditionally held by the priest in moral instruction, even suggesting a professional rivalry between religion and science. Carter subtly undermines religious authority: he tells an anecdote about a clergyman who attempted to enact the curative system but found himself powerless against the guile of the patient. Shuttleworth

¹¹⁸ Carter, *On the Pathology*, p. 106.

discusses how the power of the gaze is absorbed into Gothic fiction as anti-Catholic sentiment: a critique of the Catholic gaze of the monk or priest and the confessional as window into private interiority.¹¹⁹ She notes that in mid-Victorian fiction, this preoccupation is transferred onto the physician who takes over the role of priest as penetrator of the invisible self: ‘the relationship between medical and priestly surveillance, which Brontë explores in *Villette*, was the subject of explicit contemporary debate’.¹²⁰ Fiction like *Villette* therefore acts as a necessary critique of medical surveillance. Carter’s medical text is brazenly encouraging of obsessive surveillance of the patient. His treatment method claims: ‘the fear of shame and exposure, the fear of the world’s opinion, the desire to gain credit for resolution, or self-denial, or cleverness, will often produce a change of action in persons with whom the fear of God is an empty sound, and to whom the necessity of doing right, might have been ineffectually preached till doomsday’.¹²¹ This denotes a rationale for the medical assumption of responsibility for moral instruction: that the fear of God was for some ‘an empty sound’, no longer enough to encourage moral behaviour, that instead a different system of motivations – fear and desire – must be created. He even advises that religious practices should be avoided, as they encourage hysterical behaviour: ‘all that tends to produce emotion; all exciting sermons, made the vehicles of extreme theological opinions; all that appeals to the imagination; and everything which can be perverted into a means of gratifying prurient desires, (as, for instance, the ordinance of confession,) must be totally and positively forbidden’.¹²² This comprehensive list verges on the hysterical itself; he is effectively banning imagination, to offset the dangers of emotion and desire.

Medical texts also draw on religion in metaphor. Carter advises how a tertiary patient might be caught out in her deception: when choosing hysterical symptoms to simulate or reproduce, ‘she will almost inevitably either be unfortunate in her original selection, or inconsistent in her collocation of symptoms, and thus betray the cloven foot’.¹²³ He continues:

When hysteria has existed for any length of time, and especially in cases where the original moral and intellectual training has been very defective, something more is required than merely to exorcise the demon. He will return, and he must find his

¹¹⁹ Shuttleworth, *Charlotte Brontë*, pp. 40-1.

¹²⁰ Shuttleworth, *Charlotte Brontë*, p. 42.

¹²¹ Carter, *On the Pathology*, p. 142.

¹²² Carter, *On the Pathology*, p. 142.

¹²³ Carter, *On the Pathology*, p. 122.

dwelling newly tenanted, as well as “swept and garnished,” in order that by the second defeat he may be finally driven forth.¹²⁴

He aligns a lack of morality and intellect with possession by demonic forces, not just in simile but in extended metaphor. His allusion is to Matthew 12:43-5, a biblical ghost story in which an unclean spirit, ‘gone out of a man’, much like Lucy’s nun moving in and out of her brain, tries to re-enter a house.¹²⁵ It recalls Dr John’s description of his art, medicine, halting ‘at the threshold of Hypochondria’, looking helplessly in at the ‘chamber of torture’ (pp. 261-2). Both evoke the Gothic tradition of haunted houses, and anticipate psychoanalytic visualisations of the body or psyche as a house. Robert Mighall has observed that Victorian medical texts warning of the dangers of “self-abuse” employ Gothic rhetoric: ‘a language of somatic horror’ and ‘the characteristic Gothic trope of the “unspeakable”’.¹²⁶ Similarly, Laycock twice uses the metaphor ‘threading the labyrinth in which these diseases are involved’.¹²⁷ Hysteria is a labyrinth, a tangled web, a cloven foot, unclean spirit, a demonic element, or haunted house, for the medical professional to thread, unfold, reveal, exorcise.

Medical texts defining hysteria, and Brontë’s novel, are engaged in creating narratives: fiction-making about the body and nervous disorder. Metaphorical language for individual experience may elude rigid categories, but is one more way to record that experience, sometimes in cliché. Lists of possible options, such as symptoms, are open to imaginative interpretation, so the taxonomic categories of medicine can be less rigid than narrative. Literature resists diagnostic categories, yet creates them too, by proposing a way of understanding the hysterical body; Lucy’s motivation to write her ‘heretic narrative’ (p. 228), for example. Just as doctors tried to establish their reasoning as the dominant, objective narrative, readers of *Villette* want to understand, define and categorise Lucy, who resolutely refuses to be pinned down even as she records herself in narrative. As such her story is full of internal contradictions, and captures the impossibility of constructing a coherent narrative about the body and the self. A lexicon of bodily processes and potential malfunctions permeates the novel, analogous to the linguistic processes and malfunctions involved in medical and fictional narrative-making. Lucy’s story provides not just a counter-narrative to

¹²⁴ Carter, *On the Pathology*, p. 132.

¹²⁵ *King James Bible*, <<https://www.kingjamesbibleonline.org/>> [accessed May 2017].

¹²⁶ Robert Mighall, *A Geography of Victorian Gothic Fiction: Mapping History’s Nightmares* (Oxford: Oxford University Press, 1999), p. 184; p. 185.

¹²⁷ Laycock, *Treatise*, pp. 129-30.

fixed categories, but a navigation of the different aspects that constitute and have potential to transform the self, whether nerves, organs, blood, diet, weather, or fear. Vrettos points out that the body is ‘transformed into language and therefore shaped by its epistemological limits. The “meaning” of these bodies is not so much passively reflected in language as produced by it’.¹²⁸ Hysteria exemplifies this disjunction between language and the body. Hysteria forms an apt study for analysing Gothic language, medical authority, and gendered pathology, because it is so changeable and resists categories, and itself forms a language that provides many suggestive clues, yet resists definition.

¹²⁸ Vrettos, *Somatic Fictions*, p. 8.

Chapter Two: The Unruly Body in Rhoda Broughton's *Nancy* (1873) and Supernatural Short Stories

This chapter discusses the fiction of Rhoda Broughton (1840-1920). My analysis of her novel *Nancy* (1873) and a selection of her short supernatural stories demonstrates Broughton's satire of dominant medico-cultural theories of the female body as unstable and susceptible to breakdown at specific moments of physiological 'crisis', namely adolescence and the menopause. *Nancy*'s detailing of the eponymous heroine's uncontrollable blushing subverts a trope of the romance genre into an increasingly pathological symptom. Broughton's use of this unconventional symptom challenges traditional diagnostics of both hysterical symptoms and clichéd femininity. I build on Pamela K. Gilbert's detailed exploration of pathological blushing in medical texts and fiction, which falls short of locating a literary example that narrates the development of blushing as a pathology.¹ In Broughton's supernatural stories, a satirical take-down of the ghost story presents a materialist portrayal of female characters who are fiercely independent and refuse to be rendered spectral. My reading of these stories expands on Nina Auerbach's assertion that Broughton focuses on 'the horror and pain lurking in ordinary female experience', and Joellan Masters' statement that 'her plots blend the mysterious with the mundane, unpredictable events in the material world which reveal women's experience of danger in ordinary life'.² I provide a new perspective: that Broughton uses this form to challenge medical judgements of menopausal women as irrational, prone to delusions, domestically and socially redundant, and that female independence signifies insanity. Broughton is deeply interested in the ways in which bodily signals are misinterpreted and misunderstood, but in addition, moments when the body fails to send the right signals.

Broughton's unusual fiction subverts the expectations of genre or form; she lampoons codes and clichés of the romance, sensation, and ghost story genres. This has led literary critics to laud Broughton as distinctive and subversive. Her biographer Marilyn Wood notes: 'here is a writer with an unconventional view of many of the shibboleths of her time [...] stereotyped

¹ Pamela K. Gilbert, *Victorian Skin: Surface, Self, History* (Cornell University Press, 2019).

² Joellan Masters, 'Haunted Gender in Rhoda Broughton's Supernatural and Mystery Tales', *JNT: Journal of Narrative Theory* 45.2 (2015), 220–250 (p. 223).

situations familiar to all readers of Victorian literature, are suddenly turned on their heads'.³ Tamara S. Wagner, one of the few critics to examine *Nancy* in detail, points out that the novel overturns the dominant sensation theme of adultery, depicting a heroine who remains faithful to her husband, despite a great disparity in age and outlook, when the opportunity for transgression presents itself. Nancy is 'an anti-heroine who transgresses the expected paradigms of Victorian sensation fiction'.⁴ Wagner sees this abandoning of the 'seemingly inevitable adultery plot' as both narratively and socially radical; that *Nancy* 'exploded the genre's confines'.⁵ The novel overthrows the conventions of the sensation genre in order to expose and critique readers' expectations and society's hypocrisy. Likewise, Auerbach highlights the surprising critical neglect of Rhoda Broughton's supernatural stories, pointing out that by their focus on the terrifying realities of women's experience, 'Broughton does everything feminist critics want women's ghost stories to do [...] and yet she is scarcely discussed'.⁶ Despite, or because of, her radical potential as a writer who pushes against conventions, Broughton's short Gothic tales are often ignored. Her post-sensation novels are likewise largely forgotten; *Nancy* is little discussed, and I am the first to interpret in detail the significance of blushing in this fascinating text.

Broughton rose to fame with the publication of sensation novels *Cometh Up As A Flower* (1867) and *Not Wisely, But Too Well* (1867), the latter condemned by *Bentley's* reader Geraldine Jewsbury as 'the most thoroughly sensual tale I have read in English for a long time'.⁷ As well as these sensation novels, Broughton was one of many authors who jumped on the profitable bandwagon of writing short supernatural fiction for periodicals. Literary critics are largely in agreement with Robert Mighall that sensation fiction 'provided the principal repository for Gothic themes in the middle decades of the nineteenth century'.⁸ They point to the 'secularisation and domestication' of the Gothic's exotic settings, its adaptation to a materialistic modern world, and its rationalisation of the supernatural.⁹ Rather

³ Marilyn Wood, *Rhoda Broughton (1840-1920): Profile of a Novelist* (Stamford: Paul Watkins, 1993), p. 1.

⁴ Tamara S. Wagner, 'The False Clues of Innocent Sensations: Aborting Adultery Plots in Rhoda Broughton's *Nancy* (1873)', *Women's Writing*, 20:2, (2013), 202-218 (p. 202).

⁵ Wagner, 'The False Clues of Innocent Sensations', p. 203.

⁶ Nina Auerbach, 'Ghosts of Ghosts', *Victorian Literature and Culture* (2004), 277-284 (p. 281).

⁷ Geraldine Jewsbury, 1866 letter to Richard Bentley, quoted in Tamar Heller, 'Rhoda Broughton', in *A Companion to Sensation Fiction*, ed. by Pamela K. Gilbert (Chichester: Wiley-Blackwell, 2011), pp. 281-292 (p. 281).

⁸ Robert Mighall, *A Geography of Victorian Gothic Fiction: Mapping History's Nightmares* (Oxford: Oxford University Press, 1999), p. xxii.

⁹ See Pamela K. Gilbert, 'Introduction', and Patrick R. O'Malley, 'Gothic', in *A Companion to Sensation Fiction*, ed. by Pamela K. Gilbert (Chichester: Wiley-Blackwell, 2011) pp. 1-10; pp. 81-93.

than the ancestral curse, Patrick R. O'Malley connects the two modes through the theme of enclosed spaces and confined bodies. Laurence Talairach-Vielmas depicts sensation fiction as instrumental in reshaping the Gothic as pathological and physiological, especially in relation to women's bodies, which replace the castle to become Gothic sites susceptible to intrusion and violation.¹⁰ He notes that sensation fiction uses 'body parts or organs to rework clichés that prototypically partake of the Gothic romance'.¹¹ While I contest that this shift occurred earlier, as I have demonstrated in Brontë's *Villette*, in sensation novels the Gothic becomes more firmly located in the woman's body. While *Villette* detailed a simultaneous move towards and retreat from the body, Broughton places the body firmly at the centre of her narrative as a means of elucidating women's subjective experience. *Nancy* uses the symptom of blushing and the influx of blood into the face via capillaries to rework a romance cliché into a pathological and uncontrollable marker of the unruly body; however, the threat is not one of external intrusion or violation, but comes from within: the internal nervous system going awry. Her realistic, even unlikeable female characters evidence the quotidian, mundane, and middle-class form of Gothic.

Broughton's fictions include themes that speak to popular subjects of medical debate, implying an engagement with medical culture if not direct exposure to medical texts. The novel is a study of the Gothic experience of adolescence, the transition into womanhood, the body going out of control and sending incorrect and misinterpreted signals. *Nancy*'s detailing of the blush echoes medical writings where blushing is defined as a nervous disorder, and encompasses the binaries of purity and wantonness, innocence and guilt. Three idiosyncratic medical and scientific texts were published on blushing in the nineteenth century. In *The Expression of the Emotions in Man and Animals* (1872), Charles Darwin devotes an entire chapter to blushing, describing it as 'the most peculiar and the most human of all expressions'.¹² In *The Physiology and Mechanism of Blushing* (1839), physician Thomas Burgess gushes about blushes. His text exhibits a sublime wonder at what he terms 'the beautiful and interesting phenomenon of BLUSHING', the mysterious process by which certain emotions cause the capillaries close to the surface of the skin to dilate and fill with

¹⁰ Laurence Talairach Vielmas on 'Sensation Fiction and the Gothic', in *The Cambridge Companion to Sensation Fiction*, ed. by Andrew Mangham (Cambridge: Cambridge University Press, 2013), pp. 21-33 (p. 25).

¹¹ Laurence Talairach-Vielmas, 'Sensation fiction and the Gothic', p. 23.

¹² Charles Darwin, *The Expression of the Emotions in Man and Animals*, based on the first edition of 1872 (Cambridge: Cambridge University Press, 2013), p. 310.

blood, exuberantly noting: ‘blushing may be styled the poetry of the Soul!’.¹³ It was taken up again by Harry Campbell half a century later in *Flushing and Morbid Blushing: Their Pathology and Treatment* (1890). By his own claim, Campbell was the only other physician to focus specifically on blushing in a medical text. Campbell argues that flushing and blushing are each ‘a complex nerve-storm, presenting many points of interest to the physiologist and pathologist’.¹⁴

Gilbert points to these three texts in her discussion of blushing, which is focused on the way that reading involuntary expressions became central to nineteenth-century debates about physiology, metaphysics and evolution.¹⁵ She cites literary examples – Keats, Austen, Barrett Browning, Tennyson, Braddon – which demonstrate the realist function of the blush as ambiguously denoting both innocence and growing sexual awareness, and the danger of being misread.¹⁶ Yet none of her literary examples detail pathological blushing. Indeed, Gilbert comments: ‘the scientific literature on the blush often did not impact literary representations directly, and the blush’s traditional associations with beauty and modesty are still evident’.¹⁷ If so, *Nancy* is an exception to Gilbert’s theory in its resistance to, and satire of, traditional romantic associations, and its presentation of blushing as pathology. It is unlikely that Broughton read these scientific texts; Darwin’s was published only slightly in advance of *Nancy*, and Campbell’s decades later, but this only renders the similarities more striking. Close reading these writers in conjunction with Broughton’s novel illuminates the network of connotations that blushing held in the Victorian imaginary, the prevalence of medical and scientific ideas in popular culture, and their re-working in fiction.

The role of the female reproductive system in the production of nervous disorder and hysteria was fiercely debated in medicine from the 1860s to 1880s. Increasing numbers of doctors rejected the uterine theory entirely, and some even argued for dropping the term hysteria, while bemoaning the lack of a suitable alternative. However, as testified by Julius Althaus in his 1866 lecture, there was a backlash. Physicians Robert Barnes (1817-1907) and Henry Maudsley (1835-1918) claimed that the sympathy which exists between the reproductive

¹³ Thomas Burgess, *The Physiology and Mechanism of Blushing* (London: John Churchill, 1839), p. 1, original emphasis; p. 6.

¹⁴ Harry Campbell, *Flushing and Morbid Blushing* (London: H. K. Lewis, 1890), p. v.

¹⁵ Gilbert, *Victorian Skin*, p. 64.

¹⁶ Gilbert, *Victorian Skin*, p. 95.

¹⁷ Gilbert, *Victorian Skin*, p. 104.

organs and the nervous system becomes threatening when a hereditary predisposition to madness exists. They pathologise, or re-pathologise, reproductive functions as inherently dangerous to mental stability. Public debates around women's bodies at the time Broughton was writing demonstrably influenced her depiction of women: she explores themes of apparent female hysteria, insanity, heredity, and female redundancy. The women that Broughton places at the centre of her stories are often on 'thresholds' of womanhood, as Barnes termed in 1873 the 'menstrual epochs' of adolescence and menopause.¹⁸ Their bodily experiences echo medical texts which define the symptoms and effects of the climacteric on the nervous system.

Broughton published five Gothic stories in *Temple Bar* between 1868 and 1873, and these were collated and released as a collection, *Tales for Christmas Eve* (1873), republished with the new title of *Twilight Stories* in 1879. Following this she published short stories in various periodicals.¹⁹ Critics invariably refer to the supernatural tales as 'ghost stories', though very few of them contain ghosts; the majority explore the material effects of the supernatural or feature human villains. Like Lucy Snowe's nun, Broughton's ghosts are flesh and blood. In their insistent materialism, her "ghost" stories are unlike most published by women at this time. They go against the grain of much feminist critical analysis of the female-authored short supernatural story, which reads the figure of the ghost as a metaphor for women's 'spectral' existence in Victorian society. Broughton's characters' forceful physicality resists theories of the absence or ghostliness of women's bodies.

While Broughton's women are at odds with the victim-heroine of traditional Gothic, they also resist the role of subversive feminist radical that recent feminist criticism has been eager to 'read back' into Victorian literature. Auerbach points to Broughton's female characters as the reason critics ignore her stories, 'because her women do not fit the Victorian mould we have constructed'.²⁰ She goes on to describe Broughton's female narrators as 'bilious sophisticates. Broughton's well-off women are usually grumbling about something, often travel, always other people'.²¹ Broughton's female characters possess a range of characteristics, especially

¹⁸ Robert Barnes, 'Lumleian Lectures on The Convulsive Diseases of Women', Lecture III – Part I, *The Lancet* (1873), 585-7 (p. 585).

¹⁹ According to Joellan Masters, Broughton's stories appeared in '*Temple Bar, Pall Mall Magazine, Penny Illustrated Paper and Illustrated Times, Belfast News-Letter, Sheffield and Rotherham Independent, Bristol Mercury and Daily Post, and The Morpeth Herald*'. Joellan Masters, 'Haunted Gender', p. 222.

²⁰ Auerbach, 'Ghosts of Ghosts', p. 281.

²¹ Auerbach, 'Ghosts of Ghosts', p. 281.

faults, foibles, stubbornness, and vanities, as well as strength, agency and authority. They are deliberately unsympathetic; Broughton wants the reader to dislike these women, and yet relate to them all the same, acknowledging the realism of the portrait. They are both ordinary and odd, women who refuse to be rendered ghostly, either socially or as a metaphor for female suffering. Broughton puts women at the centre of her stories to provide a representative, if not always empowering, depiction of their lives.

‘That torrent of vivid scarlet’: Blushing as Symptom in *Nancy* (1873)

The three nineteenth-century medical texts examined here each use blushing as a case study to explore wider issues. Burgess surveys blushing to demonstrate evidence of intelligent design and to lament the effects of over-refinement in creating a morbid sensibility. Darwin deploys blushing as a thought experiment on involuntary mechanisms which appear to have no evolutionary benefit. For Campbell, blushing is a case study that outlines ‘what I conceive to be the general principles which should guide us in the treatment of functional nervous diseases in general’.²² All three connect blushing to disturbances in the nervous system, aligning it with nervous disorder and hysteria. Broughton shared their fascination with this phenomenon. Blushing is central to *Nancy*, not simply as a recognisable code of the romance genre, denoting maidenly modesty, bashfulness, or shame, but as a central plot device, responsible for driving much of the story’s action. The frequency with which blushes occur, and the language used to describe the experience, suggest that the blushes of the protagonist are not simply symbolic, but constitute a pathology; as Campbell would later determine, blushing is ‘a symptom’.²³

Although *Nancy* represents a departure from the typical sensation plot, sensations – in terms of physical feelings and behaviours – remain central. As Gilbert notes, sensation novels appropriated ‘many of the techniques of the clinical medical gaze of this period: the focus on detailed and apparently objective description of minute but meaningful signs that must be interpreted by an expert (the author, and by flattering extension, the reader); careful cataloguing of physiological reactions (blushes, pallor, faintness)’.²⁴ Symptoms are offered as signs for the reader to decipher. As a symptom which is involuntary and eminently visible,

²² Campbell, *Flushing*, p. vi.

²³ Campbell, *Flushing*, p. v.

²⁴ Pamela K. Gilbert, ‘Sensation fiction and the medical context’, in *The Cambridge Companion to Sensation Fiction*, ed. by Andrew Mangham (Cambridge: Cambridge University Press, 2013), pp. 182-195 (p. 183).

blushing threatens to thwart what Jenny Bourne Taylor describes as sensation fiction's 'central narrative features – secrecy and disguise'.²⁵ Yet what blushing reveals, and how it should be read, is not straightforward. In *Nancy*, pathological blushing is misleading, frequently misinterpreted, a symbol that denotes guilt when in fact no transgression has taken place. The use of the blush as a symptom is characteristic of Broughton's writing in that it reflects her relish for misdirecting the reader, subverting expectations, and undermining romance conventions, and implies an interest in biology, the detailed observing of spontaneous bodily responses. Nancy's thorough detailing of her own symptoms destabilises the authority of the observer of both symptoms and symbols, whether medical authority or reader of romance novels. The subjective and relatable analysis of her sensations and emotions defies clichés of the female body, both that of the idealised feminine and its counterpart, the unruly hysterical body.

Burgess's enthusiastic musings on the blush as beautiful, interesting, poetic, and wonderful, are predicated on his theory that the blush is 'palpable evidence of *Design*', and that the fear of blushing and revealing shame acts as a deterrent, preventing us from 'deviating from the prescribed rules of morality', thus making it of 'utility', even 'necessity', to society.²⁶ Yet Burgess's enthusiasm is limited to what he terms the 'true blush': the impulse of shame with a moral cause. Its counterpart, the 'false blush', is rather caused by 'an extreme state of morbid sensibility, over which reason and the moral powers seem to have no control whatever'.²⁷ These 'two distinct species' of blush create a binary opposition between sublime wonder and disgust.²⁸ Burgess complains that 'unfortunately, civilisation or refinement seems to have perverted the original intent', and that false blushes are now more common than true ones.²⁹ He describes the false blush as blushing 'in its *diseased* form', which is 'evidently the result of an over refined state of *sensibility*'.³⁰ It constitutes a 'morbid state' that arises 'evidently from an unnatural or disordered state of the moral sensibility' which he goes on to call a 'derangement'.³¹ Burgess's concerns about the prevalence and causes of false blushes pre-empt the language used to describe sensation fiction, as in Henry Mansel's oft-quoted

²⁵ Jenny Bourne Taylor, *In the Secret Theatre of Home: Wilkie Collins, Sensation Narrative, and Nineteenth-Century Psychology* (London: Routledge, 1988), p. 7.

²⁶ Burgess, *Blushing*, p. 11; p. 49.

²⁷ Burgess, *Blushing*, p. 48.

²⁸ Burgess, *Blushing*, p. 48.

²⁹ Burgess, *Blushing*, p. 25.

³⁰ Burgess, *Blushing*, p. 11.

³¹ Burgess, *Blushing*, pp. 21-22.

1863 article ‘Sensation Novels’, as the ‘morbid phenomena of literature’; ‘wide-spread corruption’; and ‘the cravings of a diseased appetite’.³² The distinction between these types of blush, either poetic or diseased, depends on the falsity of women. Burgess comments in his introduction: ‘what picture can be more interesting than the virgin cheek in the act of blushing?’.³³ Yet he later notes that ‘a blush is no test whatever of either purity or innocence, for many libertines and prostitutes may be seen to blush as deeply as individuals of the most exalted purity and virtue’.³⁴ The blush is mapped onto classic female typecasts of the pure virgin and the wanton woman, stereotypes common to both medicine and literature that Broughton satirises in the character of Nancy, and the way that her blushes are interpreted.

Darwin references Burgess but dismisses his focus on design, looking instead at the probable evolutionary function that has led to the establishment of the blush as a uniquely human expression. He determines that blushing is always caused by ‘shyness, shame, and modesty; the essential element in all being self-attention’.³⁵ Furthermore, it is worry about others’ opinions of us that produces a blush: ‘it is not the sense of guilt, but the thought that others think or know us to be guilty which crimson the face’.³⁶ Blushing is highlighted as a perplexing phenomenon, as an exception to Darwin’s framework of behaviours developed due to their evolutionary usefulness.³⁷ It is rather explained by disordered ‘constitution of the nervous system’, and the ‘transmission of excited nerve force’.³⁸ Darwin’s focus on self-attention provides a useful lens through which to read Nancy’s blushing, which becomes progressively pathological in line with her increasing self-consciousness. The uselessness of certain symptoms in terms of human progression is comparable to the efficacy of a medical interpretation of symptoms. The symptoms of hysteria, like Nancy’s blushing, can be more misleading than useful, as they are prolific, varied, and imitative, signposting physiological issues where none might exist.

³² Henry Mansel, ‘Sensation Novels’, *Quarterly Review* 113 (1863), 481–514 (pp. 482-483).

³³ Burgess, *Blushing*, p. 9.

³⁴ Burgess, *Blushing*, p. 55.

³⁵ Darwin, *Expression of the Emotions*, p. 326.

³⁶ Darwin, *Expression of the Emotions*, p. 333.

³⁷ Darwin, *Expression of the Emotions*, p. 70.

³⁸ Darwin, *Expression of the Emotions*, p. 69.

Campbell's text, published seventeen years later than *Nancy*, is the only other Victorian medical text devoted solely to blushing.³⁹ He reiterates the medicalised and pathologised nature of the blush-as-symptom. Campbell defines 'flushing and morbid blushing' as 'manifestations of a wide-spread nervous disturbance', regularly using the resonant term 'nerve-storm' to refer to both.⁴⁰ Campbell's nerve-storm evokes a bombardment which is internal, yet an image of attack from outside. Campbell justifies the term 'pathological blushing' by pointing out that if it 'hampers the individual in his commerce with the world, if it causes him to shun society, to seek solitude, to lead the life of a recluse—and it may do all this—then it is essentially pathological in the true sense of that word'.⁴¹ He genders 'the individual' as male here, where elsewhere he comments that these symptoms 'are much more common in the female than in the male sex'; it is likely that he perceives the pathological effect as feminising and emasculating and thus more debilitating to men in their relation to commerce, society, and community.⁴² Campbell links flushing to hysteria: 'for me, then, a so-called flush belongs to a very comprehensive class of nerve-storm, closely allied to, and, in fact, sometimes indistinguishable from, an epileptic or a hysterical aura'.⁴³ As an involuntary physical symptom with a psychological and/or emotional cause, blushing has much in common with hysterical symptoms. Broughton's novel, in the way it isolates and narrates this unusual nervous manifestation, seems to pre-empt medical discourse, representing pathological blushing in an uncannily similar manner to Campbell's much later text.

Blushing is a significant symptom in relation to unwittingly communicating psychic distress on and through the body. In Campbell's terms:

The blush is the external sign of an inward working of the mind; it betrays that which one would be at great pains to conceal; the strongest effort at self-control is powerless to hide this glaring testimony to the inner thought. The blusher involuntarily reveals himself to others, and the knowledge that his discomfiture is patent to all makes his confusion worse confounded.⁴⁴

³⁹ Campbell notes in his introduction: 'So far as I know, only one writer – Burgess, who wrote in 1824 – has dealt with this subject' p. v. He dates Burgess's text incorrectly, but respectfully acknowledges him several times throughout.

⁴⁰ Campbell, *Flushing*, p. v. This recalls the medical link between inclement weather and nervous disorder discussed in relation to Laycock's *Treatise* and Brontë's *Villette*, suggesting that the storm continued to have symbolic resonance for medical descriptions of hysterical symptoms decades later.

⁴¹ Campbell, *Flushing*, p. 133.

⁴² Campbell, *Flushing*, pp. 109-10.

⁴³ Campbell, *Flushing*, p. 123.

⁴⁴ Campbell, *Flushing*, p. 134.

This revelation of the self, against which the individual has no power to resist, recalls Bourne Taylor's comment that secrecy and disguise are the central features of sensation fiction plots, secrets revealed to observers and readers, often via such bodily self-betrayal. Campbell's view of the blush as betrayal of the truth one would wish to conceal suggests that there is a verisimilitude of feeling involved in blushing. Yet Broughton's novel performs a reversal of the view that the blush reveals an inner truth. Nancy's pathological blushes do *not* expose her true self, but rather mislead perceptions and exaggerate the extent and source of her guilt: as she terms it, she is the victim of 'the lying changefulness of a deceitful skin'.⁴⁵ Gilbert describes the commonly held perception in the Victorian era that 'the self is to be read on the surface, individual history is supposed to be legible in the body's habitual expressions'.⁴⁶ Nancy challenges this notion in a comment to the reader: 'no human eye can rightly read the secrets of any other human spirit: they find what they expect to find, not what is there. Clear and cuttingly keen as they are, Roger's eyes do not read my soul aright' (p. 311). Nancy's misleading, deceptive blushes, misinterpreted by her husband, caricature the fears of the sensation debate: that women readers would misinterpret signs and symbols in fiction and this would damage their nervous systems. Like Lucy Snowe's tertiary hysteria, brought about by deliberate dwelling on a subject that produces hysterical symptoms, the medical texts imply that the blush can be deliberately produced if the subject seeks out situations or thoughts which are habitual triggers. However, the same is not true in Nancy's case: it is completely out of her control. She resents her deceitful skin; her blushes are authentic in their involuntary production, but inauthentic in what they suggest. As such, the threat is not that the body betrays her by revealing inner thoughts or guilt, but that it sends the wrong signals to observers, signals that condemn her.

Nancy begins in the school-room, with the six Grey children engaged collectively in making toffee. Each has a role in the chaotic yet democratic toffee-making process: buttering soup plates, peeling almonds, grating lemons, taking turns stirring, reading the recipe aloud. Nancy describes:

We are a large family, we Greys, and we are *all* making toffee. Yes, every one of us. It would take all the fingers of one hand, and the thumb of the other, to count us, O reader. Six! Yes, six. A Frenchman might well hold up his hands in astonished horror at

⁴⁵ Rhoda Broughton, *Nancy*, eighth edition, (London: Richard Bentley and Son, 1887), p. 336. All further references are given in the text.

⁴⁶ Gilbert, *Victorian Skin*, p. 4.

the insane prolificness—the foolhardy fertility—of British householders. We come very *improbably* close together, except Tou Tou, who was an after-thought. There are no two of us, I am proud to say, exactly simultaneous, but we have come tumbling on each other's heels into the world in so hot a hurry that we evidently expect to find it a pleasant place when we get there. (p. 2)

She addresses the reader, in a tone both playful and confiding, and in the present tense, though it later becomes clear that she is telling her story retrospectively. The story begins when Nancy is nineteen, on the cusp of adulthood, and the third-oldest of the six children: doubly in-between. The present progressive tense places us in the immediacy of the action; as noted by the reviewer of 'Miss Broughton's Novels' in *Temple Bar*: 'they are all alive; and when we part from them we seem to have known and seen them – to have eaten fruit with them in the garden; made toffee with them in the school-room'.⁴⁷ The same reviewer terms Nancy 'beautifully pure, if more thoughtless than need have been'.⁴⁸ Edith Simcox, on the other hand, objected to this scene, commenting: 'their conversation appears sufficiently lively and lifelike until we compute that their ages vary from twelve to twenty-one; then the toffee appears inappropriate, except as a symbol of a delayed or neglected education'.⁴⁹ Her view is that Broughton is guilty of 'the more superficial fault that consists in transferring the feelings or language of one class, age, sex or character to the persons of a different class, to whom they are inappropriate', and that this is 'the most general mark of vulgarity'.⁵⁰ Certainly this passage hints at vulgarity in the implicit discussion of their parents' fecundity, their Malthusian 'insane prolificness' which has the capacity to shock even a Frenchman. The children coming '*improbably*' close together, emphasised with italics, implies the unlikelihood of their parents having such regular intercourse. Likewise, being an 'after-thought' denotes the youngest child Tou-Tou the result of an accidental pregnancy. The apparent innocence of the toffee making in the school-room scene is undercut by a brashness and candour, prefiguring the theme of being in-between the innocence of childhood and knowingness of maturity, a time of liminality and transformation, and the doubtful purity and/or sexual awareness that is physicalised in the blush.

The school-room setting is symbolic of childhood innocence and of education, delayed and neglected or otherwise. It is the school-room at which Sir Roger Tempest, the guest who, as

⁴⁷ 'Miss Broughton's Novels', *Temple Bar*, 80:319, June 1887, p. 201.

⁴⁸ 'Miss Broughton's Novels', *Temple Bar*, p. 201.

⁴⁹ Edith Simcox, Review of *Nancy*, *The Academy*, Issue 90, 24 January 1874, pp. 85-7 (p. 87).

⁵⁰ Simcox, *The Academy*, Issue 90, p. 87.

is reiterated, 'was at school with father' (p. 7), stands on the threshold 'glancing rather longingly at the half-open school-room door, whence sounds of pious mirth are again beginning to reissue' (p. 14). His longing glances indicate a nostalgia for youth and mirth, and indeed he later describes how shocked he is when he notices how old he has become. The threshold is a symbolic one for both Sir Roger and Nancy, a border between childhood and adulthood, or youth and old age. Nancy, having no inkling that Sir Roger considers her as anything other than his friend's daughter, finds it easy to talk to him because she views him as a '*vieux papa*' (p. 13). She bars him from entering this sacred space, stating: 'please not to-night; we are all higgledy-piggledy—at sixes and sevens!' (p. 14). So instead, forty-seven-year-old Sir Roger will take nineteen-year-old Nancy out of and away from the school-room by marrying her, instigating an altogether different form of education. Contemporary discourse on hysteria asserts that the liminal stage of late-adolescence, the uncertain and unstable shift from child to woman which Nancy represents, is a particularly dangerous moment for the nervous system. Althaus notes:

Between fifteen and twenty years of age, hysteria is most frequent, in consequence of the radical change which the nervous system undergoes during that period. Within those years girls begin, as it were, a new existence; they leave the nursery and its habits, and, imagination reigning supreme, they enter upon the world, with its passions, troubles, and disappointments; and, if painful emotions be frequently and powerfully experienced, hysteria is the inevitable result, provided the system is predisposed for it.⁵¹

The onset of Nancy's pathological blushing coincides with this time of peak precarity, and is occasioned by the forced shift from one state to another caused by her marriage: a premature crossing of the threshold.

The cooking that opens the novel involves the Grey children all growing red in the face: 'hardly less red than the sun's, are our burnt faces gathered about the fire' (p. 3). Their collective, externally produced facial redness prefigures the bodily blushes that develop into a central plot device. From the point at which Nancy becomes an independent agent and withdraws from the family group, redness is internally produced, a physiological response. Nancy's blushes are partly symptomatic of subjectivity. She was previously defined, not as an individual and on her own merits, but as part of a sequence of siblings:

⁵¹ Julius Althaus, 'A Lecture on the Pathology and Treatment of Hysteria', *The British Medical Journal*, 1: 271 (1866), 245-248 (p. 247).

When we were little, people used to say that we were quite a pretty sight, like little steps one above another. We are big steps now, and no one any longer hazards the suggestion of our being pretty [...] Certainly we deteriorate in looks as we go downward [...] I am sensibly uglier than Algy (as indeed he has, on several occasions, dispassionately remarked to me); the Brat than me; Bobby than the Brat; and so steadily on, till we reach our nadir of unhandsomeness in Tou Tou (p. 3).

This joke about degeneration recalls Mighall's assertion that sensation refigures the Gothic ancestral curse as inherited disease or pathology. Broughton satirises the terror of heredity and familial disorder through a more banal progressive ugliness.

Nancy is wrenched apart from the collective juvenile sibling self when she marries Sir Roger. Separated from the group mentality, her development thus far arrested by the strong collective sibling bond, Nancy's sudden forced transition into the role of a married woman, results in a hyper-awareness that provokes her symptom. The moment at which she announces to her siblings that she will accept Roger's proposal is marked by an intense blush: 'Rivers of additional scarlet are racing to my cheeks, over my forehead – in among the roots of my hair – all around and about my throat, but I stand, looking the assembled multitude full in the face, fairly, well, and boldly' (p. 53). This sustained blush instigates an uncontrollable physiological symptom, increasingly difficult to manage, that will have a profoundly negative impact on Nancy's life. Burgess notes that the morbid 'false blush', 'wherever it once takes root, like the Old Man of the Sea, it clings to the individual through life with a resolute and imperishable grasp'.⁵² Nancy's description of the blood capillaries under the skin's surface as racing rivers, and the blush 'taking root' in the roots of her hair, and encircling her throat, mirrors Burgess, marking Nancy's blushing as this morbid and pathological type. From this moment, her blushes becoming increasingly regular and uncontrollable. She 'reddens', 'grows scarlet', and 'crimsons' on numerous occasions.⁵³ To note just a few examples, Nancy details 'growing even redder than the sun' (p. 105); 'I turn my head quickly away with a red blush' (p. 107); 'the blood rushes headlong to my face. It feels as if every drop in my body were throbbing and tingling in my cheeks' (p. 197); 'a scarlet face and blazing eyes' (p. 254); 'a sudden torrent of scarlet pours all over my face and neck' (p. 291); 'the blood that so lately retired from it rushing again headlong all over my face' (p. 344).

⁵² Burgess, *Blushing*, p. 56.

⁵³ Broughton, *Nancy*, p. 62, p. 64, p. 98, p. 178, p. 180, p. 193, p. 202, p. 205, p. 210, p. 213, p. 205, p. 295, p. 298, p. 363, p. 399, p. 407.

The body's micro-transformation in the form of a blush reflects a broader transformation of the self. As she navigates her way emotionally and psychologically through the new terrain of her May – December relationship, she becomes more and more attuned to her body's appearance, senses, feelings, and reactions. She and Roger set off on a honeymoon marked by her homesickness for noise, 'gabble' and 'silly home jokes' (p. 28), and the alien feeling of being alone with one person for intense and protracted amounts of time.⁵⁴ Out of boredom and longing for a youthful companion, Nancy strikes up a friendship with Frank Musgrave, a neighbour of Sir Roger's, who happens to be in Germany during their honeymoon. When they return to England, Sir Roger is called away to look after business in Antigua, and Nancy is left to her own devices. She spends yet more time with Musgrave, apparently in ignorance of the fact that he is in love with her.

When Frank confronts Nancy, she is astonished and repulsed by his insistence that their attraction is mutual: "*Feel!*" cry I, driven out of all moderation by disgust and exasperation. "Would you like to know how I feel? I feel *as if a slug had crawled over me.*" (p. 260). Nancy's other responses to Frank's declaration also resort to juvenile language and imply a very embodied disgust: 'it makes me *sick!*' and 'loathe myself and you' (p. 257-9). It could be tempting to read unconscious attraction for Frank into her physical reaction: her blushes as clues for the reader to interpret feelings that she is unaware of or withholds; as Gilbert notes, the involuntary nature of the blush renders it 'an important index to "true" interiority, though not necessarily of a person's conscious feelings [...] as is the case when a young woman unaware of her true feelings for someone blushes when charged with such feelings'.⁵⁵ I could go further and analyse her disgust as signifying repressed sexual desire, and her juvenile phrasing a retreat into a childlike self rather than acknowledging her adult sexuality. However, these Freudian ideas are anachronistic. It is convincing when Nancy protests that she never thought of Frank in a romantic way, particularly because she admits 'it is the grain of truth in his wicked, lying words that gives them their sting. I *was* weary, I *was* depressed; I

⁵⁴ This novel could have formed a case study for Helena Michie's brilliant study *Victorian Honeymoons: Journeys to the Conjugal* (Cambridge University Press, 2006), in which she argues that 'for all of its enforced leisure, the honeymoon was expected to accomplish some very difficult cultural work: fusing two people with limited experience of the opposite sex, who often deeply identified with their families of origin and with communities of same-sex friends, into a conjugal unit that was to become their primary source of social and emotional identification' (p. 2). Michie notes the sudden shock of having to spend long periods of enforced time 'alone together' for some Victorian couples.

⁵⁵ Gilbert, *Victorian Skin*, p. 80.

was bored' (p. 255). Rejecting Frank's insistence of her feelings for him, she comes to a full realisation of how her love for Roger has grown over time, that she wants "'no one but him!'" (p. 257), her language of disgust contrasted with an assertion of her adult loving relationship. In the aftermath of the confrontation with Frank, Nancy recollects all their previous encounters: 'all, *all* recur to me, and, recurring, make my face burn with a hot and stabbing shame' (p. 263): shame at being misinterpreted and misunderstood, rather than an admission of romantic feeling.

Nancy and Frank's misunderstanding is the result of the body sending confusing or incorrect signals against one's will, and resulting misdiagnoses. Nancy has often blushed in the presence of Frank Musgrave, and likely a cause of his misreading her friendliness for attraction. Arguably the clearest way in which the novel resists stereotypes of the unruly female body is through the corresponding changes brought about by emotion in the male body. Frank is a self-conscious young man who commonly reddens and grows pale, and whose features become grotesque when affected by strong feeling: 'white to lividness; drops of cold sweat stand on his brows; and his fine nostrils dilate and contract, dilate and contract, in an agony of anger and shame' (p. 258). Frank's physicality counteracts what Helena Michie notes is a dominant narrative about 'the normative body of the middle-class Victorian man'; that 'invisible because of their presumed normativity, men's bodies were seen, by Victorians and Victorianists alike, as unremarkable'.⁵⁶ Descriptions of Frank's body evoke his self-consciousness and youth. He is, as much as Nancy, victim to uncontrollable revelations of feeling in his face and voice; in this scene 'his face is distorted by passion out of all its beauty', and his 'voice rendered almost unrecognizable by extreme agitation' (p. 259).

Broughton's focus on male physicality and aging in Roger also renders the male body vividly present. Nancy exhibits a fascination with Sir Roger's appearance from the first time she sees him, during household prayers. As she watches him kneeling she observes that he is 'neither bulky nor obese, of a flat back, and vigorous shoulders' (p. 10); the lines of his figure and the strength and vitality of his physique confound her expectations. Their eyes meet across the room and a candle illuminates his face: '*Blear!* Well, if his eyes are blear, then henceforth

⁵⁶ Helena Michie, 'Under Victorian Skins: The Bodies Beneath', in *A Companion to Victorian Literature and Culture*, ed. by Herbert F. Tucker (Oxford: Blackwell, 1999), pp. 407-424 (pp. 413).

blear must bear a different signification from the unhandsome one it has hitherto worn. Henceforth it must mean blue as steel: it must mean clear as a glass of spring water; keen as a well-tempered knife; kindly as the early sunshine' (pp. 11-12).⁵⁷ Nancy's series of comparative similes suggests a long, slow look into his eyes. The female gaze may be innocent and curious here, but the multiple comparisons are redolent of courtly love poetry, the roles reversed, with Nancy as the adoring lover-poet. His eyes further refuting her expectations, Nancy begins to watch Sir Roger intensely, and her cataloguing of his features borders on the voyeuristic:

Yes, he is old certainly. Despite the youth of his eyes, despite the uprightness, the utter freedom from superfluous flesh—from the ugly shaky bulkiness of age—in his tall and stalwart figure, still he is old—old in the eyes of nineteen—as old as father, perhaps—though in much better preservation—forty-eight or forty-nine; for is not his hair iron-grey, and his heavy moustache, and the thick and silky beard that falls on his broad breast, are they not iron-grey too? (p. 12).

The trio of adjectives which she employs to voice her dislike of age – its ugly shaky bulkiness – denotes aging as physically grotesque, in men as well as women, at least in 'the eyes of nineteen'. Nancy again uses multiple descriptors for Roger's strong physique: upright, tall, stalwart. The phrasing of her observation in questions implies surprise: his grey hair seems incongruous, and her understanding of the repulsive markers of age is disturbed. Her intense concern with her own youthfulness throughout further demonstrates an obsession with age. She compares herself to their neighbour Mrs. Huntly, her imagined rival for Roger's affection: 'even my one indisputable advantage of *youth* seems to me as dirt. Looking at the completeness of her mature grace, I *despise* youth. I think it an ill and ugly thing in its green unripeness' (p. 219). Her earlier scorn of the ugliness of aging is transferred to the ugliness and awkwardness of her young body, an insecure self-critique which evokes the abject and Gothic nature of adolescence.

In another scene of confrontation, Roger has heard from the meddling Mrs. Huntley that Nancy and Musgrave were seen parting, tear-stained and agitated, and he tries – without asking outright – to solicit a confession. Nancy turns red and remains silent:

Our eyes are resting on each other, and, as I speak, I feel his go with clean and piercing search right through mine into my soul. In a moment I think of Musgrave,

⁵⁷ This refers to an earlier moment when the Brat assumes their father's friend will have 'blear old eyes' (p. 7).

and the untold black tale now for ever in my thought attached to him, and, as I so think, the hot flush of agonised shame that the recollection of him never fails to call to my face, invades cheeks, brow, and throat. To hide it, I drop my head on Roger's breast. (p. 309)

Roger's sharp eyes and the hot flush are both invading presences, piercing the boundaries of her self and her body. He correctly interprets the act of hiding her blushing face as indicating shame but is misled by this sign to think that her shame must signify adultery. This scene is a masterful study of miscommunication, neither of them saying what they really feel or asking what they want to know, each misinterpreting what the other does say. Nancy's blushing, rather than the visible sign of guilt revealed in the face, exacerbates the misunderstandings which alienate them.

Nancy's tendency to blush intensely every time Musgrave is mentioned leads to an increasing marital estrangement. Her blushes are progressively accompanied by other symptoms. She tries to tell Roger the truth but a series of uncontrollable physical responses silence her against her will, leading her helplessly into a lie: 'my heart beating thick, and with a hurry and tremor in my voice' (p. 317); 'my voice still trembling and my pulses throbbing' (p. 318); 'my throat seems absolutely stopped up, choked; there seems to be no passage for my voice, through its dry parched gates' (p. 321); 'twice, nay, thrice I struggle – struggle mightily to speak, and speak well and truly; and twice, nay, three times, that base fear strangles my words' (p. 322). In this scene the present progressive tense renders her symptoms immediate and escalating, reflecting the irrepressible, overwhelming experience. Nancy's loss of voice and inability to communicate, a choking sensation, tremor, trembling, a throbbing pulse, all fall into the common symptomatology of hysteria. In addition to blushing, Burgess' text discusses the symptoms of being struck with sudden terror; one 'grows pale and cold, shrinks in every part of his body; his pulse is quick, but low and unequal; the heart palpitates; the lungs are oppressed, and sobs and sighings follow; his strength fails him; his whole body trembles, or, as it sometimes happens, grows stiff like a statue; and his voice cleaves to the roof of his mouth.'⁵⁸ Nancy's inability to tell Roger the truth is preceded by almost identical symptoms.

⁵⁸ Burgess, *Blushing*, p. 10.

As well as blushing, Nancy grows white and pale as the blood retreats from the surface of the skin. Eventually, she speaks, answering Roger as to whether she was with Musgrave, and the blood drains from her face, again mirroring Burgess's list of symptoms: 'it is the first lie that ever I told [...] with a face as wan as the ashes of a dead fire – with trembling lips, and a faint, scarcely audible voice, I say, "No, it is not true"' (p. 322). Immediately she has a physiological response to lying, feeling 'giddy and sick' (p. 323). When the topic is raised again:

I try to look back unflinchingly, indifferently, at him. I would give ten years of my life for an unmoved complexion, but it is no use. Struggle as I will against it, I feel that rush, that torrent of vivid scarlet, that, retiring, leaves me as white as my gown. Oh! it *is* hard, is not it, that the lying changefulness of a deceitful skin should have power to work me such hurt? (p. 336).

Nancy's tautological phrasing denotes her skin to be triply untrustworthy: lying, changeful and deceitful. This evokes Burgess's false blush, and Nancy reiterates 'my words cannot undo what my *false cheeks*, with their meaningless red and their causeless white, have so fully done' (p. 337, my emphasis). The interplay of red and white might hint at a symbolic connection between blood and purity, yet Nancy's statement that these colours are meaningless and causeless indicates that Broughton is dismantling such clichés. Instead, the kinetic nature of Nancy's complexion and reference to her skin implies a physical struggle, the involuntary influx and retreat of blood into and out of her cheeks.

Nancy's statement about her skin having 'power', albeit a damaging power, recalls Michie's study of the fascination that skin held for the Victorians, its ability to renew and repair itself, and the medical revelation that skin was 'both the membrane through which the outside world enters the body and a barrier, a protection from the outside world [...] skin was defined as simultaneously permeable and impermeable'.⁵⁹ Yet for Nancy, her struggle is not the external permeating, but the internal going awry, her unruly body writing false signs on her skin. As Gilbert comments, late-nineteenth-century theories of the blush saw it as 'indicative of a combination of psychological and physical malfunction and concomitant problems in the nervous system's interior narrative'.⁶⁰ For Nancy, blushing becomes a pathological, medical problem, the management of which is a daily challenge: 'I have judiciously placed myself

⁵⁹ Michie, 'Under Victorian Skins', p. 408.

⁶⁰ Gilbert, *Victorian Skin*, p. 64.

with my back to the light, so that if that exasperating flood of crimson bathe my face – and bathe it it surely will – is not it coming now? Do not I feel it creeping hotly up? It may be as little perceptible as possible’ (p. 341). Her use of phrases that evoke rising bodies of water – rivers, rush, torrent, flood – which intensify through attempted repression, reflect the unstoppable force of symptoms which are cumulative and overwhelming. They echo Burgess’ description of the physiology of blushing, though he uses volcanic imagery: ‘at length the flash bursts forth upon the cheek in a “living blaze of blood” – it is the lava of the heart produced by an eruption of feeling, now rolling through myriads of minute vessels that were hitherto invisible in the cheek’.⁶¹ His histrionic language of bursts, blazes, lava and eruption, is employed to communicate the astonishing physiological phenomenon in a way that transmits his enthusiasm to his reader.

These two different metaphors, the aquatic and volcanic, are connected in their association with menstruation and hysteria, the leaky female body ‘bursting forth’, as physician Robert Barnes termed in 1873 ‘the hysteric explosion’.⁶² This phrasing echoes Mansel’s condemnation of sensation fiction as ‘an eruption indicative of the state of health of the [social] body’.⁶³ The femininity of this imagined social body of sensation readers is made clear through its act of erupting, a term that is culturally redolent of the susceptibility of the female body to nervous turbulence and hysteria. Feminist literary criticism, most famously Sandra Gilbert and Susan Gubar’s reading of *Jane Eyre*, appropriated and recovered a reading of such imagery – the watery, the menstrual, the volcanic – in female-authored Victorian fiction, in order to highlight the pressurised containment of women’s rage and sexuality, just as Mary Wilson Carpenter finds significance in Lucy Snowe’s descriptions of rising bodies of water as ‘floods of menstrual superabundance’.⁶⁴ Nancy’s uncontrollable ‘eruptions’ are a bathetic detailing of the most mundane and commonplace of hysterical symptoms. As such, *Nancy* at once illustrates the difficulties of managing a pathological symptom that is consistently misinterpreted, and satirises medical fears about the female body exploding, bursting forth, in grand hysterical displays.

⁶¹ Burgess, *Blushing*, p. 173.

⁶² Barnes, ‘The Convulsive Diseases of Women’, p. 586.

⁶³ Henry Mansel, ‘Sensation Novels’, *Quarterly Review* 113 (1863), 481–514.

⁶⁴ Mary Wilson Carpenter, *Imperial Bibles, Domestic Bodies: Women, Sexuality, and Religion in the Victorian Market* (Ohio: Ohio University Press, 2003), p. 100.

Water has another physical affect: Nancy's appearance suffers greatly from crying. When Roger returns from his long trip, 'the tears rush in mad haste to my eyes' (p. 298). She tells the reader that she has always been 'rather good at crying', that 'my tears have always been somewhat near my eyes' (p. 299). Crying is accompanied by other physical symptoms: 'I am drowned in tears, and my appearance for the day is irretrievably damaged. My nose is certainly *very* red. It surprises even myself, who have known its capabilities of old' (p. 75); 'boiled-gooseberry eyes' (p. 168); 'my swelled nose and bunged-up eyes' (p. 172); 'What does it matter what colour my eyelids are? what size my nose is? or how beblubbered my cheeks?' (p. 174); 'my face swollen with weeping' (p. 262). This first denotes Nancy as someone whose emotions are invariably written in her face, although still open to misinterpretation, but second the swelling that occurs in her eyes, nose, cheeks, face is significantly physical, the capacity to be unattractive, and candid. It subverts medical symptomatologies, through Nancy's idiosyncratic phrasing of her sensations and physiological changes, and also the romance symbol of the attractively weeping woman. At the end of the novel, Nancy reveals the truth about what really happened between her and Frank, 'choked by tears, by shame, by apprehension', speaking 'tremulously' and 'with a reluctant hurry', while 'shuddering' (p. 437). Roger, too, experiences physical responses to the conversation: 'how hard and quick he is breathing!', speaking 'with panting shortness' (p. 437). When she is finished Roger responds: "'is that *all*?"' with 'an intense and breathless anxiety in eyes and voice' (p. 437). Her final admission of truth dispels all misunderstandings. However, in a typically Broughtonian twist, the final line addressed to the reader seems to recant an entirely neat and satisfied ending: 'Only I wish that Roger were not nine-and-twenty years older than I!' (p. 438).

While favourable reviews of *Nancy* praised Broughton for her believable characters, 'real flesh-and-blood people', negative reviews of *Nancy* stated quite the opposite: that it indicated Broughton's failing talent, and that Nancy's character and the development of the plot were unbelievable.⁶⁵ The *Saturday Review* complains: 'no woman, unless either idiotic or more innocent than the most innocent ingenue who ever tripped on a French stage, could have behaved as Nancy did. And in her conversation there is ample evidence that she was neither of these things'.⁶⁶ This reviewer objected to Broughton's 'detestable habit of riddling the

⁶⁵ 'New Books Received', *London Society*, 25:145, January 1874, p. 93.

⁶⁶ Review of *Nancy*, *Saturday Review of Politics, Literature, Science and Art*, 36:944 (Nov 29, 1873), 705-706, (p. 706).

pages with unmeaning italics’, and the *Athenaeum* also objected to her use of italics, which they say are ‘used in about three thousand passages of Nancy’, as ‘disagreeable in the extreme’.⁶⁷ Likewise, the *London Society* review dislikes her ‘lapses in grammar’, quoting examples without any consideration that it might be part of the narrator’s vocabulary rather than Broughton’s herself, and quipping: ‘We wish Miss Broughton would try to realise that all her bright fancies, and natural touches, and graphic descriptions will soon sink to an early grave if unaccompanied by grammar’.⁶⁸ Reviewers thus propose that technical clumsiness limits, or even collapses, the voice of character and author, rather than acknowledging that deliberate lapses of exactitude are part of Nancy’s voice. What unsettled conservative readers could arguably be Nancy’s occupying of the threshold of adulthood, her experience of moving from schoolgirl to married woman aged nineteen, and Broughton’s use of language to illustrate Nancy’s liminality. As well as the distinctive inflection produced by the copious italics and imprecise grammar, Nancy’s light, innocent schoolgirl speech is blended with worldly awareness throughout. The story is communicated in the immediacy of the present tense, even as we know that she is relating her story retrospectively, an incongruity which disturbs both a clear sense of temporality and a straightforward picture of the naivety or canniness of the character.

Broughton is making stylistic choices more precisely and deliberately than her reviewers give her credit for. Wagner states that the use of present tense and first person reflects the misleading events of the plot, enacting a misdirecting of the reader’s expectations, and thus ‘facilitates a questioning of expected developments, of what seems the inevitable outcome of, it turns out, misleading circumstances’.⁶⁹ As well as this typical misdirection, I agree with Anna Despotopoulou that there is a bodily element to Broughton’s use of language: that the female body and its desires ‘are often rendered by means of an original style, a first-person present and present continuous tense, in order to convey the immediacy of female bodily and emotional experience’.⁷⁰ Furthermore, Despotopoulou argues that Broughton is challenging ‘the normative, social and culturally constructed view of women as stable and unchanging’.⁷¹ In terms of encompassing a full and frank spectrum of femininity in her characters this is

⁶⁷ Review of *Nancy*, *Saturday Review*, 36:944, p. 706; Review of *Nancy*, *The Athenaeum*, 2402, 8 Nov 1873, p. 593.

⁶⁸ ‘New Books Received’, *London Society*, 25:145, January 1874, p. 93; p. 94.

⁶⁹ Wagner, ‘The False Clues of Innocent Sensations’, p. 207.

⁷⁰ Anna Despotopoulou, ‘Trains of Thought: Challenges of Mobility in the Work of Rhoda Broughton’, *Critical Survey*, 23:1, (2011), 90–106 (p. 93).

⁷¹ Despotopoulou, ‘Trains of Thought’, p. 93.

persuasive. However, I would add that Broughton is concerned with a medical counter-narrative of women's bodies as volatile, unstable and transforming. She provides an alternative cultural account of women's inevitable predisposition to the involuntary hysterical symptoms due to their unruly bodies, in moments defined by medical discourse as biological 'crises': namely, adolescence and the menopause. While *Nancy* examines the liminal, transformative and Gothic phase of adolescence, I turn now to look in detail at a selection of Broughton's "ghost" stories which resist stereotypes of women's bodies and social roles, and critique medical assertions about the menopause and female redundancy.

'Why are there so many women in the world?': Hysteria and Redundancy in Broughton's Supernatural Stories

Broughton's supernatural stories bring to light the generalisation and anachronism of many feminist readings of Victorian women's ghost stories. Criticism on the nineteenth-century female-authored supernatural story suggests that the figure of the ghost provided an apt metaphor for women's ghostly presence in Victorian society: powerless and peripheral, but also idealised and morally elevated. Vanessa D. Dickerson's *Victorian Ghosts in the Noontide* (1996) claimed that female authors embraced the ghost story as a means to express 'the Victorian woman's visibility and invisibility, her power and powerlessness, the contradictions and extremes that shaped female culture'.⁷² Similarly in 2004, Diana Wallace found in these stories a radical 'exploration of the "ghosting" of women within patriarchy'.⁷³ Broughton's stories are at odds with this critical narrative: they feature forceful and uncompromising female characters who are rarely spectral, who refuse to be ghostly or peripheral, but are unashamedly alive and embodied.

Melissa Makala contextualises an evolving Gothic literary tradition which better fits Broughton's supernatural tales. She argues that nineteenth-century women's ghost literature abandoned 'the stereotypical Gothic heroines of the eighteenth century in order to create more realistic, middle-class characters (both living and dead, male and female) who rage

⁷² Vanessa D. Dickerson, *Victorian Ghosts in the Noontide: Women Writers and the Supernatural* (Missouri: University of Missouri Press, 1996), p. 5.

⁷³ Diana Wallace, 'Uncanny Stories: The Ghost Story as Female Gothic', *Gothic Studies*, 6:1 (2004), 57-68 (p. 60).

against the limits imposed on them by the natural world'.⁷⁴ Broughton's stories reject the clichéd romantic heroine in order to realistically depict middle-class women and their experience. Makala groups authors who 'were connected by a common goal: to raise awareness of social problems and inequalities through the figure of the ghost'.⁷⁵ In contrast, inequalities or political issues in Broughton's stories are not projected onto a spectral presence, but through women's bodies and voices. In fact, ghosts are notably absent from her 'ghost stories'. Instead the stories contain ambiguous threats, such as an unspecified "presence", prophetic visions, or very physical or material antagonists, such as murderers and thieves. Broughton self-consciously and pragmatically employs and subverts the conventions and clichés of the ghost story form in a firm polemical resistance to the straight supernatural story, manipulating the readerly motivation for thrills in order to reset expectations about genre and theme. Rather than metaphorically representing the liminal socio-political status of women, Broughton directly elucidates women's subjective bodily experience. Dickerson states: 'ghost stories could provide a fitting medium for eruptions of female libidinal energy'.⁷⁶ As in *Nancy*, the use of imagery to describe bodily sensations and symptoms is not just a metaphor for repressed sexuality. The female narrators of these stories appropriate medical vocabulary in a deliberately forthright and frank portrayal of the female body. For Broughton the ghost story becomes, counterintuitively, a space in which to interrogate materialism.

Broughton regularly misleads the reader to expect ghosts, thus rendering her female characters starkly present and solid. The story 'Rent Day' opens with a lost young male traveller, who, while being guided by a local old man, becomes fascinated by '*le mot de l'enigme*' of a mysteriously abandoned manor house.⁷⁷ We are led to expect a stock haunted house narrative but, along with the keen young listener, our expectations are one by one playfully negated. Instead of ghosts, we are given the history of a fearless, independent, cross-dressing, revolver-wielding widow, who was betrayed by her thieving son.⁷⁸ Similarly, the narrator of 'Under the Cloak' is determinedly brave, as she tells us, 'I, who rather pique

⁷⁴ Melissa Edmundson Makala, *Women's Ghost Literature in Nineteenth-Century Britain* (Cardiff: University of Wales Press, 2013), p. 17.

⁷⁵ Makala, *Women's Ghost Literature*, p. 19.

⁷⁶ Dickerson, *Victorian Ghosts in the Noontide*, p. 8.

⁷⁷ Broughton, 'Rent Day', in *Rhoda Broughton's Ghost Stories, and Other Tales of Mystery and Suspense*, ed. by Marilyn Wood (Stamford: Paul Watkins, 1995), p. 132.

⁷⁸ Broughton, 'Rent Day', *Ghost Stories*, p. 134.

myself on my bravery – on my indifference to tramps, bulls, ghosts’.⁷⁹ When she comes face to face with two thieves on a train, she encourages her maid to drink a cordial proffered by the robbers, because she is curious about the effect: ‘though determined not to subject *myself* to its influence, I *must* see its effect upon another person. Rather brutal of me, perhaps; rather in the spirit of the anatomist, who, in the interest of science, tortures live dogs and cats’.⁸⁰ Here, as elsewhere, a female character adopts a scientific, experimental point of view, a traditionally male role, and one considered ‘rather brutal’, not to mention her callous comparison of her maid to an animal. This form of ‘realism’ focuses on an accurate portrayal of women’s experience and actions, right and wrong, as this narrator notes: ‘I am telling you *facts* – not what I ought to have done, but what I *did*’.⁸¹ Broughton’s characters resist, not ‘the limits imposed on them by the natural world’, but the limits imposed on women by medical and cultural narratives about their social roles and biology. Both her stories and her female characters are deliberately and bravely defying what they ‘ought to have done’.

Dickerson’s assertion that women’s ghost stories ‘provided a counter to the scientism, scepticism, and materialism of the age’ disallows that women can write from a position of science, scepticism and materialism, and this can itself be a radical action.⁸² Broughton interrogates contemporaneous theories of the material and the medical, such as the distinction between supernatural visions and insane delusions, the alleged predisposition of women to mental disorder because of their unstable reproductive systems, and the pathological nature of aging and female redundancy. She engages with medical concepts as a materialist, while challenging their inherent misogyny. In her stories she lays claim to a progressive space in which women can think about, and speak about, female bodies scientifically. The stories exhibit a fascination with the medical implications of supernatural phenomena, and female characters as conduits for hysteria and/or supernatural experience. Many contain a visceral horror usually critically identified with male-authored supernatural fiction. She is concerned with the day-to-day experience of female characters, and what happens to their minds, bodies, and lives when something out of the ordinary occurs. They, more than ghosts, are the uncanny element at the heart of these supernatural tales.

⁷⁹ Broughton, ‘Under the Cloak’, *Twilight Stories* (Brighton: Victorian Secrets, 2009), p. 76.

⁸⁰ Broughton, ‘Under the Cloak’, *Twilight Stories*, p. 77.

⁸¹ Broughton, ‘Under the Cloak’, *Twilight Stories*, p. 77.

⁸² Dickerson, *Victorian Ghosts in the Noontide*, p. 5.

Rhoda Broughton's 'Across the Threshold: A Spirit Story' (1892) exemplifies these destabilisations.⁸³ The Bell girls are invited to tea by the wife and daughter of 'the great mad doctor, Dr. – ', in the house bordering the asylum.⁸⁴ They are snowed in and must stay the night, in an isolated portion of the house, with an escaped lunatic on the loose. Their physicality is detailed; they are depicted as 'lively athletic girls', as 'hard as nails', with 'muscles, hardened by continual use of oars and tennis bats'.⁸⁵ The younger Miss Bell who 'once knocked down a cabman in Paris' for being impertinent, admits: "I am not afraid of anything I can knock down, but one could not knock down a lunatic. They are so frightfully strong. Well, there, I can't help it, and it is no use arguing about it, but I am inexpressibly afraid of anyone who has lost his wits".⁸⁶ Physical might plus irrationality, leading to superhuman strength, is thus the determinant of fear. The girls barricade the door to their bedroom as a precaution, and are woken in the night by a shuffling step outside, someone trying the handle, and 'a voice – a thin, husky voice – was heard piping through the keyhole. [...] "I – cannot – lie – there! I – must – lie – here! I – am – dead! I – am – buried!"'.⁸⁷ This is followed by the sound of a heavy object falling to the floor. The supposed escaped lunatic is revealed to be the elderly father of the doctor's wife, who 'has long been in a state of imbecility'.⁸⁸ He has died on the threshold of his old bedroom. The family holds the girls responsible, because they blocked the door; the strong young heroines are ironically the inadvertent villains of the piece. The 'spirit story' of the title actively misleads the reader into anticipating a ghost story, while in fact, it contains no ghosts at all. The words whispered through the keyhole suggest re-animation, living death, ghostly presence, yet do not evoke this to the Bell girls within; ghosts do not even cross their minds, because they themselves are such physical characters, so much of the material world. They interpret his whisper as evidence of madness, that it must be the escaped lunatic beyond the door. The 'threshold' in the title further implies the common ghost story trope of a spirit crossing the barrier between the worlds of the living and the (un)dead. Our assumption masks other, more relevant divisions; for example, that between the lunatic asylum and the house in which the characters

⁸³ Masters determines its publication history as 'the first in *The Penny Illustrated Paper*'s 1892 "Summer Novelettes: Fresh Series by Popular Authors," with which the newspaper proudly states its intention to introduce readers "to a circle of accomplished novelists". Masters, 'Haunted Gender', p. 225.

⁸⁴ Broughton, 'Across the Threshold', *Ghost Stories*, p. 150.

⁸⁵ Broughton, 'Across the Threshold', *Ghost Stories*, p. 151; p. 150; p. 156.

⁸⁶ Broughton, 'Across the Threshold', *Ghost Stories*, p. 154.

⁸⁷ Broughton, 'Across the Threshold', *Ghost Stories*, p. 157.

⁸⁸ Broughton, 'Across the Threshold', *Ghost Stories*, p. 161.

sleep. This is an architectural divide, but also a symbolic permeable barrier between sanity and madness.

Emma Liggins notes that even female-authored Victorian ghost stories generally focus on a rational, sceptical male narrator, so finds subversive significance in Broughton's 'decision to ignore this trend, and to select worldly women, often approaching middle age or older, as her narrators'.⁸⁹ Liggins pinpoints the importance of aging in Broughton's account of female experience. As in *Nancy*, where the transitional experience of marriage and the end of childhood provokes physiological changes in the female protagonist, the supernatural stories evince a concern with female bodily experience. In particular, Broughton draws on medical and cultural theories about the female body as inevitably predisposed to instability and insanity, particularly at certain perilous 'epochs' of life related to the reproductive system. Moments of hysterical 'eruption' are depicted as instead moments of clairvoyance, wisdom, and vision, arising through the body's volatility, the stories surveying the ambiguous and shifting authority of the female body. She explicitly satirises theories of female redundancy, and troubles the simplistic and dismissive labelling of women as insane or delusional. Apparent hysteria or insanity in women is revealed to be authentic insight – spiritual or otherwise – and they are vindicated.

Masters describes Broughton's narrators as 'wives, widows, and spinsters, the truly "odd" types. Peculiar and prescient, they construct distinctly female communities based on their shared dreams, spectral alliances, and domestic disturbances and betrayals'.⁹⁰ Broughton is certainly interested in female characters who are unusual, peculiar, or 'unnatural'. She also analyses the figure of the 'odd' woman in the context of the contemporary redundant woman debate. This is explicitly satirised in the opening of the story 'Was she Mad?':

"Now, if it had been another man! We are already two women over! We are always two women over! Why are there so many women in the world?"

The question might not perhaps issue with any particular grace or fitness from the lips of Miss Monro, since she was herself one of the superfluous women whom she reprobated: one of the great and apparently indefinitely multiplying number of the unpaired.⁹¹

⁸⁹ Emma Liggins, 'Introduction', in *Twilight Stories* (Brighton: Victorian Secrets, 2009), p. iii.

⁹⁰ Masters, 'Haunted Gender', p. 223.

⁹¹ Broughton, 'Was She Mad?', *Ghost Stories*, p. 176.

Miss Monroe's luncheon party forms a microcosmic satire of the imbalance made evident in the census reports from 1851 onward, of a rising number of single, "leftover" women. The narrator mocks the hypocrisy of Miss Monroe, indicating that the social 'problem' of redundant women is internalised, even by those who epitomise redundancy. It could imply tongue-in-cheek self-deprecation by Broughton herself, who too was one of the 'multiplying number of the unpaired'. Oddness is further parodied as Miss Monroe's niece Sally comments that two of the guests, the Robertson sisters, 'do not care about men', to which Miss Monroe responds: 'very unnatural of them!'.⁹² Masters notes that Broughton's characters 'regularly redefine and celebrate redundancy'.⁹³ The parodically named Miss Younghusband – one of the offending superfluous women at Miss Monroe's luncheon party – behaves very strangely and Miss Monroe queries whether she has been let out of Bedlam for the day: she embodies the "odd" woman in both her superfluity and her strangeness, demonstrating the link between redundancy, insanity, and insight. It transpires that she is not mad but psychic; she can foretell deaths, seeing anyone fated to die covered in grey film like a gauze veil. She may be a superfluous woman, but is also a powerful conduit of spiritual insight, troubling the meaning of redundancy. To be labelled as redundant is a danger more threatening than the supernatural that many of Broughton's female characters face – and overcome. Broughton's stories imply that this category threatens a range of women regardless of their marital status: that all women are marked by different forms of potential redundancy. It is connected to old age; 'Poor Pretty Bobby' opens with the elderly Mrs. Hamilton – also hypocritically – calling old women 'contemptible supernumeraries'.⁹⁴ These two determinates of female redundancy coincide in the loss of capacity for reproduction.

Age, marital status, and reproductive capacity were also determining factors in female hysteria. Skey commented of hysteria in 1866: 'it notoriously is far more common in women than in men, and in young persons from the age of seventeen to thirty, in the unmarried than in the married'.⁹⁵ Yet others contradicted this, pointing to the menopause as a time equally likely to give rise to hysteria. Henry Maudsley was a leading mental specialist and pioneer of

⁹² Broughton, 'Was She Mad?', *Ghost Stories*, p. 177

⁹³ Masters, 'Haunted Gender', p. 226.

⁹⁴ Broughton, 'Poor Pretty Bobby', *Twilight Stories*, p. 51.

⁹⁵ F. C. Skey, *Hysteria: Remote Causes of Disease in General. Treatment of Disease by Tonic Agency. Local or Surgical Forms of Hysteria, &c. Six Lectures, delivered to the students of St Bartholomew's Hospital, 1866* (New York: A. Simpson and Co, 1867), p. 61.

evolutionary psychology, and a contemporary of Broughton.⁹⁶ A committed materialist, he focused on the mutual influence of body and mind, reinstating the theory that internal organs are the primary cause of psychological disorders. A key part of his argument points to ‘the constitutional changes which take place naturally at particular epochs of life’ as moments of ‘bodily crisis’ which render women susceptible to mental disorder, triggering latent hereditary traits.⁹⁷ He identifies puberty and the menopause as such bodily ‘crises’ which trigger the emergence of hereditary dispositions to hysteria, delusions, and insanity. Female puberty, he believes, is strong evidence for his materialist medical theory of body and mind: ‘in the great mental revolution caused by the development of the sexual system at puberty we have the most striking example of the intimate and essential sympathy between the brain as a mental organ and other organs of the body’.⁹⁸ It heralds the monthly pathology of menstruation:

The monthly activity of the ovaries which marks the advent of puberty in women has a notable effect upon the mind and body; wherefore it may become an important cause of mental and physical derangement. Most women at that time are susceptible, irritable, and capricious, any cause of vexation affecting them more seriously than usual; and some who have the insane neurosis exhibit a disturbance of mind which amounts almost to disease. A sudden suppression of the menses has produced a direct explosion of insanity’.⁹⁹

These times of ‘constitutional change’ are dangerous times of ‘explosion’, recalling the volcanic imagery invoked by Burgess, and Barnes’s term ‘the hysteric explosion’.¹⁰⁰ Female physiology itself is framed as a threat to mental and corporeal stability. His dismissal of ‘most women’ becoming difficult every month reveals a deeper inherent misogyny beneath his medical inquiry into body and mind.

Maudsley further notes that the climacteric – the menopause – is just such a ‘sudden suppression’. He warns that hereditary diseases, including hysteria, are likely to emerge during the menopause, a ‘physiological epoch’ of ‘great bodily crisis’ that provokes the

⁹⁶ In an uncanny coincidence, Maudsley’s ‘Heredity in Health and Disease’ was advertised in the back pages of the American 1874 edition of *Nancy* (New York: Appleton & Co, 1874).

⁹⁷ Henry Maudsley, ‘Heredity in Health and Disease’, *Fortnightly Review*, 39:233 (May 1886), 648-659 (p. 652).

⁹⁸ Henry Maudsley, *Body and Mind: an inquiry into their connection and mutual influence specially in reference to mental disorders, being the Gulstonian lectures for 1870 delivered before the Royal College of Physicians* (London: Macmillan and co., 1870), p. 31.

⁹⁹ Maudsley, *Body and Mind*, pp. 87-88.

¹⁰⁰ Barnes, ‘The Convulsive Diseases of Women’, p. 586.

appearance of hitherto dormant traits: ‘the natural cessation of menstruation at the change of life is accompanied by a revolution in the economy which is often trying to the mental stability of those who have a predisposition to insanity’.¹⁰¹ The two-way metaphor of the bodily economy is used by social commentators as a visualisation of a harmonious or, more often, diseased body politic, and inverted in its use by doctors to explain the internal workings of the body as a complex system subject to fluctuations and destabilisation. In the context of the menopause it hints at the worth of women’s bodies in a socio-economic system that values them insofar as they are capable of producing children. The danger of this time of life to the female nervous system is echoed by Campbell in *Flushing and Morbid Blushing*, in which puberty and ‘the climacteric’ are termed the ‘two great epochs in the woman’s life’, and ‘predisposing causes’ of the ‘nerve-storm’ of flushing.¹⁰² The climacteric ‘is par excellence, the period of flushes’.¹⁰³ Hot flushes, now understood as hormonal, were considered to be manifestations of nervousness. Campbell continues: ‘during the climacteric important changes take place in the nervous system, and the tendency which is then displayed to flushes and other manifestations of general nervousness is the expression and outcome of those changes’.¹⁰⁴ Barnes’s 1873 lecture on ‘The Convulsive Diseases of Women’ attests: ‘probably few women pass through this epoch without some nervous perturbation. It is a stage of transition and of trial for all’; presumably he primarily means this trial affects women, but also their families, and perhaps also their doctors.¹⁰⁵ The menopause marks both the transition into redundancy, doubled if the woman was unmarried, and heightened susceptibility to madness. In the discourses of medicine and society, it is a set of signs and a cultural marker, rather than a subjective experience.

Broughton depicts this bodily ‘epoch’ of ‘transition and trial’ in the story ‘Mrs. Smith of Longmains’, first published in the ‘Tillotson’s Shilling Volume’ series alongside the story ‘Betty’s Visions’ in 1886. Narrated by one of Broughton’s world wise, ‘bilious sophisticates’, it tells the story of a prophetic vision: the unnamed narrator, a woman with three adolescent daughters, has a dream about Mrs. Smith being murdered by her butler. She cannot rest until she has travelled out through a snowstorm to visit Mrs. Smith. The story features symptoms and effects of the menopause as described in medical texts: both her dream and resulting

¹⁰¹ Maudsley, *Body and Mind*, p. 90.

¹⁰² Campbell, *Flushing*, pp. 101-2.

¹⁰³ Campbell, *Flushing*, p. 102.

¹⁰⁴ Campbell, *Flushing*, p. 102.

¹⁰⁵ Barnes, ‘The Convulsive Diseases of Women’, p. 586.

behaviour suggest menopause-induced insanity. It also investigates the threat of redundancy experienced, not by a spinster, but by a middle-aged wife and mother. In his study of violent women and sensation fiction, Andrew Mangham observes that in the 1862 *Temple Bar* article ‘Domestic Life’, ‘Eliza Linton extended the “uncultivated waste” delineation to include married women and mothers who, having reached a certain maturity, became surplus to requirements’.¹⁰⁶ He asserts that ‘whether married or unmarried, therefore, the post-menopausal woman was seen to be superfluous to the domestic and sexual ideologies of the mid-nineteenth century’.¹⁰⁷ I argue that the narrator of ‘Mrs. Smith’ is just such a figure, threatened first with superfluity and a loss of power in the domestic sphere, and second by the increased risk of insanity and delusion that this time of life was thought to provoke. The reader is left guessing, as she herself does throughout, whether she really is insane, or others interpret her behaviour as such regardless of the soundness of her mind. The story thus encapsulates, as Masters phrases it, ‘women’s experience of danger in ordinary life’.¹⁰⁸

The narrator is vindicated from the threat of being labelled mad through the ironic turn that her vision is revealed to have been a genuine prophetic warning. She is also absolved of redundancy; the very traits which have pointed to insanity – her premonitory vision, uncontrollable need to visit Mrs. Smith, and her eccentricity and sheer stubbornness – result in her saving Mrs. Smith’s life. In this story Broughton explores and exposes the threat of these labels; the way that perfectly normal menopausal symptoms can be read as indicators of the onset of madness. In a story themed around a seemingly irrational and eccentric response to a prophetic vision, the medical interpretation of female bodily responses as omens of insanity is lampooned as absurd. The narrator’s experience, wavering between firm decisiveness and severe self-doubt, wondering if she is indeed insane and should submit to the rule of others, implies yet another danger: that women internalise misogynistic cultural narratives about the menopause, insanity, and redundancy.

Barnes’s catalogue of symptoms of the ‘turn of life’, presented in a section of his lecture entitled ‘climacteric convulsive diseases’, include giddiness, numbness, mental irritability, restlessness, vertigo, loss of memory, ‘some disposition to utter *mal-a-propos*’, and distrust in

¹⁰⁶ Andrew Mangham, *Violent Women and Sensation Fiction: Crime, Medicine and Victorian Popular Culture* (Hampshire: Palgrave Macmillan, 2007), p. 116.

¹⁰⁷ Mangham, *Violent Women*, p. 116.

¹⁰⁸ Masters, ‘Haunted Gender’, p. 223.

the power of self-control.¹⁰⁹ Amongst Maudsley's symptoms of the menopause are 'vague delusions of an extreme character, as that the world is in flames, that it is turned upside down, that everything is changed, or that some very dreadful but undefined calamity has happened or is about to happen'.¹¹⁰ All of these menopausal symptoms are said to signify the onset of hysteria or insanity. The narrator of 'Mrs. Smith' is out of sorts and distracted, staring into the fire for an hour, restless but unable to focus on any occupation, with a 'disagreeable pulse beating' in her forehead, 'occasionally conscious that I was muttering to myself under my breath'.¹¹¹ The reader is not immediately informed why she is in this state: we are left to interpret her symptoms. She is determined that she is not unwell, in fact is irritated by her children's 'solicitous care': 'I see no reason why a perfectly healthy woman's drawing-room should be littered with physic bottles' (p. 98). However, to herself she admits: 'I hope that I am not going off my head', and later, 'I believe the girls are right [...] I must be ill; this restlessness must be the forerunner of some serious sickness' (p. 98). Her unexplained decision to ring for the carriage is subject to several changes of mind: 'in the interval between my having pulled [the bell] and the appearance of the servant who answered it, there was time for another change to come over my spirit' (p. 104). Moments of forgetfulness – 'for some reason, I forget what' (p. 99) – are written into her narrative, without any function other than to indicate memory loss. She grapples with her uncertainty about her own sanity and self-control, considering whether she should after all be managed by others: 'perhaps I had had enough of having my own will now! After all, I had better henceforth submit tamely to Alice's rule. I was clearly not fit to rule myself. Into what a stupid quandary had I brought myself, guided only by the Will-o'-th'-Wisp of a senseless dream' (p. 106). Obsessing over her dream, which may be an extreme delusion, she has a feeling that she must visit Mrs. Smith to prevent a dreadful calamity. The narrator is unable to recall every detail of her dream, but feels impelled to drive the twelve miles, despite every rational thought that passes through her mind: a loss of power of will akin to that Maudsley discusses and the growing sense of calamity: 'I could not bear it. It *must* mean something! I *must* go to her. Must warn her' (p. 104).

In their discussions of menopausal insanity, both Barnes and Maudsley pathologise female agency, independence and outspokenness. Maudsley states that 'loss of power of will is a

¹⁰⁹ Barnes, 'Convulsive Diseases of Women', p. 586.

¹¹⁰ Maudsley, *Body and Mind*, p. 90.

¹¹¹ Broughton, 'Mrs. Smith of Longmains', *Ghost Stories*, p. 98. All further references are given in the text.

characteristic symptom of hysteria in all its Protean forms', and as well as 'imagining or feigning strange diseases', the patient might become 'more and more impatient of the advice and interference of others, and indifferent to the interests and duties of her position.'¹¹²

Maudsley's text proposes that these are classifiable symptoms of menopause-induced insanity, making symptoms out of exactly the characteristics the narrator exhibits: independence and agency, a dislike of being spoken for by others: 'I have always disliked being answered for. I have always known perfectly what my own opinions and wishes were, and have been fully able to express them' (p. 97), and her self-described 'pig-headedness' (p. 105). When her children are beginning to patronise and make decisions for her, she becomes obstinate and decides to order a carriage to take her out in the January snowstorm at a late hour despite her their disapproval. This is a response to her diminishing authority in the domestic sphere. Her 'most tyrannous' daughter (p. 95) tells the butler the coach is not required because her mother 'will not be so insane as to stir from the fireside' (p. 100), hinting at a diagnosis of insanity based on trivial behaviours. Her youthful hyperbolic idiom conceals a controlling impulse; the narrator comments: 'my eldest daughter's growing tendency to reply for me had already on several previous occasions fidgeted me' (p. 97). Her children are beginning to rule over her; she feels the threat of redundancy.

Finally, she too links her as-yet-unspecified 'imaginings' to hysteria: 'if I give way to these imaginings, I shall gradually become unfit for all the ordinary duties of life: it may be an insidious form of hysteria' (p. 98). Her concern links unfitness – or redundancy – with the emergence of menopausal hysteria, suggesting the internalisation of social views that older women are extraneous. The term 'insidious' has associations with hereditary insanity, as Maudsley defines it: 'hidden qualities'; 'a disease-tendency which is latent or dormant' that 'may be stirred into development' by constitutional changes.¹¹³ It conveys the onset of menacing self-doubt, the cyclical process of worrying due to medical labelling, and the internalisation of medical theories about women's bodies. She pushes back against her redundancy in practical ways, determined to do exactly what she wants, resisting the labelling of female agency as hysterical and the social narrative of post-menopausal redundancy. Internalisation is also resisted through humour. The narrator's discussion of insanity is often light-hearted, using comic idioms as playful displacement: 'anyone would say I was mad if I

¹¹² Maudsley, *Body and Mind*, p. 79.

¹¹³ Maudsley, 'Hereditry in Health and Disease', p. 653; p. 652.

did [visit Mrs. Smith], it would be the *ne plus ultra* of folly and irrationality; if the girls heard of it, and of my reason, they would think I was ripe for Bedlam' (p. 98). She reflects that Mrs. Smith will 'probably and wisely meet me with a lunatic asylum-keeper and a strait waistcoat' (p. 115). The frequent moments of light humour in the story are unusual in the context of a ghost story. It is an unsettling tale, but it is also a nuanced study of voice, tone, and the realistic female character at its centre.

The intensely awkward and comic encounter between the narrator and Mrs. Smith after she arrives at Longmains is reminiscent of the scene between Nancy and Roger, in which the reader is party to the two characters' excruciating misunderstandings. Broughton skilfully depicts Mrs. Smith's bafflement as to the visit, the narrator's determination to stay without explaining why, and despite their inability to make conversation, her insistence on staying overnight. Mrs. Smith's cold civility and politeness wins out over her increasing suspicion that her guest is mad: 'at first she was too dumb-founded to utter. I saw at once that the idea of my being deranged crossed her mind; for she looked hard at, and at the same time backed away from me' (p. 110). Everything the narrator does causes her to appear more unstable. Mrs. Smith's 'slow brain had adopted and clung fast to the belief that I was mad; nor, indeed, was that conviction devoid of a good deal of justification. I think that she would not have been at all surprised if I had at any moment risen, and playfully buried the carving-knife in her chest' (p. 111). She insists on accompanying Mrs. Smith to her boudoir. The narrator's stubbornness and self-described 'pig-headedness' proves a virtue, as Mrs. Smith 'made one or two more efforts to shake me off. In vain! I was quite immovable' (p. 112). The crisis point at which the butler enters the room, just as in her dream, ends instead with him being sent away and no murder taking place. The narrator accepts that it had indeed been a foolish response to a delusion: 'why had day ever had the inhumanity to dawn again upon such a candidate for Earlswood?' (p. 115).¹¹⁴

A year later, a newspaper article prints the testimony of the butler, on trial for murdering a different mistress. He admits that he did mean to murder Mrs. Smith that night, but that the narrator's presence prevented it from happening. The account of the murderous butler in his own terms provides another perspective: 'all the while the strange lady was staring at me so oddly, as white as a ghost, that I began to think she must have somehow found out what I was

¹¹⁴ The Royal Earlswood hospital was formerly known as 'The Asylum for Idiots'.

after. Her being there and her looking at me like that, altogether made me feel so queer that I actually shut the door and went away again' (p. 118). She frightens him, becomes powerful, far beyond her own interpretations of her agency, disproving her own description of herself and Mrs Smith as 'wretched, defenceless women' (p. 114). She summons her daughters to read the article: "'Girls!'" Said I, calling to them in a voice of solemn authority' (p. 118). She has defeated not just the murderous butler, but the threat of her own redundancy. The story ends with Mrs. Smith rushing in to apologise 'for ever having thought me ripe for Bedlam' (p. 118). The appearance or perception of lunacy is revealed instead to be genuine and useful supernatural insight; female imagination is vindicated as a source of agency that has the power to affect and alter predetermined events.

Broughton invokes and challenges cultural myths about female redundancy and female madness – especially that perceived as the inevitable result of simply being unmarried, old, or menopausal – as her female characters' 'delusions' are shown to be true. Her use of body horror and engagement with the medical body offer a critique of clichés of femaleness and explore the potential power of the hysterical body. She uses the ghost story to investigate narratives of the 'crises' of female physiology, such as the figure of the menopausal woman, and her incarnation as dangerous, unnatural, canny or uncanny. The ghost or antagonist is in many ways beside the point. Instead, the uncanny presence in her stories is the figure on the boundaries of or in ambiguous states of womanhood.

Conclusion

It may appear that insisting on hysterical symptoms, such as blushing, as involuntary and pathological, is at odds with a positive, feminist reading of the female body protesting or reclaiming ownership. However, the genuine, uncontrollable nature of Nancy's disorder contradicts the medical view of women as enacting hysteria for attention. Second, the symptomatology is reported by the 'patient' herself: Nancy's own detailing of her symptoms claims self-possession of her body, beyond a generalising medical definition and from her own perspective rather than that of a male observer, albeit a body that she cannot fully control. The Gothic experience of adolescence is made worse by male misinterpretations of the body. This is a realistic and idiosyncratic depiction of a female character, rather than an idealised or stereotypically unstable one. *Nancy* exemplifies Broughton's detailing of women's everyday experience, and resistance to women's bodies being metaphors or

symbols. Just as Nancy subverts traditional romance cues, she also resists the role of the female body in sensation fiction. Nancy's body is not an embodiment of a social problem, and the clues it provides resist objective or exact analysis. Finally, the men in Broughton's text exhibit symptoms too, including blushing; it is not just the female body subject to uncontrollable symptoms, but the result of youth, inexperience and the liminal state of late adolescence.

As in *Nancy*, Broughton's supernatural tales grapple with troublesome concepts like biological determinism, depict hysterical women unsympathetically, and engage with female redundancy in ways which are both comic and suggestive of the internalisation of patriarchal perspectives. Yet I propose that a positive or empowering view of the female body represents part of Broughton's material un-ghosting. Broughton's position is distinctive in its insistence on her female characters' faults, foibles, and unlikability, while challenging reductive cultural narratives: a physical, material, realistic portrait of women which allows them agency to reject the romanticised and the misogynistic alike. Women's visions are genuine insight rather than medical disorder, and attention is drawn to the insidious medicalising and pathologising of female behaviour, intuitions, and agency. Female characters embody these debates, by confronting the social expectations and clichés imposed on them, and pushing back against medical and cultural narratives, through their independence, humour, and narrating of their own experiences and self-doubt. They find themselves not knowing whether to believe their own bodies or the social assumptions about their bodies. Broughton challenges contemporary images of the female body as a passive, susceptible form. Instead her women and their bodies speak their own truth, communicate their own stories, and find a voice through the cultural and medical stereotypes that encumber them. Here indeed is the horror and pain in women's everyday lives. But here also is their enduring stubbornness, social awkwardness, domestic authority, cutting humour, and celebration of victories small and large.

Chapter Three:
Hysterical Bodies and Gothic Spaces:
Lucas Malet's 'Moral Dissecting-Room'
from *The Wages of Sin* (1891) to *The Survivors* (1923)

How disconcertingly direct is your modern maiden! If the Victorians erred on the side of pruderies and hypocrisies – as they did [...] these neo-Georgians rushed to the opposite extreme, making you blush for them, or rather for your own pre-Georgian remnant of outraged modesty when at grips with them.¹

Lucas Malet (1852-1931) lived and wrote across this transition from Victorian reserve to neo-Georgian candour. A daring New Woman writer of the *fin-de-siècle*, her novels were considered disconcertingly direct, blush-inducing, and as one reviewer wrote: ‘there are pages which, if read at all, can only be read through the eyelashes. They hurt like the sudden view of a street accident, they are as intolerable as the sight of a surgical operation’.² The mysterious author arrived on the literary scene with *Mrs Lorimer: A Sketch in Black and White* (1882) and *Colonel Enderby's Wife* (1885). Her career peaked with the publication of her most popular and controversial novel, *The History of Sir Richard Calmady* (1901), which featured a disabled protagonist, a feisty, trouser-wearing love interest, and some near-explicit sex scenes. It was a best-seller, that year outsold only by Rudyard Kipling's *Kim*. By this point, it was widely known that ‘Lucas Malet’ was Mary St Leger Kingsley Harrison, the daughter of proponent of muscular Christianity and author Charles Kingsley.³ This fact appalled more prudish Victorian readers: ‘that a daughter of Charles Kingsley [...] should have written such a thing as “Sir Richard” is a sad instance of modern degeneracy’.⁴ Despite Malet's fame and notoriety in her day, and although she continued publishing novels into the first three decades of the twentieth century, she faded into obscurity and died in penury. A critical recovery of her work began in the early 2000s and has recently gained renewed

¹ Lucas Malet, *The Survivors* (London: Cassell and Company, 1923), p. 240.

² Janet Hogarth, ‘Lucas Malet's Novels’, *Fortnightly Review* 71 (1902), 532–40 (p. 540).

³ Her status as the daughter of a famous father was her reason for using a pseudonym, since she wanted to be judged on her own merit rather than his, but she does invoke parts of her heritage in her pen-name. Malet's *nom de plume*, her public writing persona, is a composite of the names of two female ancestors, her grandmother and great-great aunt, the ‘wits of the family’. I will refer to her as ‘Lucas Malet’, the name she chose for herself which liberates her from association with either her father or her estranged husband.

⁴ Quoted in Patricia Lorimer Lundberg, “An Inward Necessity”: *The Writer's Life of Lucas Malet* (New York: Peter Lang, 2003), p. 241.

momentum.⁵ The first edited collection of critical essays about Malet, in which a version of this chapter appears, was published in 2019. Editors Jane Ford and Alexandra Gray note that what sets Malet apart from her contemporaries is ‘her trenchant exploration of human pathology’.⁶ On this subject, Catherine Delyfer has done excellent work around the Gothic and disability in *Sir Richard Calmady*, and Alexandra Gray has focused on grotesque and gender in Malet’s Gothic novella *The Carissima: A Modern Grotesque* (1896).⁷ My research on Malet is the first to examine the assortment of hysterical symptoms, behaviours and maladies that constitute her pathological exploration, and to pinpoint the significance of spaces of illness, surgery and death in which the frequent union of the Gothic and medical occurs.

My chapter demonstrates how fears about medicine, surgery, dissection, and the vulnerability of the pathologised body manifest in Malet’s work, sometimes as a metaphor for the process of writing, but also in objects, events, and characters. My analysis centres on two novels, produced in different historical moments with distinctive cultural anxieties, but which illustrate Malet’s recurring interest in hysterical bodies and physical impairment. The first is *The Wages of Sin* (1891), a *fin-de-siècle* text that depicts hysteria as localised physical symptoms: convulsions, mydriasis, and stammering. The second novel is *The Survivors* (1923), set in an atmosphere of post-war cultural malaise, in which the fragility and flaws of humanity are somatised in a wounded soldier and vampiric hospital matron. Malet’s writing is preoccupied with how the subject is represented by the body, and the body as out of control, even betraying the self, during episodes of disorder. When the body’s stability breaks down, the afflicted individual is often confined to a room. These spaces are the extreme realisation of Malet’s impulse to materialise medical fears about bodily rupture, impairment, and disfigurement.

The narrator of Malet’s second novel, *Colonel Enderby’s Wife* (1885), invokes a metaphorical ‘moral dissecting-room,’ with ‘all its ugly sights, all its humiliating revelations

⁵ Early critical recoveries of Malet include Talia Schaffer’s *The Forgotten Female Aesthetes: Literary Culture in Late-Victorian England* (Charlottesville: University Press of Virginia, 2000); Lundberg’s “An Inward Necessity”; Catherine Delyfer’s *Art and Womanhood in Fin-de-Siècle Writing: The Fiction of Lucas Malet, 1880–1931* (London: Pickering & Chatto, 2011).

⁶ Jane Ford and Alexandra Gray, ‘Introduction’, in *Lucas Malet, Dissident Pilgrim: Critical Essays*, ed. by Jane Ford and Alexandra Gray (London: Routledge, 2019), pp. 1-30 (p. 22).

⁷ See Catherine Delyfer, ‘Lucas Malet’s Subversive Late-Gothic: Humanizing the Monster in *The History of Sir Richard Calmady*, in *Demons of the Body and Mind: Essays on Disability in Gothic Literature*, ed. by Ruth Binstock Anolik (London: McFarland, 2010), pp. 80-96.

of the weakness, disease, and incompleteness of fallen humanity'.⁸ In this room, those 'who are cursed with a necessity to look below the surface, and haunted with an insatiable desire to see things as they really are,' apply their scalpel to 'moral and mental obliquity'.⁹ This is a statement of Malet's authorial vision: the novel is the 'moral dissecting-room', the novelist a purveyor of truth, dismantling the 'human obliquity' of the subject and society.¹⁰ It is likely that Malet had in mind the famous review of Gustave Flaubert's *Madame Bovary* (1857), in which critic Charles Augustin de Sainte-Beuve noted that Flaubert 'wields the pen as others wield the scalpel'.¹¹ Accordingly, Patricia Lorimer Lundberg points to this metaphor as signalling Malet's engagement with the realist project: literature that performs a scientific study of human motives.¹² Lundberg highlights Malet's admiration for George Eliot, whom she praised as a novelist 'scientific to the core'.¹³ Indeed, we can see echoes of the extended microscope metaphor in *Middlemarch* (1871) in the moral dissecting-room.¹⁴ Yet Malet's surgical scalpel differs from Eliot's variable microscopic lens; it is penetrative, invasive, and corporeal. The nineteenth-century clinical gaze which analyses surface symptomatology, a staple theme in novels from those of Brontë to sensation fiction, here becomes a Gothic surgeon who delves inside the body.

Dissection, surgical or anatomical, implies the presence of a body or a corpse. Mention of the body beneath the knife is circumvented by designating 'obliquity' as the subject of dissection: Malet provides only evasion and contradiction, despite the promise of revelation or insight. She subverts the tradition of male surgeon as penetrative seer by appropriating this role for herself, a female author, and through the ambiguity as to whether her subject is living or dead. This encapsulates a marked feature of Malet's writing: to trouble objective "truth" and established binaries. Malet draws the reader into the moral dissecting-room with a direct address: 'so, reader, after this fruitless attempt to escape from our own shadows, we may as well pick up the scalpel, and go back humbly to science, civilisation, and human obliquity

⁸ Lucas Malet, *Colonel Enderby's Wife*, Newnes Illustrated Edition (London: George Newnes, 1908), p. 176.

⁹ Malet, *Colonel Enderby's Wife*, pp. 176-7.

¹⁰ Malet, *Colonel Enderby's Wife*, p. 176.

¹¹ Quoted by Francis Steegmuller in 'Introduction', *The Letters of Gustave Flaubert 1830-1857* (London: Harvard University Press, 1980), p.xiv.

¹² Lundberg, "An Inward Necessity", p. 100.

¹³ Lucas Malet, 'The Progress of Women: In Literature', *The Universal Review* 2:7, (1888), 295-301 (p. 298).

¹⁴ George Eliot, 'Even with a microscope directed on a water-drop we find ourselves making interpretations which turn out to be rather coarse', Chapter VI, *Middlemarch*, The Clarendon Edition, ed. by David Carroll (Oxford: Oxford University Press, 1992), p. 58.

again'.¹⁵ The scalpel is placed in the reader's hand with the collective noun 'we', making us complicit, surgical assistants in the act of revealing further 'disturbing' truths. The repeated 'obliquity' emphasises Malet's fascination with the perverse, strange, and marginal, and her contention that human nature is essentially deviant. The moral dissecting-room signposts the significance of the medical and the Gothic to Malet's writing. The objectivity of medical practice and the Hippocratic oath are rendered suspect if the drive to dissect is a Gothic haunting or curse, an 'insatiable' compulsion, the purpose to extract revelations rather than to heal.

The conflation of the Gothic and medical is also employed stylistically. Malet indulges in excessive, iterative, histrionic language, tempered by a controlled, scientific narrative voice. This experimental duality reflects Malet's conception and presentation of herself as a writer. The scientific is central not just to Malet's fiction but to her methodology, her determination to write, as she insisted to Janet Hogarth in 1902, 'like the man of science, register[ing] the results of my observation and experience'.¹⁶ In 'The Progress of Women: In Literature' Malet praised science and democracy in literature above all and insisted that women must write 'under these two banners'.¹⁷ In an 1899 interview, discussing believability of character, Malet said, 'I suppose it comes of a scientific reasoning faculty—one argues things out with a deadly precision. Given certain premises, certain results are inevitable'.¹⁸ This reinforces the image of Malet as a writer analogous to a scientist or surgeon, extracting a logical truth; at least, this was what she presented in public interviews and essays. In a private letter to her brother-in-law Clifford Harrison in 1884, while writing *Colonel Enderby's Wife*, Malet disclosed that 'I have been a little troubled lest my own book should become a trifle hysterical, lest we should sit shrieking at agony point'.¹⁹ Malet may be referring to her own lifelong struggle with shattered nerves. Yet the move from 'my' to 'we' in this sentence suggests transmission from the individual to the collective, a sense of oneness with, or influence upon, her readership. It implies danger of contagion via the novel, much as Max Nordau would admonish 'degenerate' fiction eight years later. The dichotomy of writing as

¹⁵ Malet, *Colonel Enderby's Wife*, p. 177.

¹⁶ Janet E. Courtney, 'A Novelist of the 'Nineties', *Fortnightly Review* 131, 230–41 (p. 238). Janet Hogarth married William Leonard Courtney in 1911, becoming Janet Courtney.

¹⁷ Lucas Malet, 'The Progress of Women: In Literature', *The Universal Review* 2:7, (1888), 295–301 (p. 298).

¹⁸ Mary Angela Dickens, 'A Talk with Lucas Malet', *The Windsor Magazine* 10 (1899) 522–4 (p. 524).

¹⁹ Quoted in Lundberg, *An Inward Necessity*, p. 97. The same letter notes that Malet is reading Darwin 'with a great deal of interest'.

the 'man of science' and writing hysterically is channelled into Malet's fiction, narrativised as a formal and thematic device.

The protagonist of *The Wages of Sin*, James Colthurst, is a struggling young artist, encumbered with a debilitating stammer. While visiting Devon he begins an affair with local girl, Jenny Parris, which results in an illegitimate child. The narrative moves forward in time six years, and Colthurst is a successful and celebrated artist with a painting hanging in the Royal Academy. He has been supporting Jenny and their child but refuses to marry her. During a less auspicious time, when they were close to starving in Paris, Jenny turned to prostitution in order to feed them. Colthurst cannot forgive her for this and regards her with disgust and contempt. He falls in love with Mary Crookenden, a charming young socialite, who attends the art school where he teaches. Their brief idyll is disrupted by the revelation of the existence of his mistress and child. Yet Jenny has consumption, and returns to Devon, where Mary and Colthurst attend her deathbed and witness her final breath. Colthurst then falls, or is pushed, to his death from the cliffs, and Mary is left to wander the world aimlessly.

The Survivors is a Gothic story about the pathologising effect of war on the home front. The North Downs village of Maidsworthy and its inhabitants are affected by the 'roll of ghostly drums'; these sounds of war from across the Channel disturb their nerves and behaviour: 'it seems to drive you out of yourself and make you want to do any sort of mad thing to give you something else to think about'.²⁰ Meanwhile, Lady Sybella Aylwin runs a hospital for convalescing wounded soldiers on Hampstead Heath. She has become infatuated with war-ravaged soldier Braybrooke and subjects him to the unnecessary amputation of a leg. Fifteen years her junior, Braybrooke will be reliant on Sybella forever and will be prevented from 'running away' (*Survivors*, p. 216). 'Moral dissection' is subverted and materialised in this act of surgical maiming, and Malet's use of the Gothic transforms the supernatural or metaphorical into sadistic body horror.

Walter Sichel, reviewing *Calmady*, commented: 'hysteria no doubt has its place in life and in the novel which aims at portraying it, but its predominance in life and in narrative is

²⁰ Malet, *The Survivors* (London: Cassell and Company, 1923), p. 29; p. 86. All further references are given in the text.

disastrous'.²¹ Malet's deliberate focus on male hysteria satirises the labelling of New Women writers as "hysterical". As a woman author writing about 'sick,' unstable, or damaged male bodies, Malet inverts the pattern observed by Helen King that throughout history 'the message remains the same: women are sick, and men write their bodies'.²² *The Survivors'* hospital surgeon McNaughten states, "when you box up sick men and well women together in a circumscribed area" it creates "a hotbed of unwholesome emotions" (*Survivors*, p. 15). This encapsulates the transgressive interactions that occur within circumscribed spaces where bodies and binaries are destabilised. Malet's artistic depictions of disordered bodies explore tensions between uncomfortable dualities, challenge received ideas about bodily integrity signifying morality, and trouble binary stereotypes of men as strong and controlled, and women as sick and unstable. Her frequent uniting of medical and Gothic discourse is accompanied by increasing materialism, a fascination with the corporeal that transcends the metaphor of the moral dissecting-room and forms a distinctly Maletian medical Gothic.

'Broken human crockery': Bodies in Malet's Fiction

William Courtney and Janet Hogarth both followed Malet's career, and both objected to Malet's 'marked tendency to dwell on physical peculiarities'.²³ They list repetitive mannerisms that her characters display across several novels: sticking out the underlip, protruding the jaw, stammering, running into people, puckering lips, and grunting, in other words, tics, spasms, and compulsive repetitive actions. For Hogarth, this tendency in Malet's work documents 'a natural history of the birth and growth of a taste for the abnormal'.²⁴ She objects to Malet's 'insistent dwelling upon physical pain', commenting, 'one cannot acquit Lucas Malet of a certain predilection for ugliness. All these little personal peculiarities are just the awkward, unsightly tricks which have an unhealthy fascination for us when our nerves are out of order'.²⁵ While explaining the addictive quality of Malet's writing—the draw of the macabre and morbid as vicariously satisfying for the reader—Hogarth also implies that Malet's fiction is responsible for exacerbating nervous disorder.

²¹ Walter Sichel, 'Some Phases of Fiction', *Fortnightly Review* 72 (1902), quoted in Lundberg, "An Inward Necessity", p. 244.

²² Helen King, 'Once upon a Text: Hysteria from Hippocrates', In *Hysteria Beyond Freud*, ed. by Sander L. Gilman, Helen King, Roy Porter, G. S. Rousseau, and Elaine Showalter (Oxford: University of California Press, 1993), pp. 1–90 (p. 64).

²³ Janet Hogarth 'Lucas Malet's Novels', *Fortnightly Review* 71 (1902), 532–40 (p. 537).

²⁴ Hogarth, 'Lucas Malet's Novels', p. 532.

²⁵ Hogarth, 'Lucas Malet's Novels', p. 536; pp. 537–8.

Indeed, William Courtney discerns ‘physical peculiarities’ to be part of Malet’s ‘artistic study of life’, evidence of ‘certain tendencies in the direction of the corporeal, the physical, the material’.²⁶ For Courtney, this is essential to Malet’s development as a writer. His account of her oeuvre perceives that her

careful and conscientious study of the spiritual, the unseen world ... tends more and more to materialism—an imaginative handling, not of the abstract and imperceptible, but of the things which can only be its outward husk, crust, and emblematic figure.²⁷

Courtney’s observation of Malet’s increasing materialism rings true; Malet’s depiction of physical peculiarities indicates a medical interest in bodies, a scientific observation of physical symptoms and behaviours. However, his construction of materialism accords with Cartesian models of embodiment that see the body as a vehicle, vessel, or ‘husk’, to the spiritual self. In contrast, Malet’s novels signify the centrality of bodily experiences, the body as a complex system in which the mind is involved. Colthurst’s stammer is an involuntary and compulsive hysterical symptom which defines his character and acts as a key plot device. Indeed, problems of utterance pervade the novel: muteness, inarticulate sounds, garbled expression. Often these struggles to articulate are resolved by communicating through alternative forms of body language, which Freud later defined as the function of hysteria. In later novels, characters are increasingly subjected to escalating bodily impairment, fleshly damage, and destruction. In *The Survivors*, Braybrooke’s war-mutilated body is further disassembled by the combined forces of his lover’s sadism and modern surgery. In Malet’s novels the body is an unstable site in which crises are manifested; self and subjectivity are called into question by the presence of uncontrollable symptoms or physical rupture.

The second chapter of *Wages* opens with the protagonist Mary Crookenden, at this point twelve years old, ‘lying face downwards in the short crisp heath, while her poor, gaudily-clad, little shoulders quivered convulsively’.²⁸ She has witnessed the shooting of a rabbit by her cousin Lancelot. Recounting the story to her Uncle Kent, Mary processes her emotions: ‘I cried because of the rabbit Lance shot. It squeaked, and that made me feel badly, and I was

²⁶ William Leonard Courtney, *The Feminine Note in Fiction* (London: Chapman & Hall 1904), p. 94.

²⁷ William Leonard Courtney, *The Feminine Note in Fiction*, p. 94.

²⁸ Lucas Malet, *The Wages of Sin* (London: Swan Sonnenschein & Co, 1895), p. 19. All further references are given in the text.

ever so angry' (*Wages*, p. 28). The narrator tells us that 'Unfortunately, however, Mary's imagination was powerful. The remembrance of the rabbit's death shriek, of the scattered tufts of soft grey fur, of the shuddering blood-stained little body, was too much for her' (*Wages*, p. 29). That Mary's reaction is to some extent a performance is suggested by her gaudy outfit, her anger at Lance, and her statement of resolve: 'I shall cry just all I want' (*Wages*, p. 19). Yet her physical weeping and convulsion are also uncontrollable physical responses to what she has witnessed. The rabbit's shuddering little body is mirrored in Mary's little shoulders quivering convulsively. She mimics its death with her body, recalling the way in which Jean-Martin Charcot's hysterics mimicked epileptic seizures, forming the distinctive full-body fits of *grande hystérie* which became the definitive hysterical symptom within the walls of the Salpêtrière during the 1880s. Mary's shuddering adolescent body reveals to Lance 'the mystery, the glory, the cruel riddle and tragedy of sex' (*Wages*, p. 22), at once an emergence from childhood, and anticipation of the sexualised hysterical body. Malet repeats this phrase 'the riddle of sex' three times between pages 22-30: no wonder Violet Hunt described *Wages* as the 'first sex novel'.²⁹ Malet notes that woman 'is fated forever to carry [the riddle of sex] along with her' (*Wages*, p. 22), playfully ambiguous as to whether this refers to female biological sex, or sexuality.

The traumatic impact of the rabbit's death-shriek resonates through Mary's life; she is overwhelmed by pathos whenever she witnesses physical pain in animals and humans alike. She is described as 'wilfully blind' to inward mental suffering, while 'physical suffering ... affected her very differently' (*Wages*, p. 248). Mary, like Malet, is more concerned with the body than the 'abstract and imperceptible' self. The dénouement to the formative episode of the rabbit's death sees Mary, tearstained on the hillside, encounter James Colthurst for the first time. When they meet again, like the rabbit's shriek, Colthurst's own tortured utterance, his pronounced stammer, produces an involuntary bodily response in Mary. When he tells her that he loves her, she 'put one hand over her eyes with a sort of shuddering sigh' (*Wages*, p. 255). As she hears him begin to stammer at a party, she 'drew up her hands with a quick shuddering motion, covered her eyes with her fan' (*Wages*, p. 348). The repeated 'shudder' indicates a return to the scene of her childhood trauma, awakening of sexual awareness, and the onset of her instinctive mimetic response to physical suffering.

²⁹ Violet Hunt, unpublished autobiographical notes, quoted in Talia Schaffer, *The Forgotten Female Aesthetes*, p. 219.

Catherine Delyfer notes that Mary ‘develops a peculiar eye condition: a form of mydriasis which becomes especially acute whenever Colthurst is in her vicinity’.³⁰ Delyfer sees this dilation of the pupils as a metaphor for the expansion of Mary’s aesthetic awareness due to her artistic relationship with Colthurst. Yet Mary’s mydriasis can also be read as a hysterical symptom, the overturning of her emotional blindness: ‘Miss Crookenden was attentive. Her eyes were growing responsive, dilating, deepening in colour’ (*Wages*, p. 148). Seeing Colthurst from across the room at a party, ‘as she gazed her expression softened, her eyes dilated, kindled’ (*Wages*, p. 347). The combination of desire and repulsion that she feels for Colthurst is embodied in this simultaneous dilation and shuddering. Mary attempts to hide the part of her body that betrays her emotions, covering her eyes in a repetition of positioning herself ‘face downwards’ as a child (*Wages*, p. 19). In adulthood, Mary’s sympathy for physical suffering finds a subject in Colthurst’s physical and audible affliction. Colthurst’s stammer is therefore integral to his potential future happiness and to the resolution of the romantic plot, which itself stops, starts, is interrupted, and falters several times, like his stammered speech.

Stammering is an involuntary bodily symptom with no obvious physiological cause. Late nineteenth-century doctors were somewhat baffled by it; while perceived as a muscular dysfunction that the muscles could be trained to overcome, stammering was also considered to be rooted in lifestyle and bad habits. The ambiguity about the physiological, psychological, or moral causes of this disorder aligns it with hysteria. In his studies of male hysterics, Charcot ‘often isolated language disorders in these cases, such as slurring of speech, stuttering, aphonia, and mutism, all of a hysterical nature’.³¹ George Drinka observes that ‘many Victorian authors on the subject [of neurosis] traced neurotic phenomena back to Demosthenes, the classical Greek stutterer’.³² Stammering was a symptom which frustrated the gender stereotypes of hysteria. Doctors could not avoid the fact—still true today—that stammering affects many more men than women, despite women’s perceived proclivity towards nervousness and emotional and physical volatility. This involuntary, spasmodic

³⁰ Catherine Delyfer, *Art and Womanhood*, p. 68

³¹ Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (London: Harvard University Press, 2008), p. 159.

³² George Frederick Drinka, *The Birth of Neurosis: Myth, Malady, and the Victorians* (New York: Simon and Schuster, 1984), p. 29.

affliction, reluctantly diagnosed as a hysterical symptom, challenged the gender assumptions about inherently unstable bodies.

Colthurst's stammer is described as a conflict between the physical and the unseen, the body and the mind. He attempts to jump to his death from a window, but the dramatic tension is subverted into bathos as he falls backwards into the room instead of forwards. Encountering Mary, his body continues to rebel:

Colthurst tried to answer that nothing had happened, nothing was the matter, but his stammer got altogether the better of him. At no time was it a noisy stammer; it was not noisy now, but it was persistent, absolute. Fight against it as he might, wrench at his shirt collar, put forth all the energy left in him to overcome it, he could not articulate an intelligible word ... this revolt on the part of his body, this refusal of obedience, this breaking of the natural connection between the material and mental parts of himself in his present overwrought, highly nervous condition, was frightful. The city was divided against itself; his foes, in the most literal and practical sense of the phrase, were of his own household. (*Wages*, p. 248)

This passage represents the components of the self as a separate yet collaborative mind and body, a relationship which for Colthurst has become frighteningly inharmonious. His stammer is the body not simply out of control but overpowering. His problem externalising speech is magnified as his body becomes a city, and a household, foreshadowing the later amplification of his pathology to wider society. This negates the idea of body as a mere vessel, placing it at the centre of experiential subjectivity. The uncontrollable nature of the stammer and emphasis on nervousness reflect late nineteenth-century medical perspectives on hysteria, a disorder which encapsulates the volatility of the body like no other. Science and medicine increasingly framed the body as a conduit for hereditary disorders which may emerge at any moment: foes within one's own household. Malet's own heredity influenced her depiction of Colthurst: her father Charles Kingsley is one of history's famous stammerers; he even published a book on the subject, *Hints to Stammerers by a Minute Philosopher* (1864). Both Kingsley and Colthurst describe their disorder as 'a thorn in the flesh', an apt biblical reference, as the ambiguity about how literally the thorn should be understood mirrors the uncertainty about the physiological causes of stammering.³³ Malet attributed her 'scientific reasoning faculty' to her father's training, yet also fictionalised his

³³ Charles Kingsley, quoted in Louise Lee, 'Voicing, De-voicing and Self-Silencing: Charles Kingsley's Stuttering Christian Manliness', *Journal of Victorian Culture* 13:1 (2008), 1–17 (p. 6); Lucas Malet, *The Wages of Sin*, p. 32.

hysterical symptom in her male protagonist. In Malet's novel, Kingsley, as both authority on science and experiential sufferer, is fictionalised as both the man of science and the hysterical masculine body.

Malet's authorial science follows the Eliotian and realist traditions yet incorporates dramatic Gothic elements that deviate from realism. Reviewers noted that descriptions of Colthurst's Naturalist aesthetic are also applicable to Malet's own style: 'Colthurst revelled in incongruities. There was unquestionably a sinister vein in him, a rather morbid enjoyment of all that is strange, jarring, unexpected, abnormal. Some persons, indeed, have gone so far as to accuse him of a love of actual physical deformity and a relish of horror for mere horror's sake' (*Wages*, p. 33). He wants to capture baseness and depravity, in fact wants to elevate them as artistic subjects: 'I want to show that, if intelligently looked at, poverty, disease, sorrow, decay, death, sin – yes I am not much afraid of the word – are ideally beautiful too, paintable too, intrinsically and enduringly poetic' (*Wages*, p. 134). Colthurst's language, too, reflects his fascination with death and morbidity, using Gothic metaphors even as he attempts to woo Mary: 'Colthurst watched her, meanwhile, in his quick, restless, oddly violent way. "D-don't wrap your talent up in a napkin, Miss Crookenden," he said, stammering again. "It is horribly d-dangerous to do that. The talents we have and refuse to use mortify, putrefy, taint all our lives with a hateful death-scent of failure and regret"' (*Wages*, p. 149). His philosophy is revolutionary and taste-breaking; he believes that it is senseless regurgitating classic art. His diatribe on the current English art scene describes it as 'like the valley of dry bones, dead, desiccated, profitless, useless' (*Wages*, p. 181). Colthurst sees his purpose as to 'breathe the breath of a great resurrection into them', to 'clothe them with flesh' (*Wages*, p. 181). He is rewarded for his iconoclasm, and undergoes a social transformation in the novel, from poverty-stricken struggle to wealth and fame as a celebrated artist. His rejection of the Devonshire fisherman's daughter Jenny, and romantic aspirations towards wealthy Mary, are indications of his social progression.

Malet emphasises how the body is marked by social customs as well as medical discourses. Colthurst's wrenching of his shirt collar is a repeated compulsive action throughout the novel. While it simulates his struggle to manipulate the muscles of his throat, as though trying to speak or fighting for breath, it also reflects his self-imposed conformity to a rigid dress code, symbolising the performance of class, and the social conventions which oppress him. As Mary clasps Colthurst's hand, an act which transgresses convention, the 'rage of living,

stilled for the time being in Colthurst, began to stir in Mary Crookenden; - passed into her, perhaps (my sense of probability is not greatly staggered by the supposition), through the steady clasp of his hand' (*Wages*, p. 250). The narrator's parenthetical comment is scientific and sceptical, restoring a voice of narrative control. This contrast to the out-of-control bodies of the characters discourages a romanticised misreading of the situation. Talia Schaffer notes of this passage that 'he feels increasingly purified by her touch, but she feels increasingly aroused by his'.³⁴ Yet it also indicates the double-edged nature of physical contact, which can effect healing, but also contagion: Malet was writing at a time when theories of bacteriology became more established and overtook the miasma theory of disease. Colthurst regains his voice through Mary's healing touch: 'he spoke low, in rapidly uttered sentences, hesitating distressingly at first, almost giving way again, yet he spoke' (*Wages*, p. 252). His muteness transfers to Mary, who is silent for several pages, 'her faculties paralysed by the strangeness of the position' (*Wages*, p. 256). This epidermal experience affects both bodies, transferring not just 'rage of living' or arousal, but also the power of speech. The sole witnesses to this scene between Mary and Colthurst are 'an anatomical figure exalted on its pedestal, [and] a skeleton hanging meekly hideous from its little wooden gallows', defined as 'not being companions of the talkative sort' (*Wages*, p. 249). These figures parody the muteness of Mary and Colthurst. They are ungendered representations of the internal body, underlining the significance of the medical to the contested question of what constitutes the self in this scene. Rather than ascribing to or directly challenging hysterical gender stereotypes, Malet medicalises hysteria as an array of classifiable symptoms. She implies that all bodies are unstable and afflicted; whether male or female, all bodies are essentially anatomy when language is taken away.

Delyfer notes that for both Colthurst and Mary, 'verbal articulation is always deferred. Indeed, Colthurst's poignant stutter and his final – and fatal – muteness powerfully dramatize the primacy of the visual over the verbal'.³⁵ While true for the protagonists, it is not so for the narrative as a whole; sound and utterance are key to the plot. Colthurst's fatal and final aphonia, the second time his stammer completely overwhelms him and strikes him dumb, heralds his death:

³⁴ Schaffer, *Forgotten Female Aesthetes*, p. 229.

³⁵ Delyfer, *Art and Womanhood*, p. 62.

Once again Colthurst's tongue played him false. He was very tired. He stammered, stammered badly, could not articulate a single intelligible sentence. Stood dumb, in all the pathos of utter incapacity either of explanation or self-justification, as far as speech went – his eloquence useless, his repentance, his sacrifice, his expiation doomed to silence, since his body thus in his extremity had turned traitor to his brain (*Wages*, p. 443).

The tension between body and brain is outlined once again. The use of 'utter incapacity', to mean complete or absolute, emphasises the incompleteness that defines his stammer, the inability to produce, or 'utter', a full sentence. What prompts this attack is Jenny's father Bill Parris' accusation: 'woe to the rebellious daughters, and to them what leads mun captive wi' lying words' (*Wages*, p. 443). Yet Parris does not comprehend that Colthurst is defined by his lack of words; that his tongue's falsity plays *him* false rather than telling lies, that he himself is captive of and doomed by his own incapacity. Bill Parris provides an interesting counterpart to Colthurst's inability to speak, in that he is defined by an inexplicable, uneducated but divinely-inspired verbal fluency; his mind is 'packed with Old Testament phrases, which in moments of excitement he would pour forth, not without a kind of rude eloquence, in a stream of wild improvisation' (*Wages*, pp. 56-7). After this moment when his body betrays him in its inability to articulate, specifically his 'expiation' or repentance, Colthurst either falls or is pushed by Bill Parris off the cliff to his death. This, Malet leaves deliberately unclear and unspoken.

An 1889 *Lancet* article stated: 'Loss of voice is, indeed, a common and familiar hysterical symptom. Nor is it surprising that the voice, which is the principal channel for the expression of the emotions, should be frequently affected in a disease like hysteria, so largely dependent on emotional states'.³⁶ The voice is suggested here to be a vehicle for channelling fluctuating emotions, acting as a regulatory mechanism, as Colthurst's stammer functions in *Wages*. *The Survivors* includes a narrative of voicelessness that maps onto the post-Freudian understanding of hysteria as the result of trauma. Rupert Secker's old sweetheart, a singer known as the prima-donna princess, reappears in his life, having been tortured in a Russian prison. He dreads seeing her due to his apprehension that time and hardship will have ravaged her once beautiful features: 'nor is this unreasonable. That the dear flesh which, in the hour of its beauty, called to us with imperative and all-conquering charm, should call no longer, be

³⁶ James B. Ball M.D., 'On Hysterical Motor Affections of the Vocal Chords', *The Lancet*, (February 1889), p. 373.

dumb, awakening no echoes – or, worse still, appear repellent – does unpardonably discredit our former ecstasy, cheapen, past redemption, our earlier most exquisite madness’ (*Survivors*, p. 96). The ‘mad’ calling of the flesh, now silenced, is reflected in the fact that the princess’s voice is notably ravaged by diphtheria: ‘harsh and thin as – such at least was the image it called up before him – a bleak wind crying through dry reeds beside a stream. The *timbre*, the pride of life, gone out of it. Of its rare quality, rich varied tones and modulations, barely the ghost remained’ (*Survivors*, p. 98). Secker is shown to be vain, and a coward, as he cannot bear to see changes in her appearance due to either age or her experiences, nor hear any detailed descriptions of the horrors she went through. When she tries to tell him, he experiences ‘a revulsion of feeling [...] his taste was jarred’ (*Survivors*, p. 100). He holds up a hand to stop her speaking, silencing her voice even further. He encourages her to repress her experiences: ‘why even mention them? [...] Let it go, blot it out [...] Wipe out remembrance of it’ (*Survivors*, p. 100). Yet she refuses to be silenced, either by her trauma, the loss of her voice, or Secker’s cowardice. The narrative switches to her perspective: ‘Tired she might be – was, in fact, too tired to spare him; impatient – in her exhaustion and the ache of her bruised pride, to have all said, all cards laid on the table’ (*Survivors*, p. 101). She insists on communicating the worst of her experience, enacting her own talking cure, even with an unwilling Secker in the role of ‘therapist’.

In Malet’s novels, female bodies may have transitory hysterical episodes but male bodies are trapped, either by physical deformity or mutilation, or by crippling repetitive behaviours. Male nerves are a common subject, as in *Colonel Enderby’s Wife*: ‘it seemed to him that all his nerves had got outside his skin, so to speak’, a sentence which unites a grotesque image of the internal becoming external, with a double emphasis on the figurative.³⁷ Post-war, the mind-body relationship was redefined as soldiers returned from the front, often wounded physically, but also by the invisible wounds of trauma. Anxieties about the self were crystallised through increasingly frequent encounters with damaged bodies and traumatised minds, the undeniable evidence that the body’s experiences in war could provoke devastating and disturbing transformations. *The Survivors* is a fictional depiction of this cultural shift. The hospital surgeon in this novel, McNaughten, comments that war has ‘shown up the yellow streak in men, which it’s the fashion loosely and inaccurately to call shell-shock’ (*Survivors*, p. 216-17); but how even his ‘steel-plated, copper-bottomed’ masculine nerves

³⁷ Malet, *Colonel Enderby’s Wife*, p. 264.

'wincing now and then' (*Survivors*, p. 137). War-damaged bodies challenged Lombrosian assertions that the body's physical stigmata were external signs of interior immorality and degeneracy; that, as Lennard J. Davis states in *The Body and Physical Difference* (1997), 'the unwhole body is the unholy body'.³⁸

Braybrooke's maimed body, missing a foot and two fingers, is demarcated as a site of trauma; it evokes a range of emotions. Rupert Secker characteristically feels an instinctive horror of the damaged body: 'to Rupert Secker, fastidious, idealist, devout adherent of beauty, physical disfigurement was indescribably distressing and repellent. His face blanched' (*Survivors*, p. 227). Secker's old-fashioned romanticism is disrupted by the war-ravaged body to the extent that he cannot find the language to process or articulate his response; his own body reacts by involuntarily turning white. For Francis Secker, Rupert's nephew, Braybrooke's body provokes guilt about his own wholeness; he

would have been only too thankful to fall on his knees before this maimed, tormented former schoolfellow and implore pardon for his own immunity from the foul ravage of war ... disgraceful, yes, scandalous in presence of this infinitely piteous human wreck. (*Survivors*, p. 145)

These different narrative perspectives dramatise how one person, body, or self is constituted by numerous competing viewpoints. Braybrooke's body acts as a cipher for Rupert's fears, Francis's guilt, and Lady Sybella Aylwin's erotic passion. In contrast to his male peers, she remains undisturbed by his injuries. Braybrooke

drew away the poor, maimed hand and, opening his eyes wide, watched in his turn, half appealing, half curiously, while he placed it over her hand, clasping it, clawlike. Sybella did not wince as his fingers contracted, three dry hot bars as of metal closing on her soft flesh. The ghost of a smile crossed Braybrooke's face. (*Survivors*, p. 166)

Mirroring the clasping of hands in *Wages*, this physical contact transgresses social boundaries: medical professional and patient, older woman and younger man, whole body and damaged body. The male character in this later novel has suffered a more material loss, of thumb and finger rather than voice. Braybrooke observes his own action from a detached narrative perspective that reflects the detachment of his body, into parts which are here

³⁸ Lennard J. Davis, 'Nude Venuses, Medusa's Body, and Phantom Limbs: Disability and Visuality', in *The Body and Physical Difference: Discourses of Disability in the Humanities*, ed. by David T. Mitchell and Sharon L. Snyder (Michigan: University of Michigan Press, 1994), pp. 51–70 (p. 57).

rendered clawlike and metallic, animal, and inorganic. They contrast Lady Aylwin's 'soft flesh', reinforcing the less-than-human nature of his diminished form. He is further fragmented into wide eyes, a face, and a smile that is itself insubstantial and inhuman. The fragmentation of Braybrooke does not end when he returns from war but is extended by the allegedly healing practices of medicine and surgery. McNaughten states, 'I've set my professional affections on that leg. Rammed every ounce of science I possess into the saving of it' (*Survivors*, p. 133). Braybrooke's leg, isolated and amputated in dialogue before it is physically detached, becomes an object commodity over which McNaughten and Lady Aylwin wrangle for ownership. The leg comes to signify the surgeon's reputation, and the matron's aim for 'possession, namely, of a certain human life, of a certain human body (all which remained of it or soon would remain) in perpetuity' (*Survivors*, p. 134). His lack of wholeness and symbolic castration render Braybrooke a fearful symbol of men's vulnerability, and an object to possess: 'she leaned forward, took Braybrooke's hand in both hers, and, covering him with a strange glance, at once possessive and of entreaty, for an instant set her lips to the seamed, scarred, discoloured surface from which the thumb had been torn away' (*Survivors*, p. 174).

Sybella Aylwin is an indifferent mother to her daughter Lydia, but to the wounded soldiers she is the Holy Mother, 'Dear Lady of Good Counsel' as Braybrooke nicknames her (*Survivors*, p. 67). She is better at performing a symbolic maternal role, playing on images of religious idolatry, a performance which becomes increasingly grotesque as her sadism is made apparent, largely through her daughter's testimony. Sybella envisions herself as a 'brimming vase of selfless devotion' (*Survivors*, p. 172). Yet Lydia provides an alternate reading: 'my mother appears, to the uninitiated, to overflow. She never really overflows. Every drop is measured. She's economical' (*Survivors*, p. 236). The Virgin Mother, ideal model of femininity, mildness, and overflowing goodness, is supplanted by a more cynical image of economics and calculation. Lydia's view is substantiated by the interaction between Sybella and McNaughten as they dispute the amputation. McNaughten repeatedly denotes Sybella as hysterical: he was 'touched by her words and the graceful spectacle of her very genuine distress, a little alarmed, too, by that hysterical threatening' (*Survivors*, p. 137). Sybella's argument escalates 'to a cry, verging on hysterical' (*Survivors*, p. 136), she 'sigh[s], an hysteric catch in her breath' (*Survivors*, p. 141), then faints. This appears to indicate a return to old-fashioned conceptions of the hysterical female body. However, the word hysteria is only applied directly to female characters through McNaughten's perspective.

When the indirect discourse switches to Sybella, her interior monologue reveals that ‘she controlled every nerve, every sense, to the suppression of all outward signs of emotion and excitement, conscious that, at the present juncture, the vase must deny itself all luxury of overflowing’ (*Survivors*, p. 133). She performs and exploits stereotypes of the female body as virginal, maternal, overflowing, and hysterical, in order to manipulate the surgeon and achieve her goal.

Sybella’s self-characterisation as a vase recalls Malet’s 1901 novel *The History of Sir Richard Calmady*, whose Doctor Knott has a ‘greed of riveting broken human crockery’.³⁹ The medical drive to heal and fix, the Hippocratic oath, is inverted in Sybella, whose ‘greed’ is for pain, suffering, and further dismantling rather than ‘riveting’ broken bodies. Lydia states that while the wounded soldiers are

bolstered up by drugs to endure those pangs—and sometimes they can’t endure, simply crumple up and die of them—my wonderful mother grows sleek on pangs, blooms upon maimings and lengthy, painful reconstructions. She is so well, looks so young and so bewitchingly pretty. (*Survivors*, p. 35)

Sybella is physically affected by her encounters with damaged bodies; her body thrives on their deterioration. This is a form of epidermal exchange which evokes the vampire rather than the vase. Sybella’s vampiric nature is reiterated by the text; as she watches Braybrooke in pain, ‘the muscles of his handsome throat contract in a sudden spasm now and again. It fascinated her so that she watched for it with her teeth set, her nostrils dilated’ (*Survivors*, p. 171). The figure of the vampire disrupts boundaries of subjectivity through its penetration of other bodies, and its transformation of those bodies into creatures which perpetuate its own appetites, desires, and needs. The vampire is a perversion of the mother figure in that it is also a progenitor but through acts of consumption and infection. In *The Survivors*, such Gothic anxieties are linked to medical ones; fear of penetration is displaced onto the figure of the surgeon, another invader of the body, as Braybrooke voices his hatred of ‘that old butcher McNaughten and his knife’ (*Survivors*, p. 173). Lydia’s flippant description of her mother feeding on the soldiers’ pain may be unscientific, yet this Gothic image takes on a medical reality through Sybella’s use of modern surgery to transform the body she intends to possess.

³⁹ Lucas Malet, *The History of Sir Richard Calmady*, ed. by Talia Schaffer, (Birmingham: Birmingham University Press, 2003), p. 404.

‘Stained with living scarlet’: Malet’s Red Rooms

Spaces of illness and death—sickrooms, deathbeds, operating theatres—appear often in Malet’s fiction. The metaphorical moral dissecting room is invoked in these rooms, ostensibly for healing, which reveal themselves to be spaces of pathology and destruction. They are medical, but also Gothic sites, containing the ‘horror of blood’, graphic death, or macabre disfigurement (*Wages*, p. 433). *Wages of Sin* describes the final, fatal utterances of a blood-soaked consumptive from her deathbed, and *The History of Sir Richard Calmady* details a pre-anaesthetic surgical amputation in the drawing room of a stately home. These rooms are characterised by their red or blood-soaked furnishings, ‘red rooms’ which invoke and transcend Jane Eyre’s symbolic site of hysteria. Brontë’s red-room is an archetypal trope of the female Gothic, a space of childhood punishment haunted by the patriarchal figure of Jane’s uncle, or, following Sandra Gilbert and Susan Gubar, the site of an adolescent hysterical fit brought on by the shock of menarche. Malet sabotages and subverts the patriarchal spatiality of the red-room, into a space where male bodies are subjected to fear, pain, and irreversible damage. In *The Survivors*, Victorian sickrooms are replaced by the modern operating theatre. Traditional gender dynamics are reversed – both that of the medical authority/patient and that of the Gothic patriarch/female victim – with male patients at the mercy of the tyrannical hospital matron. The metaphorical moral dissecting-room is incarnated in real operating theatres, contested spaces of healing or destruction. Spatially locating these sites of physical trauma seems an attempt to confine sickness, mutilation, and death, compartmentalising and sterilising the horrors of medical deconstruction and bodily damage. Yet the narrative undermines this, suggesting the futility of attempting to contain either conceptual or physical disintegration.

As well as his mistress, Jenny Parris is Colthurst’s model, ‘the face that had made his fortune. The face he had painted in his now famous “Road to Ruin”’ (*Wages*, p. 238). Elisabeth Bronfen asserts that when the female body is sublimated into art, the model/muse is ‘killed’ by her transformation into ‘a perfect, inanimate image, a dead “figure”’.⁴⁰ Jenny’s reduction to a dead figure is reflected by Colthurst’s repeated verbal reduction of her to a face or form, and her status as mistress and prostitute renders her ‘the skeleton of a dead love and a living

⁴⁰ Elisabeth Bronfen, *Over Her Dead Body: Death, Femininity and the Aesthetic* (Manchester: Manchester University Press, 1992), p. 64.

sin' (*Wages*, p. 173). Jenny arrives at Colthurst's art school, unbeknownst to him, to model for his students in the 'red-walled theatre' (*Wages*, p. 214). Colthurst finds himself surrounded by images of Jenny, in an episode reminiscent of Christina Rossetti's 1856 poem 'In an Artist's Studio': 'one face looks out from all his canvases'.⁴¹ His students' easels dissect and multiply parts of Jenny's body; her brow, her cheek, her chin, the nape of her neck and shoulder, her profile, the front of her face, her eyes, raised arm and drooping hand: 'everywhere, wherever he looked, Jenny, Jenny, Jenny. A world of Jennies ... And in the midst of them, uplifted, enthroned, silent, motionless, sphinx-like, Jenny herself, the living, breathing woman' (*Wages*, p. 232). Jenny's concurrent dissection and multiplication creates a nightmarish vision for Colthurst, 'one of those terrible, ever-changing, yet ever stable forms and faces seen in delirium' (*Wages*, p. 231). Still but breathing, dead but living, she embodies the male fear of the mutable, unreadable, and disorderly female body, which—as in hysteria—refuses to stay within its bounds, contagious and proliferating, resisting the imposition of artistic death.

As Jenny lies dying of consumption at the end of the novel, she again resists sublimation into a picturesque death. The ever-scientific narrator informs us, 'respiration is hardly comfortable work when you have to spit up the larger half of one lung and the vessels of the other are clogged by matter and blood' (*Wages*, p. 403). When Colthurst arrives, Jenny emits a hysterical laugh, which 'sent the blood welling up from her lacerated lungs, flowing down from her poor laughing mouth over the bosom of her nightgown onto the sheet' (*Wages*, p. 433). This deathbed laughter has fatal medical consequences. It colours the scene with blood, associating Jenny's small room with the red-walled space of the model's platform in the art school. Mary 'bent over Jenny trying to sop it up with the towel and hide this horror of blood' (*Wages*, p. 433). When Colthurst takes her place, Mary finds it 'almost intolerable' to watch his hands 'busied in repulsive, menial, sick-room offices, holding a little cracked pudding basin, wringing out a bloody sponge' (*Wages*, p. 434). A Gothic 'horror of blood' converges with tedious medical processes in this space of dying and death, encapsulating Malet's almost compulsive drive to literalise Gothic metaphors. Their visceral encounter with a consumptive death, replete with aural and visual gruesomeness, disallows romantic perceptions of the

⁴¹ Christina Rossetti, 'In An Artist's Studio', in *Christina Rossetti: The Complete Poems*, ed. by R. W. Crump (London: Penguin, 2001), p. 49. Christina Rossetti wrote "In An Artist's Studio" about her brother Dante Gabriel Rossetti's paintings. We might also consider links to his poem 'Jenny,' which describes a sleeping prostitute; surely it is no coincidence that Malet's character shares this name.

illness; Malet forces us to see the ubiquitous blood and Jenny's eyes 'staring half open as at some sight of unearthly terror', and hear 'a rattling now and again in her throat, too, between the panting, choking breaths' (*Wages*, p. 435). This intensely medical scene challenges artistic and religious ideals of the female body, of dying, and of death. Medical language pervades the narrative and the characters' interior monologues, as if they are pervious to the atmosphere in the room. The sound of Colthurst arriving is 'cruel to Mary Crookenden as the first incision of the surgeon's knife cutting down into the quivering, shrinking flesh' (*Wages*, 430–1). As he approaches Jenny's deathbed, Colthurst's 'senses were preternaturally acute; were flayed, so to speak, offering a surface all quick to the lightest touch' (*Wages*, p. 426). Within this room, senses become comparable to the splitting of flesh and the violent stripping of skin. This de-fleshing is a visual deconstruction of the characters; they become once more the anatomical figure and the skeleton, stripped of their artistic ideals by the spectacle of Jenny's dying.

Death is not contained by its spatial limiting to this room. At the conclusion of the novel, Colthurst falls to his death from the Devonshire cliffs:

The crazy paling cracked, gave – splintering right and left like so much matchwood, and Colthurst pitched right back over the cliff edge. For an instant his face caught the sunlight, as his body turned in the air; while with a great shout – which rang along the coast, and out across the tranquil Bay, and over the sleeping, white-walled town, and up into the windings of the wooded combe – a shout of triumph, of consummated warfare, or emancipation, of hope – that strong soul hailed Death, - the consoler, the restorer, "delicate Death" – sitting waiting for him just this side the white line of the slow-breaking waves on the purple-grey shingle fifty feet below. (*Wages*, p. 444)

His manner of death feels preordained, as he has had numerous prophetic dreams of and obsessions with falling throughout the novel. Colthurst's sinful fall, Delyfer suggests, must be viewed equal to Jenny's, and he is punished accordingly with a physical fall – his own "wages of sin". However, Colthurst's death, in contrast to Jenny's, is a picturesque and liberating death: a relief and release. Time is suspended as he falls, capturing the instant as his body turns in the air. His active and triumphant shout sounds across the whole town, echoing and rebounding through the series of clauses broken up by punctuation. Finally, punctuation is dispensed with, time speeds up again, as his body rushes downwards to meet the shingle and Death. In this moment of narrativisation, the visual and the audible converge to construct a romantic, aesthetic death, contrary to his own naturalist philosophy, free from

the gruesome blood of Jenny's room. The self is fractured; the face, the body, the shout. This "clean" death dissects but restores him to wholeness, an artistic reintegration returning him to nature. Perhaps there is redemption in being the witness and observer to the grisly death of Jenny, the prostitute, in the tradition of the realist novel. Or perhaps Malet decided that he had suffered enough, having been confined by his misbehaving body all his life.

The History of Sir Richard Calmady demonstrates the continuum of the red room as a Maletian construct. The foundational episode of Book I sees the protagonist's father, the elder Richard Calmady, trampled by a horse. Doctor Knott determines that 'amputation of the right leg was imperative ... they must operate, he said, and operate immediately'.⁴² Malet temporally locates the reader by referring to medical advances: 'it must be remembered that in 1842 anaesthetics had not robbed the operating-room of half its horrors. The victim went to execution wide-awake, with no mercy of deadened senses and dulled brain' (*Calmady*, p. 28). Historical surgery is presented as traumatic and horrific rather than a necessarily healing process, to which 'victims' rather than 'patients' are subjected. The 'operating room' is in fact 'the red drawing-room on the ground floor' (*Calmady*, p. 26). Calmady's wife Katherine paces outside, 'hearing at intervals, through the closed doors, the short peremptory tones of the surgeons, fearing she heard more and worse sounds than those. They were hurting him, sorely, sorely, dismembering and disfiguring the dear, living body which she loved' (*Calmady*, p. 28). In contrast to the bloody detail in *Wages*, neither Katherine nor the reader witness the amputation. We are left to imagine the blood, as Katherine does; upon entering the room, her imagination perceives the redness of furniture and fire contaminating the entirety, 'splashed, and stained with living scarlet', a 'universal redness' (*Calmady*, p. 29). Vitality and biological agency are attributed to the spreading stain. Another operation becomes necessary, and we are no longer spared the details as the corporeal reality of the smell becomes apparent: 'mortification had set in, in the bruised and mangled limb forty-eight hours ago. And now the scent of death was in the air. The awful presence drew very near' (*Calmady*, p. 43). As Katherine sits by his bedside, we are brought face to face with the sounds of death: 'the room grew very quiet again, save for a strange gurgling, rattling sound Richard Calmady made, at times, in breathing' (*Calmady*, p. 47). The sensations of Calmady himself, too, are detailed in an account of phantom limb syndrome: 'the perpetual heavy ache of those severed nerves and muscles, flitting pains in the limb of which, though it had gone,

⁴² Lucas Malet, *The History of Sir Richard Calmady*, p. 28. All further references are given in the text.

he had not ceased to be aware' (*Calmady*, p. 50). Katherine's imagination of the operation has a biological effect; the child in her womb is subject to 'spontaneous amputation' (*Calmady*, 42). The site of trauma re-manifests in the womb—the archetypal red room—and in the body of the younger Sir Richard. The theory of maternal impressions is at once medical and Gothic, scientific and supernatural. The female imagination is as dangerous as the surgeon's knife, powerful enough to enact physical maiming. This attempt to compartmentalise body horror is ineffectual; like the spreading stain it spills out of bodies and rooms to contaminate other bodies and spaces.

In *The Survivors*, Lady Aylwin's private war hospital is a space which is described variously as Gothic, medical, and pathological. Lady Aylwin imagines it 'peopled with phantoms' (*Survivors*, p. 162). Lydia describes it as outwardly 'a model ... It's perfect; fairyland, with the last word of modern sanitation and applied surgical science thrown in' (*Survivors*, p. 33). Her choice of words parallels the scientific with non-realist language, invention, and fantasy. Lydia has escaped the atmosphere there which she describes as 'over-blown' and 'over-charged' with 'the smirched business of sex' (*Survivors*, p. 28). McNaughten reiterates that beneath the surface, war hospitals are 'forcing houses for sexual neurosis' (*Survivors*, p. 217). This circumscribed area, supposedly a space of healing, is inhabited by the phantoms of war scenes, the 'peacocking' (*Survivors*, p. 26) of war heroics, and women who become obsessed with the image of themselves as saviour: an ideal environment for the propagation of pathology. The choice of a war hospital as a setting for a novel was not commonplace for a post-war female author. There are a few male-authored texts; D. H. Lawrence *The Ladybird* (1923), published the same year, is partly set in a convalescent home with a wounded soldier. A handful of American male-authored stories feature injured or disfigured soldiers, for example William Faulkner's *Soldier's Pay* (1926) and Ernest Hemingway's 'In Another Country' (1927). Malet's use of the war hospital setting, especially her exploration of its role in the production of sexual neurosis, is somewhat unusual.

The operating room in the hospital is intrinsic to the plot, yet the reader is not party to what occurs there. Delyfer points out the narrative's careful avoidance of direct description of Braybrooke's surgery. She observes that the three times the surgical procedure is mentioned, 'these descriptions are always suspended and incomplete, the characters being unwilling, or

unable, fully to put into words what will/has happen[ed]'.⁴³ We are readmitted to the narrative directly following the operation:

The assistant surgeons had made their bow and, after a little professional gossip, departed. Stripped of his soiled white-linen overalls and other ritual accessories, McNaughten passed, in an atmosphere redolent of iodoform and ether, from an inner sanctuary, whence came a continuous sound of running water, into the vestibule—polished, pale-green painted walls, polished grey, black, and drab tessellated pavement, somewhat drearily lighted from above through bottle-glass roofing—which adjoined the operating theatre. (*Survivors*, p. 210)

The peripheral space of the vestibule is described in detail as the narrative hovers on the threshold of the operating theatre. The sanitised smells of antiseptic and anaesthetic are emphasised. McNaughten is divested of any sign of the operation, and immediately dries his hands, and begins 'carefully paring and scraping his finger nails' (*Survivors*, p. 212). Meanwhile, from beyond the closed door, we hear not the sounds of surgery and pain, but sounds of cleaning: 'the continuous tinkle of running water from the inner sanctuary, along with confused sounds—swish of a mop, ring of a pail, scrape of moved furniture' (*Survivors*, p. 214). McNaughten reflects on the operation: 'never could he remember to have operated with finer address, with greater dispatch or greater coolness. He felt an artist's pride in his own triumphant skill' (*Survivors*, p. 210). Braybrooke's anaesthetised body is a canvas on which the doctor executes his skill; the patient rather than the model is dehumanised into art. The operating theatre is described as an inner sanctuary twice; along with McNaughten's ritualised accessories, this demarcates it as an abstract, even religious space, creating a sense of mysticism which masks the reality of the event. We are told 'Captain Braybrooke is coming out of the anaesthetic beautifully' and that 'the loss of blood was negligible' (*Survivors*, p. 211). Blood is mentioned only once, in order to stress its insignificance. In this peripheral area, McNaughten acknowledges Sybella's reason for demanding Braybrooke's surgery, for 'want[ing] him cut up':

To prevent his running away, my dear. To prevent his getting so far normal and presentable as not only to run away, but run after strange flesh – younger, fresher flesh. My lady is well into the flower of her age. Flowers fade, you know, their petals fall. For a woman at her period of life it comes to a hand to hand battle with Time. She's clever enough – bless you, clever enough – but Time's bound to win in the finish. (*Survivors*, p. 216)

⁴³ Delyfer, *Art and Womanhood*, p. 135.

The mention of flesh in this surgical space, especially fresh flesh, is a grotesque echo, a Freudian slip, of the unseen piece of young Braybrooke's flesh, freshly severed, surgically estranged from his body.

Operations are sanitised in this modern medical space. The anaesthetising of the patient means that the experience is no longer defined by the colour red; they never see the blood. The reader is also anaesthetised by the narrative's suppression of this significant event in the plot. The last we hear of Braybrooke before this involves him taking a sleeping draught and requesting that no one talk to him about the operation, and the reader joins him in his selective oblivion, sleep, and anaesthetisation. The two chapters that follow are an interlude in the 'humbler, less volcanic pastures' (*Survivors*, p. 182) of Maidsworthy, and we rejoin the hospital narrative in the post-surgery moment with the unsettling feeling that part of the story is missing. Furthermore, the sanitisation itself becomes fearful, a cover-up. Braybrooke comments, 'I own to being rather fed up with white, always white, just at present. It seems to carry superfluous reminders of the operating theatre' (*Survivors*, p. 174). Like McNaughten's 'soiled white-linen overalls' (*Survivors*, p. 216), and the sanitised hospital as 'smirched' (*Survivors*, p. 28) with the sexuality of war heroics, traditional associations of white with purity and innocence are sullied. Universal symbols are distorted by new traumas. The white uniform of the matron ceases to symbolise purity, virginity, marriage, or even the ghostly shroud, but instead reminds the patient Braybrooke of his own dismemberment. The repeated emphasis on sterilisation reveals the whitewashing of darker impulses, which McNaughten refers to as 'intimate feminine defilements', and a 'degraded predilection for carrion' (*Survivors*, p. 216–7), contrasting the cleanliness of the surgical space with the perceived uncleanness of interior femininity and appetites.

The surgical and narrative fragmentation of the human subject in the operating theatre is informed by Malet's careful engagement with contemporary medicine. The apparent trajectory of intensifying physical horror in the novels is countered by increasingly distancing the reader from the spaces in which the bodily damage occurs; from being inside the room, to beyond the door, to a space devoid of pain and blood. The plot of *The Survivors* performs a narrative whitewashing by avoiding describing the operation. Yet as Delyfer comments, this has the adverse effect of making the event more tangible. She notes, 'paradoxically, Malet's use of aposiopesis, which by-passes verbalisation, is highly effective in making the senseless

butchery bewilderingly visible, forcing the reader to rely on her imagination or mental gaze'.⁴⁴ As in the metaphor of the moral dissecting-room, the body is strikingly absent from the scene. The lack of description is a departure from the shock tactic of evoking revulsion, as in Gothic horror, to a more nuanced Gothic terror, engendering apprehension and dread. The reader's heightened awareness mirrors the state Rupert Secker diagnoses in himself early in the novel, an 'abnormally perceptive condition' (*Survivors*, p. 8) which leads to a 'morbidly active imagination' (*Survivors*, p. 16), an 'accursed super-perceptive, super-sensitive condition' (*Survivors*, p. 28). Malet is encouraging the reader to be likewise super-attuned, or, borrowing the language of hysteria, hyperaesthetic: "'excessively or morbidly sensitive'.⁴⁵ The man of science and the hysteric once again converge in this practice of observation and awareness that Malet encourages in her reader.

At the end of the novel, we learn that Sybella has died due to complications following the stillbirth of her baby. Braybrooke 'blow[s] out his brains – for love, if ever a man did' (*Survivors*, p. 329). The deviant union of soldier and Holy Mother, as Delyfer defines it, results in maiming, stillbirth, death and suicide.⁴⁶ In contrast, Lydia's novel is metaphorised as a healthy, growing foetus: 'her embryo of a book' (*Survivors*, p. 277); 'it is good, alive – diverting. And I see it going on, growing, deepening, too' (*Survivors*, p. 278). This form of procreation is defined in opposition to sex. Lydia notes: 'the teller of tales and maker of stories is bi-sexual, hermaphrodite – he who begets, she who conceives, complete in one' (*Survivors*, p. 277). The figure of the hermaphrodite is, like the vampire, dually penetrative and generative. Malet's hermaphrodite writer pre-dates Virginia Woolf's 'androgynous mind' of 1929. While it seems to imply a more embodied breaking-free from gender, Malet uses it only as metaphor. Malet unites the gender-divided self in one form, which suggests an alternative to dissection, a new form of conceptual surgery which heals and resolves division through grafting and splicing, a holistic self created through the act of storytelling. Delyfer views this positively: 'Malet thus opposes the literal, mortiferous pregnancy of Lydia's mother to an alternative, parthenogenetic, life-enhancing, pleasurable form of female creation, Lydia's gift of writing'.⁴⁷ Yet this returns to a privileging of mind over body, a rejection of embodied experience and sublimation of the body into metaphor. This feels

⁴⁴ Delyfer, *Art and Womanhood*, p. 135.

⁴⁵ Oxford English Dictionary, 'Hyperaesthetic', accessed online in February 2018.

⁴⁶ Delyfer, *Art and Womanhood*, p. 137.

⁴⁷ Delyfer, *Art and Womanhood*, p. 139.

dismissive after the significant focus on bodily experience in this novel. Pregnancy and childbirth are embodied experiences which challenge the position of mind-centrality, and yet reiterate the role of the body as a vessel. Lundberg's study of personal letters, interviews, and Malet's fiction documents a fear of pregnancy and childbirth that Lundberg attests was a significant cause of Malet's frequent nervous breakdowns: 'she feared childbirth and "hysterias" or episodes of "shattered nerves" during her marriage that only absence from her husband cured'.⁴⁸ Despite dissecting and deconstructing her characters' bodies and selves, and submitting them to gruelling physical experiences, Malet compartmentalises certain embodied experiences by channelling them into metaphor, 'lest we should sit shrieking at agony point'.

The Body Politic

As implied by the human obliquity under her authorial scalpel, the disordered body politic is a recurrent theme in Malet's work.⁴⁹ While her characters exhibit individual symptoms, injuries and maiming, her moral-medical rhetoric presents pathology and malaise as likewise blighting the national body. Just as the moral dissecting-room reveals the entirety of fallen humanity, pathology cannot be confined to a body or a room but overflows, overflows, contagious and proliferating. Colthurst envisages wider society as afflicted with speech disorders, perceiving mass muteness, collective convulsions, and problems with articulation:

There is no void, no space of silence and quiet. Everywhere energy, force, drive. Everywhere a crowd, a hideous jostling crowd of things struggling to be born; struggling to make themselves heard and felt; struggling to push something else aside so as to make their word, their want, their meaning known. And all to no purpose. Their word is emptiness, their want fruitless, their meaning *nil*. For the circle is never broken; nothing, nobody, can even break out of it and be free. The great mill-stones turn and turn on themselves eternally, grinding down each generation – man, beast, all living beings alike – into food for the coming generations, which in due time will be ground down too. (*Wages*, p. 240)

The repetition of the word 'struggle' implies an inability to break from a lexicon of desperate toil and reflects the iterative nature of the stammer. Malet compulsively re-uses certain

⁴⁸ Lundberg, *Inward Necessity*, p. 107.

⁴⁹ See Jane Ford on her exploration of collective bodies, capitalism and socialism through metaphors of bee hives, in 'Socialism, Capitalism and the Fiction of Lucas Malet: "The Spirit of the Hive"', *ELT*, 58:4 (2015), pp. 551-71.

words: convulsive; fruitless; abnormal; dumb. Earlier in *Wages*, poverty is reified into a body: 'The poverty, of which I speak, flits, and flaunts, and hides, and peeps, and mimics, and hopes, and tarries' (*Wages*, p. 163). It is also described in death throws: 'the poverty which, while gradually but surely sinking downwards, makes, as it sinks, convulsive and fruitless struggles against its fate' (*Wages*, p. 163). Malet's use of words, especially where there is repetition, her own literary utterance, appears to indicate hysterical narrativisation, and the linking of individual hysterias to social pathology.

Yet this frustrated narrative style is not confined to Colthurst or to *Wages*; triplets, escalation, and repetition proliferate in Malet's writing. Richard Calmady also projects his disability onto the masses, using similar narrative formation: 'that hideous apprehension of universal mutilation, of maimed purposes, maimed happenings, of a world peopled by beings maimed as he was himself' (*Calmady*, p. 310). He later describes hordes of 'wreckage, of waste, and refuse humanity' (*Calmady*, p. 597). His love interest Honoria imagines a maimed young factory hand 'without any dignity of shouting multitude, of arena or of stake, martyred – converted in a few horrible seconds from health and wholeness into a formless lump of human waste' (*Calmady*, p. 575), recalling Colthurst's musings on the great millstone grinding everyone down into food. Lydia projects her 'education' at the hospital outwards to the world, so that her mother's animalistic, vampiric character is perceived as universal degeneration: 'our very hateful throw back into barbarism' (*Survivors*, p. 26). Malet demonstrates how the individual's world view is shaped by their pathology, whether hysterical or physical. Just as a symptoms can come to shape the whole body, the individual represents the mass. She suggests, too, that as subjects attempt to project their symptoms and physical rupture outwards, they homogenise pathology to be social and widespread. If these projections are attempts to heal the self, they are ineffectual, instead transmitting maladies, conceiving a damaged homogenous social body. These references to the body politic imply that it is not just human depravity that Malet puts under the knife, but social models of morality and doctrine, questioning how far these are exhausted or outdated discourses.

However, an alternative reading is that the characters are able to perceive societal disorders through the sympathy and understanding engendered by their bodily experience. Colthurst acknowledges the silencing of the masses because he understands what it is like to be gagged by his misbehaving body. Calmady perceives social inequality and the plight of the lower classes because of his lived experience of disability. Lydia recognises her mother as just one

symptom in a social malady caused by the war. As such, they become diagnosticians and thus channel Malet's authorial vision. Malet's moral dissection of the body politic can be read as an act of simultaneous vivisection and healing, seeking to both dissect and restore. Like Colthurst, Malet wants to capture and elevate baseness and depravity as artistic subjects. Implicit in Malet's penetrating analysis of human obliquity is the awareness that while the surgical knife can be used to dissect and deconstruct, it can also be used as a tool of healing. Just as moral doctrine acts to both disassemble and recuperate the self, the forces of science, medicine, psychological analysis, and fiction act to fragment and dislocate, and can either pathologise or heal the human subject.

Conclusion

In Malet's fiction, rooms and bodies are unstable sites, susceptible to permeation, leakage, or overflowing. The breakdown of the body as container is a recurring theme: involuntary hysterical symptoms, flowing blood, missing limbs, amputations, contagion, epidermal exchanges, maternal impressions, imagery of flaying and de-fleshing, the internal made external. Bodily vulnerability finds its most extreme expression in rooms and spaces where the body is dismantled. Yet these rooms also fail to contain, compartmentalise, or sanitise medical fears, infection, or death. Malet structures in binaries and plays around inversions; scientific and hysterical, male and female, mind and body, objective and subjective, stability and breakdown, literal and metaphorical. Her dualistic thinking is marked and self-conscious; these binaries are simultaneously reiterated and disturbed as they converge in unruly or damaged bodies and Gothic medical spaces. The narratives echo this, locked into binary constructs and anaphoric structures even as these are troubled, as if trapped into a pattern of repetition compulsion.

The continuity of theme in Malet's early and late work may seem to accord with Janet Courtney's 1932 branding of Malet as 'a novelist of the nineties'.⁵⁰ Yet Malet's career should not be dismissed as a narrative of stagnation and demise. Malet was still a significant cultural figure post-war. She was listed as a principal contributor to a collection of essays on the state

⁵⁰ Janet Courtney, 'A Novelist of the 'Nineties', *Fortnightly Review*, 131 (1932), 230–41.

of the world following the war, *Is It a New World?* in 1920.⁵¹ She was still being interviewed by prominent figures like Dorothy Gilman in 1925. Her low novel sales post-war were probably as much to do with the widespread slump in book sales as with her work itself, or her popularity and status. Furthermore, the thematic resurrection of medical and scientific discourse in relation to human obliquity, fragmentation and lack of wholeness reveals continuities in social anxieties that are often downplayed in critical debates about Modernism. Despite her vacillating conservatism, conflicting messages about gender and sexuality, and the Catholic conversion which Janet Courtney blamed for her alleged decline in reputation, Malet's analysis of humankind's fallen state becomes increasingly material, corporeal and literal, maintaining her scientific reasoning faculty and the convergence of medical and Gothic in relation to bodies, spaces and society.

Francis Secker says of Lydia's novel: 'I should strongly object to being made an exhibit in the way of vivisection' (*Survivors*, p. 328), a concern that Malet herself seemed to share. Under Malet's instruction, her companion Gabriella Vallings burnt her personal papers when a request was raised to write Malet's biography. This act prevented Malet's life from coming under the public knife, becoming an exhibit, subject to our 'vivisection'. We are left to speculate about how far her own experiences and fears fed into her work. Malet's fictional output presents messages that conflict with comments she made in interviews and essays, and are particularly self-contradictory across two essays. In 1888 Malet contributed an essay on women's literature to a collection on 'The Progress of Women'. Her piece celebrates a new modern class of women writers with 'high and daring temper', as Amazons, 'fighting the battle of progress on land in new, self-invented armour of salvation, sailing the seas with riskily explosive cargo of new wine in old bottles'.⁵² She criticises Jane Austen for delivering her delightful maidens to dull and inferior young men. She disparages Charlotte Brontë for believing 'in the divine right of man, with the whole force of her hot, stormy heart', and that her heroines 'likewise sacrifice their individuality upon the matrimonial altar'.⁵³ This essay is revealing about Malet's understanding of her own place in literary history amongst female forebears. 'The Threatened Resubjection of Women', published in 1905, seems to present an incongruous opinion. Lambasted by suffragists, this piece praised masculine dominance and

⁵¹ Lucas Malet, 'The Ancient Wisdom', in *Is It a New World? A Series of Articles and Letters contributed by Correspondents to the "Daily Telegraph,"* August—September, 1920 (London: Hodder and Stoughton, 1921), pp. 29-35.

⁵² Malet, 'The Progress of Women: in Literature', pp. 296-7.

⁵³ Malet, 'The Progress of Women: in Literature', p. 297.

traditional female domestic roles, seemingly promoting the divine right of man which Malet so fiercely criticised Brontë for seventeen years earlier. It states that the ‘present writer’ has ‘no quarrel’ with the ‘mastery’ of man, that ‘the man’s way, on the whole, is best’.⁵⁴ Again, Malet reiterates stereotypical concepts of gender and the body.

In this later essay, Malet discusses ‘the woman of genius’, whom she purports to neither pity nor envy: ‘to possess the dual nature—a man’s brain and ambitions, and woman’s capacity of loving and suffering along with that most intricate and capricious piece of mechanism, a woman’s body—is, indeed, to dwell in a city divided against itself’.⁵⁵ Malet distances herself from the woman of genius, yet an intimate understanding of the feeling of being divided and dually gendered is implicit; she uses the same metaphor as Colthurst of the self as a divided city. This passage reflects the psychic battle of Malet’s identity and her feelings about gender, crystallised in her literary persona, and her complex relationship with and depiction of masculinity. In the earlier 1899 interview, Mary Angela Dickens reported that ‘Lucas Malet has one grave and fundamental quarrel with Fate. It turned her out a woman, and not a man!’.⁵⁶ Yet the discussion of the woman of genius also illuminates Malet’s understanding of the body and the self, both discussed as ‘possessions’, in contrast to Dickens’s understanding of the self being ‘enclosed’ within the body. The hermaphrodite writer evoked by Lydia gestures towards a third option or term, but this feels marginal, merely a useful metaphor. Lydia’s relationship with writing is also somewhat unhealthy and narcissistic: ‘I am as the gods, knowing good and evil – as the gods, sitting above this naughty world and bending it to my use – playing ducks and drakes with men and women’s lives in making them dance to my pen’ (*Survivors*, p. 278). For Malet, possessing the capacities of the man of science alongside a “capricious” female body creates a dual nature, that of both “broken human” and purveyor of truth. Occupying the position of both hysterical patient and scientific observer lends Malet the quality of hyper-acuity, both haunted and undisturbed by the drive ‘to look beneath the surface’ and ‘to see things as they really are’.⁵⁷

⁵⁴ Malet, ‘The Threatened Re-Subjection of Woman’, *Fortnightly Review* 77 (1905), 806–19 (p. 809).

⁵⁵ Malet, ‘The Threatened Re-Subjection of Women’, p. 818.

⁵⁶ Mary Angela Dickens, ‘A Talk with Lucas Malet’ *The Windsor Magazine*, (October 1899), pp. 522-54 (p. 522).

⁵⁷ Malet, *Colonel Enderby’s Wife*, p. 177.

Chapter Four:
The Grotesque Body and the Intracorporeal Landscape:
Djuna Barnes' *Ryder* (1928) and *Nightwood* (1936)

Lucas Malet's essay 'The Threatened Resubjection of Women' (1905) criticises the American woman as 'a somewhat glittering creature' from 'a climate which makes for the development of nervous energy'.¹ An assessment of America as an optimal environment for producing nervous disorder echoes George Beard's *American Nervousness* (1881), which blamed 'modern civilisation', namely 'steam-power, the periodical press, the telegraph, the sciences, and the mental activity of women', for a rise in symptoms.² If according to George Cheyne in 1734 nervous disease was *The English Malady*, by the late-nineteenth century it had migrated to the United States.³ Medical and psychiatric theory was being produced, disseminated and exchanged via a complex network of international research and discussion. Theories passed back and forth across Britain, America, and Europe: an increased dialogue around nervous disorder and its multiplying incarnations, but also widening schisms of opinion as to its psychological or physiological origins. This chapter emulates nervous disorder's relocation to America, to analyse the fiction of Djuna Barnes (1892-1982). After an unusual upbringing in America and a career as a stunt journalist, poet, and interviewer in New York, Barnes travelled to Paris in the early 1920s. She lived between Paris, New York and London, and her fiction likewise brings together locations from both sides of the Atlantic. This chapter examines Barnes's thematic engagement with the human body in two novels, *Ryder* (1928) and *Nightwood* (1936). These very different texts are both concerned with how the body is made and unmade through narrative. *Ryder*, a cultural study of the family, interrogates pervasive metaphors and narratives about the outward body, while *Nightwood* delves inward to explore a jumble of organs and the physical origins of identity and suffering. My new perspective charts Barnes's exploration of how the body is constructed through oral storytelling and inheritance, its visualisation as medical or biological, the gendered expectations and stereotypes which shape it, and how it resists definition through grotesque representation: all questions central to the evolving narrative of hysteria in the early twentieth century.

¹ Lucas Malet, 'The Threatened Resubjection of Women', *Fortnightly Review* 77 (1905), 806-819, (p. 811).

² George Beard, *American Nervousness: Its Causes and Consequences* (New York: G. P. Putnam's Sons, 1881), p. vi.

³ George Cheyne, *The English Malady* (1733), ed. by Roy Porter (London: Routledge, 1991).

Ryder is an epic family chronicle set in the nineteenth century, using multiple antiquated literary forms and embellished with Barnes' own faux woodcut illustrations. It presents the legend of Wendell Ryder and his family, and critiques the patriarchal limiting of women to the domestic sphere, the role of uncomplaining wife and mother, and the prescribed subjection of women's bodies to repeated pregnancy and childbirth. *Ryder* explores the dangers of stories: narrative's capacity to construct arguable social 'truths' about the body. My reading draws out the previously unremarked narrative metaphor of 'ravelling' as a route into understanding this disorderly text and its constructions and dismantling of stereotype and myth. Her later, more famous novel *Nightwood* follows the lives of Felix, Robin, Nora and Jenny, locked in a destructive and painful love quartet, while Doctor Matthew O'Connor tries to help and heal to no avail. The significance of the body's internal biology has been a blind spot in *Nightwood* criticism; the concealed and invisible organs, what I term the 'intracorporeal landscape', is at the centre of my reading.⁴

Critics note that *Nightwood* features scenes that satirise the hysterical encounter: both Charcot's performances of hypnotising hysterical women at the Salpêtrière, and the talking cure of Freud's psychoanalytic cases.⁵ Some go further, and describe Barnes's writing style as hysterical: a deliberate enacting of chaotic narrative.⁶ This is linked to carnivalesque disruption, and Barnes's status as 'the female Rabelais', in Jane Marcus's terms. Much Barnes scholarship looks to Bakhtin's theory of the carnivalesque to explain her texts' confusion of styles and contradictions as tactical misrule and the overturning of social norms and hierarchies.⁷ There are several such readings in the influential collection *Silence and*

⁴ I have borrowed this term from a recent medical study that examines how patients visualise pain within their bodies: Andrew J. Moore, Jane C. Richardson, Miriam Bernard and Julius Sim, 'Interpreting intracorporeal landscapes: how patients visualize pathophysiology and utilize medical images in their understanding of chronic musculoskeletal illness', *Disability and Rehabilitation* (2018), pp. 1-8.

⁵ See Jane Marcus, 'Laughing at Leviticus: *Nightwood* as Woman's Circus Epic', in *Silence and Power: A Reevaluation of Djuna Barnes*, ed. by Mary Lynn Broe (Carbondale and Edwardsville: Southern Illinois University Press, 1991), pp. 221-250; Sarah Parker, 'Urban Economies and the Dead-Woman Muse in poetry of Amy Levy and Djuna Barnes', in *Economies of Desire at the Victorian Fin de Siècle: Libidinal Lives*, ed. by Jane Ford, Kim Edwards Keates, and Patricia Pulham (Oxon: Routledge, 2016), pp. 83-105; Sharla Hutchinson, 'Convulsive Beauty: Images of Hysteria and Transgressive Sexuality: Claude Cahun and Djuna Barnes', *sympløke*, 11.1 (2003), pp. 212-226; Michelle Bollard, 'Spaces of Healing: Modernist women writers and the aesthetics of illness' (unpublished doctoral thesis, University of California-Irvine, 1997).

⁶ See Sarah Parker, 'Urban Economies', and Michelle Bollard on 'Barnes's strategy of hysterical writing' in 'Spaces of healing', p. 259.

⁷ See Jane Marcus 'Laughing at Leviticus'; Sheryl Stevenson, 'Writing the Grotesque Body: Djuna Barnes' Carnival Parody', *Silence and Power*, pp. 81-93; Joseph Allen Boone, *Libidinal Currents: Sexuality and the Shaping of Modernism* (Chicago: University of Chicago Press, 1998); Deborah L. Parsons, 'Women in the Circus of Modernity: Djuna Barnes and *Nightwood*', *Women: A Cultural Review*, 9:3 (1998), 266-277; Alex

Power: A Reevaluation of Djuna Barnes (1991), which anticipate Mary Russo's 1995 feminist reworking of Bakhtin. Sheryl Stevenson argues that *Ryder* is less a derivative Rabelaisian text than a reworking of the carnivalesque for feminist purposes, evidencing female resistance and countermyths to patriarchy. Marcus similarly reads *Nightwood* as a feminist Rabelaisian text that satirises fascist power structures. These carnivalesque readings are focused on the surface and the social, claiming that Barnes depicts grotesque, animalistic, and deviant bodies in order to disturb identity and reject stratified categories of normal and abnormal. These readings are persuasive, but there is more to see here beyond parody and surface symptomatology. *Nightwood* insistently pictures the body's insides, its passages, organs, and guts. The grotesque does not stop at the surface but delves inward in a carnivalesque celebration of the inside; a celebratory rummage through the bowels of the body. The body is turned inside out in a display of interiority that mocks psychoanalysis through an insistence on physiological mapping.

Important new perspectives on these questions emerge in essays in Elizabeth Pender and Catherine Setz's 2018 collection, *Shattered Objects*. In a useful re-reading of the grotesque in Barnes's work Joanne Winning proposes that 'while it may appear to convey notions of degradation and negativity, it in fact absorbs within it the exuberant celebration of human bodily experience and excess'.⁸ Asserting that Barnes's visual vocabulary expresses a form of 'worldmaking', Winning focuses on the insistent presence of the eyes and the hands in *Nightwood*.⁹ Yet Barnes's celebration of bodily excess is not limited to the body's exterior. The collection's title originates from a letter, which Pender and Setz discuss in their introduction. They explain that following Peter Neagoe's comment that *Nightwood* held 'not one note of cheer', Barnes protested to Emily Coleman: "'who wants cheer of any kind except truth?'" she asks, defiantly. "Split the most beautiful woman in half and is it cheering in his sense? No. In mine yes, to see the guts and gall and heart embroiled in that pit out of which beauty boiled".¹⁰ Barnes makes a marginal annotation: 'there is always more surface

Goody, *Modernist Articulations: A Cultural Study of Djuna Barnes, Mina Loy and Gertrude Stein* (Basingstoke: Palgrave Macmillan, 2007).

⁸ Joanne Winning, 'Djuna Barnes, Thelma Wood, and the Making of the Lesbian Modernist Grotesque', in *Shattered Objects: Djuna Barnes' Modernism*, ed. by Elizabeth Pender and Catherine Setz (Pennsylvania: Pennsylvania State University Press, 2018), pp. 95-112 (p. 96).

⁹ Winning, 'Djuna Barnes', in *Shattered Objects*, p. 101.

¹⁰ Barnes, Letter to Emily Holmes Coleman, (8 November 1935), quoted in Elizabeth Pender and Catherine Setz, 'Introduction', in *Shattered Objects: Djuna Barnes' Modernism* (Pennsylvania: Pennsylvania State University Press, 2018), pp. 1-25 (p. 1). Their footnote details the location of the original copy of the letter:

to a shattered object than a whole object [...] and likewise the surfaces of a fragment are less “cheering”¹¹ Pender and Setz comment: ‘as a description of beauty and of the art of storytelling, Barnes’s “shattered object” challenges readers to find their own understanding’.¹² They continue: ‘this *not-cheer*, the “pit” that Barnes describes, is compelling – its guts and gall seeming perfectly suited to *Nightwood*’s unhappy tale. Her “shattered objects” imply a celebration of mere surface, not of depth’.¹³ Even as they acknowledge the appropriateness of the guts and gall to *Nightwood*, Pender and Setz focus instead on the shattered object, fragments and surface, for their definition of Barnes’s particular form of modernism. Barnes’s self-proclaimed own version of ‘cheering’, the gruesome pit, they recast as ‘*not-cheer*’, and thereby sanitise the crux by privileging a marginal annotation. Even as critics acknowledge Barnes’s engagement with the grotesque body, the organs and the guts, they shy away from looking too closely

This chapter revises and expands the dominant readings of Barnes’s work as fragmentary and carnivalesque. First, instead of shattering, I argue that *Ryder* engages in ‘ravelling’: a process of interweaving disparate imagery in order to resist or unravel stereotypes and stories, an ‘embroiling’ of metaphors that does not break established narratives into fragments but instead undermines them through irreverent and grotesque comparisons and combinations. Domestic, traditionally feminine activities are united with violent, animalistic, or taboo imagery; romantic patriarchal visions of procreation are opposed by violent childbirth and death; and women’s perceptivity, authority and independence are depicted in tandem with the venting of bodily fluids, primarily urination. Secondly, my focus on the intracorporeal landscape in *Nightwood*, and indeed the relation and tension between internal and surface – body and margin – encourages a move away from reading external symptoms towards an examination of the body’s internal biology. Barnes’s joyful exploration of ‘the guts and gall and heart embroiled in that pit out of which beauty boiled’ is aligned not only with cheer, but also ‘truth’. As Doctor O’Connor states, ‘no man can find a greater truth than his kidney will allow’.¹⁴ Truth is to be found not in the shattered surface, but in the kidney. Invoking a materialist definition of psychology and the self, the organs are held responsible for a certain

Folder 12, box 2, series 1.2, Emily Holmes Coleman Papers, Special Collections, University of Delaware Library).

¹¹ Barnes, Letter to Emily Holmes Coleman, quoted in *Shattered Objects*, p. 1.

¹² Pender and Setz, ‘Introduction’, *Shattered Objects*, p. 1.

¹³ Pender and Setz, ‘Introduction’, *Shattered Objects*, pp. 1-2.

¹⁴ Djuna Barnes, *Nightwood* (London: Faber & Faber, 1996), p. 75. All further references are given in the text.

amount of identity formation. Yet the organs in *Nightwood* do not stay within their bounds; they are unruly and have agency that extends beyond the bodies that house them. This theme in *Nightwood* dramatises the psyche-soma schism occurring in medicine in the first few decades of the twentieth century. My interconnected strands of inquiry – narrative, medicine, gender, and the grotesque – are embodied in a character who appears in both texts: Doctor Matthew O'Connor. He is a damaged healer, a subversive and flawed medical figure. In *Ryder* he is midwife to all the local women, unofficial life tutor to Wendell's children, a philosopher of history, a general practitioner for 'the diseases and distresses and distempers of man'.¹⁵ In *Nightwood*, become middle-aged, he is an unlicensed gynaecologist, First World War veteran, endless storyteller – in his terms, 'the greatest liar this side of the moon' (*Nightwood*, p. 122) – and a crossdresser or early literary representation of a trans woman, who longs for a womb.¹⁶ Through the perspective of this complex, hybridic character Barnes thoroughly explores the body's designation as narrative, biological, and gendered.

Ryder's Ravelling

Wendell Ryder is a polygamist, a proponent of free love. He sets up home in an American cabin with his mother Sophia, his wife Amelia and live-in mistress Kate-Careless, and several children including Julie, Timothy and Elisha. Wendell has numerous mistresses as well as Amelia and Kate. He believes every sexual encounter will result in a child, and his *raison d'être* is a patriarchal drive to sire a huge number of children. He accordingly sets out to sleep with as many women as possible; a sponge comically dangles from his horse for the purpose of wiping himself down after each sexual encounter. Meanwhile, his charismatic and formidable mother solicits money to sustain the family, his wife and mistress have various fights, his sons have romantic encounters of their own, and his daughter Julie has a series of influential learning experiences about womanhood and 'becomes what she has read' (p. 207). While the text's present is located around 1897, when Kate enters the Ryder household, it skips back in time and details earlier family history, too – Sophia's parents, Sophia herself, Amelia's parents – along with associated accounts of friends and acquaintances of the Ryder family. The fifty chapters employ a huge array of different narrative styles, many parodying

¹⁵ Djuna Barnes, *Ryder* (Illinois: Dalkey Archive Press, 1990), p. 137. All further references are given in the text.

¹⁶ While I am convinced that O'Connor can be read as an early literary example of a trans woman, I will follow Barnes's use of the pronoun 'he' in both texts.

medieval and renaissance texts. The novel also includes a series of faux woodcut illustrations by Barnes, some of which were censored by the New York Post Office, as were certain passages of the text, for distasteful depictions of bodies deemed grotesque and women urinating.

Barnes's biographer Phillip Herring calls *Ryder* 'an autobiographical novel of her early life, a witty family history cloaked in experimental style but clearly based on fact'.¹⁷ The novel's characters and events can be closely mapped onto the author's family and childhood. When her father died in 1934, Barnes stated in a letter: 'my father (Wendel Ryder) [sic] died a few days ago'.¹⁸ However, a purely autobiographical reading is at risk of diminishing Barnes's creative agency. Herring views the writing of *Ryder* as a form of cathartic therapy that 'kept her from suicide'.¹⁹ This reading imposes accounts of Barnes's own childhood trauma on the narrative and its gaps, framing the novel as fraught and haunted by personal history and repressed memories, which emerge in uncontrolled, even hysterical outbursts. Moreover, it ignores the joyful subversion of power structures, playful experiments with language, form and voice, and mischievous inclusion of taboo into the novel. Barnes has much more control over her narrative and style. *Ryder* emphasises its status as a narrative experiment through a series of different modes and styles, many of which are oral forms. Marie Ponsot summarises these: 'in and around the chronicle, *Ryder* incorporates the sermon, anecdote, tall tale, riddling, fable, elegy, dream, epigram, vision, parable, tirade, bedtime story, lullaby, satiric couplet, parallel structuring, ghost story, debate, sententia or aphorism, and emblem or epitome activated as epiphany'.²⁰ Barnes's stylistic meanderings create an innovative collage of styles, out of which emerges a distinctive female voice, appropriating traditional literary forms in order to undermine them. She recognises the performative aspect of writing one's own body into the text, the writer's ability to appropriate and experiment with different voices, and the constitution of the self within different spaces.

The opening chapter of *Ryder*, a form of prologue voiced by 'Jesus Mundane,' guides our reading of the text, addresses the reader and admonishes us: 'thou knowest not where thou beganst to ravel and where I caught thee up on my needle' (p. 5). The narrator is stitching or

¹⁷ Phillip Herring, *Djuna: The Life and Work of Djuna Barnes* (London: Penguin, 1995), p. xviii.

¹⁸ Djuna Barnes, letter to Natalie Barney (5 June 1934), quoted in Herring, *Djuna*, p. 189.

¹⁹ Herring, *Djuna*, p. xviii.

²⁰ Marie Ponsot, 'A Reader's Ryder', in *Silence and Power*, pp. 94-112 (p. 94).

knitting the reader into the story. The verb to ravel is a contranym: it means both to entangle – in the sense of to confuse, perplex, render incoherent or muddled – and to unravel, to fray and become unwound.²¹ This meaning which coincides with its opposite – like the *unheimlich* – foregrounds the text's impression of internal contradiction. Images of ravelling and unravelling point to the construction of lives through narratives woven from several strands. Ravelling becomes an authorial metaphor, as Barnes's narrative at once tangles together and unravels conventional imagery. Amelia's sister Ann writes to her:

I sometimes come to the ravelling end of myself, and must chew the stitch until there is no stitch for chewing, so but write me of thy Wendell and what he has taken into his head to do these last few weeks. It makes a tough meal for my ponderings, and lasts me many days. So if you write me but often of that man, I shall not tear my brain to bits upon itself, but shall have stout gobbets to fling it an it get ravening (pp. 74-5).²²

Ann's metaphor combines feminine, domestic acts of weaving, sewing or knitting with imagery that is animalistic, violent, and desiring. She amalgamates an image of the self as made up of stitches and threads with one of the brain as an animal that needs feeding or will destroy itself. The latter recalls the ancient visualisation of the empty, yearning womb as an animal within the body, an image that Barnes displaces onto the educated female brain. This mirrors the medical shift from the womb to the brain as the cause of hysteria, and George Beard's blaming of 'the mental activity of women' for a rise in nervous symptoms.²³ Ann's description also recalls Lucy Snowe's statement in *Villette* of 'some particular nerve or nerves, almost gnawed through with the unremitting tooth of a fixed idea'.²⁴ Whether Ann's arrival at the ravelling end of herself implies boredom or insanity is ambiguous, though the compulsive chewing on one's own stitches evokes a bestial gnawing that verges on the self-cannibalistic. Ann acknowledges the fascination and satisfaction of hearing stories about Wendell, despite the unsavoury nature of his actions, just as the 'ravening' reader, in need of stimulus to ponder, will want to learn more.

In 'Chapter 19: Amelia and Kate Taken to Bed', Wendell's wife and mistress are giving birth at the same time in the Ryder household; Amelia says "it was as I thought, when your father

²¹ Oxford English Dictionary, 'Ravel', v.1. Accessed online in April 2019.

²² Characters in *Ryder* often use the archaic / colloquial 'an' to mean 'if' or 'when'.

²³ Beard, *American Nervousness*, p. vi.

²⁴ Charlotte Brontë, *Villette*, The Clarendon Edition, ed. by Herbert Rosengarten and Margaret Smith (Oxford: Oxford University Press, 1984), p. 388.

left me, nine months back to the day, he did *not* go to get firewood!” (p. 95). Amelia begins raving and is convinced that she is going to die in childbirth, as her ten-year-old daughter Julie watches in horror. Wendell fatuously proclaims himself a sufficient midwife, but Julie sends for Doctor O’Connor, who ‘came on doctor’s feet. “Where are the scissors?” he said. “And I’ll need fine silken twine”’ (p. 96). Calling for scissors and twine are his first words in this novel. These two items represent cutting then stitching together, the actions of doctors and surgeons, implying the necessity of cutting first, either to widen the birth passage or sever the umbilicus, followed by the sewing up of tears. The twine embellishes the act of ravelling and catching up on the needle from the opening speech, reflecting the way in which Barnes’s text splits and recombines disparate imagery and styles. The scissors and twine extend the narrative metaphor from a feminine, domestic stitching, to a medical or bodily stitching, and the role of author or narrator is identified with that of midwife and surgeon. The doctor’s next words are to reassure Amelia that she will not die, a doctorly cliché, telling the patient what she needs to hear. This is also the lie underlying medicine: it cannot prevent death but only stall it. Narrative, birth, death, and medicine, are connected through the pattern of splitting and unravelling, stitching and ravelling.

In the meantime, the child Julie brings the scissors and twine for Doctor O’Connor, becoming a medical assistant to her mother’s delivery and witness to the pain and dangers of childbirth. Yet Barnes also offers another perspective; Pat the labourer in the upper field hears ‘the voices of two women screaming their children in, and through it the childish treble of Julie, crying, “Wendell! Wendell!” as she lay on her bed of playful maternity, aged ten, holding to her breast a rag doll thrown from the door to the immediate left by the strong paternal arm of Timothy, who was God and the Father’ (p. 95). This distant, overheard mimicry of childbirth occurs just after Amelia has told Julie ““I shall die this time, and there’s no doubt about it, my darling”” (p. 95). Indicating the learnt behaviour of women’s bodies and roles, despite the traumatic circumstances, Julie and her brother Timothy perform the prescribed gender roles of childbirth. Their imitation dramatises the contrast between play and the adult experience, but it also represents a continuum of Wendell’s patriarchal family model, a *tableaux-vivant* of the domestic hierarchy: the woman lying on a bed with a ‘baby’, crying the man’s name, while he stands upright and God-like, and only semi-present, on his way out of the door.

Amelia addresses her baby: ““Out then, mole! Who taught you a woman’s body had a way for you?”” (p. 97). Then later, ““Out, monster, this is love!”” (p. 97). The reiteration of

animalistic imagery depicts the baby as a burrowing mole or monster who already, as a male child, has somehow learned of his predetermined claim on women's bodies. Amelia's raving suggests a hysterical response to giving birth. Indeed, an association between madness and pregnancy, especially excessive, uncontrolled pregnancy, is established early on and continues throughout this text. Julie's experience attending Amelia's delivery mirrors an earlier moment when Sophia (Julie's grandmother) attends her mother Cynthia in childbed. As Cynthia talks to Sophia, 'she groped among the blankets. The room was dark, only the canopied bed stood out (whereon were stamped birds of a gusty wing), a terrible suffering centre without extremities' (p. 7). We are told that 'now with her fourteenth, madness had crept upon her, for the bearing of fourteen is no small matter' (p. 7). The ironic disjunction between the images of birds in flight and the bed as an epicentre of torment implies Cynthia's near-continuous experience of carrying and bearing children as a literal and long-term 'confinement' with no hope of flight.

Later in the novel, Kate seems to experience a rebellious anti-procreative awakening: she 'was evidently both extremely excited and angry, for she was gulping and trembling in a most furious manner' (p. 170). Shouting at Wendell, she describes herself and Amelia as 'carrion waiting your hunger' and says: "'I've become infatuated with the flavour of motherhood; you poked it under my nose, and I've learned to like it. It makes me ill, and there's no pleasure at either end, but I'm addict, and it's your fault'" (p. 170). Kate recognises a pathology of addiction, resulting from Wendell's conditioning of her into his maternal ideal. He describes when he met Kate, then a young drummer in the Haymarket:

I could see by the way she lifted her legs that she wanted to settle down, to become gross, to be a mother, to drink strong coffee, to sleep in the daytime, and at night to pore over the destiny of the Corsican. She was very simple, very lewd, she laughed at one time and not at another. She was strong but not healthy, she was pure but much handled, she had dignity but she was powerless – the perfect mother! (p. 202)

Wendell interpreted Kate's desires for her future in her body language, or rather, his remembered projection of his own fantasy upon Kate's pre-maternity body has become a self-fulfilling prophecy. Kate's comment about the lack of pleasure at 'either end' presumably means copulation and birth, a narrow definition of the motherhood Kate is addicted to that encompasses only carrying a baby to term and discounts everything that

follows the birth, the experience of raising a child. It aligns with Wendell's narcissistic vision of fathering millions of children, and his relative indifference to their welfare once born.

There are abundant images of violent childbirth in *Ryder*. Wendell says that all women “are equal, until one dies in child-bed, then she becomes as near to saints as my mind can conceive. Why is that? You ask; because they died at the apex of their ability” (p. 202). Dying in childbirth is romanticised as saintly; ironic given that female saints are typically celibate. Wendell's perspective encapsulates the paradox of patriarchy's idealisation of women: a reverence for purity in the form of virgin saints, and the requirement that their bodies produce children. The wordplay of Wendell's mind 'conceiving' is a reminder of the role of language in establishing such idealisations of perverse maternal martyrdom. His romantic vision is countered in the 'Midwives' Lament' chapter, a poem about dying from childbearing, subtitled: 'The horrid outcome of Wendell's first infidelity' (p. 77). The unnamed girl in the poem 'died as women die, unequally / Impaled upon a death that crawls within' (p. 77). The lines can be read as enjambed, 'unequally impaled' in its older – Spenserian – meaning of 'unfairly or unjustly'.²⁵ If not enjambed, it reads in a more modern, feminist sense: that dying in childbirth is unequal because it is a form of death peculiar to women. The language in this poem is phallic, military and violent, implying the Gothic concept of the baby grown in the mother's womb becoming the blade which kills her: 'The girl 'pricked herself upon her son and passed/Like any Roman bleeding on the blade – ' (p. 77). The illustration accompanying this chapter pictures two weeping women, the midwives, holding up or carrying what appears to be an upside-down empty nightdress, arms dangling, the poem inscribed on the torso of the dress, an echo of the baby in utero. It is an eerie, tragic poem, but also a feminist poem, and significantly, voiced by female medical professionals who are given a creative literary presence in the novel. They represent an alternative perspective, an awareness of the darker side to the patriarchal philosophy that Wendell promotes of free love and abundant procreation: the potentially fatal impact on the woman's body. Yet this chapter's placement in the novel reiterates that stories change their impact and meaning according to the hearer; it directly follows Ann's plea for 'stout gobbets' to keep her brain occupied. Its sensational subtitle and status as a midwives' tale indicates this is just such a 'horrid' tale of Wendell that might satisfy Ann's ravaging, undermining its tragedy and instead framing it as a lurid scandal.

²⁵ Oxford English Dictionary, 'Unequally', v.1, †2. Accessed online in August 2019.

Ryder is interested in how various bodies – the philandering patriarch, the ‘ideal mother’, the child – are defined in the domestic sphere, the space of the family home (however unconventional), and through oral storytelling. At the start of their relationship, as Amelia prepares to travel to America to become Wendell’s wife, her sister worries, in a stereotypical fantasy about indigenous American tribes’ primitive practices, that Amelia will be attacked by ‘wild men’: “I do expect, by the very first packet that arrives after you land, a parcel with your ear within, or a slice of your scalp, for they will think nothing of murdering and eating you! [...] and I...” she said, “shall receive your ear by post, and there’s no doubt about it, and what shall I do?” (pp. 46-7). Amelia teases her in response: “think, dearest Ann, what in the world can be done with an ear? It’s the most dreadful predicament to be thrust into!” (p. 47). *Ryder* contains many ears, mentioned in isolation, often as part of turns of phrase: ‘the last of the ears open’ (p. 13), ‘such wit as I never lent ear to’ (p. 48), ‘nothing can contaminate a pure ear’ (p. 113), ‘kiss or box their ears’ (p. 113). The novel’s chief stylistic innovation is to reproduce numerous acts of oral storytelling on the page, forming a heteroglossia made up of multifarious competing voices and perspectives, and drawing attention to the ways in which oral stories become myth or ‘truth’. The many disembodied ears serve as markers of the way in which stories are heard, and ‘posted’ onward. The opening chapter, while catching us up on its needle and ravelling us into the story, also tells us that within this book we will direct our attention not to great spiritual matters but to individuals, ‘lesser men’, and ‘words that go neither here nor there, but traffic with the outer ear’ (p. 3). Jesus Mundane is assumed by Stevenson to be Wendell, here narrating this chapter and introducing the text. However, the emphasis on ‘lesser men’ implies that the character of Jesus Mundane is the subject rather than the voice, an everyman figure who represents the carnivalesque elevation of the ordinary and commonplace. The narrator stresses that sometimes this text will not have any greater symbolic meaning; we are told ‘reach not beyond the image’ and ‘bargain not in unknown figures’ (p. 4). Barnes actively discourages too symbolic a reading of her mixed metaphors and strange imagery, coaching the reader to be wary of words and constructed narratives that pass by the ‘outer ear’.

In the chapter ‘The Occupations of Wendell’, Wendell’s exploits with many women are related in five-stress verse in the style of the *Canterbury Tales*:

Now be the moment come when you shall hear

How Wendell stuck his fancy through the ear;
And how he thought his dames to prick and pierce
With pinnēs long, and cork and courage fierce,
That in their lobēs might a jewel hang,
A hoopen round, a knob, or wolfēs fang,
For making of them comerly, and how
He did the samē office for his cow. (p. 56)

Wendell wants to mark his women, the same way he marks his cows: by piercing their ears and hanging a distinctive item through them. As well as a symbol of ownership, this piercing of women's ears literalises the way in which he seduces and controls through the ear, with stories. In a later chapter, when he is 'infested with scrutiny' (p. 213), a social worker is sent to question him about his two live-in women and many children. He fabricates an absent lover of Kate's to account for the extra children, and the chapter becomes a layered narrative, stories upon stories: the narrator tells us about Wendell telling his story to the social worker, a story in which Kate's fictitious lover tells her another story, which this non-existent lover says he heard through 'hearsay' (p. 216). The labyrinth of stories satisfies the authorities, but Wendell 'so well liked his own story that it pained him greatly that it was a fabrication' (p. 220). Wendell is a man in love with his own stories: his narrative of his own sexual prowess, that 'no woman [...] can be happy without his peculiar kind of collusion' (p. 39), and his self-proclaimed procreative destiny, his vision of himself as created to be 'Father of All Things' (p. 210).

Ryder suggests that rather than being primarily a feminist, recuperative form, oral storytelling can perform a different function within the institution of the family. When Doctor O'Connor asks Wendell if he is a good father, Wendell responds: 'Excellent. I keep my children well occupied, mentally and physically. When it is hot they are without need of instruction; something in their blood tells them what to do; but when it is cold [...] I tell them everything' (p. 203). His children's education is defined by an inherited wisdom, passed down through the blood, and by the stories he tells them, encompassing an inappropriately frank account of how they were both conceived and born (Chapter 23: Wendell Tells the Mystery to Julie and to Timothy), or more fantastic creations that gesture towards fables but lack a concluding moral (Chapter 27: The Beast Thingumbob). When Amelia tells the children a bedtime story in Chapter 36, it is a grotesque and frightening tale of two painfully delicate sisters: 'Felice had a little skeleton as chipped of angles as a Ming, and as light as ash. Alix's flesh covered her bones as thinly as ice on a tree' (p. 155). The sisters become pregnant and die on the day

and at the exact time they said they would become mothers: ‘And that’s the end of the two little sisters, thank God, said Amelia’ (p. 156). Barnes is writing women’s bodies back into history, critiquing the prescription of childbearing and reproduction and the effect of a view of women as passive vessels. Yet the myriad oral stories in *Ryder* demonstrate how Wendell’s conceptualisation of women’s traditional roles is perpetuated rather than resisted. It is sustained by being passed down through families, counter-intuitively often through mothers passing bad advice down to daughters. Together, these familial stories from both parents work to maintain an endemic limited and limiting conception of women’s bodies and social roles. The text is as sceptical about female agency as it is celebratory. The narrative draws attention to women’s complicity in their own oppression, but simultaneously enacts and so critiques the inescapable web of patriarchal myth.

The novel suggests that patriarchy thrives through storytelling, especially within families. Oral stories form metanarratives, passed through the ears of the listeners until, like Wendell’s cow, they are pierced, marked, and defined as his. As such it appears to present a dire picture for the possibility of female empowerment; its cautionary message is that narratives, particularly about women’s bodies and their social roles, are passed down and engrained through generations. Stevenson has discussed scenes in *Ryder* which depict the ‘reproduction of mothering’, instances of mothers schooling their daughters in how to be women.²⁶ Sophia’s mother Cynthia sees that Sophia is also pregnant, and asks her to take over the nursing of her baby, passing on the maternal role to her eldest daughter: ‘Sophia took up the new-born all in its long clothes, and put it to the sister breast, for she remembered her mother when she was beginning that she had finished’ (p. 8). Passing on the mothering role is also a passing on of narrative: as the story of one mother finishes, the next begins. Juliann E. Fleenor notes that in the female Gothic, the maternal figure is a double to the female protagonist, representing ‘what the woman will become if she heeds her sexual self, if she heeds the self who seeks the power that comes with acting as the mother, and if she becomes pregnant [...] to become the mother is to become the passive and perhaps unwilling victim of one’s own body’.²⁷ In Barnes’s novel, a chain of mothers and daughters enact this pattern, but also vocalise its perils and sorrows. Stevenson observes a second pattern in which mothers warn their

²⁶ Sheryl Stevenson, ‘*Ryder* as Contraception: Barnes v. the Reproduction of Mothering’, *Review of Contemporary Fiction*, 13:3 (1993), 97-106, <https://www.thefreelibrary.com/_/print/PrintArticle.aspx?id=14445572> [accessed March 2019].

²⁷ Juliann E. Fleenor, ‘Introduction’, in *The Female Gothic*, ed. by Juliann E. Fleenor (Montreal: 1983), pp. 3-28 (p. 16).

daughters against maternity: Amelia's mother tells her: "never let a man touch you, never show anything, keep your legs in your own life, and when you grow to be a woman, keep that a secret even from yourself." She shuddered. "Never, never, have children. And God forgive me!" (p. 32). Amelia repeats a similar message to her daughter Julie: 'take warning by my size and don't let a man touch you, for their touching never ends, and screaming oneself into a mother is no pleasure at all' (p. 95). Stevenson views these messages as presenting a resistance to patriarchal ideology and prescribed maternity. Yet she overlooks that these moments of opposition to motherhood are also a denial of female desire. Amelia's mother is encouraging her daughter not just to reject men, but to repress her own desires: her 'sexual self'. In the same passage, she warns her not to speak of the disgrace of her aunt: 'she has been brought low with suffering and honour and disgrace, and has been reinstated, and this is a secret [...] and you must tell it never' (p. 31). The schooling of propriety and how to be a woman involves keeping the secret of female eroticism and desire, not speaking of it, silencing women's voices and stories.

Boys, too, are schooled in social roles and gender dynamics, and learn lessons in masculinity. Wendell's son Hannel says he will 'get me a girl, and beat her with the warming pan until she gives up the ghost, then I'll settle down' (p. 161). Doctor O'Connor tries to set him straight and tells him that he should never hit a woman. Hannel responds by reporting what Wendell has told him: "Dad says," [...] "See [...] the little girls stumbling to school; it's their future maternity that makes them stare into the hedges like that" (p. 162). Hearing becomes seeing, an image of femininity passed between the male characters. Doctor O'Connor tries to counter it, calling it devilry, and saying 'never listen to a man when he is talking loud; such sounds are not for little ears' (p. 162). Wendell says of his other son Timothy: 'it will take him, as it will take the others, all his life to unravel the tangle of his upbringing' (p. 131), an upbringing defined by Wendell's own tangled images of femininity and masculinity. This presents the child as always subjugated to the patriarch, wasting his or her life in undoing childhood trauma, thereby boosting the parent's God complex.

In 'Chapter 40: Old Wives' Tale, or The Knit Codpieces', Amelia and Kate sit knitting either side of the fire. Amelia turns Kate's question back on her: "what is it that you are doing yourself, Kate? It has the same stitch, and when I turn to take the round, I see your needles slant for the same journey. And though what I knit is red, and what you knit is blue, there's nothing to prohibit them from the same destination" (p. 173). Wendell's two women are

once again placed side by side and engaged in the same activity, mirroring the earlier episode when they are giving birth simultaneously, but instead knitting codpieces for him. The two scenes are further connected by the act of stitching. The codpiece is an obsolete and grotesque item of dress, significant as a symbol of boastful male virility dating from previous centuries. Rather than the theme of women's danger during childbirth, in this episode their conversation forms a comic diatribe on the penis: 'what a trouble it is suiting the stitch to a thing so circumspect in the cold' (p. 173). If we follow the narrative metaphor – stitching implying writing – this suggests that women attempting to emulate the dimensions of male anatomy, in other words writing within the confines of male form, is difficult, even ludicrous. It also reverses the pervasive cultural image of the changeability of female bodies by noting that the penis is 'forever charging and retreating, winter and summer, and coddled it must be, with craft of one kind or another, day in and day out' (p. 173). To the double meaning of craft as both sex and knitting can be added a third, that of crafting narrative. The feminine domestic act of knitting, of ravelling, while also gently mocking phallic forms, indicates a subversive female narrative presence in the novel, through the medium of the taboo.

The taboo in *Ryder* is most explicit in the persistent presence of bodily processes and fluids. The copious urine, vomit and blood in *Ryder* are represented in many of the faux woodcut illustrations, a visual style that is deliberately incongruous with Barnes's grotesque content. Bodily fluids 'saturate' the pages of the novel and provide a particular narrative structure. Notably, the passages of *Ryder* that were censored by the New York Post Office relate to this theme: Paul West notes that 'Djuna Barnes and Charles Friede, an editor from Liveright, sat there in Paris removing passages having to do with body fluids', Barnes furiously replacing them with asterisks to signpost the 'havoc' of the 'nicety' of censorship.²⁸ Alex Goody confirms that 'references to urination were the most heavily censored in the first edition of *Ryder*'.²⁹ Goody identifies Barnes as an exemplar of 'Gothic modernism' in her deployment of the grotesque, in particular animal-human hybrids, corporeal 'becomings' in the Deleuzian sense, and the frank depictions of bodily processes and sexuality which, she says, are Barnes 'writing through the grotesque body'.³⁰ She continues: 'Kate's "brimming" chamber pot helps to indicate how *Ryder* itself brims over with instances of urination and bodily fluids, both textually and in the illustrations, presenting an open, productive,

²⁸ Paul West, 'Afterword,' *Ryder*, p. 243; Barnes, 'Foreword', *Ryder*, p. vii.

²⁹ Goody, *Modernist Articulations*, p. 167.

³⁰ Goody, *Modernist Articulations*, p. 166.

scatological femininity'.³¹ The grotesque body is thus a key to locating *Ryder*'s feminism. Furthermore, this inclusion of grotesque and taboo bodily fluids is connected to the censorship and silencing of women's voices. As this thesis has tracked in earlier texts, metaphors of rising bodies of water are regularly employed in relation to the unruly female body: in medical texts, the storms of *Villette*, the volcanic influx of blood in *Nancy*, the controlled 'overflowing' of *The Survivors*' Lady Aylwin. This set of pervasive cultural metaphors of the leaky female body are, in *Ryder*, playfully satirised and transformed into floods of urine. Critics cannot resist discussing Barnes's writing in terms of its liquidity: as overflowing, flooding, spilling. Catherine Stimpson believes that Barnes is not in control of her characters: 'the author can do little more than to let their voices flow without her intervention. They go on and on, until their rhetoric floods over and drowns linguistic normalcies'.³² West describes Barnes's 'volcanic suasion of the prose'.³³ This, like biographical readings of Barnes's childhood trauma, undermines her creative decision-making, her deliberate rejection of normalcies, linguistic and otherwise. It is ironic that once again, the female voice is dismissed through imagery of flowing and flooding, as Barnes satirises through the urine-soaked prose of *Ryder*.

The central themes of bodily fluids and functions are introduced early in *Ryder*, in the third chapter, 'Sophia and the Five Fine Chamber-pots'. We are told that Sophia comes of hardy stock: 'women who, by deep breathing at inevitable births, suppled the bodice; women who, by ample groaning over the necessary deaths, stretched the gorget' (p. 9). The compliment to the women of the family as 'hardy stock' is undercut by the conventional association of women with the origins and ends of life. Yet it also presents female bodies as straining at the boundaries of restrictive clothing – bodices and gorgets – so as to alter them: women pushing against restrictions, not able to remove the trappings of convention, but shaping them, using their bodies, to fit more comfortably. This encapsulates the way Sophia navigates society, gaining status through embodying but subtly resisting the clichés and expectations of femininity. For example, she 'contrived to have what she wanted' (p. 12) by insisting that everyone calls her 'mother', a calculated device to forestall jealousy in the wives of 'great men'. She turns a socially prescribed role to her advantage, the maternal a useful facade to mask the satisfying of her desires. Growing up 'in a house of thin partitions and sounding

³¹ Goody, *Modernist Articulations*, p. 167.

³² Catherine Stimpson, 'Afterword', in *Silence and Power*, pp. 370-376 (p. 372).

³³ West, 'Afterword', *Ryder*, p. 246.

existence', her list of accomplishments includes canniness about sexuality and love; she 'noted early which uncherished fury in her palsied maiden aunt had intervaled that shaking' (p. 9), hinting at an intuitive understanding of repressed sexuality which emerges in bodily palsy and trembling. She also 'knew to an hour when her father's heart' swung to the right or left, to his mistress or his wife (p. 9). An awareness of bodily functions is also counted amongst her magnificent attributes: she perceives with satisfaction that her father's sympathy for his newborn takes him 'to the "Flowing Bowl" (or night vase)' (p. 9). Her skills imply a shrewd awareness of desire and of bodily needs. As an adult, she 'rendered tribute to this memory' by ordering five fine chamber pots, each with one line of a poem inscribed on the surface in gold. In a parody of the kinds of tests presented in folk and fairy tales, she assesses how observant her lovers are depending on whether they comment on the lines of poetry after using the chamber pot, again associating desire and bodily needs with perceptivity. The chamber pots, 'these jolly vessels' (p. 11), break one by one until only those that read 'Needs there are many' and 'Amen' remain. This chapter is accompanied by an image, one of those censored from the first edition, of Sophia squatting over 'Amen', her skirts hoisted up, a shower of urine falling into the chamber pot as her second husband Alex walks into the bedroom and 'startled her into a premature rising and commotion of ruffle' (pp. 10-11). This suggestion of prudery or privacy seems incongruous with both the image and Sophia's playful candour. However, the description evokes an image of urine splattering feminine clothing, and her apparel's disruption, for which both commotion and ruffle are synonyms. Sophia follows the hereditary pattern of altering or disordering restrictive trappings through bodily functions: breathing, groaning, and now urinating.

In an account of Kate-Careless's childhood, we are told about her mother, the 'buxom contralto from Cork', a street opera singer:

For a great voice was in her, beating against her heart and her lungs, a windy brute terror, tearing and strumming the nerves and the arteries of her body like some monster plucking a prison of harp strings and singing, divinely and terribly, against her kidneys, so that she could not take her rightful place on the operatic stage, but must stand athwart the gutters, singing and ***** like a stupendous hound dog, and her child sitting beside playing tra la la, la la! (p. 81)

Her singing voice affects her organs, causing irrepressible urination whenever she sings. This prevents her from having a career on a stage, meaning she must sing in the street. Her 'great voice' has an impact on her biology. It is a monster within, causing uncontrollable, bestial

physical responses. Nevertheless, she *must* sing, a compulsion that results in a secondary uncontrollable effect, a public performance of compulsive behaviour, taboo functions, and the unruly body. Kate's mother's predicament proposes that women are held back by their bodies from taking their 'rightful place'. It is ironic that Barnes's tongue-in-cheek statement about female voice and performance was an instance of her own silencing and censoring by the New York Post Office, illustrated by the asterisks (presumably the missing word is 'pissing'). The chapter is accompanied by a woodcut illustration of a huge woman singing and urinating a downpour onto the cobbled street, an image likewise censored from the first edition. Urination is associated with female self-expression, both terrible and divine. Performative cathartic voiding, expelling of waste, is perhaps a necessary side-effect of women having a voice and telling their stories: the pit out of which beauty boils.

Amelia's sister Ann is an interesting and understudied character in *Ryder*. Unlike many of the characters, Ann has a direct voice in the novel. She expresses herself in her own words, in a series of four letters sent from London to America, interspersed at intervals in the novel. These chapter titles all begin 'Amelia hears from her sister', recalling the disembodied ear trope, and state the various topics of each letter, implying a regular set of stories arriving into the Ryder household via women's correspondence. In her first letter, discussed above, Ann acknowledges a specific form of female appetite, the violent need of the educated brain ravaging for stout gobbets of information. Her final letter is on the subject of 'the Misfortunes of Women', which largely encompass medical misfortunes: 'there are so many terrible women, so hideously mated, so many cripples and disjoined in our fine city [...] and malady, such as goitre and lumbago, rickets or hernia, to say nothing of those running distempers that so put one out of countenance' (p. 181). It details Ann's attempts to find herself a job in London, as an independent, wage-earning, single woman. She ends this letter with a discussion of urination: 'nature so called and called and whined within, I thought a penny-worth would set me straight, and went to do that business. But so it befell, either because I was so inner harried, or because my eyes begin to fail, I lost a shilling' (p. 183). The use of money-related colloquialisms for urinating illuminates Barnes's connection between female independence and urination, suggesting that there is a perverse logic behind at least some of her ravellings of disparate imagery. Ann in turn wants to know if they have similar problems in America 'for these be things that I would know of; their difference is what sets us so much a world apart, and if it is the same, I shall feel that much nearer you, my dearest sister' (p. 183). Her interest in the subject, its cross-Atlantic differences or similarities, and its framing

within a discussion of the Misfortunes of Women, parodies the international exchange of discourse on ‘women’s problems’ and women’s unruly bodies.

The medical perspective of Doctor O’Connor, who dominates the narrative of *Nightwood* with his rambling and meandering speeches, is more peripheral in this earlier novel.

However, he is granted a stream-of-consciousness monologue in *Ryder*: ‘Chapter 32: The Soliloquy of Dr. Matthew O’Connor (Family Physician to the Ryders) on the Way to and from the Confessional of Father Lucas’, in which medical disorders and processes are detailed in an extension of the novel’s connection between insight, liquidity, and desire:

What with a dilater on my hip and the diseases and distresses and distempers of man, and what they are prone to, coming into my mind, and before my eyes, and me restless, it’s a devil a bit of peace I’ll get, says I, banging my head against the scrofula and the tapeworm and the syphilis and the cancer and the pectoris and the mumps and the gleet and the pox of mankind, I says, and me with my susceptible orbs staring down into and up through the cavities and openings and fissures and entrances of my fellowmen, and following some, and continuing others, and increasing many, and them swelling and opening and contracting and pinching like the tides of the sea, and me a mortal like the sea with my ebb and flow, and my good heart, and my thundering parts and my appetites and my hungers. (p. 137)

O’Connor’s delving inside the body involves a sense of both helplessness and power. While banging his head against diseases implies a haphazard, even futile attempt at treatment, he also has an authoritative insight into the body’s secret centre. He can actively follow, continue, and increase biological pathways, but they also have a life of their own in their movements, and he is swept along as they become instead a seascape. He himself mimics this tidal characteristic, an ebbing and flowing that again links liquidity to desire. O’Connor’s narration of his doctorly role crosses over into his own biology; his medical authority does not transcend his own humanity and mortality. His insight can be hampering and dislocating, as he becomes ‘lost in my bowels like a little child crying against the great darkness of myself’ (p. 138). The confession that surrounds this passage refers specifically to non-normativity in relation to both gender and sexuality, as O’Connor repeatedly feminises himself and Father Lucas, confesses to sleeping with ‘Fat Liz, him as keeps bar’ (p. 138), and interweaves the story of the sexual encounter with imagery of spiritual release. The chapter instigates a characteristic combining of the sacred, the profane and the medical. Moreover, it anticipates the narrative move from surface to depth which becomes central to *Nightwood*, in further fantasies of self-autopsy, and exploration of the intracorporeal landscape.

Nightwood's Intracorporeal Landscape

The unruly internal body of *Nightwood* insists upon the connection between bodily functions and the psychological or emotional, which was integral to nineteenth-century medical and literary discourse on hysteria. Barnes brings psychology back to the material body, not simply the external movements and fits of hysteria, but exploring the manifestation of emotions and memory as physical landmarks in and amongst the topography of the organs. While *Ryder* analyses the body's construction by external narratives, in *Nightwood*, Barnes interrogates how the body's internal can define the self. In a pivotal scene in *Nightwood*, during a long diatribe on the meaning of the night – all communicated through direct speech to Nora – O'Connor meanders off-topic into a fantasy of self-autopsy:

What an autopsy I'll make, with everything all which ways in my bowels! A kidney and a show cast of the Roman races; a liver and a long-spent whisper, a gall and a wrack of scolds from Milano, and my heart that will be weeping still when they find my eyes cold, not to mention a thought of Cellini in my crib of bones, thinking how he must have suffered when he knew he could not tell it for ever – (beauty's name spreads too thick). And the lining of my belly, flocked with the locks cut off love in odd places that I've come on, a bird's nest to lay my lost eggs in, and my people as good as they come, as long as they have been coming, down the grim path of "We know not" to "We can't guess why." (p. 90)

His envisaging of his internal topography presents a confusion of organs, bones, stomach lining, objects, history, memory, thoughts, and metaphors. O'Connor's imagined exploration of this biological body opposes a sterile, careful, controlled autopsy. Literal and figurative meanings and functions of the organs never settle; they are in a constant state of destabilisation, much like the ravelling and unravelling metaphors of *Ryder*. The second sentence of this passage is clearly a list of the contents 'all which ways' in his bowels, while in the third sentence, subjects and verbs become muddled: are his people flocking his stomach lining or is he laying them in his nest with his lost eggs? The narrative and its clarity become likewise lost on this 'grim path' amongst the confusion of organs, memories and influences. The body is unmade and remade through words, its different parts personified and mythologised. It speaks to an awareness that what makes 'people as good as they come' is just such a jumble of influences, from the ancient to the subjective; it is impossible to 'guess why' humanity is as it is.

As in *Ryder*, medical procedures are related using scopic and spiritual imagery. O'Connor notes that 'the great doctor', in his exploration of the body, 'closes one eye, the eye that he studied with, and putting his finger on the arteries of the body says: "God, whose roadway this is, has given me permission to travel on it also," which, heaven help the patient, is true; in this manner he comes on great cures' (pp. 28-9). The doctor's eye is granted godly insight, and his finger placed reverently on the arteries, the 'cavities and openings and fissures and entrances'. Designating the body's passages as a road further frames the internal as a landscape which the medical profession has been granted permission to explore, but that results in cures being stumbled upon more than studied for. The move from using both eyes, his 'susceptible orbs' in *Ryder*, to closing the eye of medical training in order to work intuitively, is a celebration or boastful affirmation of medical instinct. O'Connor comments: 'I, as a medical man, know in what pocket a man keeps his heart and soul, and in what jostle of the liver, kidneys and genitalia these pockets are pilfered. There is no pure sorrow. Why? It is bedfellow to lungs, lights, bones, guts and gall!' (p. 20). His self-proclaimed wisdom of a 'medical man' is destabilised when he later admits he is 'not a licensed practitioner' (pp. 31-2), a move from the 'great doctor' with godly insight, to the uncertain authority of an insightful charlatan.³⁴ O'Connor indicates that sorrow and suffering can form a physical presence in amongst the body's organs and skeleton. The heart is displaced from the centre of the body into a pocket, rendered vulnerable to theft due to the disorderly movements of other organs. Love – or rather, heartbreak – is demarcated as a material, organic presence, potentially poisonous. Charlatan or not, his diagnoses plays out in Nora's body, though whether figuratively or physically is unclear. The narrator tells us: 'love becomes the deposit of the heart [...] in the heart of the lover will be traced, as an indelible shadow, that which he loves. In Nora's heart lay the fossil of Robin, intaglio of her identity, and about it for its maintenance ran Nora's blood'. (pp. 50-51). Within Nora's body, love produces a residue: emotions and traumatic experiences are impurities that the body cannot process or dispose of.

³⁴ It is well-known that O'Connor is based on Barnes's friend, Daniel A. Mahoney. Herring reports: 'Barnes would sit for hours listening to him, often taking copious notes, which became the basis for O'Connor's monologues in her novel' (Herring, *Djuna*, p. 210). As Barnes's sometime lover Charles Henri Ford recalled in a letter, 'D--- calls him her copy and does turn his lines remembered from 20 years back into brilliant prose' (quoted in Herring, *Djuna*, p. 212). The rendering of Dan Mahoney's voice into 'copy' implies an exploitative use of friends as source material. However, fiction actively licenses such imaginative appropriation and transformation. I agree with Andrew Field: 'it seems clear then that the figure of O'Connor is indeed Mahoney, but the words and tone and substance of what O'Connor says belong solely to Barnes: seeds of his discourse can be found in all the best early Barnes short stories and plays written long before she knew him' (Andrew Field, *The Formidable Miss Barnes: A Biography of Djuna Barnes* (London: Secker & Warburg, 1983), p. 145).

These ‘remains’ develop into a fossil which begins feeding off its host, parasitically sustained by Nora’s blood.

Despite the plot’s focus on heartbreak, it is another organ that holds court in *Nightwood*: one that is designed to process impurities in a way that the text implies the heart cannot. The novel’s contemplation of the kidney – that ‘no man can find a greater truth than his kidney will allow’ (p. 75) – implies that the kidney has authority and agency, and is the location of subjective truth, the finding of which is contingent on the kidney’s prerogative. As in *Ryder*, in which Kate’s mother’s monstrous voice reverberates against her kidneys, causing uncontrollable urination, the kidney is connected to the voice and to singing. O’Connor claims that both his song and singing voice were ‘better until I gave my kidney on the left side to France in the war – and I’ve drunk myself half around the world cursing her for jerking it out’ (p. 81). This loss of a kidney might be the reason this organ is mentioned so many times by O’Connor, as if the absence of one of his own is often on his mind, a preoccupation that emerges symptomatically in his rambling speeches. What further significance does this organ possess? It has no well-known established mythological connotation. The kidney’s function is to purify the entire blood volume continuously, to filter it, retaining positive substances and concentrating waste into urine. This process provides a biological counterpart to the cathartic process of psychoanalysis, expunging the negative from the body. Rather than invoking a psychoanalytic model of hysterical writing, or hysterical catharsis, Barnes points out that our bodies already perform a process of filtering, purifying, and voiding. She creates her own mythology around this overlooked but fundamental piece of biological machinery.

Nightwood reflects the psyche-soma schism unfolding in the medical world as Barnes was writing. Disputes over the psychic or physiological origin of nervous disorders, a topic of debate throughout the nineteenth century, gave rise in the early to mid-twentieth to an increasing division between medical doctors and psychiatrists. The First World War resulted in mass trauma symptoms in men, indisputably similar to those of hysteria: psychosomatic mutism, paralysis, blindness, shaking, limping, fits, among others. The emergence of hysterical men during the war and their visibility post-war transformed understandings of hysteria, the role of doctors and psychiatrists, and exacerbated the psyche-soma schism. In the context of post-Freudian psychoanalysis, the cause of hysteria was understood to be psychological: the effect of trauma or sexual repression. The resulting reformulation of

disorders previously defined as physiological – hysteria and neurosis – as based in the emotions, provoked a backlash, a desire to re-materialise psychology. Andrew Scull explains how initial accounts of shell shock promoted a physiological cause: exploding shells, a new technology, were thought to cause invisible internal injuries to the body, damaging the nervous system ‘in subtle if not directly observable ways: tears to the spinal cord, or minute haemorrhages and micropunctures of the brain’.³⁵ Only reluctantly did doctors begin to acknowledge that the cause of these inexplicable symptoms might be purely psychological and emotional. Passing allusions to the war in *Nightwood* hint at this context. In his first speech, O’Connor comments: “‘I was in the war once myself [...] in a little town where the bombs began tearing the heart out of you”” (p. 20). The phrasing invokes physical violence, bombs ripping the body, metaphorically representing emotional damage, enacting explanations of shell shock shifting from the physical to the psychological.

Another mention of the war by O’Connor reiterates the traumatic and corporeal effect:

Once in the war I saw a dead horse that had been lying long against the ground. Time and the birds, and its own last concentration had removed the body a great way from the head. As I looked upon that head, my memory weighed for the lost body; and because of that missing quantity even heavier hung that head along the ground. So love, when it has gone, taking time with it, leaves a memory of its weight. (p. 115)

The missing body of the horse results in a hyper-presence, its two separate parts gaining a sensation of heaviness through the viewer’s perception, an analogy for the memories of lost bodies of soldiers weighing on the national consciousness. The memory compensates for the loss, in the manner of a phantom limb. Kate Armond points out that the doctor’s first and last monologues both include the theme of decapitation. In fact, many of his speeches feature impaired or dismembered bodies, lacking limbs, such as Mademoiselle Basquette, ‘a girl without legs, built like a medieval abuse. She used to wheel herself through the Pyrenees on a board’ (p. 23). However, his speeches also encompass missing internal organs: both physical absences such as his kidney, and figurative ones, such as his torn-out heart. O’Connor describes himself in pieces: ‘a broken heart have you! I have falling arches, flying dandruff, a floating kidney, shattered nerves *and* a broken heart!’ (p. 142). His boastful list of his own ‘diseases and distresses and distempers’ is comically incongruous – shattered nerves and dandruff are treated as of equal weight. His personal pain and sickness point to war trauma,

³⁵ Andrew Scull, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2012), p. 157.

also termed shattered nerves. As such, O'Connor embodies the hysterical man, the crisis of masculinity produced in the wake of widespread shell shock. His speeches incorporate the psyche-soma divide, involving physical symptoms, emotional responses, and metaphorical loss. The absent organ that O'Connor mourns most, however, is the womb.

When Nora visits O'Connor to ask him about the psychology and transformative effect of the night, she finds him in bed, in a room both 'degraded [...] like the rooms in brothels', and yet also 'muscular', dressed in a curly blonde wig and a woman's flannel nightgown, his face rouged and lashes painted (p. 71). Discussing this scene, Avril Horner and Sue Zlosnik perceive a 'comic grotesquery in his mimicry of the "opposite" sex. Moreover, his flamboyant imitation of femininity recalls the pageantry and the fakery of the circus described within the novel's first few pages'.³⁶ They describe this as his 'freakishness'.³⁷ Their reading uncomfortably echoes reductive sexological diagnoses of the male 'invert' as an anomalous biological error giving rise to 'perversion', as Richard von Krafft-Ebing put forward in *Psychopathia Sexualis* (1886), a category elaborated under the term 'inversion' by Havelock Ellis in *Sexual Inversion* (1896). O'Connor's self-aware embodiment of categories classed as pathological perversion and inversion in contemporaneous medicine rather points to the inadequacy of such sexological categories, implying that the labels of freakish and inverted are predicated on a dismissal of non-normativity. Recent trans theorists have rejected critical theories that dismiss O'Connor as a cross-dresser, or as engaged in a parodic performance of femininity, instead reclaiming him as an early literary example of a trans woman. Elizabeth Dolan Kautz points out that his performativity is not that of parodic femininity, but rather of medical masculinity; that his performance is that of 'a traditional, aggressive doctor', and his language 'encapsulates a thin pretence of traditional masculine order'.³⁸ His 'real' or authentic self is instead the one Nora sees, as she describes, 'at the hour when he had evacuated custom and gone back into his dress' (p. 71).

Barnes's pervasive anti-procreative stance is unsettled by the counternarrative of O'Connor's biological and maternal desires, his longing for a womb. He tells Nora that he should have been born with a high soprano, 'deep corn curls to my bum, with a womb as big as the king's

³⁶ Avril Horner and Sue Zlosnik, *Gothic and the Comic Turn* (Basingstoke: Palgrave Macmillan, 2005), p. 90

³⁷ Horner and Zlosnik, *Gothic and the Comic Turn*, p. 90

³⁸ Elizabeth Dolan Kautz, 'Gynaecologists, Power and Sexuality in Modernist Texts', *Journal of Popular Culture*, 28:4, (1995), 81-91 (p. 88).

kettle, and a bosom as high as the bowsprit of a fishing schooner' (p. 81). He continues: 'in my heart is the wish for children and knitting. God, I never asked better than to boil some good man's potatoes and toss up a child for him every nine months by the calendar' (p. 82). The incongruity between his romantic dreams of motherhood and how Barnes depicts events of pregnancy and childbirth is resolved by considering that both form a critique of the tyranny of biology: the enforcing of the maternal role on unwilling and suffering women when there are men like O'Connor who desire it. This thesis has explored the appropriation of medical language since the 1850s, suggesting that the strategy reveals an attempt to reclaim women's own bodies and diagnoses, to play at being, or aspire towards a world in which they might become medical authority figures. In the context of women's writing, it is significant that Barnes creates a male doctor who wants nothing more than to be a woman, who is both male and female, a gynaecologist who yearns for a womb of his own. O'Connor seems to personify Lydia's comment in Lucas Malet's *The Survivors* (1923) that 'the teller of tales and maker of stories is bi-sexual, hermaphrodite – he who begets, she who conceives, complete in one'.³⁹ Barnes follows the Modernist vogue of featuring a Tiresias figure, but in making him a doctor – one 'whose interest in gynaecology had driven him half around the world' (p. 13) – she troubles medical authority as well as destabilising rigid medically-defined categories of gender and sexuality. His long and meandering tales, sometimes enlightened and sometimes nonsensical, form a sort of hysterical vocal outpouring. Barnes creates a medical character who overthrows the binary of sane, masculine doctor and hysterical female patient. As a war veteran with 'shattered nerves', he embodies the faulty logic of hysteria: that to be hysterical, by definition, is to possess an empty, longing womb.

Robin also destabilises this logic. Before she meets Nora, Robin experiences an identity dislocation due to a different form of foreign body within. As in *Ryder*, Barnes's perspective on procreation constructs the central horror: pregnancy. Felix's desire for Robin is based on his assertion that 'with an American anything can be done' (p. 35): he hopes to form her into his ideal wife and mother. Yet Robin resists inscription into this role; unlike Amelia and Kate, her body insistently rejects it and rebels in several ways. Discussing *Nightwood*, Joseph Allen Boone points to 'a cluster of metaphors – birth, the infant, the child, the orphan – running throughout the text'.⁴⁰ As with Maynard's reading of the heart in *Villette*, Boone sees

³⁹ Lucas Malet, *The Survivors* (London: Cassell and Company, 1923), p. 277.

⁴⁰ Boone, *Libidinal Currents*, p. 238.

metaphor where I perceive materialism. Robin's experience of pregnancy and birth is no metaphor but encompasses genuine body horror. Robin, the somnambulist, seems to sleepwalk into her relationship with Felix and her pregnancy, which she prepares herself for with 'her only power: a stubborn cataleptic calm, conceiving herself pregnant before she was' (p. 41). Her fatalism recalls Amelia persuading herself that Wendell was 'a deed that must be committed' (Ryder, p. 241). Robin's demarcation as *La Somnambule* implies a hysterical character: for Charcot, the susceptibility for hypnosis and falling into a state of somnambulism was fundamental to hysteria, and her mindset invokes another common Victorian symptom, catalepsy.

Robin's pregnancy provokes a wanderlust which evokes through parody the wandering womb, and anticipates her later strays through the cityscape at night: 'strangely aware of some lost land in herself, she took to going out, wandering the countryside to train travel, to other cities, alone and engrossed' (p. 41). While the womb was once thought to wander due to a restless longing for a baby, Robin's pregnancy causes her to wander because, as she vehemently later attests, "I didn't want him!" (p. 44). Her topographical nomadism, an attempt to escape oppressive interiors, mirrors the intracorporeal landscape: the 'lost land in herself' performed in her external behaviour. As she 'looked down at the tomb of Lafayette and thought her unpeopled thoughts' (p. 41), she then 'found herself worrying about her height. Was she still growing?' (p. 42). This body dysmorphia displaces a concern about her changing body onto height rather than pregnancy, de-gendering the changes and 'unpeopling' her apprehensions, dismissing the child inside her.⁴¹ Her continual kinesis extends to her mind, her thoughts both unpeopled and wandering; later we are told Robin's 'thoughts were in themselves a form of locomotion' (p. 54).

The scene of giving birth equally negates metaphor. As in *Ryder*, birth is bloody, painful, and traumatic:

Amid loud and frantic cries of affirmation and despair Robin was delivered. Shuddering in the double pains of birth and fury, cursing like a sailor, she rose up on her elbow in her bloody gown, looking about her in the bed as if she had lost something. "Oh, for Christ's sake, for Christ's sake!" she kept crying like a child who has walked into the commencement of a horror. (p. 43)

⁴¹ That Robin gazes down on the tomb of the Marquis de Lafayette, a French aristocrat who fought in the American revolutionary wars and has an American flag flying over his grave, emphasises nomadism, Atlantic diaspora, the movement of people, and dual or muddled identity.

Her apparent bafflement and fury at what is happening to her body provokes a rare instance of speech by this largely silent character, cursing and blaspheming in pain and fury. Much later, Nora describes her impression of Robin: 'I saw her always like a tall child who had grown up the length of the infant's gown, walking and needing help and safety; because she was in her own nightmare' (p. 131). She echoes three images from the childbed scene: Robin's child-like character, the infant's gown mirroring the bloody gown, the nightmare mirroring the horror. This statement repeats Robin's concern during her pregnancy, that she was growing in height. It also recalls a dream that Julie has in *Ryder*, in which a horde of mourning children transform, 'become mothers and are laden and large' (*Ryder*, p. 109), a fearful and sudden transformation from child into mother. The unexpected reality of birth is, for Robin, a deep shock: 'a week out of bed she was lost, as if she had done something irreparable, as if this act had caught her attention for this first time' (p. 43). Post-birth she is still lost; her restlessness persists and she continues to wander not only from Felix but during her relationships with both Nora and Jenny. As well as topographically lost, she is consistently framed as temporally dislocated; when Felix meets Robin, she is described as having 'the face of an incurable yet to be stricken with its malady' (p. 37). In her traumatised state post-birth, people respond to Robin as 'confronted with a catastrophe that had yet no beginning' (p. 43). This irreversible biological event and resulting trauma reverses the logical progression of Robin's own narrative.

Doctor O'Connor details figuratively another temporal discombobulation of bodily experience related to pregnancy:

How more tidy had it been to have been born old and have aged into a child, brought finally to the brink, not of the grave, but of the womb; in our age bred up into infants searching for a womb to crawl into, not be made to walk loth the gingerly dust of death, but to find a moist, gill-flirted way. And a funny sight it would be to see us going to our separate lairs at the end of day, women wincing with terror, not daring to set foot to the street for fear of it. (p. 88)

This hypothesises another biological fantasy, not of autopsy but a different form of entering the internal body. Despite his comment that this concept is 'tidy' and 'funny', the image of women hiding from a reverse pregnancy is gruesome. The utopian implications of growing into an infant as a return to innocence, and the moist gill-flirted way of the vaginal entrance that replaces the dust of death, are offset by the 'funny sight' of the horror of the women, who

would still be the ones to inevitably suffer in this scenario. The regressive desire to creep back into the womb is usually associated with men, and as such O'Connor's use of 'us' might appear to complicate his professed desire to own a womb. However, his visualisation rather implies his own longing to overturn biological certainties, and reiterates that bodily desires can be contradictory and incongruous. The body resists stable definition through grotesque representation. His macabre reversal of the biological narrative of birth emphasises the role of the grotesque as both celebratory and negative, productive and degraded, whimsical and horrific.

Conclusion

In *Ryder*, Barnes draws attention to the stories that are told about women's bodies and how language and narrative police categories of social and sexual roles. These themes are central to the hysterical body. The source of its pain or trauma silenced through repression, it translates the unspeakable into symptoms; in Freud's terms: 'if our lips are sealed we talk volubly with our fingertips; we betray ourselves through every pore'.⁴² Freud theorised that these bodily betrayals can be decoded by a trained (male) psychoanalyst. The reading and interpretation of the (usually female) body, its translation and ordering into 'coherent narrative' by men, and the silencing and censorship of women's voices, are performed in *Ryder*, in Wendell's pervasive mythology about gender relations, women's prescribed and internalised role as merely child bearers, and the idealisation of women as at the 'apex of their ability' when dying in childbirth. These stories are constructed and transmitted through the novel, often in passages of dialogue framed as storytelling. While oral storytelling is often identified with traditions of women's culture and critically celebrated as feminist and recuperative, an alternative to patriarchal narratives and forms, *Ryder* proposes that it can function differently within the institution of the family, instead perpetuating misogynistic stereotypes about gender which have a tangible impact on women's bodies. However, Barnes's text concurrently undermines and deconstructs these narratives. Represented by the authorial metaphor of ravelling and unravelling, an image that is evoked in contexts of both feminine domestic stitching and medical surgical rupture and repair, she divides and stitches together strands of disparate imagery and ideology through stories which subvert Wendell's

⁴² Sigmund Freud, *A Case of Hysteria (Dora)*, trans. by Anthea Bell (Oxford: Oxford University Press, 2013), p. 66.

patriarchal mythology. In addition, she presents alternative narratives of the female body by deploying taboo and the grotesque into the text and her accompanying faux woodcut illustrations. While not always suggesting emancipation or empowerment, these provide different perspectives on the ‘truth’ of the body and the construction of the self through stories. A feminine harnessing of medicine, the domestic, and the body, can offer an alternative to patriarchal metanarratives.

Ryder uses oral forms to examine the establishing of myth and metanarrative and interweaves a counternarrative through the inclusion of alternative voices and stories. The device of multiple voices, styles, and acts of oral storytelling is condensed in *Nightwood* into O’Connor’s verbal diatribes, as Marcus asserts: ‘its heteroglossia resides in the doctor’s multi-voiced stories of abjection’.⁴³ If Wendell Ryder’s storytelling and myth-making is lampooned as an exposé of masculinist fantasy, so in Michelle Bollard’s terms Doctor O’Connor ‘represents the problematic role of storyteller as healer’.⁴⁴ Much of what O’Connor says is, by his admission, not necessarily true, implied in his self-naming ‘Matthew-Mighty-grain-of-salt-Dante-O’Connor’ (p. 72). He explains to Nora his reason for telling endless stories:

Do you know what has made me the greatest liar this side of the moon, telling my stories to people like you, to take the mortal agony out of their guts, and to stop them from rolling about, and drawing up their feet, and screaming, with their eyes staring over their knuckles with misery which they are trying to keep off, saying, “Say something, doctor, for the love of God!” And me talking away like mad. Well that, and nothing else, has made me the liar I am. (p. 122)

Lying and storytelling are here framed as medical attempts to ease pain, to distract the sufferer. A stream of meaningless words is inadequate to pacify the body out of control due to intense pain, in a parody of the talking cure. While O’Connor functions to stage parodic subversions of the psychoanalytic encounter in *Nightwood*, he also acts as a directive to look into the body’s internal passages and perform an imaginative biological exploration that displays the chaos and influence of the intracorporeal landscape. Robin’s lost land within herself, O’Connor becoming lost in his bowels, and his autopsy revealing a nest to lay his lost eggs in, as well as descriptions of paths, roads, and passages within the body, point to the

⁴³ Jane Marcus, ‘Laughing at Leviticus’, in *Silence and Power*, p. 231.

⁴⁴ Bollard, ‘Spaces of healing’, p. 260.

dislocating effects of biology on identity. The implication is that this perspective is more revealing of 'truth' than the falsity of narrative and story.

Barnes lampoons patriarchal mythologies: the prescriptive traditional role of women, the way men read the female body, the tenuous narratives which construct a social truth. In *Ryder's* ravelling and unravelling of imagery and styles, interweaving and deconstructing established myth and metaphor, she creates a sense of constant destabilisation: 'truth' is always shifting and evolving. Her use of the taboo and grotesque gestures towards a female voice that resists inscription by men into preconceived narratives. The grotesque manifests in *Nightwood* as a fascinated body horror, which is gory, anarchic, and celebratory of the body's unruliness. It prefigures an explicit engagement with body horror and medicine by late twentieth century women writers in critical, authoritative, and empowering ways, as I will discuss next, in my chapter on the fiction of Helen Oyeyemi. Contemporary changes in medicine and psychiatry and the evolving narrative of hysteria are visible in Barnes's work: the psyche-soma schism, the insistence on a physiological explanation for traumatic pain, and the fundamental role of the organs in experience and identity. But she also creates a mythology of the internal, biological body that is not dictated by medicine, and is entirely her own.

Chapter Five:
Contemporary Afterlives:
Hysteria and the Gothic in Helen Oyeyemi's
The Opposite House (2007) and *White is for Witching* (2009)

Nigerian-born British author Helen Oyeyemi (1984-) writes about migration, diaspora, slavery, racism and gender through a generic hybrid of realism, revised folk tales, and Gothic conventions. The hysteric is a central figure in her second novel *The Opposite House* (2007). Protagonist Maja and her best friend Amy Eleni both attest that they are threatened by a 'personal hysteric', a dark other self who emerges at times of emotional strain and who possesses their bodies, encouraging them towards self-mutilation, starvation, and suicide.¹ Oyeyemi's subsequent novel *White is for Witching* (2009) does not explicitly refer to hysteria, but draws on a range of hysterical symptoms and behaviours. Miranda Silver suffers from the mysterious eating disorder pica, a paradoxical compulsion to consume inedible substances such as chalk and plastic. The novel centres on Miranda's unexplained disappearance. The friction between psychological and physiological, and individual and social, can cause complications for the writer who chooses to revive the anachronistic pathology of hysteria; this is also the reason it continues to fascinate. This chapter questions: how and why does a contemporary author revive the figure of the hysteric, especially in combination with the Gothic mode? Sarah Ilott sees Oyeyemi's depiction of the hysteric as 'an assertion of an undisciplined femininity that refuses to be controlled [...] It is constructed as a rebellious feminine spirit, one that unites women and spills forth in denial of social constraints'.² I argue that Oyeyemi resurrects hysteria as a more complex figure than that of symbolic rebellious feminine, relating the disorder's long history of symptoms to contemporary mental health issues. She extends hysterical behaviours and symptoms beyond her female characters, into the form and structure of both her texts and houses, and literalises the disordered body to critique an aesthetic romanticisation of hysteria.

¹ Helen Oyeyemi, *The Opposite House* (London: Bloomsbury, 2007), p. 31. All further references are given in the text.

² Sarah Ilott, "'The genesis of woman goes through the mouth': Consumption, Oral Pleasure, and Voice in *The Opposite House* and *White is for Witching*", in *Telling it Slant: Critical Approaches to Helen Oyeyemi*, ed. by Chloe Buckley and Sarah Ilott (Eastbourne: Sussex Academic Press, 2017), pp. 132-151 (p. 144).

Oyeyemi rose to prominence after the publication of her first novel *The Icarus Girl* (2005), written aged just seventeen. The protagonist is eight-year-old Jessamy, disposed to screaming fits and habitually suffering from severe fever symptoms with no physical cause. Jessamy becomes caught in a deadly game with her malign imaginary friend and doppelganger; a juvenile precursor to Maja's personal hysteric in *The Opposite House*. Oyeyemi's output has since been prolific. She went on to publish *Mr Fox* (2011), in which she experiments with the process of writing and storytelling using versions of the Bluebeard folk tale. She appeared on the 2013 Granta list of Best Young British Novelists, before publishing *Boy, Snow, Bird* in 2014, another melange of myth, folklore and the stark realities of race and identity. She published a collection of intertwined short stories, *What is Not Yours is Not Yours* (2016), and most recently the novel *Gingerbread* (2019).

Her work has already attracted critical attention, notably *Telling it Slant: Critical Approaches to Helen Oyeyemi* (2017). This collection explores Oyeyemi's deliberate ambiguity between the real world and imaginative realms, use of Gothic conventions, themes of colonial displacement and multiculturalism, and creative deployment of allusion. Sarah Ilott's is the only essay to focus in any detail on Oyeyemi's depiction of hysteria; her chapter focuses on representations of the mouth and eating in both *The Opposite House* and *White is for Witching*, and presents perceptive readings, especially about consumption and oral pleasure in the latter. Ilott reads Oyeyemi's writing as enacting H  l  ne Cixous' *l'écriture feminine*, but notes that moments of emancipatory possibility are always thwarted in Oyeyemi's fiction, because they become moments of potential or actual threat. Ilott observes an array of external threats: that the mouth also functions to allow others in. However, this overlooks the thematisation of hysteria as an internal threat from within the self. The hysteric is not just a symbol of utopian potential – as Ilott states, 'ways of eating otherwise, speaking otherwise, being otherwise' – but encourages self-harm and suicide.³ In an interview, Oyeyemi described the hysteric as a reaction against 'being told to just kind of reduce ourselves to 2-D images of lovely femininity', that 'it's a kind of aaah. Let me be messy and screamy and shouty, just for once'.⁴ This implies that Oyeyemi's fictional hysteric is, as Ilott describes, a manifestation of rebellion, the body physicalizing its resistance to women's prescribed social roles. The sentiment echoes Juliet Mitchell's view of hysteria as a manifestation of defiance

³ Ilott, 'The genesis of woman', p. 146.

⁴ Helen Oyeyemi and Michel Martin, 'Transcript of Interview', *NPR* (2007), <http://www.npr.org/templates/story/story.php?storyId=11384738> [accessed March 2016].

by women ‘in terms of their definitional and denigrated characteristic – emotionality. If femininity is by definition hysterical, feminism is the demand *for* the right to be hysterical’.⁵ However, this progressive feminist aim is complicated by the way hysteria is presented in Oyeyemi’s novels; as questionably performative and deceptive, akin to religious fanaticism, and often more destructive than empowering.

I argue that Oyeyemi, while acknowledging that hysteria is an attractive figure for women as a symbol of non-conformity, also cautions against romanticising hysteria. The characters’ relationships with their personal hysterics are presented as understandable responses to navigating femininity, but are also critiqued as ‘a denial of responsibility’ (*Opposite House*, p. 31). Maja and Ami-Eleni buy into hysteria as a symbol, an aesthetic of rebellious femininity, when in fact this is dangerous to the integrity of the self and has tangible, damaging effects on the body. The question of deliberate or calculated hysterical behaviour, and by extension performativity, reminiscent of Robert Brudenell Carter’s ‘tertiary hysteria’, is central. This complicates both Oyeyemi’s ostensible feminist reclaiming of hysteria and her representation of mental health issues. Rather than demanding the right to be emotional, Maja’s hysteric is not simply ‘messy and screamy and shouty’, but encourages her host towards anorexia, self-harm, and attempted suicide: ‘the hysteric came and I was persuaded to try and drown myself’ (*Opposite House*, p. 31). Maja describes how, during a past relationship, she smashed some glasses, ‘sat down beside the pieces and arranged them in my skin, twisting clear flowers planted to grow from my soles, my arms. It hurt. But wearing my hysteric, it became a matter of art and pain and so on’ (*Opposite House*, p. 30). The use of the words ‘arranged’ and ‘planted’, the ‘wearing’ of the hysteric, and flippant ‘and so on’, indicate that Maja’s hysteria is not an uncontrollable manifestation of emotions in the body, but the deliberate enacting of ‘hysterical’ behaviour. She delineates her hysteria on the canvas of her body, creating a visual record of the illness, for the purpose of ‘art and pain and so on’.

Oyeyemi also uses hysteria as a formal device; hysteria extends beyond her characters to both the narrative structure of these two contemporary novels, and to the central figure of the Gothic house. Both novels employ disjointed, divided and deceptive narrative structures, reflected in the various tumbledown, liminal, leaky and disguised houses which are

⁵ Juliet Mitchell, *Women: The Longest Revolution: Essays in Feminism, Literature and Psychoanalysis* (London: Virago, 1984), pp. 333-4.

significant as metaphors for the female body, and as characters in their own right, creating a cyclical relationship between woman, house and text. As a postmodern author, Oyeyemi is writing in a moment where hysteria has transitioned from medical pathology to metaphor and symbol, and as such she is engaged in what Ankhi Mukherjee terms ‘Aesthetic Hysteria’. Oyeyemi is consciously influenced by a wide range of older works, and her novels are dense with literary allusion, adaptation, appropriation and homage. A prominent example is her obsessive homage to Emily Dickinson. Oyeyemi comments, ‘I don’t think I’ve written a book without sneaking in at least two or three [Dickinson] quotes surreptitiously’.⁶ Dickinson’s presence in *The Opposite House* is far from surreptitious. The novel begins with an epigraph quoting Dickinson poem #547: ‘There’s been a Death in the *Opposite House*’, from which the title is taken. The majority of chapter titles are also based on Dickinson quotations, sometimes misquoted or modified: ‘telling it slant’, ‘unto the little’, ‘let no pebble smile’, ‘presentiment that long shadow on the lawn’.⁷ Mukherjee argues that postmodern rewriting of older texts demonstrates a hysterical compulsion to repeat. Oyeyemi’s fragmentation of Emily Dickinson quotations could be considered to fall under what Mukherjee terms the ‘*mise-en-scene* of postmodern rewriting’, which reveals that ‘there is nowhere to return to, and nothing to remember, for what it “repeats” compulsively is that which was never experienced’.⁸ From this perspective, Oyeyemi taking fragments of Dickinson poems out of context and rewriting them into the structure of her novel is compulsive and possibly meaningless. She also floods her texts with Gothic citations, conventions, tropes, and clichés, forming a melodramatic overload of affect, a performative enacting of excess. Notably, Dickinson’s own writing has been pathologised in a similar way. Steven Winhusen reads Dickinson’s poetic style and rhetoric as evidencing a schizotypal personality disorder; her unusual use of language as a side effect of mental illness.⁹ This suggests that Dickinson’s writing style is compulsive and uncontrolled rather than involving deliberate experimentation. The larger implication is that women’s writing which diverges from established conventions cannot be regarded as the product of creativity or originality; it must be pathology. In the case of Oyeyemi, her fragmentation of Dickinson, the Gothic and other

⁶ Alexandra Masters, ‘The Big Interview with Helen Oyeyemi’, *New Books Magazine* <<http://www.newbooksmag.com/left-menu/author-coverage/helen-oyeyemi-big-interview.php>> [accessed March 2016].

⁷ Emily Dickinson, poems #1263, #126, #312, #487, in *The Poems of Emily Dickinson*, Variorum edition, 3 vols., ed. by R. W. Franklin (Cambridge, Mass: Belknap Press of Harvard University Press, 1998).

⁸ Ankhi Mukherjee, *Aesthetic Hysteria: The Great Neurosis in Victorian Melodrama and Contemporary Fiction* (London: Routledge, 2011), p. 73.

⁹ Steven Winhusen, ‘Emily Dickinson and Schizotypy’, *The Emily Dickinson Journal* 13.1 (2004), 77-96.

influences can rather be credited as an active narrative tool, adding weight to her themes. Fragmented repetition, allusion and appropriation are features of an attempt to recuperate the self through assembling or drawing together the language and influences that make up identity.

Her novels represent my interest in testing what happens to my ‘dead’ topic in twenty-first century women’s fiction. The two texts discussed here are her second and third novels: one talks about hysteria and uses Gothic language, the other is explicitly Gothic and contains hysterical behaviours and symptoms, reflecting the way these two themes permeate, cross over and inform each other in her work. Oyeyemi employs hysterical structures – both texts and houses – and individual bodies are narrativised in relation to their hysterical symptoms, and in light of the pathological history of hysteria. I explore the inherent problems of a contemporary feminist appropriation of the figure of the hysteric, and the coexistence of binaries that complicate any depiction of hysteria: mind/body, performative/authentic, victim/rebel, control/lack of control, silenced/speaking, fragmentary/structured. Using the lexis of hysteria and the discourse of the Gothic, Oyeyemi demonstrates that language can act both for and against the body; from controlling discourses inscribing the body, to attempts to resist fragmentation. Her characters use language to navigate, preserve and repair their bodies.

Hysterical Structures: Texts and Houses

Oyeyemi’s revival of the ‘dead’ illness of hysteria points to her simulation of hysterical symptoms and behaviours in her experimentation with narrative form. *The Opposite House* follows a black Cuban family living in London, and is narrated from the perspective of twenty-four-year-old Maja, who is pregnant for the first time. The past repeatedly resurfaces in Maja’s present, her interior monologue occupied by stories about her childhood, family, boyfriend, best friend, other associates and ancestors, producing a layered narrative of conflicting experiences and influences. Furthermore, Maja’s is not the only story in this novel. A third-person narrative is interwoven with the ‘real world’ story, possessing or taking over Maja’s story repeatedly, as the hysteric seems to seize control of Maja’s body. Metonymic and dreamlike, the third-person narrative takes place in the ‘somewherehouse’, a disjointed structure in an indeterminate location, with two doors in the basement leading

respectively to London and Lagos. Here the Orishas, Yoruba guardian gods, reside in a timeless space suspended between Africa, Cuba, and England. This narrative focuses on the Orisha known as Yemaya Saramagua. Oyeyemi leaves the reader to unravel the connections between Maja's real world and the somewherehouse narrative in *The Opposite House*; if the verbal echo in the protagonists' names implies a connection, neither appears to be aware of the other. There are thematic parallels between the two stories. Maja's narrative mirrors themes discussed in the third-person story, which in turn seems to generate myths responding to the events Maja discusses, resulting in an atmosphere of unconscious reciprocal influence and reference. Sometimes the narratives are separated physically by a blank page, sometimes they are not. Four chapters are dedicated solely to Maja's narrative, while the other twelve are split between the two stories. This split or sharing of the narrative voice reflects the divided self that characterises hysteria, through the random blank pages, suggesting gaps in memory or blind spots, and the dreamlike mythic narrative like the hypnoid state of the hysteric, drifting in and out of a liminal space of warped myth and history.

Interconnected narratives and the intertextual possession of a text by different stories or voices are yet more prominent in *White is for Witching*, which Oyeyemi describes as 'my haunted-house/vampire story'.¹⁰ It centres on a house in Dover, from which Miranda Silver has disappeared. The story is told through four different voices, vacillating between Miranda's twin brother Eliot, her lover Ore, the unsettling voice of the house itself, and another third-person omniscient narrator, seemingly impartial, with insight into the actions and emotions of the characters. The narration weaves in and out of these different consciousnesses. Between them, they recount the events of the years leading up to Miranda's disappearance. The twins' mother Lily died in Haiti when they were sixteen, and their father Luc runs a bed-and-breakfast in the house Lily grew up in. After Lily's death, Miranda was placed in a mental health clinic for five months, and afterwards continued to suffer from pica and a loosening grip on reality. From the malevolent voice of the house itself, we learn of the women that haunt its walls after death; Miranda's mother, grandmother, and great grandmother. The house and the great-grandmother – known variously as Anna Good, GrandAnna, and 'the goodlady' – harbour an intense hatred of foreigners. The aggressive hauntings are all racially motivated, against a backdrop of racism in Dover. The house and all

¹⁰ Liz Hoggard, 'Helen Oyeyemi: Meet the Author', *The Guardian* (2014) <<https://www.theguardian.com/books/2014/mar/02/helen-oyeyemi-women-disappoint-one-another>> [accessed March 2016].

symbolic arm; it possesses the mannequin as an instrument with which to haunt people. 'White' is a cypher which pervades the book, in the title and throughout, a symbol of purity and racism. 'That', 'there' and 'before' are words which symbolise object, location and time; all of which shift in these moments of suspension. All five instances happen in the first 'book' of *White is for Witching*, entitled 'Curiouser', with none at all in the second book 'And Curiouser', in which Miranda leaves the house and Dover and goes to Cambridge. This further connects the suspended words with the house itself, materialising on the page the house's movement between different bodies, places and times.

The Opposite House opens with a description of 'the somewherehouse', occupied by the Yoruba guardian gods, the Orishas. The Africans brought to Cuba on the slave ships of the 1500s maintained their religion by combining their Yoruba gods with Catholic saints, forming the syncretic Santeria religion. As a result of the dislocating effects of migration, the Orishas are struggling with their split identities. The somewherehouse structurally recalls this division and dislocation; it is a jumble of cultural influences, chaotically divided into tiny 'sugar-cubed' rooms, a pillared, spider-webbed basement, a 'friendly' attic 'aglisten with brilliant mirrors', and a kitchen full of the smoke and aromas of Afro-Cuban food. R. Victoria Arana comments that in Oyeyemi's novels, 'diasporal identity is fluid, parleyed, vulnerable, and often experienced as surreal ideation – free-floating and embracing a hodgepodge of ethnically transmitted mythologies'.¹³ The somewherehouse is just such a hodgepodge, emblematic of a culturally dislocated identity. The basement contains two doors which respectively lead to a London night, or a bright day in Lagos, the house existing in a liminal space between these countries, the same way that haunted houses occupy an ambiguous space between the worlds of the living and the dead. The house is personified in a typically Gothic fashion: 'the attic, nude and luxuriating in its new dark, welcomes Aya by spattering her with moths. Aya sits with her back against the door and places her hand over her juddering heart' (*Opposite House*, p. 214). Oyeyemi attests that the somewherehouse is a 'physical expression' of Yemaya herself, also known as Aya. The house replicates the divided self of a diaspora-induced hysteria.

¹³ R. Victoria Arana, 'Fresh "Cultural Critiques": The Ethnographic Fabulations of Adiche and Oyeyemi', in *Emerging African Voices: The Literary Works of New, Emerging African Writers*, ed. by Walter P. Collins III (New York: Cambria Press, 2010), pp. 269-313 (p. 290).

The inhabitants of the somewherehouse all commit suicide. Three of the occupants starve to death in the basement, another drowns himself in the bathroom sink, and ‘in the attic of the somewherehouse, Proserpine is hanged. She is like a pale, black-sheathed pendulum caught on a ceiling beam’ (*Opposite House*, p. 249). Brenda Cooper believes that it is their failure to ‘live and syncretize with foreign gods and myths’ which results in their deaths.¹⁴ I would argue that it is not the failure to syncretize, but the very act of hybridising, of diluting or splitting their identities, that leads to the mass-suicidal impulse. The deaths are the violent outcome of extreme cultural dislocation. After the deaths, the somewherehouse itself ‘has thrown off its disguise. The house recognises her with a sniff – about time. Aya falls to her knees, winded. All of the running that she has ever done, all of that fleeing for freedom from the Regla house, just to find the Regla house unfolding before her again’ (*Opposite House*, p. 249). In despair, Aya realises that while the house masquerades as a global, liminal, free floating space, it is disguised: it is in fact the Regla house in Cuba, symbolic of the place where the Yoruba people were brought to be enslaved. This house, a chaotically divided structure, deceptive and disguised, eventually enacts the return of the repressed from which Yemaya has been running. She ultimately sets the somewherehouse on fire with herself inside it: ‘she dreams of what happens next, after the fire has taken her bones’ (*Opposite House*, p. 251). This is reminiscent of Bertha Mason setting fire to Thornfield in *Jane Eyre*, that famous act of Victorian ‘female insanity’. Carol Margaret Davison has reframed this as a symbolic act of anti-slavery, burning down the domestic symbol of oppression in the form of the ‘Master’s Prison House’, the English manor house supported by the slave trade.¹⁵ If we consider Bhabha’s formulation of postcolonial writing ill-fitting into the Anglo-American paradigm, we can read the somewherehouse narrative as failing to fit itself in or around Maja’s ‘English’ narrative. Yemaya frees herself from this when she burns down the house that symbolises her former oppressors, and in doing so, mimics/mocks the ‘English’ narrative of *Jane Eyre*. Yemaya dreams of what happens next after she is gone; the potential for narratives after the master’s house, and by extension the dominant narrative, have been ‘burnt down’.

¹⁴ Brenda Cooper, ‘The Middle Passage of the Gods and the New Diaspora: Helen Oyeyemi’s “The Opposite House”’, *Research in African Literatures*, 40: 4 (2009), 108-12 (p. 112).

¹⁵ Carol Margaret Davison, ‘Burning Down the Master’s Prison House: Revolution and Revelation in Colonial and Postcolonial Female Gothic’, in *Empire and the Gothic: The Politics of Genre*, ed. by Andrew Smith and William Hughes (Basingstoke: Palgrave Macmillan, 2003), pp. 136-154.

In *White is for Witching*, Oyeyemi makes the Gothic English house – in its modern incarnation – a central character with a disturbing narrative voice. The house is haunted; it traps and deceives the people that live in it, embodying the intersection of *heimlich* with its opposite *unheimlich*, in its status as home, familiar, and its concurrent secretive, concealed, and hostile nature. The features of the house as described by Miranda’s twin brother Eliot construct it as a classic, even clichéd, Gothic house: ‘Miri and I conferred and decided that we liked the tallness of the house, the way the walls shoot up and up with the certainty of stone, “Like we’re in a castle”, Miri put it. We liked the steep, winding staircase with the gnarled banister’ (*Witching*, pp. 17-18). However, not merely a symbolic haunted structure, the house has a voice, a personality, motives, and a disturbing awareness of the reader. It was brought to consciousness as materialised racism, through Anna Good’s xenophobia after her husband was killed in the war: ‘her fear had crept out from the whites of her eyes and woven itself into my brick until I came to strength, until I became aware’ (*Witching*, p. 117). It tells the reader that Anna Good – ironically nicknamed the goodlady – ‘gave me my task. “I hate them,” she said. “Blackies, Germans, killers, dirty... dirty killers. He should have stayed here with me. Shouldn’t have let him leave”’ (*Witching*, p. 118). The ‘task’ that the house takes up is to eject foreigners, to ‘keep them out’, a duty which verges on monomania. The house haunts anyone it perceives as foreign; the Azerbaijani housekeeper and gardener and their daughters, the Creole housekeeper Sade who replaces them, a holidaying black couple, and finally Miranda’s lover Ore, whose bedroom it fills with BNP leaflets. Oyeyemi is exploring the contrapuntal perspective of the racist English master’s (or mistress’s) house, which refuses to house ‘the unhomely’ – i.e. ‘foreigners’ – but ironically epitomises ‘the unhomely’ in its uncanny, unwelcoming presence. Like a traditional Gothic house, it is under threat, yet this threat is ambiguous according to different perspectives: possession by supernatural forces, or invasion by the colonial other.

While the house can possess and control bodies, its female inhabitants are also responsible for giving it life, albeit a perverse and uncanny life: ‘indeed you are a mother of mine, you gave me a kind of life, mine, the kind of alive that I am’ (*Witching*, p. 24). As well as embodied racism the house becomes a symbol for female inheritance, the spectre of maternal legacy. The house is not just a metaphor for Miranda’s body; it enters and becomes her body. When Miranda is possessed by the house, she becomes ‘herself plus all her mothers’ (*Witching*, p. 233), a confusion of various women and the monster, a synthesis of monstrous mothers. Female ancestors, it is implied, live on in their daughter’s bodies; their tastes, their

illnesses – the inherited pica – their quirks, their racism, as Miranda asks: ‘don’t you care where you come from? Don’t you wonder why you do the things you do and like the things you like?’ (*Witching*, p. 183). This provides insight into Oyeyemi’s use of Emily Dickinson to signify the fragmentation of identity and attempt to bring together the influences and inheritances of her literary foremothers. Female madness as a maternal inheritance or curse is recognised as a central theme in female Gothic, often passed down to a daughter from a mother with suggested dubious racial heritage, as in Brontë’s *Jane Eyre* (1847) and Florence Marryatt’s *Blood of the Vampire* (1897). Here, it is conversely racist hysteria which is passed on through the maternal line, and soaked up by the English house.

The house is located in the port town of Dover, the ‘key to England’, a gateway to the country, its chalk cliffs an abiding symbol of whiteness. Racism extends beyond the house; it haunts all of Dover. Tensions over migration and the prevalence of racism in Dover, related as the characters read the newspaper, listen to the radio, and take food to the Immigration Removal Centre, provide a backdrop to the haunted house narrative. Miranda wonders, ‘what is wrong with Dover?’ (*Witching*, p. 107). Migrants are being murdered, and it is insinuated that Miranda, possessed by the goodlady in a hypnoid state, is responsible. When the house discovers that Miranda’s lover is a black girl, it comments:

Anna was shocked. Jennifer was shocked. Lily was impassive. Disgusting. These are the things that happen while you’re not looking, when you’re not keeping careful watch. When clear water moves unseen a taint creeps into it – moss, or algae, salt, even. It becomes foul, undrinkable. It joins the sea. (*Witching*, p. 194)

Dover’s position as a vulnerable border against invading, contaminating forces from across the ocean here becomes a metaphor for Miranda’s body, and vice versa. Clear water suggests national, racial and sexual purity, tainted by ‘moving unseen’; both travelling and evading surveillance. Miranda’s body metaphorised in this ‘body of water’ reflects the house’s fear of contamination of the national body politic, of globalisation and ‘joining the sea’. Miranda’s body is linked to liquid, salty, vegetal images indicating deviant sexuality and racial contamination, inscribed by bigoted discourse and the negative language of disgust. Miranda and the house/goodlady share one skin, embodying the divided consciousness caused by the guilt of prohibited desires. Such a coexistence of desire and disgust is as Julia Kristeva

defines ‘abjection’: the draw towards that which should repel us, ‘a vortex of summons and repulsion’.¹⁶

The house plays with the bodies it has absorbed, as when it tells Anna Good ‘I resurrect you to play in my puppet show’ (*Witching*, p. 24), toying with them, trapping them, murdering them. The first time it speaks, in response to the question ‘where is Miranda?’ it says:

Miranda is at *home*

(homesick, home *sick*)

Miranda can’t come in today Miranda has a *condition* called pica she has eaten a great deal of chalk – she really can’t help herself – she has been very ill – ***Miranda has pica she can’t come in*** today, she is stretched out inside a wall she is feasting on plaster she has pica (*Witching*, p. 3, original emphasis)

The stress on the word ‘home’ invokes the twinned concepts of ‘homeliness’ and ‘unhomeliness’. The speech has several uncanny effects; as the supernatural whispers of a haunted house, the way that it mimics a voice on the phone to Miranda’s school, and the diminishing punctuation, including the lack of a full stop at the end, evokes a speech rising to a shriek, an escalating hysterical fit. This first time it speaks, the house coaches the reader into a sense of unease by its use of italics, repetitions, rhythm; it successfully uses language to achieve this effect, as language is used by the other characters later in a less successful attempt to resist the house and its hauntings. Later, the house as narrator explicitly acknowledges the reader: ‘I am here, reading with you. I am reading this over your shoulder. I make your home home, I’m the Braille on your wallpaper that only your fingers can read – I tell you where you are. Don’t turn to look at me. I am only tangible when you don’t look’ (*Witching*, p. 74). The house breaks the fourth wall and acknowledges an audience. It sees us watching, brings the Gothic into the reader’s home, and makes us complicit voyeurs to its racist hauntings and Miranda’s demise.

In the real-world London of *The Opposite House*, Maja lives in her boyfriend Aaron’s basement flat. His elderly tenant Miss Lassiter lives upstairs, and Maja is inexplicably frightened of her. Sounds from the flat above penetrate down to theirs: ‘Miss Lassiter’s telephone is ringing – she has it on a loud setting so that it soaks through the separating floors like a tremulous wave’ (*Opposite House*, p. 46). In the wake of this permeation from the floor

¹⁶ Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York, Columbia, 1982), p. 1.

above, there is an actual leak in the ceiling in Maja and Aaron's apartment: 'fat, sluggish drops of water fall from a discoloured part of the ceiling' (*Opposite House*, p. 122). This becomes an obsessive focus for Maja, and a persistent refrain that exacerbates her disintegrating mental state: 'dripping in a pattern intrinsic to itself, a self-orchestrated, maddening musical score for after dark' (*Opposite House*, p. 122). The description echoes the 'pattern' of Charlotte Perkins Gilman's yellow wallpaper; 'that awful pattern began to laugh at me'.¹⁷ Maja, like Gilman's protagonist, becomes obsessed with this flaw in her living space, before internalising it as a physical symptom in her own body. She perceives the leak as the source of her hysteria:

I do not say a lot, because of the leak. If I speak, the leak speaks louder. The water does not want me to be heard. Aaron wants me to know that I am exhausted. But there is no reason for me to be exhausted. [...] I am trying to make sure that I live. Living is not a thing I can do alongside the leak. I have taken to crawling in my sleep. When I wake, I laugh at the carpet burns pulling at the skin on my knees. (*Opposite House*, pp. 220-1).

This passage records several hysterical symptoms: the leak is depriving her of verbal language, causing chronic fatigue, making her suicidal, causing somnambulism, and making her laugh uncontrollably at her own injuries. The repetition of 'leak' and the verbal echo in 'speak' and 'sleep', even 'knees', evokes a regular drip. The allusions to *The Yellow Wallpaper* point to a related history of hysteria: Silas Weir Mitchell's 'rest cure', which recommended quarantining women in a room and a bed, and a wider political history of women's bodies in bondage to their houses and domestic roles. The flat becomes an extension of Maja's body when her supposed miscarriage mirrors the leak; her unspoken anxieties and projections are made flesh. She comments 'the leak has grown louder', just before 'warm, gelatinous arrows of blood are running down my thigh' (*Opposite House*, p. 198). Her body is leaking blood that should not be there: 'there is no reason for my period to come when I am pregnant' (*Opposite House*, pp. 198-9), she says, repeating the 'no reason' for her to be exhausted without physical cause, a textbook hysterical conversion symptom. The house is mimicking the symptoms of her body, or her body is mimicking those of the house; their physical leaks reify the cracks in Maja's sanity and mental fluidity. Her resulting visit to the doctor confirms she did not miscarry: 'I wade through the ultrasound, through six glasses of water and clear, cartridge-thick gel and the probes, and my son is still there'

¹⁷ Charlotte Perkins Gilman, *The Yellow Wallpaper* (New York: Virago, 1981), p. 28.

(*Opposite House*, p. 220). Yet this experience is also marked by liquid and invasion; Maja's body continues to be controlled by the same properties that characterise the disordered house.

Hysterical Bodies

In what follows I explore the literary effects of the tensions produced by 'writing' the hysterical body. Oyeyemi depicts many hysterical symptoms and behaviours, but I will focus here on the central hysterias in these two novels; namely, the enacted hysterical fit, the self-division and power dynamics of self-harm, eating disorders, the age-old links to pregnancy, religion and the supernatural, and finally her literalisation of the disordered body. Her relating of the disorder's long history of symptoms to contemporary mental health issues demonstrates how the language of hysteria is still relevant, and the same tensions between genuine and performative illness persist.

As teenagers, Maja and Amy Eleni develop a 'code' for when they are in danger of their hysteric taking hold, a strategy to defeat or manage the hysteric: 'to seize your head and twist coils of your hair around your fingers and groan, "I'm not mad! I'm not mad! I don't want to die!", to which the friend must reply: "there's someone inside of me, and she says I must die!"' (*Opposite House*, p. 35). This deliberate seizing of the head, tearing of the hair and groaning is redolent of the exaggerated physical convulsions of hysterics, such as those at Charcot's Salpêtrière. Mimicry or imitation is evoked in Maja and Amy Eleni's ritual; they are performing a now clichéd image of the hysterical fit. The words they speak are likewise aped; they are from Alfred Hitchcock's *Vertigo* (1958), a film the two watch together every week, and know the lines by heart. There is a strong sense of ritual to the repetition of this act and strictly ordered behaviour; it is a game, but with an important objective, at once 'stupid, and funny, and serious' (*Opposite House*, p. 35). The imperative 'must' indicates compulsion. While symbolising the collapse of communication between mind and body, hysteria has also long been characterised by the tension between real and performed. Maja and Amy Eleni's 'code' proposes that they are encoding, in the sense of converting, their psychological distress into bodily symptoms; the conversion symptoms of hysteria. However, 'encoded behaviour' is that which is programmed innately into DNA. This double meaning of their 'code' points to the central enigma of hysteria; the tension between notions of authenticity, and performed or adopted behaviour.

Oyeyemi is aware of the historical symptoms of hysteria, but also modernises the hysterical figure in order to discuss contemporary mental health issues. Like Scull, Showalter and other historians of the disorder, she recognises hysteria in self-harm and the eating disorders of contemporary society. As contemporary psychoanalysts point out, while patients of Charcot and Freud complained of physical symptoms, ‘people today almost exclusively turn up to analysis complaining of various types of unhappiness’.¹⁸ Oyeyemi draws on the histrionic image of the hysteric who performs melodramatic behaviour, but also suggests a link between hysteria and contemporary expressions of psychological angst. Maja describes how ‘I feared the hysteric (of course I forever fear the hysteric) she who no longer manifests herself in screaming and fainting and clinging to walls but gets modern and hides herself in a numbness of the skin that demands cutting’ (*Opposite House*, p. 71). This implies that Maja is aware of the protean nature of hysteria, its ability to transform its symptoms from the archetypal hysterical fit, to an impulse to self-mutilate. Peter Steggals examines how self-harm is often construed through the lens of hysteria: ‘the figure of the hysterical woman haunts the many representations and conceptions of self-harm that circulate through our culture’.¹⁹ Given the contemporary received idea that hysteria is ‘dead’, it is fitting that Steggals uses a Gothic image of ‘haunting’ to describe the persistence of cultural constructions of hysteria enacting a living death, resurfacing in negative connotations and misogynistic metaphors about self-harm. Steggals continues: ‘self-harm is rooted in and grew out of the cultural and clinical milieu of hysteria’; arguably it is one of hysteria’s main contemporary counterparts.²⁰ Hysteria reinvents itself within the context of prevalent disorders and anxieties, so remains visible in the ‘female sicknesses’ of the twenty-first century.

In *The Opposite House*, Maja describes the hysteric as a lurking presence at every woman’s shoulder: ‘like every girl, I only need to look up and a little to the right of me to see the hysteria that belongs to me’ (*Opposite House*, p. 29). Universalising hysteria to be a lurking threat ‘belonging’ to ‘every girl’ is disconcerting, especially as this novel deploys hysteria as a vehicle for talking about female mental illness. Maja also relates classic hysterical symptoms in male characters – her brother Tomas suffers from reflux and episodes of

¹⁸ Anouchka Grose, ‘Introduction’ in *Hysteria Today*, ed. by Anouchka Grose (London: Karnac Books, 2016), pp.xv-xx (pp. xvi-xvii).

¹⁹ Peter Steggals, *Making Sense of Self-Harm: Exploring the Cultural Meaning and Social Context of Non-Suicidal Self-Injury* (London: Palgrave Macmillan, 2015), p. 33.

²⁰ Steggals, *Making Sense of Self-Harm*, p35.

psychosomatic deafness and hypothermia – yet she does not term them hysteria, indicating that she understands it to be a specifically female pathology. Yet hysteria in this text is not simply a rebellious feminine spirit. While Maja seems to have an affinity with her hysteric, discusses ‘conspiring’ with her, we are told that ‘Amy Eleni’s hysteric punches walls inside’ (*Opposite House*, p. 69). The text reminds us that psychological disorders, however performative, have bodily effects.

The presentation of acts of self-harm as performative, ‘a matter of art and pain and so on’, might appear to trivialise Maja’s former struggles with her mental health, or to undermine the integrity of Maja’s first-person narration, suggesting that what she later presents as the hysteric taking possession of her could in fact be a ‘wilful retreat into illness’, attention-seeking or deceptive.²¹ This negative reading is countered by this episode’s focus on the causes and effects of divided identity. Maja tells the story of cutting her arms – splitting the skin a physical expression of self-division – from the perspective of adulthood looking retrospectively at the actions of a younger self. This produces an additional sense of self-division, between past and present selves, alongside the Maja/hysteric selves. The dismissive attitude of the ‘sane’ self towards the prior ‘mad’ behaviour draws the reader’s attention to an awareness of existing as numerous selves, being many women, suffering under the tension of performing identity. It is said of the boyfriend of the time that he ‘only goes out with nutters’, but that ‘he’s never been out with a black girl before, so she must be extra psychotic’ (*Opposite House*, p. 30). This same boyfriend infantilises Maja and makes her convinced that she is terminally ill. Maja’s retelling of the act is framed by other people’s assumptions and stereotypes; the double psychosis of her race and gender. In attempting to regain control over her body, Maja inadvertently colludes with these descriptions, just as Freud’s hysterics accepted his inventions of forgotten childhood traumas, and later his narratives of repressed incestuous desire.

This theme is recommenced in *White is for Witching*. After her release from the mental health clinic, Miranda thinks ‘(Father let’s go to the doll hospital and get you repaired) she didn’t know where the thought had come from, she probably had to be careful because she had been mad’ (*Witching*, p. 39). This rebellious thought, to reverse the roles of herself and her father, is quashed as Miranda succumbs to the external judgement that she ‘had been mad’. This

²¹ Andrew Scull, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2012), p. 65.

novel is full of discussion of female madness, and awareness of its history of symptoms and treatments. Miranda has no memory of being in the clinic but a lingering suspicion that she has spent the entire first night there clapping: ‘she thought there might have been a bout of bringing her hands together over and over after the lights in the room went out, her body held in frightened rigidity, because if she dared stop clapping then a bad thing would come’ (*Witching*, p. 27). Furthermore, the novel evokes historical treatments for female insanity: ‘she was lucky. Had it been the fifties, her father wouldn’t be taking her home from here, he’d be dropping her off at a clinic that specialised in electroshock therapy. She’d be on her way to the gag and ball’ (*Witching*, p. 191). This draws our attention to a longer history of pathology, developments in treatment but nonetheless an inheritance of received ideas about women and madness. When the young twins are telling each other gory stories about their GrandAnna trying to feed them blood, their mother furiously shouts at them: “‘There is nothing... mysterious and Gothic about a crack-up. If anything it’s just... sad.’” (*Witching*, p. 73). Yet Miranda’s ‘crack-up’ is also framed as Gothic and mysterious by the text itself, a compulsively romanticised narrativisation of mental breakdown.

Oyeyemi uses hysteria as her vehicle to discuss female mental health in both novels, and specifically black female mental health in *The Opposite House*, because it represents the contradictions of split selves, the pressures the subject can feel as a result of multiple identities invented by others, internalised, and performed. Self-harm in this context is an attempt to delineate the suffering of a body in the grip of other people’s stereotypes and invented narratives, but one that, ironically, results in the production of more evidence with which to typecast. The hysteric is trapped into a repetitive pattern; a language of the body that wants to communicate personal suffering, but in its interpretation immediately becomes stereotype or metaphor. There are parallels with Juliann E. Fleenor’s assertion that the Gothic heroine and female Gothic author attempting to escape the Gothic house and the Gothic text compulsively reiterate the trappings, clichés, and conventions of the inescapably patriarchal nature of the mode.

Maja’s characterisation of the hysteric as infiltrating her body through her skin and threatening it with mutilation is applicable to the theorised development of body horror in contemporary Gothic fiction. While classic Gothic literature is concerned with threats to political and domestic boundaries, contemporary Gothic has become more concerned with threats towards the body, to which the skin is a border under threat from mutilation or

disfigurement, as Judith Halberstam comments: ‘skin houses the body and it is figured in Gothic as the ultimate boundary, the material that divides the inside from the outside’.²² While I dispute the contemporary origins of this form of Gothic, as evidenced in the war-damaged and surgically assaulted bodies in Lucas Malet’s *The Survivors*, and Djuna Barnes’s frequent inclusion of dismembered and limbless forms, the presence of graphic visual instances of self-harm is a more recent trend. Clare Kahane, discussing contemporary female Gothic, states that there is a profusion of ‘grotesque images of mutilation and dismemberment’ in Gothic texts by women.²³ She believes this is indicative of female self-hatred, enforced by ‘a patriarchal culture which valorises the visible phallus as the image of autonomous power’.²⁴ This evokes the Aristotelian perception of woman as deformed or mutilated male. Texts depicting visibly damaged female bodies may concur with the trope of victimhood and powerlessness, presenting the self-harmed body as a victim of its own psyche.

An alternative perspective, however, proposes that self-harm is not self-destructive, but the opposite: a reclamation of power and control of one’s own body through active transformation. In 1975 Michael A. Simpson described self-harm as ‘a direct means of achieving reintegration and repersonalization [...] the act is in several respects ‘antisuicide’, employed as a deliberate if not fully considered technique for returning to reality and life from the state of dead unreality’.²⁵ Thus the presence of mutilated figures in female Gothic cannot be said simply to represent perpetual victimhood. Broadly, the visual immediacy of body horror, mutilation and dismemberment is like the apex of conversion for a more hardy, desensitised and gore-hungry contemporary audience: psychological fears, internal instability or emotional damage manifested visibly and brutally on the surface of the body. Specifically, the self-harming woman in *The Opposite House* is not a figure consumed by self-hatred and self-destruction. Rather, the dichotomies between this and the contrary view of the self-harming body as empowered, manifesting the drive for life, are actively interrogated. Maja reflects: ‘Amy Eleni longed for a knife to slit away the webbing between her stiff fingers. I chased my vein lines with glass. Maybe we were having conversations so intense we couldn’t

²² Judith Halberstam, *Skin Shows: Gothic Horror and the Technology of Monsters* (London: Duke University Press, 1995), p. 7.

²³ Clare Kahane, ‘The Maternal Legacy: The Grotesque Tradition in Flannery O’Connor’s Female Gothic’, in *The Female Gothic*, ed. by Juliann E. Fleenor (London: Eden Press, 1983), pp. 242-256 (p. 246).

²⁴ Kahane, ‘The Maternal Legacy’, in *The Female Gothic*, p. 244.

²⁵ Michael A. Simpson, ‘The Phenomenology of Self-Mutilation in a General Hospital Setting’, *Canadian Psychiatric Association Journal*, 20:6 (1975), 429-434 (p. 432).

hear them' (*Opposite House*, p. 144). This links the contemporary drive to self-harm with a history of alternative language, using the body's exterior to communicate. Oyeyemi's contemporary reinvention of hysteria in the form of self-harm maintains hysteria's central conundrum; the coexistence of 'opposite' perspectives, leading to the problematisation of both/and.

Writing in 1996, Showalter comments that 'anorexia and bulimia are examples of modern hysterical epidemics'.²⁶ She posits that during the early to mid-nineties, eating disorders proliferated through media-effected social contagion, becoming an outbreak of mass hysteria in the western world. Oyeyemi grew up through the 1990s and experienced anorexia herself as a teenager, so was part of this perceived epidemic. While certain socio-cultural circumstances such as unrealistic standards of body beauty led to such widespread anorexia and bulimia at the end of the twentieth century, eating disorders have a much older historical link with hysteria. Scull points out that 'Sir William Gull, a leading society physician in London had begun to draw attention to emaciated hysterical women as early as 1868', and in 1873 'termed it "Anorexia Nervosa"'.²⁷ Even earlier than this, in 1840, Thomas Laycock's *Treatise on the Nervous Disorders of Women* asserts: 'bulimia, pica, and strange longings are morbid modifications of the appetite, and belong to the same class of phenomena as the anorexia just mentioned, and, like it, are characteristic of the pregnant, chlorotic, and hysterical female'.²⁸

Descriptions of food and eating are central to Maja's narrative. Her teenage experiences of anorexia are contrasted with her experiences of food during pregnancy. Originally, and still commonly thought to be 'rooted purely in self-destruction', anorexia has, much like self-harm, been reanalysed by theorists such as Susan Bordo and Angela Michelis as an intense project of self-management and self-mastery.²⁹ Maja relates: 'I was fourteen, and I wanted to be thin, so I learnt to live for a while on the smell of things – orange zest, wheat-bobbled crusts of bread. I licked ice and the cold lay on my tongue the same way that food might' (*Opposite House*, p. 51). Maja's adolescent desire to be thin indicates a deliberate project of

²⁶ Showalter, *Hystories*, p. 20.

²⁷ Scull, *Hysteria: The Disturbing History*, p. 102.

²⁸ Thomas Laycock, *A Treatise on the Nervous Disorders of Women* (London: Longman, Orme, Brown, Green, and Longmans, 1840), p. 73.

²⁹ Angelica Michelis, "'Am I a Vampire then, who Must have a Spike Driven into my Heart?'" Monstrosity and the Gothic in illness narratives and medical advice literature on eating disorders', *Gothic Studies*, 17:1 (May 2015), 76-91 (p. 76).

self-management, reflected in the words ‘discipline’, ‘manage’ and ‘learnt’. This also points to her linguistic control, the poetic retrospective framing of her younger motivations through evocative description. It encapsulates the contradictory image of the hysteric and anorectic subject as out of control and/or obsessively controlling, weak and wasting and/or strong willed.

During one hysterical episode, Maja refuses to eat; this apparent regression to stubborn adolescent behaviour denotes rebellion against both the demands of her pregnant body, and the male medical authority of her boyfriend Aaron, a trainee doctor:

“You have got to eat,” he says. His voice is very hard. It hurts. He stands over me and drags my wrist so that I have to put soup into my mouth [...] Whenever I think I am going to spit soup in Aaron’s face, he knows, and he warns me with his eyes.

I say I’ve had enough, and Aaron looks into the bowl. It is still more than three-quarters full. Aaron says, “don’t be selfish.” He jams the sloppy spoon into my mouth [...] Aaron watches me swallow; he is sad that he has to do this, but he is strong. In his eyes I am a throat working down red juice, I am a shaking hand and a spoon and beyond that his baby.

(Herr Doktor please die as I cannot have you think of me this way.) (*Opposite House*, p. 231)

Aaron’s ‘hard’ voice, the feeling of surveillance from the multiple references to ‘his eyes’ that warn her, look into the bowl, and watch her swallowing, and his apparent regret during an act of force feeding performs the relationship between the logical medical profession and the stubborn, hysterical patient, and Maja’s parenthesised thought further implies their transformation into these roles. Aaron’s reproach ‘don’t be selfish’ represents the expectations imposed on pregnant women; Maja should be selfless when it comes to ‘his’ baby. This loss of identity fragments her into body parts; she becomes a vessel for the baby to grow in, a mechanical throat and a hand and a spoon functioning purely to feed the child in utero. Maja’s instinct to spit out the food signifies her disobedience of the controlling male medical authority figure, but is also the abjection of nourishment. This hints at a resurgence of Maja’s adolescent anorexia, a protest against her body’s transition to a state of adult maturity, womanhood, and the expected responsibility and self-abnegation culturally associated with the condition of pregnancy.

The narrators of *White is for Witching* present Miranda as an eating-disordered body. Unlike in *The Opposite House*, this eating disorder is not a project of controlled self-management,

but an uncontrollable compulsion. Miranda suffers from pica, which Eliot defines for the reader: ‘pica is a medical term for a particular kind of disordered eating. It’s an appetite for non-food items, things that don’t nourish’ (*Witching*, p. 22). Eliot continues: ‘what Miri did was, she crammed chalk into her mouth under the covers. She hid the packaging at the bottom of her bag and threw it away when we got to school. But then there’d be cramps that twisted her body, pushed her off her seat and laid her on the floor, helplessly pedalling her legs’ (*Witching*, pp. 22-3). These helpless bodily contortions are reminiscent of the common symptoms of late-nineteenth century hysteria. Miranda’s pica is a maternal inheritance. The house relates that Anna Good ate acorn husks, leaves and pebbles, Jennifer ate twigs, and Lily ate ladybirds. The house also talks of a much older relative who ate her own flesh: ‘her way was to drink off her blood, then bite and suck at the bobble stubs of meat. Her appetite was only for herself. This woman was deemed mad and then turned out and after that she was not spoken of’ (*Witching*, p. 24). Disordered eating is linked with madness, vampirism and monstrosity. Hysterical behaviour is presented as a cursed maternal inheritance, the instability of the female body passed down through generations. The eating of inedible substances is uncanny; they should be abjected, so it is unnerving to observe someone consuming them compulsively and self-harmingly. Miranda’s pica also results in starvation, as she struggles to eat nourishing food and wastes away to a state of emaciation. Miranda’s doubles, perceived only by Miranda, are mirror-images of a perfect, unattainable version of herself: ‘she was not quite three-dimensional, this girl. And so white. There couldn’t be any blood in her. She was perfect. Miranda but perfect’ (*Witching*, p. 79); ‘Miranda crossed her arms over her body and watched, out of the corner of her eye, the perfect Miranda, who had taken Ore’s place on the sofa and crossed her arms too. She was giddy with hunger’ (*Witching*, pp. 170-1). This perfect Miranda, white, giddy with hunger, is a form of bodily perfection as projected by an anorectic. However her ‘not quite three-dimensional’ state recalls Oyeyemi’s resistance to women being told to ‘reduce ourselves to 2-D images of lovely femininity’; a standard of physical ‘perfection’ – as white, thin, and insubstantial – is not just internally generated but socially prescribed.³⁰ Contemporary psychoanalyst Leonardo S. Rodriguez states that hysterical ‘conversion symptoms exploit the body’s plastic capacity to lend its different functions to the dramatic representation of unconscious conflicts’.³¹ The plasticity of the body is reflected in Miranda’s consuming of plastic: ‘the thick, bitter-sweet

³⁰ Helen Oyeyemi and Michel Martin, ‘Transcript of Interview’.

³¹ Leonardo S. Rodriguez, ‘Hysterics Today’, in *Hysteria Today*, pp. 1-26 (p. 16).

oils in it streamed down her throat for hours, so long she sometimes forgot and thought her body was producing it, like saliva' (*Witching*, p. 76), its chemicals becoming a part or product of her own body.

Miranda's pica develops from a debilitating condition into a monstrous appetite. During what may or may not be a dream, hallucination, or supernatural encounter, Miranda meets her grandmother and great-grandmother, 'tightly-corseted' and their mouths padlocked shut by Miranda's mother, metaphorising women's collusion in the controlled minimising and silencing of women's bodies. They are hungry: 'her GrandAnna's eyes spoke to her; they said, *Eat for me*. "Eat for us," Jennifer slurred through her padlock' (*Witching*, p. 128). During this 'dream', Miranda's appetite becomes sinister: 'there were even sticks of chalk and strips of plastic, but all they did was make Miranda hungrier for what was not there [...] her hunger hardened her stomach, grew new teeth inside her' (*Witching*, p. 127). This new hunger is unutterable; Miranda 'knew, but she couldn't say' what she desires. Her unspeakable hunger is later revealed as both a monstrous desire to devour souls, and the taboo of same-sex and interracial desire. The inability to articulate her desire suggests the cause of the conversion into hysterical behaviour. Miranda meets Ore at Cambridge University, and her appetite becomes for Ore herself, for her flesh and her soul: 'Miranda had lain by Ore, smelling her, running her nose over the other girl's body, turning the beginning of a bite into a kiss whenever Ore stirred, laying a trail of glossy red lip prints' (*Witching*, p. 191). This description evokes the Gothic cliché of the vampire leaning over the sleeping victim, which is borne out in Ore's gradual wasting away, as she becomes more and more emaciated as a result of prolonged contact with Miranda. Nineteenth-century literary vampires are generally racial and sexual others. Cousins comments: 'Oyeyemi shakes loose that connection by reversing racial norms through a racially white vampire who preys on a black woman'.³² It is further literalised when Miranda grows vampire teeth: 'two slick punctures in her lips [...] she felt the teeth. Her features couldn't accommodate the length of them, they were her skeleton extended' (*Witching*, pp. 236-7). Both bodies are disordered by their passion for each other, in ways that mirror anorexia and vampirism, drawing from the distinctive twenty-first century 'symptom pools' of hysteria and the Gothic. One of the enduring perceived causes of hysteria is sexual repression. Miranda's sexual desires for a

³² Helen Cousins, 'Helen Oyeyemi and the Yoruba Gothic: *White is for Witching*', *The Journal of Commonwealth Literature*, 47 (2012), 47–58 (p. 54).

black girl are conflicted by the racism of the goodlady who has possessed her. Abnormal and monstrous hunger is here a conversion symptom of taboo sexual desire.

White is for Witching therefore echoes and subverts the characterisation of the hysteric as Silas Weir Mitchell described it in 1891: ‘as like a vampire, slowly sucking the blood of every healthy, helpful creature within reach of her demands’.³³ There is a vampiric act in *The Opposite House* as well, when Maja bites Aaron’s neck:

I lift my head from his shoulder and touch my lips to the skin that crinkles over his Adam’s apple. My teeth latch onto him and I clamp down hard, so hard that my teeth find each other again through his skin (he *shouts*) and I am not thinking anything in particular, just that I have to hurt him. (*Opposite House*, p. 181)

Aaron’s skin becomes the barrier under threat of mutilation and penetration, rather than Maja’s self-harmed skin. Maja fragments them both into body parts using possessive pronouns: my head, his shoulder, my lips, the skin, his Adam’s apple, my teeth, my teeth, his skin. She hears Aaron’s shout, but distantly, italicised in parenthesis. Her somatic language represses any of her own thoughts or emotions, suggesting only a collection of body parts. Just before the bite, Maja is hyperaware of her own body, sees herself looking ‘haggard’ in the mirror, describes herself as ‘ugly’, and turns to hide her stomach from Aaron as she gets changed. The bite and her need to hurt him transfers the focus and pain onto his body, from her stomach to his skin, while she becomes just teeth, tearing his skin as her skin is altering beyond her control in pregnancy. Her anxiety cannot be verbalised, so she communicates it to him through a bodily language. He asks ‘what is wrong with you?’ and she thinks ‘I am so nervous, too nervous, as if I am fourteen and this is the first time I have ever talked to a boy about anything serious’ (*Opposite House*, p. 182). This is another example of Maja regressing to an adolescent state in response to anxieties about her changing body. Naming body parts transitions from the negative descriptive language for the female reproductive body, to a language of simple physical components. As such it is a form of agency in that it reconstitutes the self, albeit precariously.

Maja states that ‘hysteria has got nothing to do with an empty womb’ (*Opposite House*, p. 223), rejecting the theory that, as Jill L. Matus asserts, ‘the hysterical patient was a woman

³³ Silas Weir Mitchell, quoted in Scull, *Hysteria: The Disturbing History*, p. 99.

whose sexual energies were not happily bound to service in motherhood'.³⁴ However, while Maja relates that her personal hysteric has been with her all her life, Ilott notes that Maja's pregnancy is a significant trigger for her hysteria during the real time of the novel. Oyeyemi's contemporary depiction of hysteria thus appears to return to the historical connection between hysteria and the womb, one that habitually resurfaces through history in a compulsive pattern, to once again inscribe female biology as the cause of mental health problems. The female body is still considered essentially unstable, easily disordered, as a direct result of the biological functions which mark it as female, i.e. its reproductive capacity.³⁵ Kahane theorises:

That women writers should find in pregnancy an appropriate Gothic metaphor is not surprising. In this most definitively female of conditions potentially lie the most extreme apprehensions: about the body as subject, about bodily integrity which shapes one's sense of self. In pregnancy, the woman's very shape changes, as she begins to feel another presence inside her, growing on her flesh, feeding on her blood.³⁶

Pregnancy in *The Opposite House* is presented as just such a Gothic experience. Maja's fear of being a bad mother is manifested in the body: 'I am going to be a terrible mother; my son has raised the alarm. He is desperately pushing my stomach away from him' (*Opposite House*, p. 5). Her anxiety about the process of giving birth is tracked from the monstrous images imagined in childhood – 'I had vague ideas about one day having to do something large and bloody, put my eye out, or split my forehead open' (*Opposite House*, p. 6) – to the adult fear that she will not survive it: 'I am beginning to understand that at the end of this time there is going to be a need for strength, that as the skin over my stomach pulls tauter my centre descends, and one day I am going to have to push. I don't know how anyone survives it, the thought or the happening. I will not' (*Opposite House*, p. 221). The negative rhetoric of this concluding statement negates the more positive microcosmic narrative of birth described by the verbs 'beginning', 'pulls', 'descends', 'push', 'survive'. Maja expresses the physical alienation, the disordering of her body, evoked by her pregnant state: 'my breasts are rotten lumps hooked into my ribcage, and I can't touch my body at all, I can't. I keep holding my hands away from myself, or holding my hands together' (*Opposite House*, p. 17). The

³⁴ Jill L. Matus, *Unstable Bodies: Victorian representations of sexuality and maternity* (Manchester: Manchester University Press, 1995), pp. 215-216.

³⁵ Notably, one place where the word hysterical is still commonly used is in relation to 'hysterical pregnancies', also known as phantom or false pregnancies, encapsulating hysteria, the Gothic, and pretence.

³⁶ Kahane, 'The Maternal Legacy', in *The Female Gothic*, p. 245.

linguistic attempt to reconstitute the self using possessives does not work; her language fails her, and her hands enact a hysterical conversion, moving away and together, acting out fragmentation and alienation. Helen Cousins states that for Maja, ‘pregnancy is experienced as an almost malign seizure of her body’, a statement reminiscent of both hysterical seizures and being possessed.³⁷

However, pregnancy is not the sole cause of Maja’s hysteria. Oyeyemi’s conflicted modernisation of hysteria encapsulates issues of race, migration and religion as well as gender. This is emphasised in the way that the novel places hysteria side by side with Santeria. Maja’s strongest memory of her childhood in Cuba is of a woman singing in a garden, and another girl having a cataleptic seizure under a table. It is revealed that Maja has misremembered this, and that in fact it was she herself who had the fit. This recovered memory of childhood trauma should, according to Freudian theory, provide a cure for Maja, but instead, it provokes the peak of her hysteria. The childhood seizure can be conceived as the first outbreak of Maja’s hysteria; the description evokes accounts of hysterical fits: ‘you started shaking, and I knew it wasn’t normal shaking, I straightaway knew. Your eyes were rolling so much, and you were biting your tongue’ (*Opposite House*, p. 168). It is also framed as spiritual possession: ‘I remember your mother just picked you up and took you away, and almost as soon as she’d gone, some people started whispering about her and you and saying that she’d asked a *babalawo* to give you visions, to see how it would go with you abroad’ (*Opposite House*, p. 169). Santeria and hysteria are equated as belief systems characterised by speculation and superstition, reflected in the verbal echo of the two words. In Maja’s narrative, Santeria is introduced through her mother Chabella, a devout believer. It is not necessarily a positive portrayal; the religion seems outmoded, misguided, even dangerous. Chabella has an altar to the Yoruba gods, and attends a Catholic church. She feeds Santeria potions to her family, which make them sick rather than curing them, just as many ‘cures’ for hysteria made the condition worse or caused additional problems in patients. Maja doesn’t tell her mother she is struggling with her mental health because Chabella would think Maja was possessed: ‘if I say anything it’ll bring back the potions and the night vigils’ (*Opposite House*, p. 46). As a young woman in Cuba, Chabella had bars cut into her tongue as proof of her devotion; mutilation for the sake of a belief system, religious hysteria, just as Maja claims

³⁷ Helen Cousins, ‘Unplaced/Invaded: Multiculturalism in Helen Oyeyemi’s *The Opposite House*’, *Postcolonial Text*, 7:3 (2012), 1-16 (p. 14).

self-mutilation evidences the reality of her hysteric. Linking hysteria with Santeria indicates the dislocation of the several cultures Maja exists within and between; Yoruba spiritualism, the space of Cuba which is liminal to Maja's own cultural history, and a British history of patriarchal power structures. Hysteria is not tied to one cultural history but is a symptomatic figure within many; the terminology changes across space as well as time.

The supernatural is also used to explore mental health in *White is for Witching*, in the mirroring comparison of possession and depression. The figure of the soucouyant and the possession of Miranda by the evil house are methods of framing depression, to relate the experience of mental illness. The feelings of dislocation and lack of control Miranda suffers resemble clinical depression. Miranda frames her experiences as possession by the evil spirit of the house and of her female ancestors: 'she began to think it possible that in those months of her madness she had been supplanted by someone that she could only be vaguely aware of. Her nails locked into her forehead, but there was no pain' (*Witching*, p. 125). A contemporary medical perspective might diagnose self-division, dissociative disorder or Multiple Personality Disorder. In the dream episode, Miranda sees a Kosovan boy murdered: 'Miranda knew that she had done this, in a period of inattention. It was not unlike watching someone else take her hand and guide it and the pen it held into putting down a perfect copy of her signature' (*Witching*, p. 129). This figures the experience of bodily dissociation during depression as being possessed by someone else, the feeling that one's actions are not one's own, and automatic writing in the field of spiritualism. It likewise recalls the hypnoid state, defined as 'a state of consciousness characterized by heightened suggestibility or dissociation, such as occurs in hysterical conditions'.³⁸ Miranda's career as a murderer continues; she attacks refugees whilst sleepwalking; somnambulism is another symptom of hysteria. The association between hysteria and the supernatural extends to other characters. After Miranda's disappearance, her twin brother Eliot experiences visions, obsessive compulsive disorder, and amnesia. He says of the night that Miranda disappeared: 'what happened that night? I can't tell anyone. I don't know. I didn't see' (*Witching*, p. 244). He fanatically cleans Miranda's shoes, which he perceives as filling up with rose-scented blood every day, like the obsessive compulsion of a guilty conscience: 'I had to hide the shoes. They had to be hidden or they would expose the omission in my memory so bulky and strange' (*Witching*, p. 243). He becomes both haunted victim and mental health sufferer,

³⁸ Oxford English Dictionary, 'Hypnoid'. Accessed online in June 2016.

Miranda's revenge on the male forces that constructed her as mad, while she felt possessed by forces beyond herself.

Yemaya's narrative in *The Opposite House* states: 'if you are lucky, you shed a body to climb inside another' (*Opposite House*, p. 252). This is suggestive of the potential for positive transformation. It is subverted in Miranda's body in *White is for Witching*: 'I cracked her open like a bad nut with a glutinous shell. She split, and cleanly, from head to toe. There was another girl inside her, the girl from the photograph' (*Witching*, p. 230). This destabilisation of the disordered body, splitting it open, reveals layers of identity, Miranda inside the goodlady. Miranda promptly tries to sew herself back into 'the halves of her shed skin' because 'I don't want to come out. Put me back in [...] Please. I can't... cope' (*Witching*, p. 230). While hiding inside another's skin as a coping mechanism seems a straightforward metaphor, Oyeyemi literalises the figurative into the corporeal. Physical threats to the body are significant to the experience of haunting in this novel, and Ore's corporeal account negates the theory that Miranda's possession is merely a metaphor for depression. Ore describes a series of hauntings which are defined by disruptions of the body. Her skin colour appears to rub off onto a towel after a shower: "'the black's coming off,'" someone outside the bathroom door commented. Then they whistled "Rule, Britannia" and laughed' (*Witching*, p. 214). Later, Miranda licks her hand, and Ore

screamed, but made no sound. I couldn't turn the volume up. I screamed and didn't let go. I concentrated on making myself colourfast, on not changing under her tongue. I know what I look like. The Ore I signed onto paper in the letters of my name, the idea of a girl that I woke into each morning. Arms, stay with me. Stomach, hold your inner twists (*Witching*, pp. 228-9).

Ore loses her capacity for verbal sound and language, her scream is silent. This attempt to hold the disparate parts of the body together, once again through the naming of body parts – skin colour, name, arms and stomach – indicates the arbitrary nature of the body, that the 'ordering' of its parts form only a mere 'idea of a girl'. Shortly afterwards the housekeeper Sade tells Ore to 'pull yourself together' (*Witching*, p. 231), a phrase that emphasises the ambiguity between the figurative and the physical. Miranda has been gradually erased during the course of the novel; her memory, her sight, her body. She swallows two wristwatch batteries 'as if they were pills. She had heard that people died from accidentally swallowing these. She wished she could be sure of it' (*Witching*, p. 237). When she falls through the

trapdoor into the hidden room below, 'her lungs knocked against her stomach and she lay down on the white net that had saved Ore but would not save her. Two tiny moons flew up her throat. She squeezed them, one in each hand, until they were two silver kidneys. Acid seeped through her' (*Witching*, p. 239). The detailing of itinerant lungs, stomach, kidneys is reminiscent of Barnes's exploration of the intracorporeal landscape. The batteries were intended for her mother's watch, symbolic of maternal inheritance, surveillance in the double meaning of the word 'watch', and time: three significant influences on the disordering of the female body. Miranda is divided into lungs, stomach, throat, hands, and kidneys, as acid seeps through her body, disordered by pica and poison. The fragmentation and discontinuity of her body mirrors the narrative, her story told through several voices which become responsible for her erasure. Yet here, the fragmentation is on Miranda's own terms; a deliberate disordering of her own body, evading her construction or reconstruction by the voices or actions of others.

Conclusion

Oyeyemi's reimagining of hysteria evidences that this ostensibly 'dead' or obsolete pathology continues to fascinate writers and has value as a thematic and narrative tool. Her novels depict worlds fixed in time, and worlds temporally free-floating, echoing the temporal dislocation of the Gothic, and the timelessness of hysteria. Oyeyemi's hysterical characters are subject to varying and distinct identity crises relating to gender, race, diaspora, and personal traumas. As such the characters are not metaphors, co-opted into representing universal victim or feminist rebel, but individuals with a complex range of emotions and behaviours. Hysteria is fused with the Gothic mode in order to explore tensions and binaries; the real and the performed, the mind and body, the figurative and the literal. Oyeyemi adopts hysteria as an experimental narrative style; fragmentation, allusion and appropriation replicate repetition compulsion but also point to an attempt to reconstruct the self through language. The creative use of hysterical behaviours and narratives in her novels may be excessive, melodramatic, performative, and Gothic, but as I have argued this reflects the stigmas attached to mental illness. She modernises hysteria to investigate how its inherent tensions relate to contemporary anxieties about identity. Self-harm, eating disorders, and pregnancy are linked to Gothic mutilation, monstrous appetites and vampires, obsessive religious beliefs and the supernatural. Her interpretations of disordered bodies create

ambiguity between the literal and the figurative, in an active exploration of hysteria's central paradox: the basis in the somatic or the psychological.

Oyeyemi interrogates the language of hegemonic discourses as a force that can control and fragment the female body, creating metanarratives and stereotypes that trap and subsume the body into metaphor. Equally, language is often an attempt to reconstruct, resist, or subvert this process; her own use of hysteria as a language and a narrative structure is such an attempt. In the depiction of touch in *The Opposite House*, skin is more than a canvas for women's self-hatred to inscribe itself through self-mutilation. It is rather the canvas upon which the language of the body can be written, negative impacts and positive resistances alike. Skin does not just house the hysteric but plays a key role in this novel; it is central to Maja's understanding of the world, relationships, her own changing psyche and body. She experiences a sense of alien invasion through her skin, heralding both the arrival of the hysteric and her pregnancy: 'If I don't protest my skin will destroy me' (*Opposite House*, p. 169). Her skin becomes an antagonist. Touch forms a defence against these threats. Oyeyemi employs a distinctive somatic language in relation to the body, describing sensations of skin and touch in a personal, intimate way. Touch is how people know each other, a reassurance of solidity and reality. Maja fell in love with Aaron due to 'the swell of skin-longing that drew us together in a searching curve, had us asking each other with our eyes and our small, ironic smiles, *Can I touch you?*' (*Opposite House*, p. 21). Touch also shapes her deep bond with her best friend: 'Amy Eleni puts one soft hand on my forehead and, with her other hand, rakes slippery fingers through my hair, comes back down with more air on the ends of her fingertips like seaweed fronds to breathe through underwater' (*Opposite House*, p. 67). It is also the means by which she independently repairs her relationship with herself: 'I coat my hands with cocoa butter and slowly, slowly start to reconcile myself with my skin, inch by inch' (*Opposite House*, p. 99). Touch is a means of narrating and recording sensations of physical bodily experience. One's sense of self-worth depends on the physical contact of skin and language: 'unless your skin and your language touch each other without interruption, there is no word strong enough to make you understand that it matters that you live' (*Opposite House*, p. 185). Touch thus forms a powerful and affirming language of the body, which helps the protagonist map and reconstitute herself.

Mukherjee comments: 'for the hysteric, the body has gone missing'.³⁹ She is not being literal; she refers to the perception that 'in hysteria, the mind-body dualism collapses'.⁴⁰ Yet the missing body of the hysteric is literalised in *White is for Witching*, in Miranda's dislocation, silencing, and eventual vanishing.⁴¹ Her body is erased by language, while Oyeyemi's other characters attempt to use language to stop their own bodies going missing. Yet whether they succeed, and whether Miranda is 'found', is left unspoken; the ending also seems to be missing. Oyeyemi consistently leaves her novels without a resolution. Maja's hysteria and pregnancy anxiety are not resolved, and Eliot ends *White is for Witching* locked into repetition compulsion. At the end of *The Icarus Girl*, it is not clear whether Jessamy dies or survives. Ilott argues that this is down to imaginary or realist readings which propose utopian or negative endings, and that ways of being otherwise are always thwarted by external threat. However, deliberate ambiguities also propose continuity, positive irresolution. Resolution leads to the creation of new dominant forms, new hegemonic discourses, new absolutes and metanarratives that then need subverting or resisting. For Oyeyemi, language works both for and against the body. She explores this through the figurative and literal, myth and realism, imagined and physical, binaries coexisting as they do within hysteria. The value lies in the analysis of these concurrent 'opposite' perspectives, tensions, binaries and paradoxes: a productive problematisation of both/and.

³⁹ Mukherjee, *Aesthetic Hysteria*, p. xii.

⁴⁰ Mukherjee, *Aesthetic Hysteria*, p. xii.

⁴¹ Mukherjee, *Aesthetic Hysteria*, p. xii.

Conclusion:

‘Strange Longings are Morbid Modifications of the Appetite’

This thesis has surveyed women writers’ engagement with medical hysteria and Gothic language through a series of case studies from the Victorian to the contemporary. The medical Gothic deployed by these writers has, much like hysteria, evolved and transformed over time. Charlotte Brontë’s *Villette* assimilates causes, symptoms, diagnoses of and treatments for nervous disorder, and destabilises medical hierarchies of gender and authority. My analysis exposes the Gothic quality of medicine, and the medical significance of classic Gothic tropes. Rhoda Broughton narrativises the unusual symptom of pathological blushing, and lampoons medico-cultural stereotypes about the unstable female body during adolescence and menopause. Lucas Malet’s novels thematise the extreme instability of the body and enact realisations of medical Gothic and body horror in spaces of illness, surgery and death. Djuna Barnes’s texts destabilise established narratives about the body through combining unusual metaphors. Barnes imaginatively explores the body’s internal biology, offering an idiosyncratic grotesque that overturns gender norms. Helen Oyeyemi’s postmodern resurrection of hysteria acknowledges the disorder’s symbolic fascination and appeal. Through demonstrating the disorder’s link to contemporary, gendered mental health issues, Oyeyemi warns against an aesthetic or romanticised view of the hysteric, which can lead to corporeal consequences. She points to language and touch as methods through which women attempt to reconstitute themselves from states of disorder. These case studies have evidenced three central claims: that women writers engage with medicine and nervous disorder through thematic incorporation of symptoms, behaviours, and internal biology; that their fictions deploy a medicalised Gothic language in relation to the body; and that medical texts were likewise engaged in acts of narrative construction about hysteria, a diagnostic category established through anxious and performative use of Gothic metaphor.

My analysis of medical texts indicates that language can be used to control the body, sorting idiosyncrasies into ostensibly rigid categories of disorder, and pathologising non-normative symptoms and behaviours. However, language can also function to liberate the body from these categories. The increasing use of the grotesque in women’s fiction unsettles established classifications and stereotypes, both those of medical discourse and of the Gothic mode,

critiquing clichés of femaleness-as-disorder epitomised in the hysterical woman. Rather than an aesthetic or symbol which universalises disorder and its experience, women writers challenge medico-cultural assumptions and theories about the body through presenting subjective accounts. However, the attempts of fiction to recuperate the gendered or disordered body from its inscription by medical discourse are fraught. Accounts of disorder have the potential to invite stigma as well as claim ownership of the body; fictional representations of hysteria can also be assimilated into harmful metanarratives. Hysteria is both material malady and metaphor. An acknowledgement that these functions co-exist allows authors to interrogate the continuities and inconsistencies encompassed by the category. The most successful attempts are those in which women writers actively explore the internalisation of received knowledge about the unruly female body. Narrative offers an effect strategy for these attempts, as it allows the adoption of a dual medical perspective, encompassing both medical authority figure and sufferer of disorder: the concurrent presentation of hegemonic discourse and its Gothic, anxious, and performative undercurrents.

I want to briefly consider a theme which surfaces repeatedly, in shifting guises, in the work of all of my authors. This observation shifts the direction of my analysis into reverse; Oyeyemi's focal concern with disordered eating in the form of both anorexia and pica can be traced backwards through earlier texts in related themes: healthy and disturbed appetites, eating and knowledge, unusual forms of consumption, and an association between eating and performance. As I have pointed out, the connection between disordered eating and hysteria is much older than a contemporary phenomenon. Diet and digestion were pivotal to an early Victorian understanding of both the cause and cure of nervous disorder. Robert Brudenell Carter named abstaining from food as a common 'tertiary' hysterical symptom, fasting being an effective method of producing alarm and gaining attention. Thomas Laycock's *Treatise* noted: 'strange longings are morbid modifications of the appetite', and characteristic of the disorder.¹ Hysterical disordered eating was thus seen as performative illness, evidence of Gothic desires, and the source of ominous transformations. Fictional depictions of hunger and unusual forms of consuming are related to women's performance of authority and seeking after knowledge. The connotations of 'appetite' evidence a continuity in hysteria's transition from theories of the desiring womb or sexually frustrated woman, to blaming an epidemic of

¹ Thomas Laycock, *A Treatise on the Nervous Disorders of Women* (London: Longman, Orme, Brown, Green, and Longmans, 1840), p. 73.

neurosis on women's 'mental activity' or overeducation. Whether women hunger after sexual satisfaction or knowledge, these appetites are pathologised as having hysterical consequences.

Eating is acknowledged as a theme through which authors narrate women's desires; as Susan Bordo notes, 'hunger has always been a potent cultural metaphor for female sexuality, power and desire'.² In addition, I argue, women writers explore disordered eating and grotesque appetites to narrativise the body's non-normative, forbidden, and contradictory desires, and to expose the absurdity of social narratives and expectations placed on the female body. Some of the most striking imagery of disordered eating evokes self-consumption and self-cannibalism. The female ancestor who ate her own flesh in *White is for Witching* echoes Ann's ravenous desire for gossip to satisfy her hungry brain in *Ryder*, tearing the brain to bits upon itself, and even the figurative 'unremitting tooth of a fixed idea' that gnaws through the nerves in *Villette*.³ This implies the expectations placed on the body can lead to an all-consuming self expenditure, using oneself up in the battle of contradictions. But, as Kate-Careless declares in *Ryder*, 'I'll spew out my own heart in my own way', insisting on managing the consumption and abjection of her own body.⁴ In a manner not dissimilar to Oyeyemi's contemporary interpretation, disordered eating in earlier texts presents attempts to establish control and ownership over the body and its disorder.

In 1914, the 22-year-old Djuna Chappell Barnes, a cub reporter for the *New York World Magazine*, voluntarily submitted herself to force feeding in order to approximate the experience of hunger-striking British suffragists. The report of her experience 'How it Feels to be Forcibly Fed' appeared in the magazine in September that year. The article opens sensationally: 'I have been forcibly fed!'.⁵ She describes being led to the room: 'I could hear the doctor walking ahead of me, stepping as all doctors step, with that little confiding gait that horses must have returning from funerals. It is not a sad or mournful step; perhaps it suggests suppressed satisfaction'.⁶ Here she evaluates medical authority and knowledge, conflating 'all

² Susan Bordo, 'Reading the Slender Body', in *Body/Politics: Women and the Discourses of Science*, ed. by Mary Jacobus, Evelyn Fox Keller & Sally Shuttleworth (New York & London: Routledge, 1990), pp. 83-112 (p. 101).

³ Charlotte Brontë, *Villette*, The Clarendon Edition, ed. by Herbert Rosengarten and Margaret Smith (Oxford: Oxford University Press, 1984), p. 388.

⁴ Djuna Barnes, *Ryder* (Illinois: Dalkey Archive Press, 1990), p. 171.

⁵ Djuna Chappell Barnes, 'How it Feels to be Forcibly Fed', *New York World Magazine*, 6 September 1914, p. 5. <<https://digital.lib.umd.edu/image?pid=umd:91977>> [accessed April 2019].

⁶ Barnes, 'How it Feels to be Forcibly Fed'.

doctors' through the distinctive sound of their walk, a step that implies an assured, even a contented appreciation of death. She is strapped to a bed so that she cannot move, bound as tightly in a white sheet 'as any corpse', with three men holding her down with vice-like grip, approximating a classic Gothic heroine. A doctor puts a length of red tubing down her throat, which she terms indescribable anguish, and pours in the liquid.⁷ She realises she must decide 'to swallow or to choke'.⁸ The experience provokes intense visualisations:

Unbidden visions of remote horrors danced madly through my mind. There arose the hideous thought of being gripped in the tentacles of some monster devil fish in the depths of a tropic sea, as the liquid slowly sensed its way along innumerable endless passages that seemed to traverse my nose, my ears, the inner interstices of my throbbing head. Unsuspected nerves thrilled pain tidings that racked the area of my face and bosom. They seared along my spine. They set my heart at catapultic plunging.⁹

The liquid has agency; it senses its way, while she is immobilised and powerless. The deep-sea visions mingle with how she pictures her biology. She is made acutely aware of her body's passages, and a system of nerves which were hitherto unknown, but that resounds with pain at 'this brutal usurpation of my own functions'.¹⁰ Long before *Ryder* or *Nightwood*, Barnes's fascination with the intracorporeal was evident. Even as she reports the horror of the experience, Barnes delights in her use of language to describe it dramatically and evocatively. Just as her nerves 'thrilled pain tidings', the communication and narrativisation of pain is somewhat thrilling.

Barnes performatively stages an established method for controlling the unruly woman. She comments: 'I saw in my hysteria a vision of a hundred women in grim hospitals, bound and shrouded in the rough grip of callous warders while white-robed doctors thrust rubber tubing into the delicate interstices of their nostrils and forced into their helpless bodies the crude fuel to sustain the life they longed to sacrifice'.¹¹ She constructs herself as the hysterical woman, in the power of pitiless medical professionals. Yet Barnes's re-enactment of force-feeding is a journalistic stunt, calling into question how much agency she has, how far she is invested in

⁷ Barnes, 'How it Feels to be Forcibly Fed'. The magazine image caption states that it is pea soup, but Barnes's text says: 'it was milk, but I could not tell what it was, for all things are alike when they reach the stomach by a rubber tube'. The indeterminacy of the liquid is reflected in this continuity error.

⁸ Barnes, 'How it Feels to be Forcibly Fed'.

⁹ Barnes, 'How it Feels to be Forcibly Fed'.

¹⁰ Barnes, 'How it Feels to be Forcibly Fed'.

¹¹ Barnes, 'How it Feels to be Forcibly Fed'.

the politics of the suffrage movement, and how much in her own performance. Rebecca Loncraine perceives the act as a deliberately ‘gruesome imitation’ of the suffragists’ hunger strikes, a symbolic ‘shocking refusal of the idea that women’s social role should be limited to consumption’.¹² This frames Barnes’s body, as well as her writing, as a political entity. Barnes describes herself as ‘playacting’ and comments: ‘for me it was an experiment. It was only tragic in my imagination’.¹³ Her ‘hysteria’, induced by the horror of the experience of being force-fed, is self-inflicted. The question of how far a narrative ‘experiment’ can be evidence of a deep political imperative, or whether its performative nature troubles any ideological reading, mirrors the problematic relationship of narrative as performance, the construction of the body through narrative, and the stories that the ‘hysterical’ body tells.

In Malet’s fiction, eating, digestion and knowledge are often combined in graphic descriptions that evoke a very fleshly imbibing and absorption. Richard Calmady drives home a point with the phrasing: ‘I want to have you grasp this, mother – swallow it, digest it, so that it passes into fibre and tissue of your every thought about me’.¹⁴ *Wages* details the great mill-stones ‘grinding down each generation – man, beast, all living beings alike – into food for the coming generations, which in due time will be ground down too’, a gruesome vision of vast and endless social cannibalism.¹⁵ Beyond Sybella’s vampiric appetites, the narrator of *The Survivors* describes Lydia Aylwin: ‘she also – here I hesitate a little – enjoyed her food. Her digestion and appetite alike were excellent, her palate discriminating’.¹⁶ The narrator’s coy hesitation implies the social indiscretion of discussing women possessing appetites at all, corroborating that hunger is often a byword for sexuality. In a bathetic reflection of the ‘pangs’ of the soldiers her mother thrives and grows sleek on, Lydia ‘began sensibly to suffer hunger pangs’.¹⁷ Lydia consistently uses food metaphors to describe knowledge: ‘the education I received one way and another in that hospital was too liberal for me to digest’.¹⁸ McNaughton’s observation that war has resulted in ‘a degraded predilection for carrion’ in women ostensibly refers to a taste for injured soldiers, but perhaps, under the

¹² Rebecca Loncraine, ‘Voix-de-Ville: Djuna Barnes’ Stunt Journalism, Harry Houdini, and the Birth of Cinema’, *Women: A Cultural Review* 19.2 (2008), 156-171 (p. 167).

¹³ Barnes, ‘How it Feels to be Forcibly Fed’.

¹⁴ Lucas Malet, *The History of Sir Richard Calmady*, ed. by Talia Schaffer, (Birmingham: Birmingham University Press, 2003), p. 371.

¹⁵ Lucas Malet, *The Wages of Sin* (London: Swan Sonnenschein & Co, 1895), p. 240.

¹⁶ Lucas Malet, *The Survivors* (London: Cassell and Company, 1923), p. 79.

¹⁷ Malet, *The Survivors*, p. 79.

¹⁸ Malet, *The Survivors*, p. 36.

rule of Lady Aylwin, he also feels threatened by women's 'degraded predilection' for knowledge and medical authority.¹⁹

Helena Michie's study of Victorian fiction points to an absence of Victorian heroines eating; as she terms it, an enactment of 'ladylike anorexia'; that possessing healthy appetites went against the social expectations of feminine behaviour.²⁰ Broughton overturns Michie's rule that Victorian literary women 'grow smaller, frailer, and more transparent in search of a happy ending'.²¹ Tamar Heller points out that Broughton's depiction of her heroines and their appetites directly contests the ideal of 'ladylike anorexia'; that 'Broughton's implication that women do, in fact, possess such appetites, and that they are both "natural" and "healthy," constitutes one of her most radical messages'.²² Like Lucy Snowe, Nancy holds her appetite to be a measure of her wellness and mental calm: 'My appetite (oh, portent!) flags. In intense excitement, who can eat yards of bread and putter, pounds of oatmeal porridge, as has ever been my bucolic habit?'.²³ Instead of the 'unabashedly voluptuous bodies' of her romance heroines as discussed by Heller, I focus here instead on one of Broughton's Gothic protagonists, in the supernatural story 'Behold it was a Dream'.²⁴ This tale is organised around episodes of eating, nausea and vomiting. Dinah is invited to stay with her friend Jane, drawn there by promise of her 'cow-milking, pig-fattening, roast-mutton-eating' life.²⁵ She replies to Jane's invitation, instructing: 'kill the fat calf in all haste, and put the bake-meats into the oven, for I will come'.²⁶ Dinah travels across the 'seething, heaving, tumbling abomination' of St George's channel, and is rendered 'disastrously, hideously, diabolically sick', an unflatteringly vivid picture of the physiological experience of travel.²⁷ She arrives 'battered, tired, dust-blackened, and qualmish'.²⁸ She shakes off her sickness and begins 'to think kindly of dinner – a subject from which all day until now my mind has hastily turned with a sensation of hideous inward revolt'.²⁹ Overnight, Dinah has a horrible dream: Jane and

¹⁹ Malet, *The Survivors*, p. 217.

²⁰ Helena Michie, *The Flesh Made Word: Female Figures and Women's Bodies* (Oxford: Oxford University Press, 1987), p. 13.

²¹ Michie, *The Flesh Made Word*, p. 25.

²² Tamar Heller, 'Rhoda Broughton', in *A Companion to Sensation Fiction*, ed. by Pamela K. Gilbert (Chichester: Wiley-Blackwell, 2011), pp. 281-292 (p. 284).

²³ Rhoda Broughton, *Nancy*, eighth edition, (London: Richard Bentley and Son, 1887), p. 55.

²⁴ Heller, 'Rhoda Broughton', in *A Companion to Sensation Fiction*, p. 284.

²⁵ Rhoda Broughton, 'Behold it was a Dream', in *Rhoda Broughton's Ghost Stories, and Other Tales of Mystery and Suspense*, ed. by Marilyn Wood (Stamford: Paul Watkins, 1995), p. 31.

²⁶ Broughton, 'Behold it was a Dream', p. 31.

²⁷ Broughton, 'Behold it was a Dream', p. 31; p. 32.

²⁸ Broughton, 'Behold it was a Dream', p. 32.

²⁹ Broughton, 'Behold it was a Dream', p. 33.

her husband ‘lying *dead – murdered – drowned in your own blood!*’.³⁰ As she relates the story, “‘you were lying just as you would have lain in slumber, only that across your throat from there to there” (touching first one ear and then the other), “there was a huge and yawning gash”’.³¹ The description is gory enough, but the gesture suggests Dinah experiences a sinister relish in the drama of the telling. Jane begs her to stop – ‘pale as ashes, and speaking with an accent of unwilling terror; “you are making me quite sick!”’ – but Dinah insists on finishing her story.³² The next scene opens at the breakfast table, Dinah commenting: “‘I MUST own that it has taken away my appetite,” I say, with a rather sickly smile’.³³ She cuts short her visit, returning home ‘writhing in laughable torments in the ladies’ cabin of the steamboat’.³⁴

Dinah’s taste for melodrama has fatal consequences. Jane and her husband are unsettled enough to dismiss the farm labourer whom Dinah claims she saw murder them in her dream. It is at another breakfast table that Dinah, ‘feeling deadly sick’, reads the newspaper report of the double murder just as she dreamed it; the labourer has subsequently murdered the couple in retaliation.³⁵ In this story, Broughton details events that disturb, disrupt, and unsettle her heroine’s otherwise healthy appetite. She also satirises other appetites, those considered unhealthy by the conservative readers of the day. Margaret Oliphant complained of sensation fiction, and Broughton’s specifically, that an ‘intense appreciation of flesh and blood, this eagerness of physical sensation, is represented as the natural sentiment of English girls, and is offered to them not only as the portrait of their own state of mind, but as their amusement and mental food’; strange longings and morbid appetites indeed.³⁶ Broughton caricatures the worst that could happen as a result of a woman’s appetite for sensation and melodrama, responding to debates about the effect that sensational tales were having on impressionable young female minds. In a typically Broughtonian fashion, she unsettles genre by shifting the ‘intense appreciation of flesh and blood’ from sensation into Gothic story, and taking it to extremes through a frank and unflattering account of women’s physiological experience and body horror.

³⁰ Broughton, ‘Behold it was a Dream’, p. 37.

³¹ Broughton, ‘Behold it was a Dream’, p. 37.

³² Broughton, ‘Behold it was a Dream’, p. 37.

³³ Broughton, ‘Behold it was a Dream’, p. 39.

³⁴ Broughton, ‘Behold it was a Dream’, p. 42.

³⁵ Broughton, ‘Behold it was a Dream’, p. 44.

³⁶ Margaret Oliphant, ‘Novels’, *Blackwood’s Edinburgh Magazine*, September 1867, pp. 257-280 (p. 259).

Michie points to Lucy Snowe as epitomising the anorectic heroine who denies herself food: ‘Lucy, silent, sanctimonious, and puritanical, refuses food throughout the novel’.³⁷ As I have demonstrated, this is inaccurate: Lucy’s appetite fluctuates according to her mental state, and she accepts food many times from M. Paul as an expression of their developing relationship. Another example relates appetite to performance. Lucy is pressured by M. Paul to take part in a Vaudeville at the school, in which she must perform a male role. He locks her in an attic to learn her part, which she does, but as she becomes hungrier her mind turns to cake:

(I had seen in the vestibule a basketful of small *pâtés à la crème*, than which nothing in the whole range of cookery seemed to me better). A *pâté*, or a square of cake, it seemed to me would come very *apropos*; and as my relish for these dainties increased, it began to appear somewhat hard that I should pass my holiday, fasting and in prison.³⁸

When M. Paul comes to fetch her, she tells him ‘J’ai bien faim’, a forthright declaration of hunger which refutes Michie’s analysis.³⁹ He takes her to eat: ‘how he guessed that I should like a *petit pâté à la crème* I cannot tell; but he went out and procured me one from some quarter. With considerable willingness I ate and drank’.⁴⁰ When Lucy performs in the Vaudeville, she admits being surprised at her own enjoyment: ‘when my tongue once got free, and my voice took its true pitch, and found its natural tone, I thought of nothing but the personage I represented’.⁴¹ She finds a voice through performance, notably playing a male part, mirroring her appropriation of a doctorly role. She admits: ‘warming, becoming interested, taking courage, I acted to please myself’, another frank statement of self-fulfilling desire.⁴² Lucy reflects after this experience that ‘a keen relish for dramatic expression had revealed itself as part of my nature’; she uses the same word, ‘relish’, to describe her appetite for both cake and performing.⁴³ This episode connects eating, performance, desire, and the disruption of gender roles. It narrates a woman’s enjoyment of stepping into another role: as Oyeyemi terms it, to ‘shed a body to climb inside another’.⁴⁴ Deliberate transformation through performance is the remit of hysteria, but also of the imaginative realm of fiction.

³⁷ Michie, *Flesh Made Word*, p. 22.

³⁸ Brontë, *Villette*, p. 189.

³⁹ Brontë, *Villette*, p. 190.

⁴⁰ Brontë, *Villette*, pp. 190-91.

⁴¹ Brontë, *Villette*, p. 195.

⁴² Brontë, *Villette*, p. 197.

⁴³ Brontë, *Villette*, p. 197.

⁴⁴ Helen Oyeyemi, *The Opposite House* (London: Bloomsbury, 2007), p. 252.

Edward T. Tibbits argued in 1879 that it was improper and indecent to allow woman to practice medicine due to their emotional instability, which would inevitably lead to

Outbursts of the hydra-headed hysteria, which I cannot but believe is well-named, notwithstanding that of late years it has been somewhat the fashion to deny its frequent connexion with the uterus, or other portions of the sexual apparatus. For this reason, and many other well-known and excellent ones, the medical profession (I wish I could say unanimously) refuse to acknowledge the propriety and decency of a woman practising medicine. Without making too sweeping an assertion, I believe that medical women, if they became general, would have a strong tendency to increase immorality, and therefore disease. At present, as I trust they ever will remain, they are merely physiological curiosities, or mental monstrosities.⁴⁵

Tibbits' visual imagery of the hydra and monstrosity graphically demonstrates his fear of educated women: their unruly bodies rendering them unsuitable for the role of doctor, their potential as healers limited by their essential definition as patients: as hysterics. His perspective aligns with contemporaneous thinking about the role of moral management in medicine, that 'immorality' leads directly to disease. That women seeking to become medical experts indicates an abhorrent form of mental monstrosity implies 'strange longings': an unnatural appetite for 'male' knowledge. My authors use fiction to step into and perform, at least in the imaginative space of the novel, this medical perspective.

The term 'morbid' is a common one in Victorian medical texts about hysteria. It was also a critique levelled at each of the first four authors in this study. One reviewer of *Villette* commented that 'morbidness' was its one 'defect', and concludes that the last page should be rewritten, and morbid passages omitted.⁴⁶ From the 1860s onward, 'morbid' became a key term in both the sensation fiction debate and texts on hysteria; authors, readers, and hysterics were described as giving vent to their morbid impulses. Oliphant's damning critique of sensation fiction and its 'morbid imagination' traces the seeds of the genre back to Brontë: 'when Jane Eyre made what advanced critics call her "protest" against the conventionalities in which the world clothes itself'.⁴⁷ Broughton comes under particular fire in this article; her novels are 'disgusting in the fullest sense of the word'.⁴⁸ The 'New Woman' writer fared no better: even Malet's friend Janet (Hogarth) Courtney notes Malet's 'morbid imagination' in a

⁴⁵ Edward T. Tibbits, 'On the Hygienic and Therapeutic Influence of Habits and Character in the Medical Profession', *The Lancet*, 114:2925 (September 1879), pp. 421-423 (p. 423).

⁴⁶ Review of *Villette*, *The Examiner*, 5 February 1853, Issue 2349.

⁴⁷ Oliphant, 'Novels', p. 258.

⁴⁸ Oliphant, 'Novels', p. 267.

review.⁴⁹ Malet's bestseller *The History of Sir Richard Calmady* was termed 'quite as bad and immoral as anything that Zola has ever written', and 'a sad instance of modern degeneracy'.⁵⁰ Publisher Guido Bruno asked Barnes about her work in 1919: 'Why are you so dreadfully morbid? [...] No one can deny that all your efforts are picturesque, unusual, even beautiful in their ugliness. No one denies you have talent. But why such morbidity?'.⁵¹ Barnes replied: 'this life I write and draw and portray is life as it is, and therefore you call it morbid'.⁵² Malet similarly insisted that her writing's main aim was to hold the mirror up to nature, that 'the characters must be real, at any rate to me'.⁵³ So-called 'morbidity' is rather a fascination with bodies and with existence, detailed in frank representations that unsettled more purist readers. Barnes insists on the grotesque as one method of representing verisimilitude, defining truth as: 'the guts and gall and heart embroiled in that pit out of which beauty boiled'.⁵⁴ For Malet, too, 'increase of horror becomes, in a sense, only increase of beauty'.⁵⁵

Had I the scope, I would have liked to look in more detail at literary explorations of intracorporeal landscapes: the ways women have been envisaging biology in literature through the nineteenth and twentieth centuries, and how this relates to understandings of mental health and illness. It would be interesting to track developments and discoveries in medicine and how they fed into visualisations of the body's internal workings, for example the early twentieth century discovery of hormones, which became another source of bodily disorder which too became persistently gendered. This is therefore a potential area for future research expansion. Another is to research in more depth the historical intersections of hysteria and race. Oyeyemi's discussion of hysteria and black female mental health grows out of a much longer history of race and disorder, traceable in Victorian medical texts and literature. Finally, an extended study could turn to the perspectives of women who did enter

⁴⁹ Janet E. Courtney, 'A Novelist of the 'Nineties', *Fortnightly Review* 131 (1932), 230–41 (p. 239).

⁵⁰ Mary Elizabeth Wilson Sherwood, 'Mrs Sherwood', *New York Times* (1901), p. 854; Quoted in Patricia Lorimer Lundberg, "*An Inward Necessity*": *The Writer's Life of Lucas Malet* (New York: Peter Lang, 2003), p. 241.

⁵¹ Guido Bruno, 'Fleurs du Mal a la Mode de New York: An Interview with Djuna Barnes', *Pearson's Magazine* (1919), in Djuna Barnes, *Interviews*, ed. by Alyce Barry, Foreword and Commentary by Douglas Messerli (Washington: Sun & Moon Press, 1985), pp. 385-6.

⁵² Guido Bruno, 'Fleurs du Mal a la Mode', in Djuna Barnes *Interviews*, p. 386.

⁵³ William Archer, 'Conversation XI. With Mrs. Mary St. Leger Harrison', *Real Conversations: Recorded by William Archer (with twelve portraits)* (London: William Heinemann, 1904), pp. 216-234 (p. 224).

⁵⁴ Barnes, Letter to Emily Holmes Coleman, 8 November 1935, quoted in Elizabeth Pender and Catherine Setz, 'Introduction', in *Shattered Objects: Djuna Barnes' Modernism* (Pennsylvania: Pennsylvania State University Press, 2018), p. 1.

⁵⁵ Malet, *Wages of Sin*, pp. 334-5.

the medical profession in the late nineteenth and early twentieth centuries. The woman doctor, presented by Tibbits as a figure of horror and threat, became across this period a historical reality, particularly as the growing popularity of psychoanalysis provided a way into medicine for women. Lisa Appignanesi notes that by the early 1930s membership of the British Psychoanalytic Society was 40 per cent female.⁵⁶ As hysteria came to be understood as an emotional or psychological problem, the view of women as more emotionally literate than men enabled them to advocate for their ability to treat this group of patients. The pervasive gendering of attributes according to biology was therefore both limiting, and used to women's advantage, in the slow creep towards more equal opportunities in the medical profession. I would relish the opportunity to survey the writings of those mental monstrosities, early "lady doctors": to evaluate their perspective on the body and hysteria, and whether their narratives too engaged in medical Gothic.

⁵⁶ Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present*, (London: Virago, 2009), p. 311.

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